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HOUSE RESOLUTION

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WHEREAS, The Department of Children and Family Services is required by the Children and Family Services Act [20 ILCS 505/7] to place children in its care in safe and adequate placements consistent with each child's health, safety, and best interests; and

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WHEREAS, The Department of Children and Family Services has adopted rules, entitled "Placement Selection Criteria", [89 Ill. Adm. Code Part 301.60] that provide that "all placement decisions will be made consistent with the safety, best interests and special needs of the child" and that consideration shall be given to, "the least restrictive setting appropriate for the child which most closely approximates a family"; and

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WHEREAS, The Department of Children and Family Services has adopted procedures, entitled "Psychiatric Hospitalization, Basic Premises Regarding Psychiatric Hospitalization" [DCFS Procedures 301.110(b)], that provide that "a psychiatric hospitalization is not a placement" and that "discharge and placement planning shall begin from the moment of admission"; and

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WHEREAS, The Department of Children and Family Services is

1 the party to a federal court consent decree [B.H. et al., 88 C
2 5599, N.D. ILL] that provides that emergency shelter placements
3 "shall be limited to 30 days"; and

4 WHEREAS, Children in the custody of the Department of
5 Children and Family Services are being left in psychiatric
6 hospitals after their treatment is complete because there is
7 insufficient in-state capacity in the types of the programs the
8 children need, including residential treatment centers and
9 specialized and therapeutic foster homes; and

10 WHEREAS, The cost of leaving children in psychiatric
11 hospitals is significantly higher than providing the care the
12 children actually need and is not subject to federal
13 reimbursement pursuant to Title IV-E; therefore, be it

14 RESOLVED, BY THE HOUSE OF REPRESENTATIVES OF THE ONE
15 HUNDRED FIRST GENERAL ASSEMBLY OF THE STATE OF ILLINOIS, that
16 the Auditor General is directed to conduct a performance audit
17 of the Department of Children and Family Services to review and
18 assess the Department's ability to meet the placement needs of
19 the children in its custody and its compliance with its
20 obligations to place children in its care in placements
21 consistent with their best interests and to make
22 recommendations regarding how the Department can develop a
23 responsive behavioral health continuum of care process that

1 produces good outcomes for children and families in Illinois;
2 and be it further

3 RESOLVED, That the audit include, but not be limited to,
4 the following:

5 (1) A review and analysis of systems issues impacting
6 the timely and appropriate placement of children in the
7 custody of the Department of Children and Family Services,
8 including, but not limited to:

9 (a) The current referral and admission process for
10 children and youth requiring placement in a residential
11 treatment center;

12 (b) The role of residential treatment centers in
13 the continuum of care;

14 (c) The evidence-based models currently utilized
15 in residential treatment settings;

16 (d) Identification of any gaps in the continuum of
17 care from psychiatric hospitalization to traditional
18 foster care/home settings;

19 (e) The status of the Department's progress toward
20 achieving appropriate and timely step-down placements for
21 children at any stage in the continuum of care; and

22 (f) How priorities should be changed to ensure
23 timely access to appropriate residential and foster care
24 resources;

25 (2) A review and analysis of how youth enter and exit

1 residential treatment programs, including, but not limited
2 to, the following:

3 (a) The number of youth who entered a residential
4 placement in the last 10 fiscal years;

5 (b) The number of youth who entered residential
6 settings outside of Illinois;

7 (c) The number of planned and unplanned exits from
8 residential treatment by type (for example, child was
9 psychiatrically hospitalized, placed in a foster home,
10 returned to parent, etc.);

11 (d) A description of the current step-down process
12 from residential treatment;

13 (e) A description of how the Department determines
14 appropriate clinical placements for youth needing
15 residential care; and

16 (f) Recommendations regarding changes that should
17 be made to the process of matching children to the
18 appropriate clinical setting, including timeframes;

19 (3) A review and analysis of data tracking of outcomes
20 for children in psychiatric hospitals longer than
21 necessary, including, but not limited to:

22 (a) How demographic and clinical data regarding
23 children in psychiatric hospitals longer than necessary is
24 collected, made available, and utilized; and

25 (b) The current demographic of children in the
26 residential care service continuum, including youth who

1 are in psychiatric hospitals longer than necessary, on
2 waiting lists for residential placements, and in
3 residential placements ready for step-down, including:

- 4 1. Ethnicity
- 5 2. Gender
- 6 3. Age
- 7 4. Geographic origin
- 8 5. Permanency goal
- 9 6. Current residential placement if applicable
- 10 7. Case management responsibilities
- 11 8. Diagnosis
- 12 9. Length of stay
- 13 10. Length of stay beyond targeted discharge

14 date;

15 (4) A review and analysis of the following contracting
16 and monitoring issues impacting the timely and appropriate
17 placement of children in the custody of the Department of
18 Children and Family Services, including, but not limited
19 to:

20 (a) An assessment of current residential bed
21 capacity and utilization; what capacity and utilization
22 are needed to meet the demand? Are there facilities with
23 unused physical capacity that could be utilized if need was
24 determined?;

25 (b) Analysis of the effectiveness of the current
26 funding structure, including analysis of the no-decline

1 and bed hold component in contracts;

2 (c) How residential specialty population providers
3 are identified in the matching process;

4 (d) How community-based behavioral health
5 resources are identified, quantified, and evaluated; and

6 (e) Whether community-based behavioral health
7 organizations have adequate resources (funding, staff,
8 equipment, facilities, training, etc.) to achieve
9 appropriate service delivery and timely placements for
10 youth;

11 (5) A review and analysis of the following contracting
12 and monitoring issues impacting the timely and appropriate
13 placement of children in the Department's custody,
14 including, but not limited to:

15 (a) How residential programs are monitored. What
16 dashboards are utilized? Are the outcome measures
17 quantitative or qualitative? Are the measures effective?
18 What outcome measures should be utilized?;

19 (b) The current performance of Illinois'
20 residential continuum of care and how it compares to
21 generally accepted national practice standards and outcome
22 measures; and

23 (c) Residential continuum of care systems in other
24 comparable jurisdictions in terms of costs of staff by
25 type, overall costs and other cost centers; and be it
26 further

1 RESOLVED, That the Department of Children and Family
2 Services shall cooperate fully and promptly with the Auditor
3 General's Office in conducting this audit; and be it further

4 RESOLVED, That the Auditor General commence this audit as
5 soon as possible and distribute the report upon completion in
6 accordance with Section 3-14 of the Illinois State Auditing
7 Act; and be it further

8 RESOLVED, That a copy of this resolution be delivered to
9 the Auditor General and the Illinois Department of Children and
10 Family Services.