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## Fall 2025 Legislative Report on Specialized Care

This report is being submitted by the Department of Children and Family Services (the Department) pursuant to the Children and Family Services Act, 20 ILCS 505/5.30, Specialized Care, which requires that the Department adopt a rule, or an amendment to a rule, regarding the provision of specialized care to a child in the custody or guardianship of the Department, or to a child being placed in a subsidized guardianship arrangement or under an adoption assistance agreement, who requires such services due to emotional, behavioral, developmental, or medical needs, or any combination thereof, or any other needs which require special intervention services, the primary goal being to maintain the child in foster care or in a permanency setting. The statute requires that the Department submit a report to the General Assembly, on or before September 1 each year.

The Department's current rule, TITLE 89: SOCIAL SERVICES, CHAPTER III: DEPARTMENT OF CHILDREN AND FAMILY SERVICES, SUBCHAPTER a: SERVICE DELIVERY, PART 301 PLACEMENT AND VISITATION SERVICES in section 301.90 specifically speaks to specialized foster care services.

### PART 301 PLACEMENT AND VISITATION SERVICES SECTION 301.90 FOSTER FAMILY HOME CARE

b) The Department shall provide specialized foster care services for a child in the custody or guardianship of the Department who requires such services due to emotional, behavioral, developmental or medical needs, or any combination thereof, or any other needs which require special intervention services, the primary goal being to maintain the child in foster care or in a permanency setting. [20 ILCS 505/5.30(a)] This section further establishes the criteria, standards, and procedures for specialized foster care.

The Specialized Foster Care Program provides services to youth with mental health/behavioral special needs and/or with medical/developmental special needs. This service is contracted out to Purchase of Service agencies (POS).

- Mental health/behavior specialty- serves youth with a history of placement instability/placement disruption; intermittent or chronic incidences of delinquency; substance abuse/misuse; aggressive or withdrawn behavior; chronic educational needs; and/or sexually active/reactive behaviors.
- Medical/developmental specialty - serves youth with serious medical/physical and developmental condition(s)/impairment(s).

- Adolescent Foster Care specialty - serves youth, ages 12-20, at risk of placement in residential treatment or group care, with a history of placement instability/placement disruption; intermittent or chronic incidences of delinquency; substance abuse/misuse; aggressive or withdrawn behavior; chronic educational needs; sexually active/reactive behaviors; and/or serious medical, physical, and/or developmental condition(s) and impairment(s).
- Treatment Foster Family Homes (TFFH) - Foster Care Specialty model with professional foster parents specifically trained to care and work with youth requiring intensive services to promote permanency, stability, and well-being. These foster families will reside in an agency operated home. There shall be always at least one caregiver available, to actively participate in services and supports as an integral member of the child's treatment team. Supports are in place to provide an intensive array of services to ensure the overall functioning and stability of the child and increase permanency for our youth.
  - TFFH foster parents will routinely participate in assessment and evaluation of their competencies to ensure their continued abilities to address the strengths and challenges of the youth presented for their care.
  - Inclusions - Youth with severe, chronic medical or mental conditions (e.g., conditions lasting 24 months or longer) who require a highly structured program that can be provided in a home-based setting.
  - Youth stepping down from more structured living arrangements, such as residential treatment and group home programs when the treatment team has determined their needs can be met in a home-based setting.
  - Youth in Home of Relative (HMR) or Traditional foster care placements who received System of Care (SOC) services and/or other interventions that were insufficient to meet the youth and/or caregivers needs; and/or concerns that needs are chronic in nature and duration as documented by the provider and for whom the Department has determined would be best served in Specialized Foster Care.
  - Youth who present a sustained and serious risk of harm to self or others even with intensive services and supports provided in the home environment may not be appropriate for Specialized Foster Care services.

Youth appropriate for Specialized Foster Care must have documented impairments that are chronic in duration and nature impacting their functioning in multiple life domains i.e.,

home, school, community, and who require a highly structured program that can be provided in a home-based setting.

Private agencies with specialized foster care contracts continue to be responsible to provide adequate specialized training to foster parents in areas of mental health, behavior modification, trauma focus training, and crisis intervention. This training is specific to the unique special needs of the child(ren) placed in each foster home. For children with specialized medical needs, training will be completed prior to placement and throughout the case as needed. All foster and relative caregivers serving children with specialized medical needs will receive certifications in Cardiopulmonary Resuscitation and First Aid, as well as training in proper medication dispensing and documentation. The specific nature of the training and number of hours required are described in the program plan for each specialized foster care contract.

#### Additional Services:

The Specialized Foster Care Program provides medical/developmental specialty services to youth with serious medical/physical and developmental conditions and/or impairments. The agencies shall develop a contractual relationship with a physician or registered nurse to support the needs of the specialized youth. Each caseworker of specialized care has a limited caseload of ten (10) cases based on additional services required to be provided.

Since Fiscal Year 23, the Department has continued to fund two positions to every private agency team to work to increase permanency and serve youth in relative and fictive kinship care. Each specialized foster care team in every private agency shall include a Permanency Achievement Specialist to provide consultation regarding permanency issues, identifying and removing barriers to permanency, working to secure appropriate specialized placements for children and working to complete permanencies for children waiting for reunification, adoption, or subsidized guardianship goals.

The other position added to the team in FY23, with continued funding in FY26, is the Family Finding and Resource Specialist who works to facilitate the expansion of resources needed to better and more effectively serve the children and families involved in foster care. This staff person will provide professional technical assistance and resource development support to casework staff who serve children with specialized problematic behavior service needs. They will also identify and locate potential extended family/fictive kinship relationships. This position promotes permanency for the children served in Illinois.

With the continued support of two professional staff to the casework team for traditional and specialized foster care, the Department is hopeful to further maintain placements for our youth and expedite permanencies to decrease the length of time in care and increase permanencies overall.

The Department has shown that funding these positions at the Child Welfare Contributing Agencies has increased permanency for the youth of Illinois. This includes an increase in Subsidized Guardianships, Adoptions, and Reunifications for multiple consecutive years. If the agency has more than one team, they are required to hire additional positions to meet the mandate. The Department's Agency Performance Monitoring & Execution team has continued communication with the Contributing Agencies to assure that they remain compliant with this mandate.

The Department's Permanency Achievement Specialists are now working closely with Department Permanency staff to assist when needed in finalizing permanency as well. The result of these positions within DCFS and the Child Welfare Contributing Agencies is the increase of substitute care with family members and fictive kin, decreased length of stays, and increased permanencies.

Post adoption services continue to be considered to determine if a family should receive a specialized level of care via the services it provides. Should a family request their child be considered for the specialized level of care, a referral is made by the family's post adoption worker to the DCFS Adoption Committee. The Committee consists of the Statewide Adoption Administrator, DCFS Nurse, and DCFS Clinical Staff. A conference is held with the adoptive parents to review the services and needs of the child. If it is determined that the child's needs warrant an increase in the adoption subsidy a recommendation is made to be approved by the Specialized Foster Care Gatekeeper. The subsidy increase continues to be tied to the direct needs of the child and the services the adoptive parent must receive and have available to meet those needs.

The Illinois Department of Children & Family Services has maintained their new service programming with additional Department staff for the Specialized population to serve youth with additional service needs. The Department, in collaboration with Child Welfare Contributing Agencies, has developed a Families Together Pilot, additional Therapeutic Foster Care programs, and a Statewide Specialized Foster Care Monitoring and Execution team to join the Agency Performance Monitoring and Execution (AMPE) team to monitor specialized agencies on a statewide basis.

#### Families Together:

In FY22 and continuing through FY26 and onward, the Department has worked in collaboration with Lutheran Social Services Inc. to implement a model to meet the additional service needs to serve the specialized population of youth in need of therapeutic services. A pilot program was added in Cook County called Families Together. This is a program with a foster care model rooted in working with the birth parents, family of origin and foster parents, who are trained to work collaboratively to facilitate an expedited reunification of youth while achieving safety, permanency and well-

being. The Families Together model uses immediate and expert engagement of a family in crisis by a highly trained and focused case coordination team to effectively assess, build and support the healthy ecosystem needed for sustainable success.

The Families Together model provides a team approach with the opportunity for the entire family to become engaged in the process of returning youth home to their birth parents/caretakers to facilitate and increase safety and well-being for the children who the Department serves and bridge the gap between birth parents and the foster parents via the coordination of training and familial involvement. This program provides a more comprehensive behavioral and crisis management plan for the case coordination for the families and the youth that are served by the Department. This is a three-year program that is being monitored, tracked, evaluated and assessed externally by Chapin Hall at the University of Chicago. This program reached capacity during FY 25 serving 180 children and families in Cook County.

The Therapeutic Foster Care Model for this program is KEEP which stands for Keeping Foster Parents Trained and Supported. This program encourages daily contact between the youth and the parents with the foster parents being a critical team member to coordinate the increased communication between the youth and parent. The future goal is to take this program statewide after the success rate is determined. This family-focused team approach will continue the focus to promote safety, permanency, and well-being to reduce the length of time youth spend in residential treatment facilities, increase placement stability while improving the level of functioning of the youth in the program with an overall central family focus.

In FY25, this program has continued to successfully train staff, foster parents, and biological parents in this therapeutic model, and they will continue the focus on training in FY26.

Therapeutic foster care:

The Department has developed additional community-based programs related to Therapeutic Foster Care from four (4) community-based partners who are currently working with the Department with other permanency programs. The Therapeutic Foster Care Program uses a foster care model with a community-based support system component to work to serve youth coming out of residential treatment. These programs provide additional therapeutic supports to assure the success of the youth in the community via enhanced community-based services. The goal of these therapeutic programs is a successful step-down process for our youth to assist them in transitioning to the community by offering additional supports and services as needed while assuring the availability of the proposed service needs. The intended impact is for the youth to step down to a community-based foster care placement that will focus on the needs of the youth with support services and training via a team model approach. The community-

based partners will continue working with our youth while reducing the need for congregate care with the focus to decrease the length of stay to keep youth in the same community to which they have been accustomed to and have maintained their success.

#### Enhanced Community Placement Support:

One of the programs that has been extremely successful in Illinois is the Enhanced Community Placement Support program. The focus of this program is to prevent a residential step-up. This program is similar to a residential program, however, maintains the youth in a therapeutic foster home setting that includes intensive support to the foster parent and youth while the youth is in their foster placement. This program has been widely successful throughout Illinois, sometimes with a waiting list due to the popularity and success of the program. One of the youth graduates of the program presented the success in their life related to the program to others.

Youth served by the enhanced community placement support program is currently targeted at 98 youth and families annually which has grown throughout FY 25. The geographical service locations are also expected to expand in the future to additional areas throughout the State with the ability to now serve more than four youth in each site. The Enhanced Community Placement Support program is now serving over the original capacity of 12 youth with the current capacity of 17 youth being served by this program.

#### Additional prospective programmatic services:

The Department is in constant communication with prospective providers as they express a desire to work with IL Department of Children & Family Services. The prospective agency partner submits their service proposal, which is reviewed, referred to licensing if necessary to begin a Child Welfare Agency License application, with ongoing follow up by Permanency Administration with the community-based partner administrative team to discuss service needs and provisions, and identify the youth population that they wish to serve in the State of Illinois. Prospective agencies are mentored through the licensing process and guided with the ultimate goal of obtaining a contract with the Department of Children and Family Services that will benefit the children and families of Illinois.

#### Statewide Specialized Care Administration and Team Development:

The Department, through the Specialized care program, has developed outcome measures and data systems for the collection and analysis of success of the specialized programs. The continued Departmental goal for specialized foster care services is to evaluate the efficiency of the program to better serve the needs of children and youth who may need additional supports. Agency Performance Monitoring and Execution, (APME) has

realigned with agency administrative staff to increase communication about child safety, permanency, well-being and engagement of the families and youth that we serve.

The Department continues to collect and analyze intake data to build the capacity of community-based placements and agency providers in the specialized care arena. An ongoing goal is for the Department to increase permanency by minimizing the number of placements for youth which is directly related to the decrease of time spent in care which ultimately increases permanency for youth.

A full team of Agency Performance and Monitoring and Execution Monitoring staff that includes the Statewide Monitoring Administrator and Supervisor is in place who work to provide monitoring support, and direct oversight of the private community-based partners with specialized foster care contracts. The overall goal is to assure program compliance and offer a direct line of communication between the agency and the Department statewide.

The entire APME & Specialized APME teams are continuously working to develop and assist in the coordination of specialized and enhanced services to youth and families with complex service needs in the multiple specialized domains of mental health and disrupted behavior, youth with a history of placement instability, placement disruption, delinquency, substance abuse/misuse, aggressive or withdrawn behavior, educational needs, and sexually active /reactive behaviors. These teams have continually engaged in frequent and additional contact with the Child Welfare Contributing Agencies to review, develop, implement, and monitor Departmental policies and procedures related to specialized foster care. These teams have developed audits and surveys for the community based specialized partners to further promote specialized services for the youth that we serve.

Currently, there are 36 Specialized Foster Care Agencies serving our specialized youth in addition to the Department serving this population when needed. There are currently 1338 specialized youth being served at the beginning of Fiscal Year 26 which started July 1, 2025. This data was taken from the Fiscal Year 26 dashboard information & permanency report for data as of July 1, 2025.

The categories under the specialized foster care service area are mental health/behavior (MH) medically complex/fragile (MD), medical/mental health (MD/MH), adolescent (AFC), Medical/Mental Health/Developmental Delayed (MD/MH/DD), Mental Health/Developmental Delayed (MH/DD) and Treatment Family Foster Home (TFFH). Within the mental health/behavior category there are sub-specialty populations of youth who may have an intellectual disability or other specialized treatment needs.

The Department remains open to new contracts and program models to serve our specialized youth and remains committed to make specialized foster care a priority of service provision to the youth that we serve. Our focus remains stepping youth down from residential facilities to allow the youth to be placed in a home-like setting with additional

foster care service supports via the specialized foster care program with an uninterrupted Focus on Specialized Care and Wraparound Services and the prevention of youth stepping up to residential care so they can live in a home-like setting with intensive services to meet their individual needs.

The unceasing focus includes all parties, from the providers to the foster caregivers, to the biological families for youth stepping down from residential facilities via enhanced Wraparound Services. When youth step down from residential facilities into foster care, they are offered foster homes and additional supports and services from Child Welfare Contributing Agencies. The programs that the Illinois Department of Children & Family Services continues to develop show the commitment to serve all children with the goal of decreasing length of stay, increasing permanency while maintaining youth in a foster home placement, with enhanced services with a renewed focus on placement stability for every youth that we serve.

#### Enhanced Wraparound Services:

Enhanced Wraparound Service includes an immediate service authorization that is available to expedite services provided to the youth including additional respite services for the foster caregiver. The foster care agency provides an alternative to the foster parent/caregiver for relief and/or crisis supports to the foster parent. The intent was to create a pool of dollars to be able to be used flexibly for youth stepping down. Although the service authorization is based on revenue per youth, it is not restricted per youth (no per youth capitated amount) but was intended to meet a youth's individualized needs as they step down. The Department understood that one youth may need more wraparound services, and another may need less. This fund was used to provide services above what is already contractually required. A customized service plan would be developed with each case based on the specific needs of each child, family, and foster family. Agencies are to use the enhanced wraparound funds to access individualized services without delay. Services are to be family centered, trauma informed, and strength based and shall include, but not limited to:

- Crisis Response Plan
- In home services
- Traditional therapies
- Recreational therapies
- Behavioral interventions, supports, plans

- Peer support-youth, caregivers, birth parents
- Non-traditional therapies-art, dance, music, etc.
- Respite services, above what is already contracted
- Training & Support for youth and family.

To support and sustain the youth in placement, additional funds are available to the foster parents. Foster parents are expected to participate in the treatment and support of the customized service plan including but not limited to:

- Transportation
- Increased availability to participate in treatment and team meetings
- Participate in treatment sessions as required and requested on behalf of the youth and/or family therapy
- School meetings and/or activities
- Participate in required or recommended training.

Additional initiatives:

The Department has continued their focus on making additional expenditures readily available to serve the youth and families of Illinois. The Department has committed to providing every youth in care with an enrichment activity of their choice via the use of Flex funds/Yes funds or exceptional payment requests. The Department has made the use of Yes funds easier by authorizing the child welfare contributing agencies to manage their own accounts to offer funds to the youth and families faster.

The Illinois Department of Children & Family Services remains committed to increasing Permanency for the youth and families that we serve.

The Department has consistently devoted their efforts to further provide additional services to a delicate population of youth to be served. By hiring additional Departmental staff and continuing to fund positions at our community-based partnering agencies to specifically work with this population and all youth, we look forward to the future with renewed hope and dedication as we serve not only this specialized population, but all children and families of Illinois in need.