REPORT TO THE GENERAL ASSEMBLY

JANUARY 23, 2019

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, on the verge of seeking services for their child’s serious mental illness or serious emotional disturbance through relinquishment of parental custody to DCFS despite the absence of abuse or neglect, to receive services through the appropriate State child-serving agency. 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 refuse to take the youth home, often because they cannot find or afford alternative placement or appropriate services. This “lockout” of the youth by parents leads the hospital to make a hotline call to DCFS, forcing DCFS to investigate and determine if a “lockout” has in fact occurred or if there are indeed issues of abuse and neglect associated with the situation. Although DCFS investigates the report of a “lockout” as an allegation of abuse and neglect – in most situations, the issue is determined to be what is called a “no fault dependency.”

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. These items remained the same in FY 2018.

FY 2018

The ICT met as needed during FY 2018, called together and led by HFS when they saw the need for discussion. The group met to review submitted clinical assessment reports to determine lead agency responsibility and ongoing access to needed services. The ICT meeting also was the venue for discussion regarding data exchange between DCFS and HFS.

The guidelines developed for the implementation of the program remained in place.

From July 1, 2017 to June 30, 2018 (fiscal year 2018), DCFS received 183 investigations related to allegation 84b, psychiatric lockout. As of June 30, 2018, 15 of those 183 investigations were still pending. The following explains the status of the 84b hotline reports as of June 30, 2018:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Unfounded Allegation;Child Remained with Caregiver | Unfounded Allegation;No Fault Dependency Petition (placement) | Indicated Allegation; Neglect Petition (placement) | Other | Pending | Total Psychiatric Lockout Allegations |
| 98 | 47 | 15 | 83 families – allegation unfounded due to appeal but child remained in care;1 family – allegation indicated but child returned to home state for child welfare services;1 family - allegation indicated but parent retained custody and sent child to boarding school;3 families – allegation unfounded but child entered care due to a different allegation. | 15 | 183 |

The majority of youth who entered substitute care (placement) during this period remained in care through the end of the report period.

Based on data received from HFS from a launch date of July 1, 2017 to June 30, 2018, 54 families were referred to SFSP:

FY 2018 Program Measures (7/1/2017 – 6/30/2018)

|  |  |  |
| --- | --- | --- |
| N | Measure | % |
| 54 | Program Referrals | 100% |
| 5 | Families Completed SFSP 90-day Program  | 9% |
| 49 | Program Refusals (Day 1) | 91% |
|  | Incompletes (families dropped out of the program prior to completion, Days 2 – 89)  |  |

Five families received the full 90 days of SFSP assessment services. In accordance with the interagency agreement, one family was assigned to DCFS for follow-up due to the youth’s age and mental health needs, and the remaining four were assigned to HFS for ongoing community services. The family assigned to DCFS for follow-up worked with the SFSP team in FY 2018 and remained together; an Intact case was opened in July 2018 and the family continues to receive services. IPS services were used creatively to continue to support the family. Additional services included SASS follow-up, counseling, parenting instruction, and transportation assistance. The involved child was 4 years old at the time of case opening.

The first complete fiscal year of program implementation provided opportunities to examine program functionality and the roles of the agencies involved with the program. The ICT needs to review FY 2018 program activities and make necessary adjustments, which should involve the development of a more fluid information exchange within the ICT (primarily between DCFS and HFS). Training stakeholders remained a priority to ensure all families eligible for the intervention had the opportunity to participate in the assessment program. DCFS must ensure its investigative teams are consistently and correctly explaining the SFSP program to parents and offering the program to eligible families. Families must be assured that a lockout allegation does not mean an automatic loss of custody of other children in the home. Parents and guardians should not be coached by child welfare staff, hospital staff, or other providers into locking out their children as a solution to expedite services to the children. All involved agencies should examine why 90% of families offered the SFSP intervention declined program involvement to create a plan to address barriers.

DCFS must work with HFS to create a new front door to the SFSP. It is clear that waiting until a lockout occurs and opening an DCFS investigation is not the solution. At that juncture, it can be too late to provide assistance to a family. It is essential for HFS and DCFS re-examine who can call to initiate assistance for a family, when that call can be made, and what concrete interventions can be offered to sustain a family exhausted by crises.