

## REPORT TO THE GENERAL ASSEMBLY JANUARY 31, 2023 20 ILCS 540/Custody Relinquishment Prevention Act

## History

Pursuant to the custody Relinquishment Prevention Act, outcomes and data are to be reported annually by the Department of the Children and Family Services (DCFS).

This law became effective January 1, 2015 and establishes a pathway for families seeking services for their child's serious mental illness or serious emotional disturbance. This Act seeks to change the pattern of psychiatric hospitals reporting to DCFS when insurance/Medicaid deems the child ready for discharge, despite the absence of abuse or neglect, when the parent cannot safely maintain their emotionally disturbed/mentally ill child in the home. The goal of the law is to divert youth at risk of custody relinquishment to DCFS. Such relinquishment of parental custody is commonly referred to as a "lockout." This happens when insurance/Medicaid deems that further hospitalization for a child is going to be "beyond medical necessity," yet parents report the hospital discharge plan recommends services that are unavailable (e.g. residential or other intensive in-home supports). The Department, per rule, will initiate an investigation on a "lockout" if the parent or caregiver has denied the child access to the home and has refused or failed to make provisions for another living arrangement for the child.

To implement this Act, an intergovernmental agreement was completed 4/19/16 between the Illinois Department of Human Services (DHS), the Illinois Department of healthcare and Family Services (HFS), the Illinois Department of Children and Family Services (DCFS), the Illinois Department of Juvenile Justice (DJJ), the Illinois Department of Public Health (DPH), and the Illinois State Board of Education (ISBE). These agencies then came together to develop a program plan defined as the Specialized Family Support Program (SFSP). This program is an expansion of the Illinois behavioral health crisis response system for youth, jointly utilizing the resources already found in the Screening, Assessment, and Support Services (SASS), Comprehensive Community Based Youth Services (CCBYS) and Intensive Placement Stabilization Services (IPS). Through leveraging existing state resources and altering key programmatic policies to accommodate the special needs of this population, the SFSP seeks to establish a pathway for youth at risk of custody relinquishment to receive services through the appropriate child serving agency.

An Interagency Clinical Team (ICT) with members from all participating state agencies was established to begin the process of operationalizing the SFSP. A training plan was developed with all agencies and community stakeholders receiving the same training and message, designed to address the needs and questions of each stakeholder. Training for all stakeholders occurred prior to the SFSP launch date of April 1, 2017. Repeat and additional training was also provided to any stakeholder requesting such to ensure they understood the parameters of the program. Along with the training plan, a parent handbook was developed, as was a FAQ sheet and a consent form for families participating in the SFSP program.



## <u>2023</u>

Section 20. Outcomes and data reported annually to the General Assembly.

- (1) <u>17 children</u> were relinquished to the Department of Children and Family Services for purposes of receiving treatment for their serious mental illness or serious emotional disturbance.
- (2) The length of treatment and the status of those 17 children and youth at the termination of services:

Region/CBP	Length of treatment; Status at termination of services
Camelot	Length of treatment: 5 months total, April 4, 2022 – May 20, 2022
	(1) Inpatient hospitalization for psychiatric treatment. 1.5 months
	August 10, 2022 – August 26, 2022
	(2) Partial Hospitalization Program. 2 weeks
	August 31, 2022 – October 12, 2022
	(3) In Home Therapy. 1.5 months
	(Changed placements)
	November 14, 2022 - present
	(4) Therapy services. 1.5 months (through December 2022) Still ongoing.
	Status of Treatment:
	Therapy still ongoing; stabilized
	<b>Duration of Service</b> : 5 months total of services
Central	Length of treatment: no treatment, on wait list for individual counseling.
	<b>Status of treatment:</b> not completed, youth is stable in home.
	Duration of service: no service
Northern	Length of Treatment: 13 months total. January 2022-January 2023.
	1.) Inpatient hospitalization for psychiatric treatment - 2 months.
	2.) Outpatient therapy - 10 months.
	Status of Treatment: Completed hospitalization; stabilized with outpatient
	therapy.
	<b>Duration of Service:</b> 12 months total of services (outpatient therapy ongoing).
Central	Length of Treatment: 8 months total. May 2022 - January 2023
	(1) inpatient hospitalization for psychiatric treatment 3 months
	(2) outpatient therapy - 5 months at Aunt Martha's care center
	<b>Status of Treatment:</b> completed hospitalization; stabilized, engaged in treatment
	at Aunt Martha's Care Center
	<b>Duration of Service:</b> 8 months total of services
Northern	Length of Treatment: 10 months total, April 2022-January 2023.
	1. Inpatient hospitalization for psychatric treatment - 3 months.
	2. Residential treatment - 7 months.
	Status of Treatment: Not stabilized.
	Duration of Service: 10 months total of services.
Southern	Length of Treatment: Arrived at CATU on Dec 29th 2022- present
	Status: not completed/ not stabilized.
	Duration of Service: continues to receive services

Central	Length of Treatment:
Central	
	15 days total, 6/21/22-7/6/22 inpatient hospitalization for psychiatric; 6 months
	total, 7/22-present outpatient mental health services
	Status of treatment: completed/stabilized; not completed/stabilized
	Duration of service:
	15 days total of services; 6 months total of services
Central	15 days total, 6/21/22-7/6/22 inpatient hospitalization for psychiatric; 6 months
	total, 7/22-present outpatient mental health services
National Youth	Youth is placed with NYAP since 9/12/2022 . Youth has been assigned a therapist
Advocate	and a Treatment advocate. Youth refused therapy. Youth meets with Treatment
	Advocate weekly. Status of services, it is ongoing for the past three months and not
	completed. Youth is not stabilized.
Central	Length of treatment:
	2 months total; 3/6/22-5/922 inpatient hospitalization for psychiatric; 5 months
	total; 8/2/22-present residential treatment facility for emotional/behavioral issues.
	Status of treatment:
	completed/stabilized; not completed/not stabilized
	Duration of service:
	2 months total of services; 5 months total of services
Cook	Length of Treatment
Cook	Length of Treatment 4 months total
Cook	
Cook	4 months total
Cook	4 months total 09/15/22; Hospital Facility Psychiatric/Medical (Hartgrove) for 67 days
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Cook	Length of Treatment1/31/2023 1 year (currently)  Streamwood Hospital: 01/12/22-08/10/22  Lawrence Hall: 08/10/22 - present  Status: Youth has not completed services  Duration Currently 1 year as Youth has not completed services
Cook	Length of Treatment 10 months total Streamwood Behavioral Health inpatient: 02-21-22 - 05-11-22 Status: 1/31/2023 Continue Individual Therapy, school and family therapy - stabilize Duration: 1/31/2023 10 months total of services
Cook	Length of Treatment: 6 months (currently).  Status: Youth has yet to complete services.  Duration: Currently 6 months as KE has not completed services.

- (3) <u>105 children</u> were intercepted during the reporting period and were connected with other agencies to prevent custody relinquishment and to stabilize the child or youth.
- (4) The duration of the services the child or youth received in order to stabilize his or her serious mental illness or serious emotional disturbance. Reference Table above.
- (5) Following the connection to services through the most appropriate State agency to address the child or youth's needs, <u>5 families</u> failed to stabilize and turned to the Department of Children and Family Services for services, and that relinquished custody or whose child was adjudicated a dependent minor pursuant to subdivision (c) of paragraph (1) of Section 2-4 of the Juvenile Court Act of 1987.