

Annual Youth in Care Waiting for Placement Report

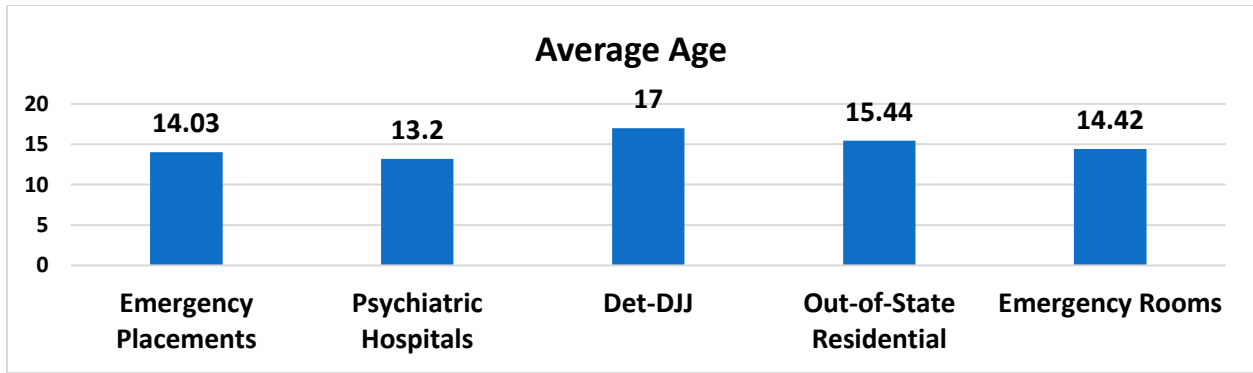
Report to the General Assembly

December 31, 2021

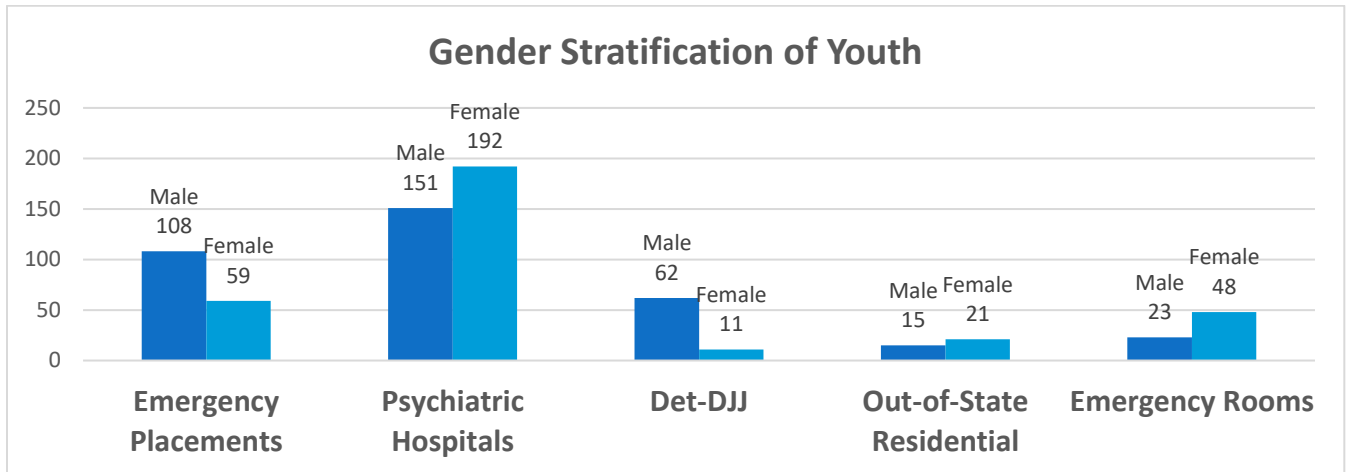
Pursuant to PA 100-0087 (SB 973), the Children and Family Services Act was amended adding Section 2.2, requiring annual reports on youth in care waiting for placement. The initial annual report was submitted to the General Assembly by 12/31/18; and will continue each year thereafter through December 31, 2023. Each submission will be the previous fiscal year's information on the number of youth in emergency placements for longer than thirty days; hospitalized in psychiatric hospitals beyond medical necessity; and in a detention center or Department of Juvenile Justice (DJJ) facility beyond the release date. The Children and Family Services Act was further amended in FY 21 to include information on the number of youth in out-of-state residential treatment facilities; not in temporary custody or guardianship of the Department and subject to child protection investigations coded as 84b; and in emergency rooms for longer than 24 hours waiting for admission to a psychiatric hospital bed. Although the Department has become more efficient in its preparation for the submission of this annual report, barriers still exist. It is the Department's goal to integrate and streamline the process of data collection and reporting for this annual report.

Statistics

The following cumulative data is for instances of youth: in emergency placements (shelters/foster homes) for longer than 30 days; psychiatric hospitals beyond medical necessity; detention center or DJJ facility beyond the release date; in out-of-state residential treatment facilities; in emergency rooms for longer than 24 hours waiting for admission to a psychiatric hospital bed. The total number of instances of youth across every category from 7/1/2020 to 6/30/2021 was 690. The overall average age of youth across every category in FY 21 was 14.81 years old with male instances making up 58% of the overall categorized population.



	Emergency Placements	Psychiatric Hospitals	Det-DJJ	Out-of-State Residential	Emergency Rooms
Average Age	14.03	13.2	17	15.44	14.42

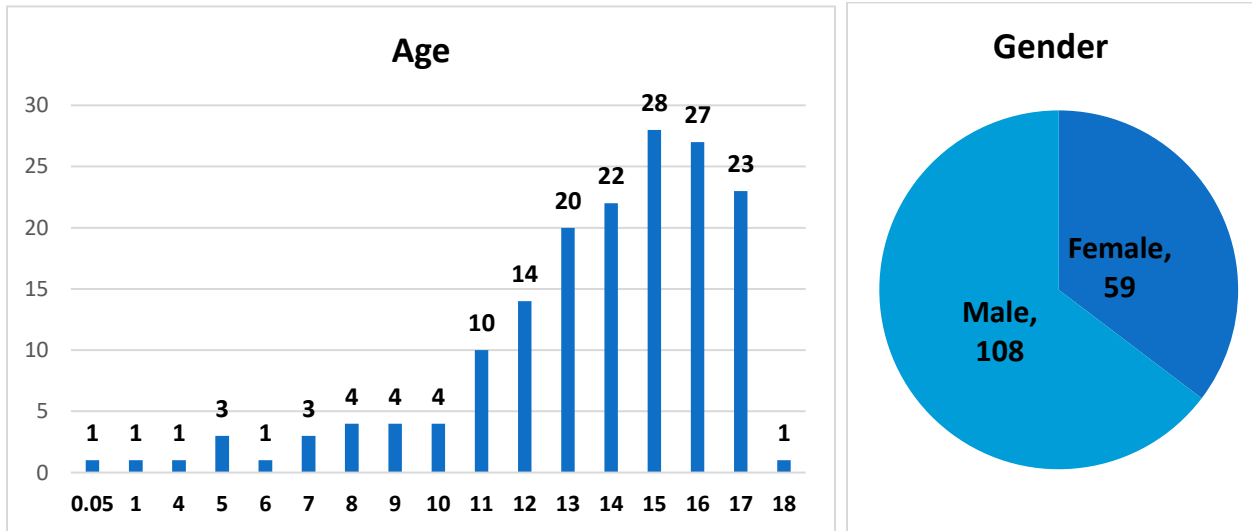


	Emergency Placements	Psychiatric Hospitals	Det-DJJ	Out-of-State Residential	Emergency Rooms
Male	108	151	62	15	23
Female	59	192	11	21	48
Total	167	343	73	36	71

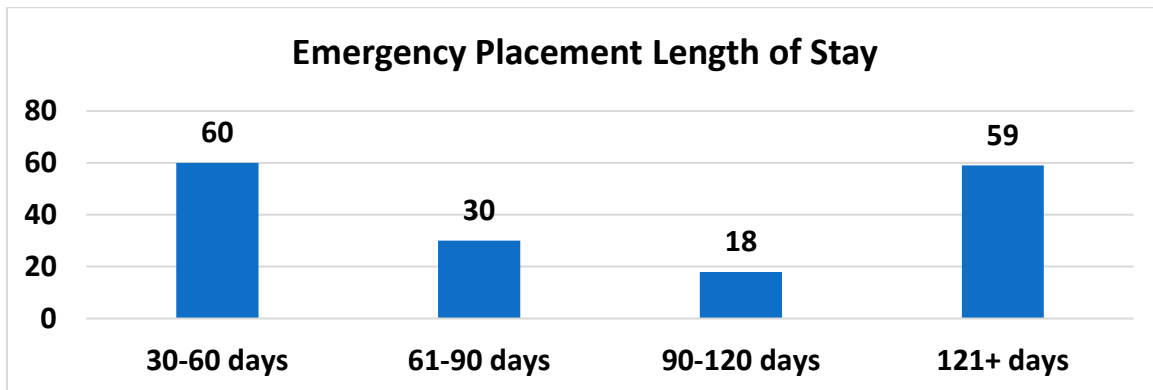
Youth in Emergency Placements (Shelters/Foster Homes) for More Than 30 Days

The data related to emergency placements is comprised of both unique and multiple placement incidents. Among all youth needing an emergency placement, the Department manages disruptive episodes that often require more than one living arrangement for a single child within the time period of this report. The data below reflects the total number of disruptive episodes among all youth needing an emergency placement; and has included data for multiple placements for a single youth. Therefore, the data below reflects aggregated trends for emergency placement options.

In FY 21, there were 167 instances (156 youth) of youth in emergency placements (i.e. shelters and emergency foster homes) for more than 30 days. 56% of youth were female and 44% were male. The age range of youth at time of emergency placement was 0 to 18 years old, with 72% of youth between the ages of 13 and 18 years old.



The average length of stay in emergency care was 116.46 days with 53% of youth staying less than 90 days in emergency placements.



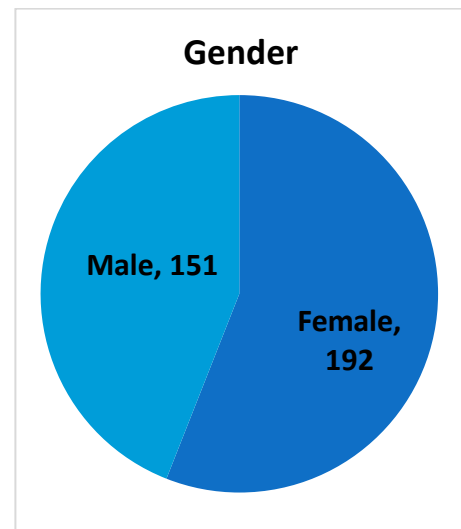
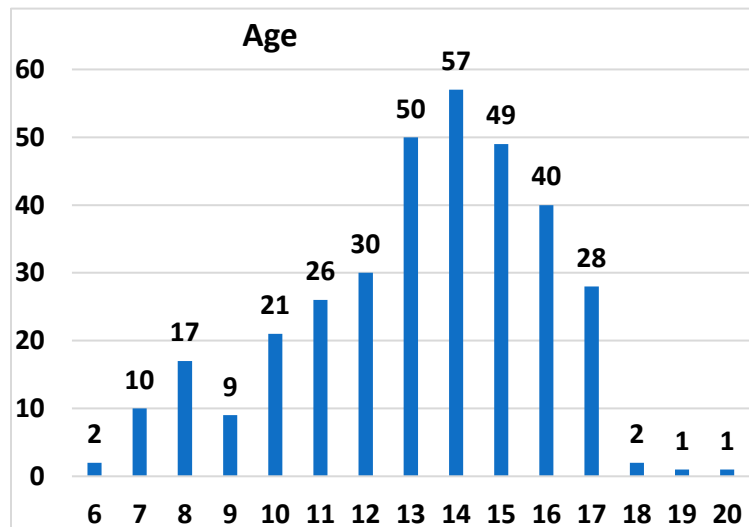
Youth in emergency placements are most commonly placed in either an emergency foster home, a residential facility (private institution), or an emergency shelter. There are significant barriers to placements. The top barriers affecting timely placement are behavior disorders including physical and verbal aggression, cognitive abilities including level of IQ and developmental delays; as well as specialized treatment needs including substance abuse, domestic violence and sexual behavior problems.

The data used for emergency placement is housed in various systems. Each system is independent of the other and required manual data integration. As with any platform that requires manual entry, there is risk for error or misinterpretation. As a result, data for emergency placement accounts for such circumstances. It is the Departments goal to streamline and integrate all data warehousing systems related to the movement of all kids in its care.

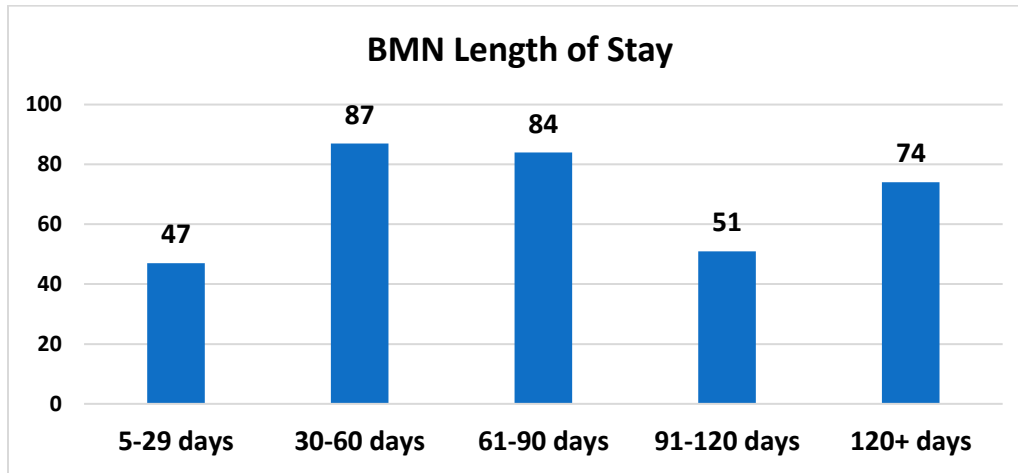
The Department is taking several steps to reduce the length of stay in emergency placements by developing strong relationships and services within the community, as well as working to provide youth and families direct access to preventative services that keep them out of crisis or emergency situations.

Youth Who Remained in Psychiatric Hospitals Beyond Medical Necessity

In FY 21, there were 343 instances (324 youth) of youth hospitalized in psychiatric hospitals beyond necessity. 56% of youth were female and 44% were male. The age range of BMN youth at time of admittance was 6 to 20 years old, with over half (57%) between the ages of 13 and 16 years old.



The average length of stay for BMN was 82.94 days in FY 21, with 63% of youth staying less than 90 days.



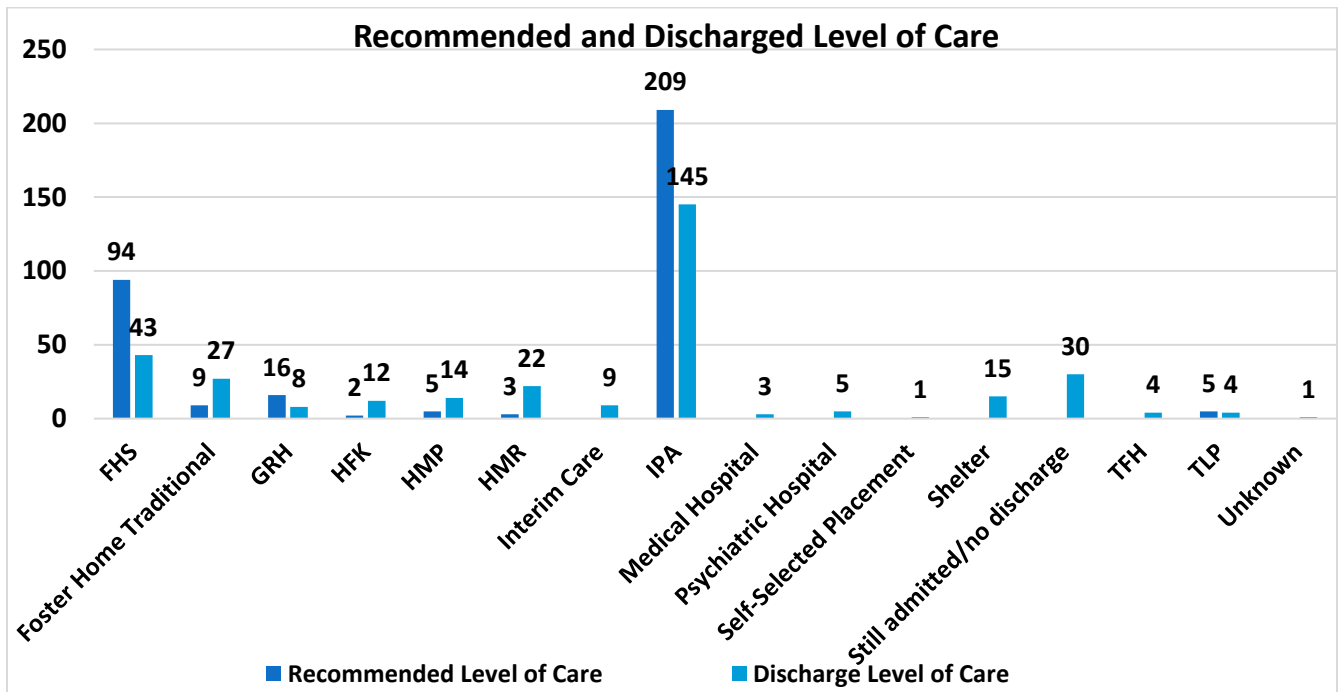
If a youth cannot return to their preadmission living arrangement, a clinical staffing focusing on the youth's strengths and needs, that is inclusive of the youth's treatment team members, occurs to determine the recommended level of care (placement type). Some youth were placed in accordance to the recommended level of care, however when barriers existed youth were placed in alternative placements types. Barriers to timely placement for youth in psychiatric hospitals beyond medical necessity (BMN) during FY 21 were impacted by the complex clinical presentation of individual youth. The top barriers to placement were youth having: intellectual and developmental disabilities; sexually problematic behaviors; history of aggression and property destruction; high end psychiatric acuity and presenting with continued need for intensive mental health treatment, psychiatric services, education monitoring, and behavioral intervention to regulate mood and behavior.

Resource availability also presented barriers to timely placement. 61% of BMN youth were recommended for residential treatment. Given these youth's clinical complexities, residential facility matches indicated that they could not meet the youth's needs due to the youth's clinical acuity, the program's overall clinical acuity or an inability to accept new admissions due to staff shortages. Most residential programs have a waiting list and that is particularly true for specialty programs, such as those serving intellectually disabled clients, youth with medical complications, youth with sexual behavioral problems or youth who have dual involvement with the Juvenile Justice System. COVID quarantines in residential facilities also created delays and barriers to timely placement.

During FY 21, the top recommended levels of care were Private Agencies/Residential Treatment Centers, Specialized Foster Homes and Group Homes. Below is the count of BMN youth recommended for each level of care and the actual number that were placed in the recommended level of care.

- Private Institution: 209 youth (145 to IPA)
- Specialized Foster Home: 94 youth (43 to FHS)

- Group Home: 16 youth (8 to Group Home)
- Traditional Foster Home: 9 youth (27)
- Transitional Living Plan: 5 youth (4)
- Home of Parent: 5 youth (14 to HMP)
- Home of Relative: 3 youth (14 to HMR)
- Home of Fictive Kin: 2 youth (12 to HFK)



FHS	Foster Home Specialized	IPA	Institution Private Agency / Residential
GRH	Group Home	SFC	Specialized Foster Care
HFK	Home of Fictive Kin	TFH	Traditional Foster Home
HMP	Home of Parent	TLP	Transitional Living Program
HMR	Home of Relative		

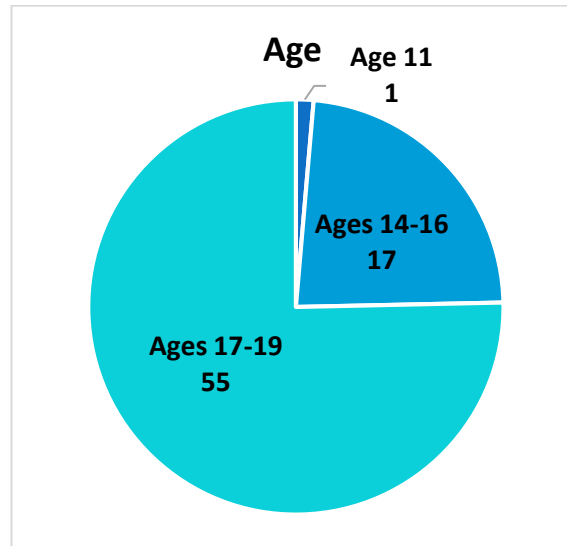
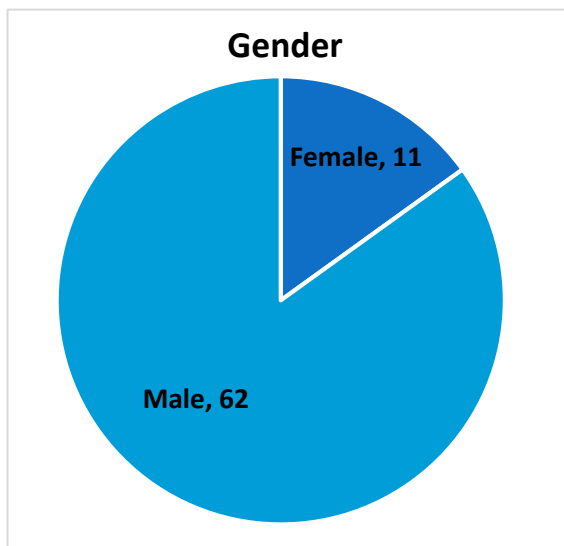
The above data was collected utilizing the DCFS Psychiatric Hospitalization Database reporting system, which is a platform used to track psychiatrically hospitalized youth. Some of the data is downloaded from Child and Youth Information System (CYCIS); however, the majority of the data is manual entry done by a number of staff. As with any platform that requires manual entry, there is risk for error or data not being entered. In addition, the number of youth who were BMN can change based on utilization reviews that may overturn an insurance carriers decision to deny continued treatment. This information is most often obtained after a youth is discharged from the hospital and can come some time after discharge. The BMN status is then adjusted retroactively. This change in status can impact the actual number of youth pulled at a point in

time. The data from the Psychiatric Hospitalization Database for psychiatrically hospitalized youth was all gathered on 10/7/2021.

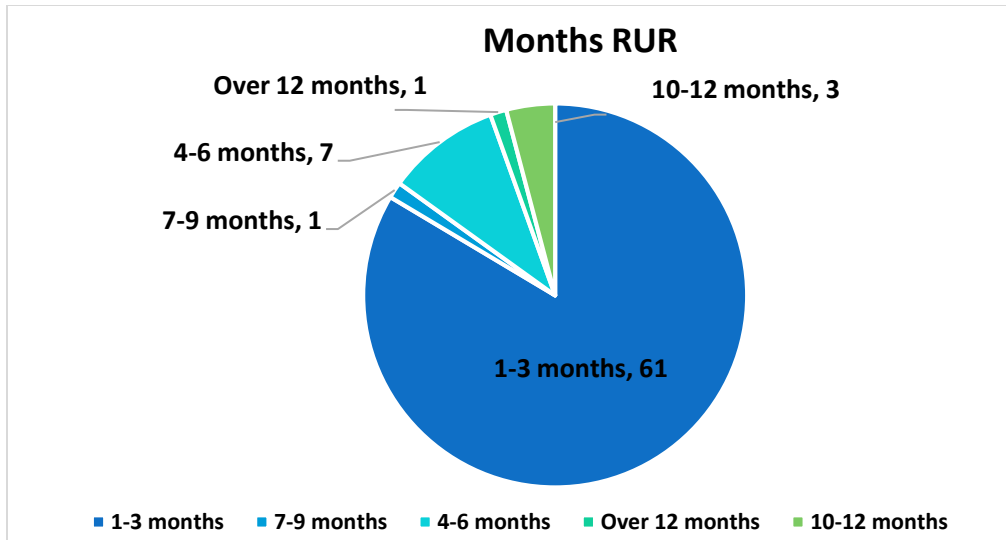
The Department is taking several steps to reduce the length of time BMN including working with providers to develop additional residential and specialized foster care resources for youth. DCFS is also working with sister agencies and Youth Care to increase access to Family Support Program, Educational supports, and community mental health agencies to support youth who are psychiatrically hospitalized and their caregivers. Given the high number of youth going beyond medical necessity from community-based placements with parents, this is critical work. DCFS is also meeting regularly with Illinois Hospital Association representative, CEOs from hospitals and other community providers to develop improved collaboration, planning and communication about these youth and families.

Youth in Detention Center/DJJ Beyond the Release Date

In FY 21, there were 73 instances (67 youth) where youth were held in detention beyond their release date. Roughly 79% of the RUR population are male and 21% are female. Approximately 67% of this population range between ages 17-19, 33% range between ages 14-16, and there was one outlier youth aged 11, during FY 21. The average age of RUR youth is 17.



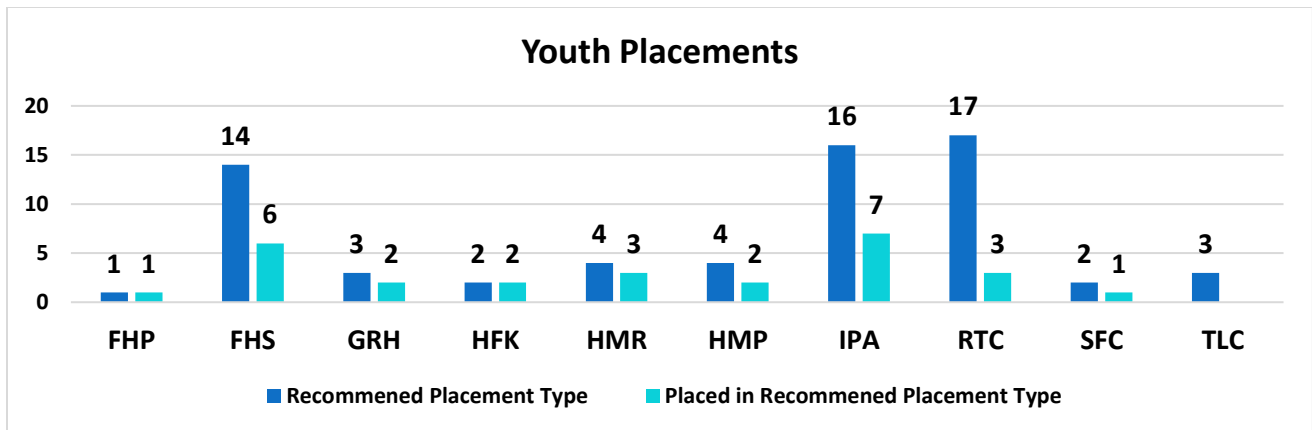
The total length of time each RUR youth remains in a DJJ or DOC facility varies depending on many factors such as: age, gender, time of release, youth behavior, medical needs, and more. During FY 21, approximately 86% of the total population were placed within 4 months of their release date. 35% of this population were placed less than 1 month after their release date.



Aggressive behavior, extensive criminal involvement, acute mental health needs and substance abuse are the primary barriers to timely placement for this population of youth in care. Additionally, throughout this fiscal year there have been numerous programs throughout the State of Illinois that have had to freeze their intake due to staffing shortages, and other staffing related concerns. Due to the severity of these barriers, most youth are waiting to be placed in various recommended level of care placements; 36% of the total population were placed in the recommended level of care with the additional 64% having alternative placements. Most of the youth needing to be placed in Group Homes, Specialized Foster Homes and Residential Treatment Centers.

Below is the count of RUR youth recommended for each level of care and the actual number that were placed in the recommended level of care.

- Residential Treatment **17** youth (3 RTC)
- Private Institution: **16** youth (7 IPA)
- Foster Home Specialized: **14** youth (6 FHS)
- No CIPP/ No Recommendation: **6** youth
- Home of Parent: **4** youth (2 HMP)
- Home of Relative: **4** youth (3 HMR)
- Group Home: **3** youth (2 GH)
- Transitional Living Center: **3** youth
- Specialized Foster Care: **2** youth (1 SFC)
- Home of Fictive Kin: **2** youth (2 HFK)
- Foster Home Private: **1** youth
- Taken into custody: **1** youth



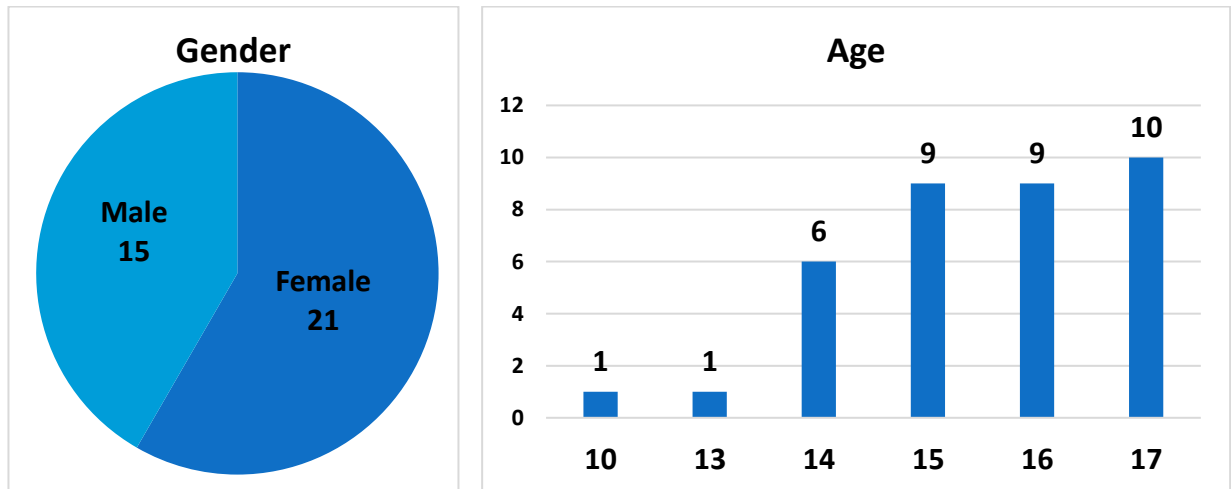
FHP	Foster Home Private	INST	Institutional Rehabilitation Service
FHS	Foster Home Specialized	RTC	Residential Treatment Center
GRH	Group Home	SFC	Specialized Foster Care
HFK	Home of Fictive Kin	TLP	Transitional Living Program
HMR	Home of Relative	WUK	Whereabouts unknown
IPA	Institution Private Agency		

In order to produce the above data above, the Delinquency and Restorative Justice Unit made an excel spreadsheet and included all the newly RUR'd youth for each month, throughout the 2021 fiscal year. All the information used in this report was obtained from the DCFS/CYCIS/SACWIS data system and the only concern regarding validity is that since the platform requires manual entry, there is risk for error or data not being entered.

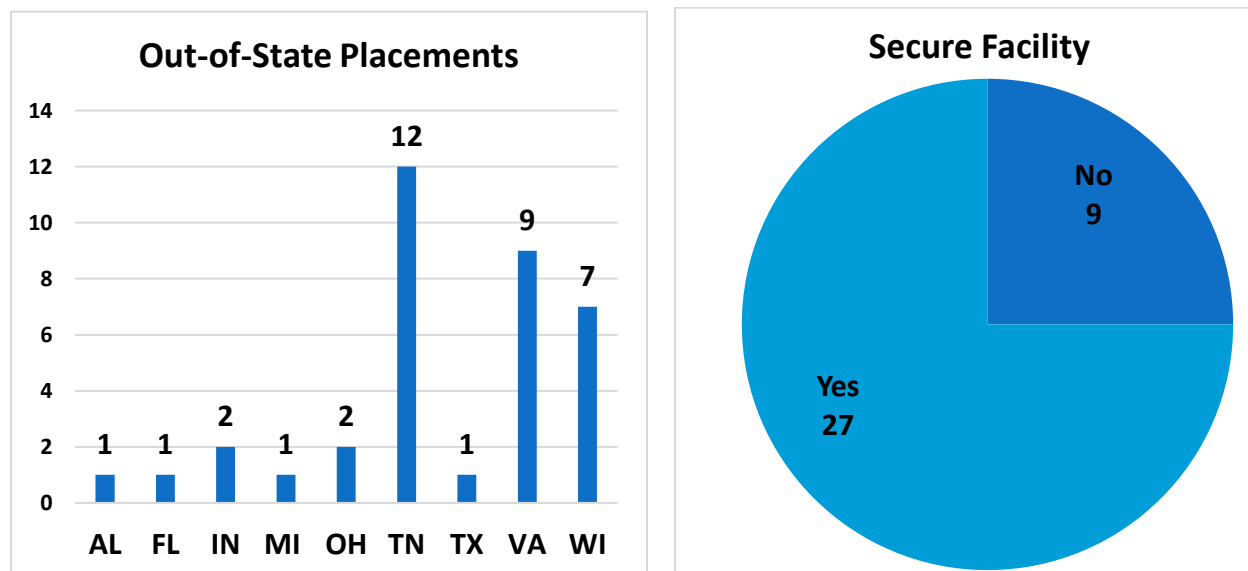
The Department is taking several steps to reduce the length of time in detention/DJJ including working with providers to offer services to youth while they are placed in detention centers. These services will aid in the success of detained DCFS youth in care and will allow them to be better prepared for their placement interviews, leading to a reduced wait in detention; working with providers to develop updated procedures for accepting DJJ youth into their facilities. Barriers that prohibit expedited movement have been identified and new procedures have been discussed. New implementation will start with the Heartland Alliance Re-Entry Program and with success, these procedures will look to be implemented in other programs; working to add Programming specifically for DJJ Youth in Care.

Youth in Out-of-State Residential Treatment Facilities

In FY 21, there were 36 instances (34 youth) of youth placed in out-of-state residential treatment facilities. 58% of youth were female and 42% were male. The age range of youth at time of emergency placement was 10 to 17 years old, with 78 % between the ages of 15 and 17 years old.



Youth were referred in-state prior to being referred out-of-state in all 36 instances. In 4 instances, youth were BMN before being placed out-of-state. Youth were placed in the following states: Alabama, Florida, Indiana, Michigan, Ohio, Tennessee, Texas, Virginia and Wisconsin, with 33% being placed in Tennessee and 75% of the out-of-state facilities being secure.



The data used for out-of-state placements is housed in various systems. Each system is independent of the other and required manual data integration. As with any platform that requires manual entry, there is risk for error or misinterpretation. As a result, data for out-of-state placement accounts for such circumstances.

The Department is focused on increasing therapeutic programs that address the needs of our high acuity youth. The Department has made efforts by releasing requests for proposals and seeks program enhancements through existing providers for specialized services. These efforts shall impact services for children who are more likely to be sent out of state as a result of limited resources within the State of Illinois. The Department believes that as it increases specialized resources within the State of Illinois, the number of youth needing to receive services out of state will then be reduced.

Youth Subject to 84b Child Protection Investigations

The Department paid BMN costs to hospitals for youth admitted in FY21 to 57 youth, with two youth having two BMN episodes during this time period. The number of payments made is driven by the number of billings received based on a youth's admission date between 7/1/2020 and 6/30/2021. This was a transition year as Youth Care assumed fiscal responsibility for BMN costs for youth in care beginning 9/1/2020. The Department did not have a mechanism to separate out youth in care vs. those who did not come into care in our billing system for youth BMN bills paid on from 7/1/2020 to 9/1/2020; however, the number of youth with BMN payments prior to 9/1/2020 was 29. The youth who were subject to being BMN who the Department paid BMN costs had the following birth years when data was pulled on 12/27/2021. The Department paid an average of 17 days for these youth with range being from 1 day to 30 days.

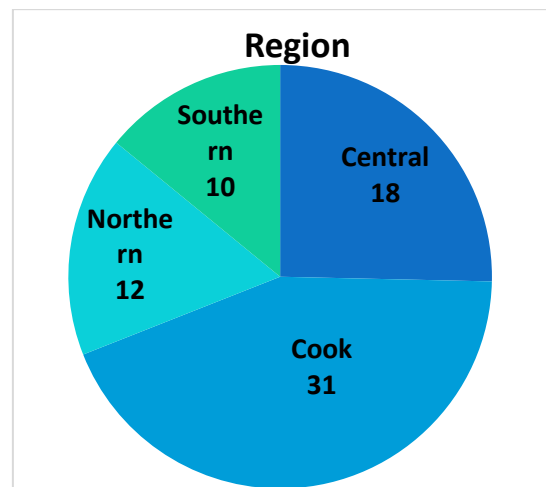
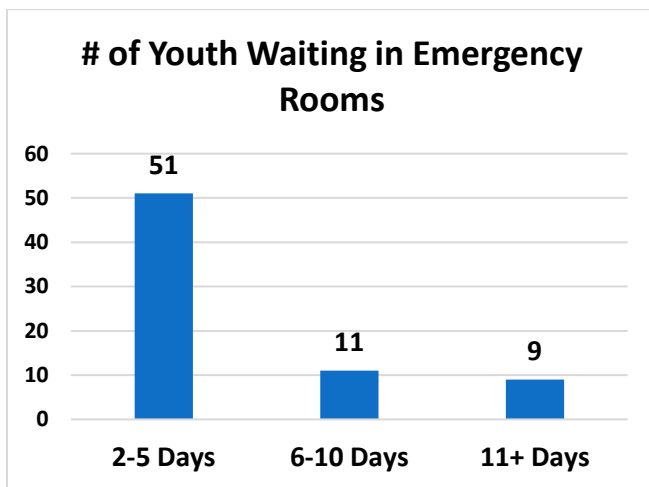
Year	Number of Youth
2012	3
2011	1
2009	3
2008	4
2007	16
2006	8
2005	6
2004	5
2003	9
2002	2

The Department did not have a data system during this reporting period to provide data on date and reason for DCFS involvement, region, status of intact family case referrals, nor data on which

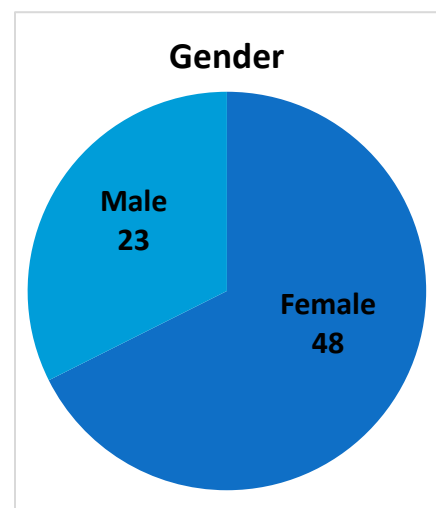
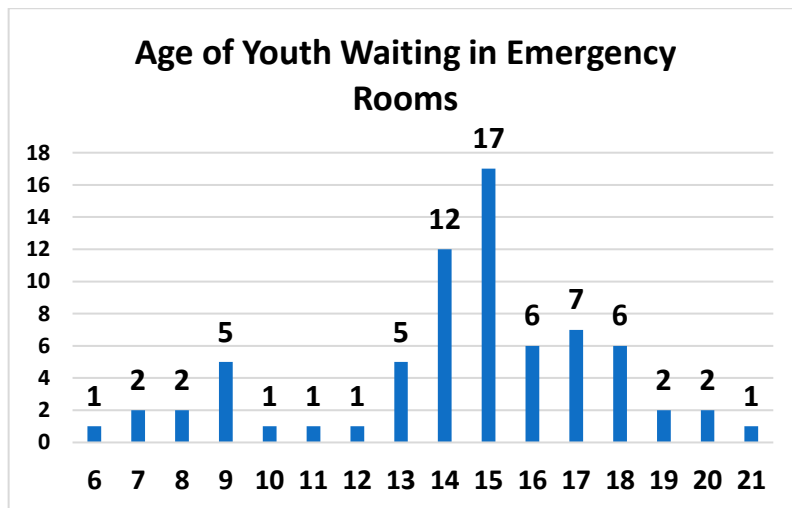
youth were referred to FSP. In a review of clinical referrals for these 57 youth, the number of youth who had a FSP grant or pending FSP grant was less than 12 statewide. The Department has developed an improved tracking system for the next reporting period on youth to capture these required data points for this population of youth.

Youth 24+ Hours in Emergency Rooms Awaiting Psychiatric Hospital Bed Admission

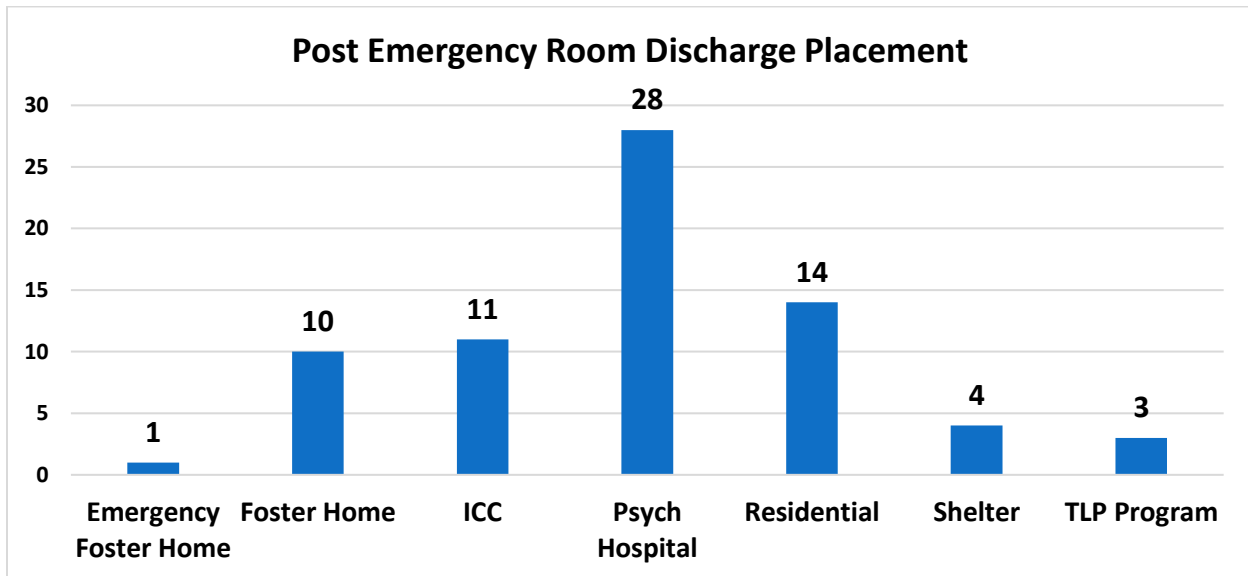
Between September 1, 2020 to June 30, 2021, 71 youth in care waited over 24 hours in emergency rooms, with 36% waiting two days or less and 73% waiting 5 days or less for a psychiatric hospital bed or placement. 44% of these youth were in the Cook region.



The age range of youth at the end of FY 21 was between 6 and 21 years of age, with 48% being between the ages of 13 and 16 years old. 68% of youth were female and 32% were male.



The top placements for youth after their time in emergency rooms were Psychiatric Hospitals (40% of youth) followed by Residential Treatment Centers, Interim Care Centers and Foster Homes.



There is no data from July 1, 2020 to August 31, 2020 as there was no formal data collection process in place. The phenomenon of children waiting in ERs is an emerging one that has skyrocketed over the past fiscal year necessitating the reporting of this issue. There is limited to no data about the “critical incidents to include reporting about PRN medications or restraints” for the following reasons: While ERs are supposed to notify DCFS about the use of Emergency medications and restraints, it is rarely done according to the DCFS Guardian’s Office and Dr. Naylor at UIC who oversees the Psychotropic Medication Consent line. This could occur because most medical facilities are not well versed in the DCFS policies and protocols; the pandemic has worsened nearly every mental health condition and stressed an already overburdened resource system. The information and data live in numerous different systems so it has to be mined across those systems. If a worker does not 906 a youth into an ER and the youth gets deflected, there is no formal record of this occurrence so it cannot be tracked back very easily. Youth Care has a portion of the information and DCFS has a portion of the information which makes it very challenging to produce a seamless report of that individual child’s experience and interaction.

A meeting has been scheduled for the week of January 10th, 2022 between DCFS, HFS and Youth Care to solution-find the best approach to gathering this information dating back to July 1, 2021 and moving forward.

Summary

The Department continues to work diligently to improve our process at each level of care to ensure that children needing a higher level of care are matched and moved to an appropriate

placement. The goal is when youth are matched, to have available beds so they can be moved expediently. Once their treatment has been completed, they are able to move to a home in the community with the proper supports and not need to return to that high level of care. In addition, we continue to work on ways to provide services and support to maintain youth in their current placements and to work with foster parents and caseworkers on an individual basis to address their needs.