



JB Pritzker, Governor

Dulce M. Quintero, Secretary

100 South Grand Avenue, East • Springfield, Illinois 62762
401 South Clinton Street • Chicago, Illinois 60607

DATE: **April 16, 2026**

MEMORANDUM

TO: The Honorable Don Harmon, Senate President
The Honorable John F. Curran, Senate Minority Leader
The Honorable Emanuel "Chris" Welch, Speaker of the House
The Honorable Tony McCombie, House Minority Leader

FROM: Dulce Quintero *Dulce M. Quintero*
Secretary *by [Signature]*
Illinois Department of Human Services

SUBJECT: **Family Recovery Plans Implementation Task Force Report**

The Illinois Department of Human Services respectfully submits the Family Recovery Plans Implementation Task Force Report on behalf of the Division of Behavioral Health & Recovery in order to fulfill the requirements set forth in 20 ILCS 4133.

If you have any questions or comments, please contact Barbara Hobrock, Director of External Engagement at barbarahobrock@illinois.gov.

cc: The Honorable JB Pritzker, Governor
John W. Hollman, Clerk of the House
Tim Anderson, Secretary of the Illinois Senate
Legislative Research Unit
State Government Report Center

Family Recovery Plans Implementation Task Force Report

Illinois Department of Human Services

Illinois Department of Children and Family Services

Co-Chair Senator Christina Castro

Co-Chair Representative Mary Beth Canty

Introduction

This document serves the purpose of fulfilling the requirement of the Family Recovery Plans Implementation Task Force pursuant to [20 ILCS 4133](#). As written in statute, it was the intent of the Illinois General Assembly “to require a coordinated, public health and service-integrated response by various agencies within in this State’s health and child welfare systems to address the substance use treatment needs of infants born with prenatal substance exposure, as well as the treatment needs of their care givers and families, by requiring the development, provision, and monitoring of family recovery plans.”

Pursuant to that purpose, the Task Force was required to fulfill the following tasks:

- (1) review models of family recovery plans that have been implemented in other states.
- (2) review research regarding implementation of family recovery plans care.
- (3) develop recommendations regarding the implementation of a family recovery plan model in Illinois, including developing implementation, monitoring, and reporting plans and identifying any necessary policy, rule, or statutory changes, and identifying any additional healthcare service coverage and reimbursement that would facilitate access to care.
- (4) review and develop recommendations to replace punitive policies with notification policies requiring health care professionals to notify the Department of Children and Family Services in accordance with Section 7 of the Abused and Neglected Child Reporting Act and Section 106(b)(2)(B)(ii) of the Child Abuse Prevention and Treatment Act (Public Law 93-247) based solely on a positive toxicology screen of the newborn.
- (5) solicit feedback from stakeholders and advocates to inform Task Force recommendations as necessary, including soliciting feedback from members with experience working in a hospital with licensed obstetrical beds and members with experience from a small and rural or critical access hospital with licensed obstetrical beds.

As required by statute, the Family Recovery Plan Implementation Task Force submits the following recommendations to the general Assembly and the Governor within one year after the first meeting of the Task Force, which occurred on April 4, 2025.

Members

The members of the Task Force are as follows and fulfill the composition requirements of the statute.

Name	Title
Cara Bergo, PhD MPH	Illinois Dept of Public Health (IDPH)-Office of Women's Health and Family Services work with Maternal Health and Mortality - Epidemiologist
Ann Borders, MD	Illinois Perinatal Quality Control Collaborative-Executive Director
Melissa Box	Department of Children and Family Services (DCFS) - Deputy Director of Prevention Community Connection and Intact Family Services
Representative Mary Beth Canty	Illinois General Assembly - Represents District 54 - Chief Sponsor of this initiative in the Illinois House
Senator Cristina Castro	Illinois Represents District 22- Chief sponsor of this initiative in the Illinois Senate
Andrew Fisher, MD	University of Chicago - Licensed OGY/GYN- Assistant Professor
Ruchi Fitzgerald, MD	PCC Wellness Community Wellness Center - Physician and Addiction Medicine Specialist
Stephanie Frank	Illinois Department of Human Services- Division of Behavioral Health and Recovery (IDHS_DBHR) - Associate Director of Planning and Transformation
Danielle Gomez	Office of the Cook County Public Guardian - Director of Legislative Affairs
Lance Kovacs	Illinois Health and Hospital Association - Senior Director of Health Policy and Regulation
Marci Malnar	DCFS - Public Service Administrator and a Committee Representative for Council 31
Melissa Manrique, MD	Lurie Children's and Northwestern Central DuPage Hospital - Pediatrician

Melinda McMichael	McDermott Center - Peer Doula
Tamela Milan-Alexander	Everthrive Illinois- Community Engagement Director – Peer Representative
Representative Steve Reick	Illinois General Assembly - Represents District 63
Jennifer Roland	Illinois Coalition of Youth - Director of Public Policy and Government Affairs
Senator Sally Turner	IL General Assembly - Represents District 44

Report on Required Tasks

Family Recovery Plan Implementation Task Force began meeting in April 2025 and met on the following dates:

- April 4, 2025
- April 28, 2025
- May 23, 2025
- June 23, 2025
- July 21, 2025
- August 18, 2025
- September 22, 2025
- October 20, 2025
- December 15, 2025
- January 9, 2026
- February 23, 2026
- March 11, 2026
- March 23, 2026
- April 13, 2026

Minutes and agendas for each meeting can be found here: [Family Recovery Plans Implementation Task Force](#)

Task 1: Review models of family recovery plans that have been implemented in other states

This work on implementing Family Recovery Plans was already started by DCFS through the work of Task Force member Melissa Box. In addition to getting monthly updates from DCFS, the Task Force also explored implementation of Family Care Plans in other states.

DCFS is taking an evidence-based and trauma-informed implementation science approach to the implementation of the Plans of Safe Care in Illinois. DCFS assembled a statewide Cross Agency Implementation team, as well as other stakeholders from both the private and public sectors. Members included IDPH, IDHS, DBHR and Healthcare and Family Services (IHFS), as well as individuals with lived experience and subject matter experts in practice. Many of the individuals on this Task Force also served on the DCFS Cross Agency Implementation Team. DCFS provided an overview of their approach which included:

- o Exploration (Research, Landscape Scan, Need Assessment, Data Pathways)
- o Installation (Form Development, Communication Plan, Training Plan, Pilot)
- o Implementation (Deliver Training, Deliver Services, Monitor Progress)

The Illinois Family Care Plan is currently being piloted in three regions (Cook, Central/Springfield, Southern). Ms. Box provided monthly updates on the progress of the Cross Agency Implementation Team and the pilot. DCFS will use provider and family feedback, as well as qualitative and quantitative data to refine forms, workflows, and training. The DCFS Cross Agency Implementation Team will remain in place to continue to guide the work.

The Task Force also conducted a focused review of family recovery plan models used in other states through expert presentations from the Children and Family Futures and the Illinois Perinatal Quality Collaborative (ILPQC). The presentations identified three common pathway models:

- Family-owned “binder” model (used in Texas, Oklahoma, Arizona, Nebraska),
- Help Me Grow linkage model (Washington), and
- Intensive home-visiting/wraparound models (New Jersey, Michigan)

The Task Force also reviewed several notification portal approaches (web forms, de-identified/shared systems, prompted risk reviews).

Members examined state examples of collaborative multi-agency ownership (Vermont, Wyoming), hospital alignment efforts (Delaware), and equity and outcome research (Connecticut statewide study; Delaware impact study), and discussed practical implementation topics including:

- what data portals capture,
- how states decide when reporting triggers investigations,
- consent and information-sharing practices, and
- use of facilitators/peer supports to build trust and reduce punitive responses.

Task 2: Review research regarding implementation of family recovery plans care

The Task Force’s review of research regarding implementation of family recovery plans (Plans of Safe Care) relied primarily on a few key studies and national synthesis materials presented during the April–August 2025 meetings. Members repeatedly referenced two substantial research pieces—the 2019 Connecticut statewide study¹ and the 2022 Delaware evaluation² (“Impact of Plans of Safe Care on Prenatally Substance-Exposed Infants”)—and drew on presentations from Children and Family Futures/the National Center to summarize broader trends and Child Abuse and Treatment Act (CAPTA) guidance. The Task Force also discussed the article, “A Policy Scan on Plans of Safe are for Infants with Prenatal Substance Exposure”³. Presenters also shared national incidence data (2000–2021) showing an upward trend in children entering out-of-home care with parental substance use as a contributing condition.

From these sources the Task Force distilled several implementation themes:

- CAPTA requires Plans of Safe Care and notification but does not assign responsibility to a specific agency.
- States have adopted varied notification pathways.
- States have utilized various referral and implementation models including Help Me Grow, home visiting and multi-agency collaboratives which focus on the inclusion of a facilitator/case manager and multi-party consent to coordinate prenatal and postpartum supports.

Equity emerged as a prominent concern. Connecticut’s analysis suggested disproportionate application of plans or child-welfare involvement for Black and Brown families. Task Force members repeatedly noted limited rigorous outcome data across jurisdictions and a general gap in long-term and race-disaggregated evidence to guide statewide implementation in Illinois.

Task 3: Develop recommendations regarding the implementation of a family recovery plan model in Illinois, including developing implementation, monitoring, and reporting plans and identifying any necessary policy, rule, or statutory changes, and identifying any additional healthcare services coverage and reimbursement that would facilitate access to care

CAPTA is a federal law that provides grants to states to support the prevention, assessment, investigation, prosecution and treatment of child abuse and neglect. In 2016 CAPTA was amended to emphasize plans of safe care to ensure the safety and well-being of infants that are exposed to substances prenatally and to address the health and substance use disorder treatment needs of both the infant and family. The changes to CAPTA are intended to strengthen a coordinated multisystem approach that is grounded in early identification and intervention to ensure that families have the support and access to services that they need.⁴ This public health approach in conjunction with child welfare system involvement, when necessary, recognizes the many challenges the family faces and ensures the creation of a holistic approach to addressing the complex needs of families affected by substance use and the integration of services across sectors. Task Force urges that any reforms align Illinois law and practice with CAPTA's intent by distinguishing between public health approaches intended to support families and child protection reports that require investigation due to concerns about abuse, neglect, or substantial risk of harm. Based on this premise and the information gathered under Task #1 and #2 and the discussions generated by that information, the Task Force respectfully makes the following recommendations:

1. Illinois Department of Public Health (IDPH) and Illinois Department of Human Services (IDHS) shall select an educational partner to recommend and make available a certificate-based program for health care and other professionals with the goal of improving care for pregnant and parenting individuals who struggle with substance use disorders. IDPH shall engage other state partners as needed to fulfill this recommendation. The General Assembly will support this recommendation with required allocation. The certificate program should address, but is not limited to:
 - a. the health and substance use disorder treatment needs of both the infant and the affected family or caregiver
 - b. a holistic intervention framework
 - c. CAPTA Plans of Safe Care
 - d. stigma and compassionate, respectful care

- e. use of community and state resources (Illinois Doc Assist, Illinois Helpline and MAR Now).
2. In recognition of the need for both a child welfare and public health approach, the Governor's Office, Illinois Department of Human Services (IDHS), Department of Children and Family Services (DCFS), Illinois Department of Public Health (IDPH), and Illinois Health and Family Services (HFS) shall create a detailed implementation plan that determines who shall develop, implement and monitor the Family Care Plans, including a detailed cost analysis. The implementation plan shall also include:
 - a. plans for State monitoring and accountability that needed services and support are available and provided,
 - b. consideration of the levels of HIPAA and confidentiality rules that are involved and
 - c. recommend funding sources.

DCFS shall be responsible for reporting on qualitative and quantitative data that is being collected on the current Families Care Plan pilot project. The Task Force urges Illinois to seek a national technical assistance partner.

3. The Illinois General Assembly shall commit to providing funding for the full implementation of the Family Care Plans as determined by the second recommendation.

Task 4: Review and develop recommendations to replace punitive policies with notification policies requiring health care professionals to notify the Department of Children and Family Services in accordance with Section 7 of the Abused and Neglected Child Reporting Act and Section 106(b)(2)(B)(ii) of the Child Abuse Prevention and Treatment Act (Public Law 93-247) based solely on a positive toxicology screen of the newborn

Infants who are affected by prenatal substance exposure and their families benefit most from coordinated health care, substance use treatment, and family support services rather than automatic involvement in the child welfare investigative system. Federal law under the CAPTA requires states to ensure that infants affected by prenatal substance exposure are identified and connected to Plans of Safe Care, but it does not require that these cases be treated as child abuse or neglect in the absence of safety concerns. Current practice in

Illinois often results in child protection investigations based solely on a positive newborn toxicology result, which can lead to unnecessary system involvement while failing to consistently connect families to appropriate services. Therefore, the Task Force respectfully makes the following recommendations:

1. The Task Force recommends that the Juvenile Court Act (JCA) be amended immediately so that the definition of neglect no longer includes an infant's positive toxicology.
2. The Task Force recommends that the Illinois General Assembly amend the Abused and Neglected Child Reporting Act (ANCRA) to
 - a. clarify that a positive toxicology result for an infant, by itself, does not constitute child neglect and does not automatically require a child abuse or neglect investigation.
 - b. specify factors and criteria to be considered in taking a report for investigation.

Additionally, the Task Force recommends that DCFS provide enhanced guidance and education to mandated reporters regarding when to make a notification of a substance-exposed infant and when to make a report of suspected abuse or neglect.

3. The Task Force recommends that Illinois develop statewide clinical guidance to ensure that toxicology testing of pregnant people and newborns is medically appropriate, consistent, and equitable. Newborn toxicology testing should not be conducted routinely in the absence of medical indication. Testing decisions should be based on standardized clinical criteria rather than subjective or non-clinical risk factors.

Task 5: Solicit feedback from stakeholders and advocates to inform Task Force recommendations as necessary, including soliciting feedback from members with experience working in a hospital with licensed obstetrical beds and members with experience from a small and rural or critical access hospital with licensed obstetrical beds

The Task Force actively solicited stakeholder and advocate feedback to shape its recommendations, intentionally engaging clinical, public-health, child-welfare, and

lived-experience voices and committing to include perspectives from hospital clinicians and from small/rural or critical-access hospitals with licensed obstetrical beds.

- Meetings featured expert presentations (Children and Family Futures; Illinois Perinatal Quality Collaborative; IDHS/DBHR) and input from peer doulas, certified peer recovery specialists, treatment and recovery providers, OB/GYN and pediatric clinicians, DCFS staff, and community advocates.
- Task Force members repeatedly urged inclusion of those who work directly in hospital labor & delivery and neonatal settings as well as practitioners from rural regions.
- Additionally, Task Force members also proposed bringing hospital staff and legislative/staff experts into future meetings, recommended soliciting implementation and rule-making input from provider networks and small-hospital representatives, and emphasized ongoing collection of pilot feedback and equity-disaggregated data to ensure recommendations reflect the realities of both large hospital systems and rural/critical-access settings.

Although it was beyond the scope of this Task Force, members also expressed concern for pregnant and parenting women with substance use disorder who are incarcerated. Data shows there is an increase in incarceration rates of women who are affected by substance use. This population could also benefit from an additional focus to address the inequities in reproductive health care and alternatives to incarceration for women involved in the criminal legal system. ⁵

¹ Sieger ML, Godoy L, Moore TE, Nichols C, Goldsborough EJ, Chen S, Terplan M, Griffin BA, Patrick SW. Connecticut's Novel Prenatal Substance Exposure Policy Is Associated With Declining CPS Reports And Foster Placements. *Health Aff (Millwood)*. 2025 Jul;44(7):821-829. doi: 10.1377/hlthaff.2024.01160. PMID: 40623260; PMCID: PMC12444883.

² Deutsch SA, Donahue J, Parker T, Hossain J, Loiselle C, De Jong AR. Impact of Plans of Safe Care on Prenatally Substance Exposed Infants. *J Pediatr*. 2022 Feb;241:54-61.e7. doi: 10.1016/j.jpeds.2021.10.032. Epub 2021 Oct 23. PMID: 34699908; PMCID: PMC8792271.

³ Lloyd Sieger M, Andraka-Christou B, Loch SF, Stein BD, Bouskill K, Patrick SW. A Policy Scan on Plans of Safe Care for Infants With Prenatal Substance Exposure. *Hosp Pediatr*. 2025 Dec 1;15(12):1039-1047. doi: 10.1542/hpeds.2025-008536. PMID: 41253278; PMCID: PMC12874449.

⁴ Casey Family Programs, *The Child Abuse Prevention Treatment Act; Keeping Children Safe and Strengthening Families in Communities*. Casey Family Programs. 2019. https://www.casey.org/media/CAPTA-Paper_web.pdf

⁵ Kramer, C., Thomas, K., Patil, A. *et al.* Shackling and pregnancy care policies in US prisons and jails. *Matern Child Health J* **27**, 186–196 (2023). <https://doi.org/10.1007/s10995-022-03526-y>