

# LEGISLATIVE AUDIT COMMISSION



## Performance Audit of the Department of Children and Family Services' Placement of Children

September 2016

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## **Performance Audit**

### **Department of Children and Family Services' Placement of Children**

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#### **RECOMMENDATIONS – 4**

**Accepted – 4**

#### **Background**

On April 23, 2015, Senate Resolution Number 140 was adopted directing the Auditor General to conduct a performance audit of the Department of Children and Family Services' compliance with its obligations to place children in its care in placements consistent with their best interests. The resolution directed the Auditor General to examine the number of children who remain in certain placements (psychiatric hospitals, emergency shelters, and detention facilities) longer than necessary and the reasons involved. Specifically, the resolution asks that the audit determine:

1. The number of children;
2. The reason they remain at the facility;
3. The length of time at the facility;
4. They type of recommended placement;
5. The barriers to timely placement; and
6. Whether the children were placed as recommended.

The Department of Children and Family Services (DCFS or the Department) is responsible for protecting children and strengthening families through the investigation and intervention of suspected child abuse or neglect by parents or other caregivers. Included in its mission statement is the responsibility to provide for the well-being of children in its care and to provide appropriate, permanent families as quickly as possible for those children who cannot safely return home.

#### **Placement Types**

The Department's goal is to reunify children with their families. When that is not possible, a concurrent plan is developed, ideally with a family through guardianship or adoption. Another option is specialized licensed foster care, which provides youth who have serious medical or behavioral health issues with a more intensive level of case management and therapeutic services.

Residential treatment is provided to youth who consistently demonstrate severe emotional and behavioral disturbances, such that the youth's family or the current or previous caregiver cannot safely manage or adequately respond to the youth's needs.

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Youth in residential treatment whose behaviors have been stabilized or do not present risks requiring this level of restrictiveness may be placed in community group home settings.

The Department operates an emergency shelter care program that provides short-term transitional living arrangements for children/youth that have been recently removed from their homes or who may have been disrupted from their current living arrangement.

Children under DCFS care that require psychiatric care are temporarily placed in psychiatric hospitals. Department procedures indicate that psychiatric hospitalization is a crisis situation and is not a placement.

<b>Exhibit 1-1 CHILD COST PER DAY BY DCFS LIVING ARRANGEMENT As of May 2016</b>	
<b>Placement Type</b>	<b>Cost per Day</b>
Foster Care	\$38.31
Specialized Foster Care	\$120.67
Residential or Group Home	\$318.40
Emergency Shelter	\$322.60
Psychiatric Hospital	\$350.00 <sup>1</sup>
Detention Facility	\$0
<sup>1</sup> Rate is for days beyond medical necessity. Source: OAG summary of DCFS data.	

**Placement Issues**

Children who remain in certain placements (psychiatrically hospitalized, emergency shelters, and detention facilities) longer than necessary has been an issue at DCFS and one it has worked to resolve.

In 1988, a class action lawsuit was filed against DCFS alleging that DCFS failed to provide adequate services to children in its custody. In 1991, the parties entered into a consent decree known as the B.H. Consent Decree (88 C 5599 (N.D. Ill.)). The parties filed a restated consent decree in 1997 and have continued to modify the consent decree as needed. Most recently, in February 2015, the plaintiffs filed an emergency motion to enforce the consent decree. The parties agreed to the terms of an interim compliance plan and the Court (the United States District Court, Northern District of Illinois) appointed four experts to assist the Court in determining how to improve the placements and services provided by DCFS to members of the plaintiff class with “psychological, behavioral, or emotional challenges.”

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The expert panel issued its report in July 2015. The panel concluded that the capacity of DCFS to enact and sustain the reform necessary for compliance with the B.H. Consent Decree has seriously deteriorated over the last four years. The expert panel made several observations on problems with placing children:

- No child should grow up in a residential facility or group home. Yet residential and group home care is functionally treated as a placement by the Department rather than as a place to receive intensive treatment for a brief time.
- Limited home and community-based placements and limited access to all levels of care and service intensities have resulted in a near standstill in placing children new to the system and in transitioning children from one level of care to another.
- There is no protocol for transitioning children from psychiatric hospitals to traditional, home of relative, or specialized foster care.
- The process of stepping down from residential care to less restrictive, family-like settings is hampered by a marked shortage of high quality foster care homes.
- The lack of home and community-based services has hit two new populations especially hard: delinquent youth assigned to DCFS custody and children and adolescents who are victims of, or at risk of, sex trafficking.

The report made a number of detailed recommendations for the State and the Court to consider. In October 2015, an additional court order was filed approving the expert panel's recommendations and requiring DCFS to develop an implementation plan. This plan, the DCFS B.H. Implementation Plan, was developed in collaboration with the expert panel and submitted to the Court in February 2016. The plan noted that DCFS has begun to implement pilot projects in an attempt to keep children from being in residential facilities and increase placements in community home-based settings.

**Report Conclusions**

The Department of Children and Family Services (DCFS or the Department) did not track and could not provide the majority of the information asked for in the audit resolution.

Of the information asked for in the audit resolution, auditors were only able to report on the number of children and length of stay for children in psychiatric hospitals and emergency shelters:

- The number of children who remained psychiatrically hospitalized beyond medical necessity was 75 in 2014 and 168 in 2015. The average length of stay beyond medical necessity was 28 days in 2014 and 40 days in 2015.
- The number of children who remained in emergency shelters beyond 30 days was 451 in 2014 and 380 in 2015. The average length of stay for these children, from the date of admission was 72 days in 2014 and 80 days in 2015.
- The number of children who remained in a detention facility solely because the Department could not locate a placement was not available from the Department.

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However, even for the information auditors can report, they had issues with data and questions on its accuracy and completeness. The issues for each area are described briefly below:

- **Psychiatric Hospitals** – The Department does not specifically track in its computer systems the date a child is declared “beyond medical necessity.” The Department maintained a list of children, including the beyond medical necessity date, in a spreadsheet that was separate from its computer systems. However, auditors had no way of verifying the completeness of this information.
- **Emergency Shelters** – The Department provided data for all children who had been in an emergency shelter in 2014 and 2015; however, the data required manual editing by auditors to determine the number of children in emergency shelters beyond 30 days. This was due to disruptions in stays, such as the child going on the run from the shelter. There is no statutory requirement that DCFS place children within 30 days of entering a shelter. The 30 day standard is outlined in the B.H. Consent Decree.
- **Detention Facilities** – DCFS was unable to provide this data because it does not track scheduled release dates for youths in detention. Without knowing a scheduled release date, auditors could not determine if a youth was held beyond that time.

Since information asked for in the audit resolution was not available, auditors selected a random sample of cases from each area from the populations provided and asked DCFS to provide information for those cases only. Auditors selected 100 cases from each calendar year (2014 and 2015) for a total of 200 cases (50 psychiatric hospital cases, 50 shelter cases, and 100 detention facility cases). Auditors selected more detention facility cases because the population included all DCFS youths that had been in a detention facility and not just youths held beyond their release date. However, only seven of the 100 detention facility cases met the criteria specified in the resolution (children were held in a facility beyond their scheduled release date). This resulted in 107 cases (50 psychiatric hospital, 50 shelter, and seven detention facility) analyzed.

Children in the populations examined in this audit have issues in their past that can make placement difficult. These issues include a history of going on the run, multiple past placements, criminal histories, severe behavioral issues, and mental health issues.

The reasons that children remained in a facility (psychiatric hospital, shelter, detention facility) and the barriers to timely placement were generally the same. The majority of cases examined had multiple barriers. The most frequent barriers included:

- **Administrative – waiting while the matching process proceeded:** There were delays caused by a lack of timeliness of the matching process which includes matching the youth to a facility, scheduling interviews, attending interviews, and waiting for acceptance (37 of 107 cases);
- **Timeliness of the initial planning meeting:** There were delays in DCFS scheduling and holding the Clinical Intervention for Placement Preservation (CIPP)

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meeting which determines the type of recommended placement for the youth (26 of 107 cases);

- **Lack of placement – wait list:** A youth is accepted at a facility but there is a wait list (25 of 107 cases);
- **Lack of placement:** A general difficulty in finding placement which could be attributable to several factors including special needs of the youth (18 of 107 cases);
- **Lack of youth cooperation:** A youth going on the run or refusing to attend interviews (13 of 107 cases);
- **Lock-out:** Parent refusal to allow child to return home upon discharge; DCFS had to take temporary custody of the youth (12 of 107 cases); and
- **Administrative – delays:** There were delays in the process, such as in sending out referral packets to facilities (10 of 107 cases).

In a sample of cases for 2014 and 2015, children leaving a psychiatric hospital, emergency shelter, or detention facility were placed in their recommended placement type in 94 percent (47 of 50) of the psychiatric hospital cases; 62 percent (31 of 50) of the emergency shelter cases; and 86 percent (6 of 7) of the detention facility cases.

**Other Issues**

Other issues presented by the audit included:

- The Department had 38 computer systems and applications in its case management portfolio.
- The Department was not consistently using its own required internal forms.
- DCFS lacked policies and procedures governing the timeliness of the matching process.

**Recommendations**

1. **Review existing administrative rules and internal policies and procedures on the placement of children. Make necessary revisions to update the rules and procedures to reflect current practice and to implement any needed changes. Also, examine areas that lack policies and procedures on the placement of children and implement procedures as needed.**

**Findings:** The policies and procedures auditors examined expanded on sections in the administrative rules. As procedures are updated, the administrative rules should also be assessed for the need for updating to ensure consistency between the administrative rules and agency procedures. For example, a section in procedures discusses the transition from the Child and Youth Investment Team (CAYIT) to Clinical Intervention for Placement Preservation (CIPP) in reference to Department policy. However, the administrative rules in this area still refer to the Child and Youth Investment Team.

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**DCFS Response:** The Department acknowledges and responds to the concerns expressed in this audit with the following information. The Psychiatric Hospital Tracking (PHT) database is now in place and captures all data points asked for in the audit, including Beyond Medical Necessity (BMN). Procedures for enhanced functionality of the PHT database are in progress with an anticipated completion date of July 2017. Improved procedures to respond to the needs of the Shelter population are completed and awaiting final approval. The Department will replace the name "CAYIT" with "CIPP" (Clinical Intervention for Placement Preservation) in all rules, policies and procedures by end of Calendar year 2016. The Department will review and update all practices and procedures to better support the Central Matching process by end of calendar year 2016. The DCFS Dually Involved Youth Unit will review and develop procedures for this specific population based upon current practices. A draft of these procedures will be available for comment by December 31, 2016.

**Updated Response:** Accepted. The Department has combined separately operating units into one collaborative group within our clinical operations division. This reorganization has allowed us to form experienced, professional, multi-disciplinary teams in each region to assist front line staff in obtaining timely assessments and individualized recommendations and placement matches for youth in care. The Department completed an update of its psychiatric hospital guidelines and Psychiatric Hospital Tracking (PHT) database which are both currently being used.

Improved procedures to respond to the needs of the Shelter population became effective 10/19/16. These improvements include changes in Shelter intake and assessment methods and streamlining the referral intake form. These changes include instructions for the identification of youth who have serious medical and/or psychiatric needs and how to work with these youth once identified.

The Department began reviewing and updating all practices and procedures to better support the Central Matching (CMT) process by end of calendar year 2016. Finalization of those updates to reflect the combined activities of CMT with the Clinical team will be completed by the end of fiscal year 2018. The DCFS Dually Involved Youth Unit reviewed and developed procedures for this specific population based upon current practices. These procedures will be formalized by the end of fiscal year 2018.

- 2. Ensure that required forms are being utilized and that required documentation is consistently maintained in case files. Also, explore the feasibility of maintaining forms in its primary case management system.**

**Findings:** The Department was not consistently using its own required internal forms. This also resulted in a lack of consistency in the content of the case files. Not using required forms can lead to inconsistent handling of cases and contribute to delays in placement.

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DCFS utilizes a number of forms to capture information and to document that proper steps are being followed. During testing of emergency shelter cases, auditors asked for the following forms for each case:

- CFS 1900 or CFS 1901 ERC (Emergency Reception Center) Intake and Referral form. This form is to be completed when referring a child to a shelter or when a child appears at a shelter. It can be used in cases involving youth in custody of DCFS that disrupt their living arrangement and require temporary shelter.
- CFS 1452-4 Documented Efforts to Prevent Emergency Shelter Placement. This form is to be completed whenever seeking approval for shelter placement. It contains a log to document the resources that were contacted for placement, when they were contacted, and the reason the youth was not placed at those locations.
- CFS 1452-5 Documented Efforts to Transition Children and Youth from Shelter Placement. This form is to be completed when transitioning youth from a shelter to a more appropriate placement, such as a residential treatment facility. It contains a log to document the resources that were contacted for placement, when they were contacted, and the reason the youth was not placed at those locations.
- CFS 2017 Child/Caregiver Matching Tool. This form is to be completed each time a placement changes. It assesses the child’s individual needs and the ability of the caregiver to meet those documented individual needs. The form includes placement recommendations and approvals from caseworker and supervisor.

Exhibit 2-1 shows the results of testing for the use of forms.

Exhibit 2-1 <b>PERCENTAGE OF FORMS COMPLETED – EMERGENCY SHELTER CASES</b> Calendar Years 2014-2015			
<b>Form</b>	<b># Cases Tested</b>	<b># Forms Provided</b>	<b>% Forms Provided</b>
CFS 1900/1901	50	28	56%
CFS 1452-4	24 <sup>1</sup>	13	54%
CFS 1452-5	24 <sup>1</sup>	4	17%
CFS 2017	50	5	10%

<sup>1</sup> Form was not implemented until December 2014 so it was not applicable to all 50 cases.  
Source: OAG analysis of sample case documentation.

DCFS internal forms are not maintained in one central location. Forms are not electronically filed in SACWIS, DCFS’ primary case management system. If forms were located in SACWIS, they would be more readily available and easier to monitor completion.

**DCFS Response:** The PHT form 965-1 Discharge and Aftercare Plan is being reviewed and will be amended in order to enter into the Department’s SACWIS system. DCFS is in the process of revising the Case Record Organization/Recording Appendix 5. The

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CFS1901 (ERC Intake and Referral Form) is being revised to capture information for Shelter Admission and CIPP referrals (CFS 1452-1 Clinical Intervention for Placement Preservation Meeting Referral Form). The two forms have been combined to make the process more user-friendly and efficient. This combination form will immediately initiate the scheduling of a CIPP for youth in the Shelter. This form will be implemented when shelter procedures are implemented by September 30, 2016. A request to populate SACWIS data into the updated Shelter/CIPP intake and referral form will be made in order to expedite the Shelter admission and CIPP process. CIPP now has procedures that require all documents to be completed and submitted to the Central Matching Team (CMT) within two business days of the CIPP meeting. DCFS has developed and begun the roll-out of a Model of Supervisory Practice which encourages accountability in maintaining consistency of case information and documentation.

**Updated Response:** Accepted. The Department implemented the redesign and rollout of the PHT Discharge Disposition and Placement database as well as the combining of CFS1901 and CFS 1452-1 into one form that initiates the scheduling of a Clinical Intervention for Placement Preservation (CIPP) clinical process for youth in shelter. Procedures require the new form to be completed within two days of the CIPP meeting. The rollout of a Model of Supervisory Practice which encourages accountability in maintaining consistency of case information and documentation continues. Pilot and Supervisory training has been completed. Statewide rollout should be finalized by December 2019.

**3. Implement policies and procedures for the matching process to ensure that the planning meeting is held promptly and to improve the timeliness of the matching process.**

Findings: Delays in the matching process (matching a youth to an appropriate placement), including delays in scheduling and holding the planning meeting, were a primary factor in the length of stay at emergency shelters and psychiatric hospitals. *Following are the typical steps for a youth that has been admitted to an emergency shelter and requires a new placement.*

**Planning Meeting**

When children are admitted to an emergency shelter, the shelter is considered a temporary placement. DCFS holds a planning meeting, which is called the Clinical Intervention for Placement Preservation (CIPP) meeting to determine the level of care and possible placements for the child. DCFS does not have a policy in place for when this meeting is to occur. However, a draft policy required the meeting to be held within 15 days of shelter admission. This meeting determines the recommended level of care for the child.

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Exhibit 2-2 <b>TYPICAL STEPS IN THE MATCHING PROCESS</b>
<ol style="list-style-type: none"> <li>1. The planning meeting is scheduled and held.</li> <li>2. The planning team decides the recommended placement type for the youth.</li> <li>3. A referral is sent to Central Matching.</li> <li>4. Central Matching identifies one or more matched providers for the youth.</li> <li>5. Matched providers are sent a referral packet, which contains a number of documents, such as clinical summaries, placement histories, and treatment histories.</li> <li>6. An ongoing email stream is created to document communication for all parties involved.</li> <li>7. Matched providers review the referral packet and schedule a pre-placement interview.</li> <li>8. Interviews are held between the youth and the matched providers. Interviews are to be conducted regardless of bed availability.</li> <li>9. Matched providers provide a disposition through the email stream on whether the youth was accepted.</li> <li>10. If accepted, youth must also decide to accept the placement.</li> <li>11. If the youth’s referral is not accepted by the matched providers or if the youth rejects the placement, the caseworker requests additional matches from Central Matching.</li> <li>12. Upon the youth’s acceptance to a matched provider, a placement date is established.</li> <li>13. The youth is placed with the provider on the placement date.</li> </ol>
Source: OAG summary of the residential referral and matching process.

When DCFS wards are hospitalized in psychiatric facilities, discharge and placement planning is to begin from the moment of admission. This is primarily done through a clinical staffing meeting. During the staffing meeting, the child’s recommended level of care is determined.

Auditors sampled 25 emergency shelter cases and 25 psychiatric hospital cases in both 2014 and 2015 with the following results.

**Matching Process**

Once the recommended level of care is determined, the case goes through a matching process to match the child to an appropriate placement. The matching process balances the youth’s needs with

Exhibit 2-3 <b>TIMELINESS OF PLANNING MEETING</b> Sample of Cases Tested		
	2014	2015
<b>Emergency shelter cases – days from admission to planning meeting</b>		
Average days	35	34
Median days	35	28
Range: high	67	81
Low	5	0
<b>Psychiatric hospital cases – days from admission to planning meeting</b>		
Average days	18	12
Median days	13	7
Range: high	58	53
low	4	1
Source: OAG analysis of sample cases.		

available resources and strives to match the youth to placements located in proximity to the youth's family and support system.

In testing of case files, administrative delays during the matching process and the length of time to complete the matching process were both barriers to timely placement. Administrative delays included delays in sending out referral packets to potential placements. Cases where the timeliness of the process was an issue generally involved a longer period of time in matching the youth to a facility, scheduling interviews, attending interviews, and waiting for acceptance.

**DCFS Response:** Regional Clinical, PHT, Integrated Assessment (IA) and CIPP are reviewing intake and referral processes in order to develop a more effective and efficient system for scheduling the planning meeting. In order to improve the planning and matching process for youth in shelters, CIPP and Shelter referral forms have been revised and will be implemented along with the new shelter procedures so that only one form is expected of the DCP Investigator or Permanency worker to initiate CIPP scheduling. This form will also be used to inform management of the need for a prompt and timely response from the field. The Department is also developing a mandatory web based training regarding shelter procedures that will be implemented in late 2016 to early 2017 that all investigators and caseworkers will complete. The CMT will review and revise procedures to ensure a more timely response to the placement of youth. The Department is working with private agencies to develop therapeutic foster homes to ensure a timelier placement process for this population as well as other children and youth. All of these changes will be in progress or completed by December 31, 2016.

**Updated Response:** Accepted. The resolution discussed in the 1<sup>st</sup> recommendation of combining units into one collaborative unit has improved the timeliness of the matching process by combining all clinical staff involved in the process and housing them in one room for the multi-disciplinary review.

This combination of experience clinical staff has allowed for the development of a more effective and efficient system for scheduling the planning meeting, assessing the needs of the youth and matching the youth to a placement. Combining the forms as discussed in our response to Recommendation #2 has improved initiation of Clinical Intervention for Placement Preservation (CIPP) scheduling and is also used to inform management resulting in a more timely response from the field.

Training on these new procedures for department staff as well as private agency staff was completed by the end of fiscal year 2017. CMT continues to review and revise procedures to ensure placement of youth are made timely. The Department has been working with private agencies to develop therapeutic foster homes to ensure more timely placements for this population, as well as other children and youth. These changes will continue to evolve as more homes are licensed and trained to work with our youth.

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- 4. The Department of Children and Family Services should make necessary changes to track information in its computer systems to ensure processes are working and better monitor children in its custody. These changes should enable DCFS to readily report information.**

**Findings:** DCFS was unable to provide the majority of the information asked for in the audit resolution because DCFS does not track the data in its computer systems. If this type of information was available, the Department could better track the status of children in its custody, more readily identify issues impacting timely placement, and work to correct placement issues.

**DCFS Response:** The PHT database project will identify trends and categories of youth for provision of services and is expected to be completed within one year. The new SACWIS system, identified in the DCFS Strategic Plan, will improve efficiency, reliability and redundancy in the current system. The new system will also send an electronic CIPP Intake referral from the field. The Department is currently in the RFP process to purchase a placement database that will track the needs of youth, assist with the identification of placement barriers and have the capacity to run a variety of different reports. It is expected that the system will be "real time", vs. "point in time". DCFS and other Human Services agencies, including the Department of Juvenile Justice, are developing a more collaborative data sharing process, spearheaded by Governor Rauner. An Executive Memorandum of Understanding has been secured amongst the involved agencies and work is being done to integrate the various systems which will make tracking information more streamlined and effective.

**Updated Response:** Accepted. The Department has completed the design and implementation of the Psychiatric Hospital Tracking database which captures all data points related to Beyond Medical Necessity as well as other information identified by the Department that will help track and monitor outcomes for our youth. Processes and procedures are being finalized to maintain data integrity to ensure accurate and timely trend analysis.

The Department has begun a feasibility and design spec project for the design of its replacement case management application, SACWIS. As indicated in the initial response, the new system should be "real time" and will improve efficiency, reliability, redundancy and improve reporting and monitoring capabilities. The Department continues to work with the other Human Service agencies on a collaborative data sharing process to make tracking information more streamlined and effective.