REPORT TO THE GENERAL ASSEMBLY

December 31, 2018

(20 ILCS 505/2.2 new)

**Youth in care waiting for placement**

Pursuant to PA 100-0087 (SB 973), the Children and Family Services Act was amended adding Section 2.2, requiring annual reports on youth in care waiting for placement. The annual report is to be submitted to the General Assembly by 12/31/18 and each year thereafter through December 31, 2023 for previous fiscal year information on the number of youth in emergency placements (shelters, foster homes) for longer than 30 days, in psychiatric hospitals Beyond Medical necessity (BMN), in a detention center or Department of Juvenile Justice (DJJ) facility because the Department could not locate an appropriate placement. For each of these areas the Department is to report the gender, ages, recommended placement type, total length of time in in emergency care, barriers to timely placement and was the youth placed into the recommended placement type and if not what type of placement was made.

In preparation for the submission of the first annual report, the Department needed to create a database including the above data requirements. Currently, there is no single database that captures the relevant information required for this report. The first few months of FY18 were spent determining and agreeing on the information needed for the database and how that information would be collected. Much of the information collected is done manually and is then crosschecked with other data sources. Throughout FY18 we found that we needed to make refinements to the database to improve the quality of the data collection. This will continue in FY19.

Statistics

The total youth in care on 6/30/18 was 17,481. The chart below represents the number of unique youth in emergency placements (shelters, foster homes) for longer than 30 days, in psychiatric hospitals BMN, in a detention center or DJJ facility because the Department could not locate an appropriate placement.

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| **Location** | **1/1/18 to 6/30/18****Number of Youth** |
| Psychiatric Hospital | 149 |
| Emergency (Shelter) Placements | 95 |
| Detention / DJJ | 42 |

The chart below is the number of male and females in each of the respective categories.

The chart below is the age distribution of the youth in each category with most of the youth ranging in age from 14 to 17, with the overall average age being 14, except for youth in detention or DJJ and their average age was a couple years older at age 16.

* Psychiatric Hospital – ages ranged from: 7-19, with the average age being 14
* Emergency Placements – ages ranged from: 2-19, with the average age being 14\*
* Detention/DJJ – ages ranged from: 13-19, with the average age being 16

*\*The Department explores all options to place children in homes with relatives when they come into care. However, in the unfortunate event that a young child, infant to 10-years-old, is in need of emergency placement due to the lack of a relative resource, the Department makes it a practice to first explore an emergency foster home rather than a traditional shelter.*

Youth who remained in **psychiatric hospitals** Beyond Medical Necessity

Overwhelmingly, most youth awaiting placement from the psychiatric hospital are awaiting a residential treatment program and the top two issues of concern are severe mental health and aggressive behavior. Many youth present multiple barriers to placement. The chart below shows categories of youths’ top three barriers.

Recommended placement type Level of Care:

* Residential Treatment: 107 youth (79 of these 107 went to Residential, others to an array of placements)
* Specialized Foster Care: 32 youth (22 of these 32 went to Specialized Foster Care, others to an array of placements)
* Traditional Foster Care or Home of Relative: 6 youth (all went to a Foster home)
* Transitional Living Program: 4 youth (3 of these 4 went to Transitional Living, 1 went to Home of Relative)

Tracking information on hospitalized youth and developing placement recommendations is a multi-faceted process. Psychiatric hospital information is gathered from several DCFS Clinical Division data sources and on the Department legacy system. The Clinical Division tracks information related to the work that is done with youth, both in and out of the hospital, who have mental health needs. Depending on the purpose of the Clinical Division’s involvement, information and documentation is collected and stored in different databases. All information that is entered into these various databases and/or logs by Clinical staff is checked by a supervisor to assure clean, correct information.

To reduce the length of time youth in care wait in psychiatric hospitals, Clinical Division Administrators, Managers, Psychiatric Hospital Program (PHP) Liaisons and Intake staff receive a daily list of admissions to psychiatric hospitals, along with the consents from the DCFS Guardian’s office. Clinical Division Intake staff schedule a staffing for any youth 12 years old or younger within three to five business days of admission. For youth who are 13 or older, the Regional Clinical Manager provides a consult to the youth’s caseworker. If it is determined that a staffing is needed during that consult, it is scheduled within three to five days.

For any youth who is admitted from a Residential, Group Home, Transitional Living Program or Independent Living setting, the Regional Clinical Managers consult with the facility/worker within the three to five days to decide if DCFS Clinical support is necessary. The Regional Clinical staff and Clinical Facilitators provide a Priority Clinical staffing that involves a multi-disciplinary team approach.

PHP Liaisons intercede when youth are psychiatrically locked out in the hospital and there is no referral from the Division of Child Protection. PHP liaisons are also in communication with the psychiatric hospital treatment team, including hospital Clinical Managers, therapists and case managers. While in contact with the youth and the hospital, the PHP Liaisons receive information about the youth’s behaviors while waiting for a placement to be identified. The PHP Liaison is also one of the first DCFS staff to become aware of the need for further DCFS intervention to ensure a youth’s successful discharge from a psychiatric hospital. The Central Matching Team receives a Clinical Summary/Child and Adolescent Service Intensity Instrument (CASII) with an Action Plan within seven business days of hospital admission for each youth who does not have an identified placement to return to upon discharge from the hospital. This Action Plan informs placement recommendations.

Youth in **emergency placements** (shelters, foster homes) for longer than 30 days

Youth in shelters and emergency foster home most commonly move to residential or specialized foster care placements. The top barriers to their placements are aggressive behaviors and limited foster home availability.

Recommended placement type Level of Care:

* Residential Treatment: 36 youth (17 to these 36 went to Residential, others to an array of placements)
* Specialized Foster Care: 39 youth (array of results, including Residential, job training, detention and elopement, as well as Specialized Foster Care)
* Traditional Foster Care or Home of Relative: 11 youth (10 went to Foster Care, 1 eloped)
* Transitional Living Program: 9 youth (all went to Transitional Living)

DCFS has created a database to capture all the information requested by the General Assembly on each youth in care who remained in an emergency placement longer than 30 days. The process for identification of all youth in emergency placement begins with individual daily census reports from the shelters and emergency foster care providers. Youth who remain in emergency placements longer than 30 days are entered in the data base.

To reduce the length of time youth in care wait in emergency placements, the Department utilizes a centralized system that has a gatekeeper who oversees emergency placement referrals submitted by DCFS and private agency caseworkers. The Department’s Shelter Administrator is responsible for approving children and youth for emergency foster homes, which is typically reserved for children 10 and younger. The Department also contracts with private agencies for emergency shelter facilities, which are typically reserved for older youth and young adults. The Shelter Administrator hosts and facilitates a conference call with each shelter supervisor and DCFS Area Administrator every morning. The purpose of the call is to confirm the shelter census, current bed availability, significant events, status on any safety/supervision plans, the climate of the milieu, status on placements and discharges. Specific focus is also given to youth that are in the shelter beyond 30 days.

Children and youth that remain in the shelter system beyond 30 days and present significant barriers to securing the appropriate level of care are brought to the attention of a higher-level team. The team meets weekly and is facilitated by Clinical Division managers and other senior staff. The purpose of the weekly roundtable is to provide urgent case consultation and support to the case managers responsible for clients that present the highest degree of psychiatric and behavioral issues beyond the capacity of most treatment programs in the state.

Youth in care who remained in **detention center or DJJ facility** because Department could not locate an appropriate placement

Excessive criminal involvement, chronic elopement (leaving a facility without authorization), and substance abuse are the primary barriers to timely placement for this the detention/DJJ population. Sixty percent of these youth are recommended for residential treatment programs.

Recommended placement type Level of Care:

* Residential Treatment: 28 youth (19 of these 28 went to Residential, 4 to Home of Parent, plus other placements)
* Specialized Foster Care: 6 youth (3 of these 6 went to Specialized Foster Care, 3 to Home of Relatives
* Traditional Foster Care or Home of Relative: 3 youth (all 3 went to Foster Care)
* Transitional Living Program: 5 (2 of these 5 went to Transitional Living Program, others to Residential and Home of Relative)

DCFS created a database to capture all the information requested on each youth in care who remained in detention or a DJJ facility for more than 15 days beyond their Targeted Release Date (TRD).

Identifying and tracking all youth in Juvenile Detention Centers (JDC) and DJJ facilities involve separate processes. The Cook County Juvenile Temporary Detention Center is the only detention center that electronically transmits a list of youth with release dates to the Department. This list is received on a daily basis. Youth detained by the Cook County JTDC and ordered to be released are referred to as Release Upon Request (RUR), which is the point where the Department begins to track the number of days the RUR youth remain in detention beyond the release date. DCFS legal staff is notified immediately once a youth is ordered and classified as RUR. The youth is then assigned to a case management agency within 24 hours and scheduled for a clinical placement meeting within 48 hours. During this meeting, the desired level of care for the next placement is identified and the referral process begins. The caseworker is responsible for identifying a placement and must report to the Juvenile Court every week on the status of the placement.

The RUR process does not occur with the other 15 JDCs within Illinois. Each JDC is county-operated. This fiscal year, DCFS has met with a majority of the JDC’s in attempt to have better communication regarding youth that are ready to be released from the JDC and track the number of days youth remain in the JDC beyond their release date.

DCFS also established a re-entry program for youth who are detained and are ready to be released from detention, but are awaiting a placement in a residential treatment center.

1. DJJ provides a monthly list of DCFS youth that are incarcerated in a DJJ facility or on aftercare (synonymous with juvenile parole) which provides the youths anticipated release date. As the Department monitors the case, if the youth is approved for release but the placement is not available for 15 days, they are added to the list.
2. DCFS meets monthly with DJJ Aftercare Administration to discuss the youth who are scheduled to be discharged within the next 90 days. However, frequently the anticipated release date moves to an earlier date, which may impact the Department’s ability to effectively secure placement in a timely manner. Dually Involved Program Administrators provides monthly status reports to the Cook County Juvenile Court Dually Involved Committee and to the DJJ administrators respectively.

Over the course of the next year the Department will continue to refine its data tracking ability of these youth as well as continue to work to improve the timeliness to placement whereby reducing the time waiting for placement.