Annual Youth in Care Waiting for Placement Report – Updated 9.17.21

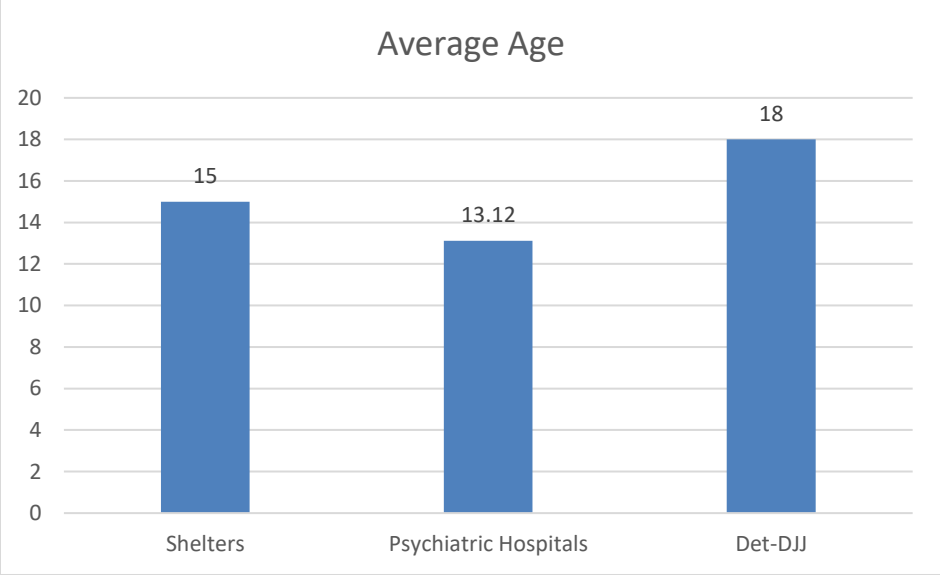
REPORT TO THE GENERAL ASSEMBLY

December 31, 2020

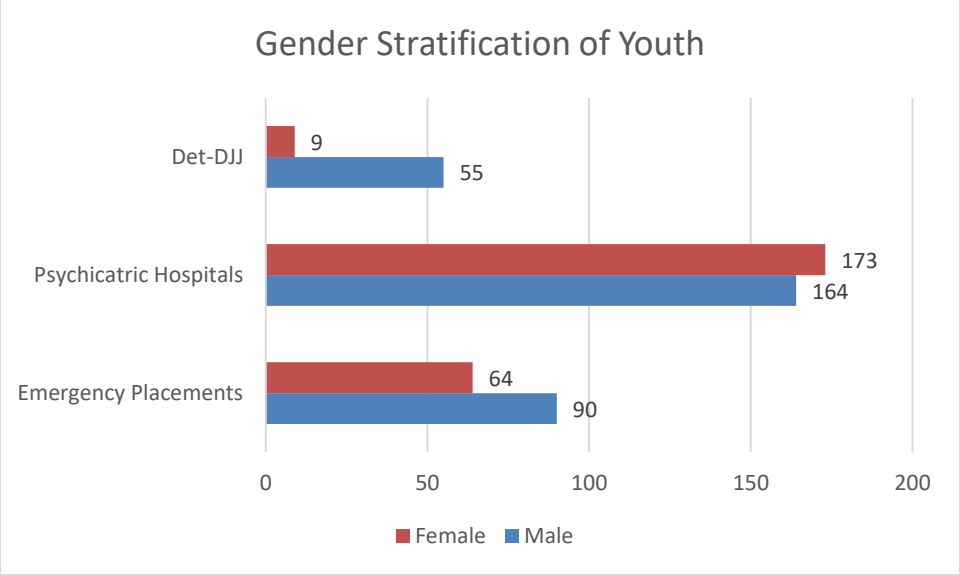
Pursuant to PA 100-0087 (SB 973), the Children and Family Services Act was amended adding Section 2.2, requiring annual reports on youth in care waiting for placement. The initial annual report was submitted to the General Assembly by 12/31/18; and will continue each year thereafter through December 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. 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 total youth in care on 6/30/20 was 20,155. Of the total number of youth in care, there were 154 youth in emergency placements (shelters/foster homes) for longer than 30 days, 337 in psychiatric hospitals beyond medical necessity (BMN), and 64 in a detention center or DJJ facility beyond the release date for FY20. The overall average age of youth in each category was between 12-18.



	Shelters	Psychiatric Hospitals	Det-DJJ
Average Age	15	13.12	18



	Emergency Placements	Psychiatric Hospitals	Det-DJJ
Male	90	164	55
Female	64	173	9
Total	154	337	64

Youth Who Remained in Psychiatric Hospitals Beyond Medical Necessity

In FY 20, there were 337 youth hospitalized in psychiatric hospitals beyond necessity. A large percentage of youth who became BMN entered DCFS' custody as a result of parental lockout due to unaddressed mental health issues. 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). During FY 20, most youth were placed in accordance to the recommended level of care, however when barriers existed youth were placed in alternative placements types. The top barriers to placement were aggressive behavior, homicidal ideations, self-harm and elopement.

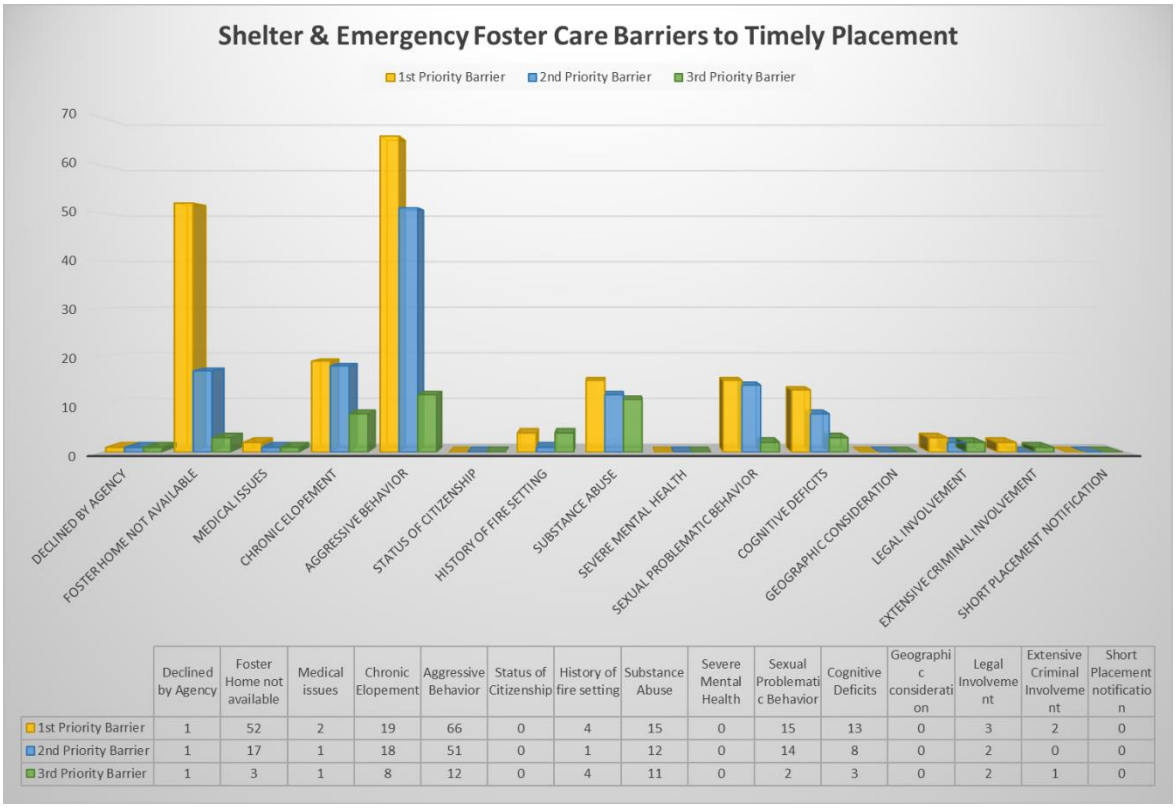
Below is the count of BMN youth recommended for each level of care and the actual number that were placed in the recommended level of care.

- Residential Treatment: **211** youth (172 to Residential, 5 specialized foster care, 2 Traditional Foster Home, 4 to Home of Parent, 1 to inpatient drug treatment, 7 to Interim Care, 4 to medical hospital, 8 to Home of Relative Home, 6 to SHL, 1 Fictive Kin, 1 TLP)
- Specialized Foster Care: **93** youth (45 to Specialized Foster care, 7 to Foster Home Traditional, 2 to Group Home, 4 to Home of Parent, 5 to Home of Fictive Kin, 1 to Interim Care, 14 to Home of Relative, 11 to Residential, 3 to Shelter, 1 to TLP)
- Traditional Foster Care, Home of Relative, or Home of Fictive Kin: **20** youth (5 to Traditional Foster Care, 12 to Home of relative, 2 to Fictive Kin, 1 Home of Parent)
- Transitional Living Program: **8** youth (4 to Transitional Living Program, 1 to Interim Care, 1 to medical hospital, 1 to psych hospital, 1 to traditional foster home)

- HMP: **4** youth (1 to HMP, 3 to residential)
- Inpatient drug treatment: **1** youth (1 to inpatient)

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

In FY 20, there were 154 youth in emergency placements for more than 30 days. Youth in emergency placements are most commonly placed in residential or specialized foster care placements. There are significant barriers to places youth in those placements. Overall, there are primarily 15 issues that present as the most difficult barriers to those placements. The graphic below identifies the 15 primary barriers arranged and measured by the 1st, 2nd, or 3rd priorities addressed when in the process of securing a placement. Among the 15 barriers that affect a timely placement, the top four – according to priority are the availability of foster homes, chronic elopement, aggressive behavior, and substance abuse.



	Declined by Agency	Foster Home not available	Medical issues	Chronic Elopement	Aggressive Behavior	Status of Citizenship	History of fire setting	Substance Abuse	Severe Mental Health	Sexual Problematic Behavior	Cognitive Deficits	Geographic consideration	Legal Involvement	Extensive Criminal Involvement	Short Placement notification
1st Priority Barrier	1	52	2	19	66	0	4	15	0	15	13	0	3	2	0
2nd Priority Barrier	1	17	1	18	51	0	1	12	0	14	8	0	2	0	0
3rd Priority Barrier	1	3	1	8	12	0	4	11	0	2	3	0	2	1	0

The Department continues to utilize a centralized system having a gatekeeper who oversees emergency placement referrals submitted by DCFS and private agency caseworkers. The Department also contracts with private agencies for emergency shelter facilities. Below is the count of youth in emergency placements beyond 30 days recommended for each level of care and the actual number that were placed in the recommended level of care. In some instances, a youth is recommended for more than one placement type.

- Residential Treatment: **88** youth (58 to Residential, 38 to an array of placements)
- Specialized Foster Care: **53** youth (26 to Specialized Foster Care, 26 to an array of placements)
- Traditional Foster Care, Home of Relative, or Home of Fictive Kin: **29** youth (17 to Foster Care, 1 to Home of Fictive Kin, 5 Home of Relative, 6 to an array of placements)
- Transitional Living Program: **18** youth (13 to Transitional Living, 2 to Home of Parent, 3 remained in emergency placement)

Youth in Detention Center/DJJ Beyond the Release Date

In FY 20, there were **70 instances** (64 youth) where youth were held in detention or DJJ beyond their release dates. Aggressive behavior, extensive criminal involvement, and substance abuse are the primary barriers to timely placement for this population of youth in care. Because of the severity of these barriers, most youth are waiting to be placed in a residential treatment center. Below is the count of youth recommended for each level of care and the actual number that were placed in the recommended level of care.

- Residential Treatment: **29** youth (28 to Residential, 1 to Home of a Relative)
- Specialized Foster Care: **15** youth (14 to Specialized Foster Care, 1 to Residential)
- Adolescent Foster Care: **5** Youth (4 to Adolescent Foster Care, 1 to Residential)
- Home of Fictive Kin: **6** Youth (5 to Home of Fictive Kin, 1 to Drug Treatment)
- Transitional Living Program: **5** Youth
- Home of Parent: **5** Youth
- Home of Relative: **1** Youth
- Subsidized Guardian: **1** Youth
- Rehab Services: **1** Youth (1 Youth to Drug Treatment)
- Group Home: **1** Youth
- Whereabouts Unknown: **1** Youth

Department Placement, Data Collection, Reorganization, and Process Change

The number of youth entering the Department's care continues to increase and more of these youth are entering the custody of the Department from psychiatric hospital lock outs and remands from court. Complex trauma, displays of acute emotional, psychological, developmental and/or behavioral needs require not only multiple service resource, but also higher levels of therapeutic treatment models.

During FY20, the Clinical & Child Service and Residential Divisions worked to improve the response to the needs of youth in psychiatric hospitals. A high priority was given to working with external partners, such as HFS and psych hospital administration, to improve the time it takes for the Department to learn that a youth in custody has been (or is being) hospitalized.

An added effort to improve responses involves internal enhancements associated with clinical staffings for youth being admitted into a hospital. The first, includes a mechanism for triaging each case within 24 hours, assessing each case to identify specialty services partners to collaboratively return the child to its original placement where possible. As well as identity a level of treatment needs and an appropriate therapeutic facility to provide such services. After staffings the Department has implemented a 15-, 30-, and 60-day follow up by the Facilitator/ Implementation Specialist to ensure access to recommended resources and assist with any barriers.

Secondly, there was a focus on addressing the supportive needs of caregivers as it relates to providing access to resources that will preserve the wellbeing of the hospitalized youth after discharge. As an added benefit to caregivers and youth, the Department has begun to focus on its resource data base created to catalog internal, external agency services, and community-based resources. As the database improves, the Department expects greater efficiency associated with the system of identifying resources in the communities

of youth and caregivers to promote greater follow through on referred services; as well as treatment adherence.

Lastly, with the primary barriers to placement being aggression, self-harm, and homicidal ideations, the Department sees a need to develop additional resources having the capacity to provide therapeutic services for youth with high behavioral health acuity levels. The Department also understands the need to recruit new emergency foster care providers - as well as enhance training efforts for both existing and new providers - to address needs of youth with preventative behaviors preventing them from returning to their preadmission placement.

The Department has begun to look at the inventory of service and placement resources, guided by a gap analysis, to identify where and what resources are needed across the state; and according to level of care needs. As an extension of Departmental contracted services, how to strengthen our understanding of internal and external resources as a vehicle for augmenting access to resources according to the needs of hard to place segments of youth. For youth who are not placed in a recommended placement type according to a level of care, the Department looks for alternative living arrangement resources. As a solution, placement administrators work to address barriers to placement as a result of emotional or behavioral disorders for each child in care.

Central Matching

Youth needing placements from shelters, foster homes, psychiatric hospitals or detention facilities are impacted by a living arrangement secured within the Central Matching process. The process for matching youth to placement is being revamped to improve integrated communication between divisions within the Department and external the service providers.

While the focus is on three groups: Beyond Medical Necessity (BMN), Shelters/Emergency Placements, Residential discharge – Phase II (youth waiting to be placed), and DJJ/Detention – Release Upon Request (RUR), all youth will benefit from the Department's plan to streamline the matching process; as well as, increase the development of living arrangements (or placements) for youth transitioning from any of these facilities.

The Department has identified there is a need for each level of care to ensure that resources are available for youth that have been matched for a higher level of care and for youth stepping down to lower levels of care. We understand that it is important to not overdevelop as we look forward to the implementation of Family First and the subsequent time-limited treatment for youth in residential facilities. The long-term greatest need will be for youth to be moved from high end care to community-based services. Keeping this in the forefront, the objective is to continue to build Specialized and Therapeutic Foster Care Homes, Group Homes, and Independent/Transitional Living Placements based on trending data that identifies specific placement needs across the state. The goal is to identify areas where resources need to be developed for youth to be placed in a timely manner and ensure that services are identified and brought on line in a systemic manner that will address the needs of the youth in care.

Summary

The Department is working 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 are working 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.