

## **2025 Annual Report on Alcohol and Other Drug Use among Families, Adults, and Children Served by the Department of Children and Family Services**

This report is provided by the Department of Children and Family Services (DCFS) pursuant to the Children and Family Services Act, 20 ILCS 505/34.6. The statute requires that the Department submit a report to the General Assembly on the incidence of alcohol and other drug use among the families, adults, and children served by the Department. Data presented in this report are derived from multiple administrative and assessment systems used by the Illinois Department of Children and Family Services and the Illinois Department of Human Services (DHS), Division of Behavioral Health and Recovery (DBHR), formally known as the Division of Substance Use Prevention and Recovery (SUPR). For purposes of this report, incidence reflects identified service needs and service utilization among DCFS-involved individuals, not population-level prevalence of substance use.

### **Child and Adolescent Needs and Strengths (CANS) Assessment – Substance Use Needs**

Youth and caregiver substance use needs are identified using the Child and Adolescent Needs and Strengths (CANS) assessment, which is completed at key points during the life of a DCFS case. An “actionable” rating on the CANS assessment indicates a level of need requiring service intervention and does not represent the overall prevalence of substance use among all DCFS-involved children or caregivers. Rather, it reflects those individuals whose assessed needs meet a threshold for service planning and response.

Children and family members involved with DCFS are assessed at multiple entry, transition, and other milestones within the life of a DCFS case. DCFS caseworkers, clinicians, and specialty staff primarily use the CANS tool to identify and measure service needs. The tables below indicate the number of children and adults involved with DCFS identified on a CANS assessment as having actionable substance use needs during state fiscal year (SFY) 2019-2025 for comparison. The “actionable” items in the CANS assessment tools are those needing action with a moderate degree of severity or immediate, intensive action.

**Tables 1–7 present needs for youth at case opening for cases opening in SFY19–SFY25. Tables 8–14 present needs for biological caregivers of youth whose cases opened in SFY19–SFY25.**

## Youth Substance Use Needs (CANS Identified)

Table 1. Youth with actionable substance use need based on CANS assessment by age group: SFY19.

Age at Case opening-FY19	# Cases	# with actionable substance use need	% with actionable substance use need
0-5	2044	11	0.5%
6-14	1339	30	2.2%
15-17	310	79	25.5%
Total	3693	120	3.2%

Table 2. Youth with actionable substance use need based on CANS assessment by age group: SFY20.

Age at Case opening-FY20	# Cases	# with actionable substance use need	% with actionable substance use need
0-5	2257	17	0.8%
6-14	1421	25	1.8%
15-17	368	78	21.2%
Total	4046	120	3.0%

Table 3. Youth with actionable substance use need based on CANS assessment by age group: SFY21.

Age at Case opening-FY21	# Cases	# with actionable substance use need	% with actionable substance use need
0-5	2083	13	0.6%
6-14	1327	35	2.6%
15-17	321	62	19.3%
Total	3731	110	2.9%

Table 4. Youth with actionable substance use need based on CANS assessment by age group: SFY22.

Age at Case opening-FY22	# Cases	# with actionable substance use need	% with actionable substance use need
0-5	1860	28	1.5%
6-14	1209	33	2.7%

15-17	271	37	13.7%
Total	3340	98	2.9%

Table 5. Youth with actionable substance use need based on CANS assessment by age group: SFY23.

Age at Case opening-FY23	# Cases	# with actionable substance use need	% with actionable substance use need
0-5	1874	34	1.8%
6-14	1220	24	2.0%
15-17	301	49	16.3%
Total	3395	107	3.2%

Table 6. Youth with actionable substance use need based on CANS assessment by age group: SFY24.

Age at Case opening-FY24	# Cases	# with actionable substance use need	% with actionable substance use need
0-5	1797	22	1.2%
6-14	1287	18	1.4%
15-17	306	53	17.3%
Total	3390	93	2.7%

Table 7. Youth with actionable substance use need based on CANS assessment by age group: SFY25.

Age at Case Opening – SFY25	# Cases	# with actionable substance use need	% with actionable substance use need
0-5	1551	12	0.8%
6-14	1166	31	2.7%
15-17	304	57	18.8%
Total	3021	100	3.3%

### **Biological Caregivers' Substance Use Needs (CANS Identified)**

Table 8. Biological caregiver substance use need at case opening by child age at case opening: FY19.

	# of Case Openings in FY19 with at least one biological/natural parent entering caregiver CANS	# of Case Openings with at least one biological/natural parent with actionable substance use (CANS item #123)	% of Case Openings with at least one biological/natural parent with actionable substance use (CANS item #123)
Parents of children 0-5 years old when the spell began (at entry)	1756	1056	60.1%
Parents of children 6-14 years old when the spell began (at entry)	1063	624	58.7%
Parents of children 15-17 years old when the spell began (at entry)	202	89	44.1%
Total	3021	1769	58.6%

Table 9. Biological caregiver substance use need at case opening by child age at case opening: FY20.

	# of Case Openings beginning in FY20 with at least one biological/natural parent entering caregiver CANS	# of Case Openings with at least one biological/natural parent with actionable substance use (CANS item #123)	% of Case Openings with at least one biological/natural parent with actionable substance use (CANS item #123)
Parents of children 0-5 years old when the spell began (at entry)	1928	1093	56.7%
Parents of children 6-14 years old when the spell began (at entry)	1121	574	51.2%
Parents of children 15-17 years old when the spell began (at entry)	234	82	35.0%
Total	3283	1749	53.3%

Table 10. Biological caregiver substance use need at case opening by child age at case opening: FY21.

	# of Case Openings beginning in FY21 with at least one biological/natural parent entering caregiver CANS	# of Case Openings with at least one biological/natural parent with actionable substance use (CANS item #123)	% of Case Openings with at least one biological/natural parent with actionable substance use (CANS item #123)
Parents of children 0-5 years old when the spell began (at entry)	1794	1036	57.7%
Parents of children 6-14 years old when the spell began (at entry)	1066	602	56.5%
Parents of children 15-17 years old when the spell began (at entry)	222	101	45.5%
Total	3082	1739	56.4%

Table 11. Biological caregiver substance use need at case opening by child age at case opening: FY22.

	# of Case Openings beginning in FY22 with at least one biological/natural parent entering caregiver CANS	# of Case Openings with at least one biological/natural parent with actionable substance use (CANS item #123)	% of Case Openings with at least one biological/natural parent with actionable substance use (CANS item #123)
Parents of children 0-5 years old when the spell began (at entry)	1602	888	55.4%
Parents of children 6-14 years old when the spell began (at entry)	981	519	52.9%
Parents of children 15-17 years old when the spell began (at entry)	173	67	38.7%
Total	2756	1473	53.4%

Table 12. Biological caregiver substance use need at case opening by child age at case opening: FY23.

	# of Case Openings beginning in FY23 with at least one biological/natural parent entering caregiver CANS	# of Case Openings with at least one biological/natural parent with actionable substance use (CANS item #123)	% of Case Openings with at least one biological/natural parent with actionable substance use (CANS item #123)
Parents of children 0-5 years old when the spell began (at entry)	1632	921	56.4%
Parents of children 6-14 years old when the spell began (at entry)	1011	552	54.6%
Parents of children 15-17 years old when the spell began (at entry)	195	76	39.0%
Total	2838	1549	54.6%

Table 13. Biological caregiver substance use need at case opening by child age at case opening: FY24.

	# of Case Openings beginning in FY24 with at least one biological/natural parent entering caregiver CANS	# of Case Openings with at least one biological/natural parent with actionable substance use (CANS item #123)	% of Case Openings with at least one biological/natural parent with actionable substance use (CANS item #123)
Parents of children 0-5 years old when the spell began (at entry)	1552	826	53.2%
Parents of children 6-14 years old when the spell began (at entry)	1040	531	51.1%
Parents of children 15-17 years old when the spell began (at entry)	202	82	40.6%
Total	2794	1438	51.5%

Table 14. Biological caregiver substance use need at case opening by child age at case opening: FY25.

	# of Case Openings beginning in FY25 with at least one biological/natural parent entering caregiver CANS	# of Case Openings with at least one biological/natural parent with actionable substance use (CANS item #123)	% of Case Openings with at least one biological/natural parent with actionable substance use (CANS item #123)
Parents of children 0-5 years old when the spell began (at entry)	1327	711	53.6%
Parents of children 6-14 years old when the spell began (at entry)	968	502	51.9%
Parents of children 15-17 years old when the spell began (at entry)	205	76	37.1%
Total	2500	1288	51.5%

## Key Findings

**The data suggest that older adolescents have greater identified need for targeted interventions than younger children and adolescents.** At the same time, the prevalence of substance use needs among caregivers highlights the importance of continued investment in treatment and recovery services for parents as a core component of child safety, family stability, and permanency within the child welfare system.

## Substance Use Assessment, Treatment, and Recovery Services

The Illinois Department of Children and Family Services collaborates with the Illinois Department of Human Services (DHS), Division of Behavioral Health and Recovery (DBHR), formally known as the Division of Substance Use Prevention and Recovery (SUPR) to provide substance use assessment, treatment, and recovery support services to DCFS-involved families. A summary of services to DCFS-involved youth and adults during state fiscal year 2025 is provided below using the most recently available data.

*Data in this report is from individual service data submitted into DARTS (Division's Automated Reporting & Tracking System). Please note that DARTS only collects data for services reimbursed through DBHR contract and Medicaid fee-for-service (FFS). Data on services reimbursed by Medicaid Managed Care Organizations (MCOs) are not reported by providers into DARTS, and*

therefore, the admissions and other service information are not included. Totals reflect the unduplicated count of clients within a category and are not meant to reflect a simple sum. Some clients enter treatment more than once in the same year, but their category/demographic has changed. Therefore, the number indicated within a category reflects admissions, not unduplicated clients.

**State Fiscal Year 2025 (FY-25) Services to DCFS Involved Individuals  
(Source: Department of Human Services,  
Division of Substance Use Prevention and Recovery)**

Age at Opening (group)						
Gender	0-18	19-25	26-44	45-64	65+	Grand Total
Female	64	299	1,953	158	6	2,470
Male	74	151	936	244	14	1,417
<b>Grand Total</b>	<b>138</b>	<b>450</b>	<b>2,881</b>	<b>402</b>	<b>20</b>	<b>3,879</b>

Age at Opening (group)						
Referral Source	0-18	19-25	26-44	45-64	65+	Grand Total
Child Welfare (DCFS/POS)	74	269	1,509	203	11	2,058
Criminal Justice Referral	19	67	436	51	1	574
DHS/SAPP Prevention Provider	1	5	40	2		48
Early Intervention Provider	2		3	1		6
Employer/EAP				1		1
Individual	8	62	587	89	6	751
Other Community Referral	13	51	320	46		430
Other Health Care Provider	10	11	102	10	2	135
School	13	1	1			15
Substance Use Disorder (SUD) Treatment Provider		7	71	10		88
<b>Grand Total</b>	<b>138</b>	<b>450</b>	<b>2,881</b>	<b>402</b>	<b>20</b>	<b>3,879</b>

Age at Opening (group)						
Discharge Primary Substance	0-18	19-25	26-44	45-64	65+	Grand Total
Alcohol	17	82	715	130	3	945
Barbiturates			4			4
Benzodiazepines		5	18			22



Cocaine/Crack	1	34	279	35	2	350
Ecstasy		1	7			8
Heroin	1	11	189	33	1	235
Inhalants		1				1
Marijuana/Hashish	79	117	328	26	1	551
Methamphetamine	4	73	568	52		695
Nicotine			1			1
Non-Prescription Methadone			1			1
None	35	137	892	129	12	1205
Other			5			5
Other Amphetamines	1	3	31	4		39
Other Hallucinogens	1		3			4
Other Non-Barbiturate Sedatives or Hypnotics			1	1		2
Other Non-Benzodiazepine Tranquilizers			6			6
Other Opiates and Synthetics		13	108	8	1	130
Other Stimulants		3	12	3		18
PCP			11			11
Steroids	1					1
<b>Grand Total</b>	<b>138</b>	<b>450</b>	<b>2881</b>	<b>402</b>	<b>20</b>	<b>3879</b>

Primary Route Administration	Age at Opening (group)					Grand Total
	0-18	19-25	26-44	45-64	65+	
Inhalation	2	58	429	97	6	592
Injection IV or intramuscular	1	22	265	17		305
Not Applicable	9	28	99	16	2	154
Oral	26	143	1,120	184	8	1,475
Smoking	101	213	1,090	97	4	1,501
<b>Grand Total</b>	<b>138</b>	<b>450</b>	<b>2,881</b>	<b>402</b>	<b>20</b>	<b>3,879</b>

**Service Utilization Overview**

In State Fiscal Year 2025, the Illinois Department of Children and Family Services and the Illinois Department of Human Services, Division of Behavioral Health and Recovery (DBHR), formally known as the Division of Substance Use Prevention and Recovery (SUPR), provided substance

use assessment, treatment, and recovery services to 3,879 DCFS-involved individuals. Most individuals served were adults ages 26–44, and females comprised most admissions. The data demonstrates that DCFS-linked substance use services primarily support adult caregivers. Continued cross-agency collaboration between DCFS and DHS, coupled with improved data integration and family-centered service models, is key to advancing child safety, permanency, and family well-being outcomes.

## **Conclusion**

This report provides a comprehensive overview of alcohol and other drug use related service needs and service utilization among children, caregivers, and families involved with the Illinois Department of Children and Family Services. Findings indicate that older adolescents demonstrate greater need for targeted interventions. Substance use needs among biological caregivers are prevalent across cases and continue to represent a significant factor in child welfare involvement. Service utilization data further demonstrate that substance use assessment, treatment, and recovery services primarily support adult caregivers, highlighting the critical role of coordinated, family-centered treatment approaches in promoting child safety, family stability, and permanency. Ongoing collaboration between DCFS and the Illinois Department of Human Services remains essential to ensuring access to timely, effective services and to supporting continuous improvement in outcomes for children and families served by the child welfare system.