STATE OF ILLINOIS

OFFICE OF THE AUDITOR GENERAL

PERFORMANCE AUDIT
OF THE

DEPARTMENT OF CHILDREN AND FAMILY SERVICES' PLACEMENT OF CHILDREN

SEPTEMBER 2016

FRANK J. MAUTINO

AUDITOR GENERAL

SPRINGFIELD OFFICE:
ILES PARK PLAZA
740 EAST ASH • 62703-3154
PHONE: 217/782-6046
FAX: 217/785-8222 • TTY: 888/261-2887
FRAUD HOTLINE: 1-855-217-1895

CHICAGO OFFICE:
MICHAEL A. BILANDIC BLDG. • SUITE S-900
160 NORTH LASALLE • 60601-3103
PHONE: 312/814-4000
FAX: 312/814-4006
FRAUD HOTLINE: 1-855-217-1895

OFFICE OF THE AUDITOR GENERAL
FRANK J. MAUTINO

To the Legislative Audit Commission, the Speaker and Minority Leader of the House of Representatives, the President and Minority Leader of the Senate, the members of the General Assembly, and the Governor:

This is our report of the 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 audit was conducted pursuant to Senate Resolution Number 140 which was adopted April 23, 2015. This audit was conducted in accordance with generally accepted government auditing standards and the audit standards promulgated by the Office of the Auditor General at 74 Ill. Adm. Code 420.310.

The audit report is transmitted in conformance with Section 3-14 of the Illinois State Auditing Act.

SIGNED ORIGINAL ON FILE
FRANK J. MAUTINO
Auditor General

Springfield, Illinois
September 2016

STATE OF ILLINOIS
OFFICE OF THE
AUDITOR GENERAL
Frank J. Mautino, Auditor General

REPORT DIGEST

PERFORMANCE AUDIT

Release Date: September 2016

Audit performed in accordance with **Senate Resolution 140**

Office of the Auditor General
Iles Park Plaza
740 E. Ash Street
Springfield, IL 62703

Phone: (217) 782-6046
TTY: (888) 261-2887

The full audit report is available on our website: www.auditor.illinois.gov

EXECUTIVE SUMMARY

Department of Children and Family Services' Placement of Children

Senate Resolution Number 140 directed 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 asked for:

- The number of children;
- The reason they remain at the facility;
- The length of time at the facility;
- The type of recommended placement;
- The barriers to timely placement; and
- Whether the children were placed as recommended.

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. We are only able to report on the number of children and length of stay for children in psychiatric hospitals and emergency shelters. For the information we can report, we had issues with data and questions on its accuracy and completeness.

In a sample of cases examined, we identified barriers to timely placement including:

- 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;
- Delays in DCFS scheduling and holding a planning meeting, which determines the type of recommended placement;
- Wait lists at facilities after the youth was accepted;
- Administrative delays including delays in sending out referral packets to facilities; and
- Youth not cooperating by going on the run or refusing to attend interviews.

The audit also found:

- 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.
- The Department lacked internal procedures on the placement of children for two of the three areas specified in the audit resolution. In addition, for the one area that had procedures, the procedures were not followed.

AUDIT SUMMARY AND RESULTS

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 asked for:

DCFS did not track and could not provide the majority of the information asked for in the audit resolution.

- The number of children;
- The reason they remain at the facility;
- The length of time at the facility;
- The type of recommended placement;
- The barriers to timely placement; and
- Whether the children were placed as recommended. (page 4)

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. The only information we are able to report is shown below.

NUMBER OF CHILDREN AND AVERAGE LENGTH OF STAY

	Determination #1 – The number of children who remain **psychiatrically hospitalized** beyond medical necessity		**Determination #2** – The number of children who remain in **emergency shelters** beyond 30 days		**Determination #3** – The number of children who remain in a **detention facility** solely because placement cannot be located	
	2014	**2015**	**2014**	**2015**	**2014**	**2015**
Number of children	75	168	451	380	Not Available	
Average length of stay:	48 days	64 days	72 days	80 days	Not Available	
Days beyond medical necessity / days beyond 30 days	28 days[1]	40 days [1]	42 days [2]	50 days [2]	Not Available	

[1] This is the average number of days the youth stayed beyond medical necessity.

[2] This is the average number of days in the shelter beyond the 30 day standard outlined in the B.H. Consent Decree.

Source: OAG analysis and discussions with DCFS.

Of the information asked for in the audit resolution, we are 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 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 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.

We had issues with DCFS data and questions on its accuracy and completeness.

However, even for the information we can report, we 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." Because this date is not captured in its systems, **we could not obtain a download of children who stayed at a psychiatric hospital beyond medical necessity for calendar years 2014 and 2015**. Instead, the Department maintained a list of children, including the beyond medical necessity date, in a spreadsheet that was separate from its computer systems. However, **we 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, we encountered issues that made reporting the number beyond 30 days difficult. 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. (88 C 5599 (N.D. Ill.))

DCFS was unable to provide data asked for in the audit resolution on children in detention facilities because it does not track scheduled release dates for youths in detention.

- **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, we

could not determine if a youth was held beyond that time. (pages 19-22)

Since information asked for in the audit resolution was not available, we selected a random sample of cases from each area from the populations provided and asked DCFS to provide information for those cases only. We selected 100 cases from each calendar year (2014 and 2015) for a total of 200 cases (50 psychiatric hospital cases, 50 shelter cases, 100 detention facility cases). We 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 7 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, 7 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.

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 we 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) 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 our 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.

In our 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. (pages 23-45)

Other Issues

The Department had 38 computer systems and applications in its case management portfolio. While some systems interface with each other, many do not. The number of different systems and the separation of applications made it difficult to collect and analyze data for different aspects of a child's case. (pages 9-10)

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. Internal forms and case files were not maintained in one central location making it difficult for DCFS to obtain and access information on individual cases. (pages 10-12)

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.

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. DCFS lacked policies and procedures governing the timeliness of the matching process. (pages 13-16)

DCFS lacked internal procedures on the placement of children for two of the three areas specified in the audit resolution. In addition, for the one area that had procedures, the procedures were not followed. (pages 7-8)

RECOMMENDATIONS

This audit report contains four recommendations directed to the Department of Children and Family Services. The Department agreed with all of the recommendations. Appendix C to the audit report contains the Department's responses.

SIGNED ORIGINAL ON FILE

FRANK J. MAUTINO
Auditor General

FJM:DJB

AUDITORS ASSIGNED: This performance audit was conducted by the staff of the Office of the Auditor General.

TABLE OF CONTENTS

GLOSSARY OF TERMS

Beyond Medical Necessity – Once the hospital or the Department of Healthcare and Family Services determine the youth is ready for discharge from a hospital, any days the youth remains in the hospital are referred to as beyond medical necessity.

B.H. Consent Decree – A settlement between DCFS and various plaintiffs with the purpose of assuring that DCFS provides children with at least minimally adequate care.

Clinical Intervention for Placement Preservation (CIPP) – A facilitator-guided, team decision-making process at DCFS to improve placement preservation and increase placement stability. A CIPP staffing is conducted to determine the array and intensity of services needed for a youth whose current placement is threatened with disruption or whose care cannot be provided for in his/her current placement.

Detention Facility – The temporary placement of a minor who is alleged to be or has been adjudicated delinquent and who requires secure custody for the minor's own protection or the community's protection in a facility designed to physically restrict the minor's movements, pending disposition by the court or execution of an order of the court for placement or commitment. These facilities include county jails, juvenile detention centers, and Department of Juvenile Justice correctional facilities.

Emergency Shelter – A short-term setting for youth who do not have placements pending a transition to foster care, residential treatment centers, or other specialized living arrangements.

Group Home – A non-family, community-based residence that houses more children than are permitted to reside in a foster family home, but fewer than reside in a residential treatment center.

Home of Relative – A placement in the home of a relative for purposes of ongoing day-to-day living when the child/youth cannot be placed at home and would benefit from a family structure.

Independent Living – Casework and other supportive services that are provided to assist eligible youth living in an apartment in the community prepare for transition to adulthood and self-sufficiency, and establish (or reestablish) legal relationships and/or permanent connections with committed adults.

Lock-out – A situation in which a youth's parent refuses to allow him/her to return home upon discharge from a psychiatric hospital or residential treatment facility, or a situation in which a parent refuses to pick up the child from a facility, and has refused or failed to make provisions for an alternative living arrangement.

Residential Treatment – A placement 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.

GLOSSARY OF TERMS

Psychiatric Hospital – A short-term placement intended to assess, evaluate, diagnose, treat, and stabilize a child experiencing a serious emotional and/or psychiatric crisis.

Specialized Foster Care – A placement with foster families who have been specially trained to care for children with certain medical or behavioral needs.

Statewide Automated Child Welfare Information System (SACWIS) – DCFS' primary case management system.

Traditional Foster Care – A placement with non-relatives in the non-relatives' homes who are trained, assessed, and licensed to provide shelter and care.

Transitional Living – Casework and other supportive services that assist eligible youth to complete their secondary education (high school graduation or GED), develop basic self-sufficiency skills, establish (or reestablish) legal relationships and/or permanent connections with committed adults, and prepare the youth for emancipation or for an Independent Living Program.

Chapter One

INTRODUCTION AND BACKGROUND

REPORT CONCLUSIONS

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 asked for:

- The number of children;
- The reason they remain at the facility;
- The length of time at the facility;
- The type of recommended placement;
- The barriers to timely placement; and
- Whether the children were placed as recommended.

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. The only information we are able to report is shown below.

NUMBER OF CHILDREN AND AVERAGE LENGTH OF STAY

	Determination #1 – The number of children who remain **psychiatrically hospitalized** beyond medical necessity		**Determination #2** – The number of children who remain in **emergency shelters** beyond 30 days		**Determination #3** – The number of children who remain in a **detention facility** solely because placement cannot be located	
	2014	**2015**	**2014**	**2015**	**2014**	**2015**
Number of children	75	168	451	380	Not Available	
Average length of stay:	48 days	64 days	72 days	80 days	Not Available	
Days beyond medical necessity / days beyond 30 days	28 days[1]	40 days [1]	42 days [2]	50 days [2]	Not Available	

[1] This is the average number of days the youth stayed beyond medical necessity.

[2] This is the average number of days in the shelter beyond the 30 day standard outlined in the B.H. Consent Decree.

Source: OAG analysis and discussions with DCFS.

Of the information asked for in the audit resolution, we are 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.

However, even for the information we can report, we 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." Because this date is not captured in its systems, **we could not obtain a download of children who stayed at a psychiatric hospital beyond medical necessity for calendar years 2014 and 2015**. Instead, the Department maintained a list of children, including the beyond medical necessity date, in a spreadsheet that was separate from its computer systems. However, **we 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, we encountered issues that made reporting the number beyond 30 days difficult. 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. (88 C 5599 (N.D. Ill.))

- **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, we could not determine if a youth was held beyond that time.

Since information asked for in the audit resolution was not available, we selected a random sample of cases from each area from the populations provided and asked DCFS to provide information for those cases only. We selected 100 cases from each calendar year (2014 and 2015) for a total of 200 cases (50 psychiatric hospital cases, 50 shelter cases, 100 detention facility cases). We 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 7 of the 100 detention facility cases met the criteria specified

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.

in the resolution (children were held in a facility beyond their scheduled release date). This resulted in 107 cases (50 psychiatric hospital, 50 shelter, 7 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 we 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) 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 our 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.

In our 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

The Department had 38 computer systems and applications in its case management portfolio. While some systems interface with each other, many do not. The number of different

systems and the separation of applications made it difficult to collect and analyze data for different aspects of a child's case.

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. Internal forms and case files were not maintained in one central location making it difficult for DCFS to obtain and access information on individual cases.

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. DCFS lacked policies and procedures governing the timeliness of the matching process.

DCFS lacked internal procedures on the placement of children for two of the three areas specified in the audit resolution. In addition, for the one area that had procedures, the procedures were not followed.

INTRODUCTION

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. (See Appendix A.) Specifically, the resolution asks that the audit determine:

1. The number of children who remain psychiatrically hospitalized beyond the time when they are clinically ready for discharge or beyond medical necessity for hospitalization, whichever is sooner, the reason they remain hospitalized, the length of time they remain hospitalized, the type of recommended placement, the barriers to timely placement, and whether they were placed in the recommended placement type after leaving the hospital;

2. The number of children who remain in emergency shelters beyond 30 days, the reason they remain in an emergency shelter, the length of time they remain in an emergency shelter, the type of recommended placement, the barriers to timely placement, and whether they were placed in the recommended placement type after they were moved from the shelter;

3. The number of children who remain in a detention center or Department of Juvenile Justice (DJJ) facility solely because the Department cannot locate a placement for the child, the length of time they remain in a detention center or DJJ facility, the type of recommended placement, the barriers to timely placement, and whether they were placed in the recommended placement type after being released from detention or from the DJJ facility; and

4. For each child meeting the criteria in subsection (1), (2), or (3) the following information: who was subsequently placed, how long it took the child to be placed, and whether the child was placed consistent with clinical recommendations.

BACKGROUND

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. 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. Youth shelters are designed to be very short-term settings for youth who do not have placements pending a transition to foster care, residential treatment, or other specialized living arrangements.

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. For children that are hospitalized, the Illinois Department of Healthcare and Family Services pays for days of service deemed to be medically necessary. Once a child is ready to be discharged and is awaiting placement, the stay at the hospital is deemed to be "beyond medical necessity." DCFS provides payment for these services at a rate of $350 per day.

Exhibit 1-1
CHILD COST PER DAY
BY DCFS LIVING ARRANGEMENT
As of May 2016

Placement Type	Cost per Day
Foster Care	$38.31
Specialized Foster Care	$120.67
Residential or Group Home	$318.40
Emergency Shelter	$322.60
Psychiatric Hospital	$350.00[1]
Detention Facility	$0

[1]Rate is for days beyond medical necessity.

Source: OAG summary of DCFS data.

Exhibit 1-1 shows the cost per day to DCFS for different living arrangement types for youth in its care. These numbers are

average figures provided by DCFS in May of 2016 to give an idea of the cost of each arrangement. As seen in the exhibit, stays in emergency shelters, hospitals, and residential or group homes are more costly than traditional foster care.

Placement Issues

Senate Resolution Number 140 directs the Auditor General to examine the number of children who remain in certain placements (psychiatrically hospitalized, emergency shelters, and detention facilities) longer than necessary and the reasons involved. Historically, this 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."

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. As a consequence, delinquent children are being detained for considerably longer periods of time than sentenced, children in psychiatric hospitals are being hospitalized for longer periods of time than necessary, and adolescents are concentrated in congregate care settings (such as group homes or residential treatment centers) that increase their risks of commercial sexual exploitation.

Children who have successfully completed treatment in residential treatment facilities remain at that level longer than is necessary while they wait for a placement and children remain in shelters for prolonged periods of time.

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.

ADMINISTRATIVE RULES AND PROCEDURES

DCFS lacked internal procedures on the placement of children for two of the three areas specified in the audit resolution. In addition, for the one area that had procedures, the procedures were not followed. A lack of policies and procedures in these areas can lead to inconsistent handling of cases and contribute to delays in placement. The resolution asked us to examine children in psychiatric hospitals, emergency shelters, and detention facilities:

- **Psychiatric hospitals** – DCFS had detailed procedures regarding children who are psychiatrically hospitalized.
- **Emergency shelters** – DCFS provided draft procedures dated June 2015. However, as of January 2016, these procedures were not implemented.
- **Detention facilities** – DCFS had no procedures for children in detention facilities.

Psychiatric Hospital Procedures

Psychiatric hospitals were the only audit area with procedures in place. The procedures were detailed and comprehensive. However, the procedures were not being followed.

We selected 10 procedures to test. Only 1 of 10 procedures tested was implemented during the audit period of calendar years 2014 and 2015. The procedure that was implemented involved a screening assessment that was required for children admitted to a psychiatric hospital. This screening was documented in 48 of 50 (96%) of the sampled cases.

Example of procedure not followed:

The PHP (Psychiatric Hospital Project) worker shall complete Part I of the CFS 965-2, Psychiatric Hospitalization Report, and email the form to the caseworker and supervisor within 24 business hours.

Procedures tested that were not being followed included signed approval for beyond medical necessity payments and 72 hour discharge notification. Several of the procedures involved a detailed DCFS form that was to be completed at different stages of the child's stay at the hospital. Even though this form was specified in the procedures, DCFS officials stated that it was not being used.

Administrative Rules

The policies and procedures we 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.

ADMINISTRATIVE RULES AND PROCEDURES	
RECOMMENDATION NUMBER **1**	***The Department of Children and Family Services should review existing administrative rules and internal policies and procedures on the placement of children. The Department should make necessary revisions to update the rules and procedures to reflect current practice and to implement any needed changes.*** ***The Department should also examine areas that lack policies and procedures on the placement of children and implement procedures as needed.***
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.

Chapter Two

INTERNAL CONTROL ISSUES

CHAPTER CONCLUSIONS

The Department of Children and Family Services (DCFS or the Department) had 38 computer systems and applications in its case management portfolio. While some systems interface with each other, many do not. The number of different systems and the separation of applications made it difficult to collect and analyze data for different aspects of a child's case.

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. Internal forms and case files were not maintained in one central location making it difficult for DCFS to obtain and access information on individual cases.

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. DCFS lacked policies and procedures governing the timeliness of the matching process.

BACKGROUND

Senate Resolution Number 140 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. In attempting to answer the audit determinations, we encountered a number of issues.

INFORMATION SYSTEM ISSUES

The number of different computer systems and the separation of applications made it difficult to collect and analyze data for different aspects of a child's case. A 2014 DCFS strategic analysis report examined its case management information system. The report concluded that **there were 38 systems and applications in its case management portfolio**. While some systems interface with each other, many do not. The report noted the variety of database systems used for case management results in a need for continuous data translation and manipulation to get data from one system to another. The report concluded the data environment was both costly and a high risk to data integrity.

The primary case management system is called SACWIS (Statewide Automated Child Welfare Information System). SACWIS was originally intended to support a number of key processes but its unfinished implementation resulted in fragmentation and manual workarounds. Weaknesses in the system cause delays and hurt report accuracy and integrity.

According to its B.H. Implementation Plan, DCFS is looking to replace the existing SACWIS system to improve integration of information and to enhance its caseworkers' business

processes. The SACWIS replacement system will include all existing systems and other case management reporting systems. Selection of the new SACWIS system will be the result of an RFP process. The timeframe for activating the new system has not yet been determined and will be determined when a vendor is selected.

INTERNAL FORMS AND CASE FILES

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. DCFS has had a compliance audit finding in its biennial OAG compliance examination since 1998 for incomplete case files.

DCFS utilizes a number of forms to capture information and to document that proper steps are being followed. During our audit testing of emergency shelter cases, we 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 our testing. We found that forms CFS 1900 and 1901 were used for 56 percent (28 of 50) of the cases tested. Forms CFS 1452-4 and 1452-5 were not implemented until December 2014 so only the results from the 2015 cases are shown in the exhibit. There was also one case in 2015 where the admission date was in October 2014 and DCFS stated that the form was not used during that timeframe. Form 1452-4 was used in 54 percent (13 of 24) of the cases tested and form 1452-5 was used in 17 percent (4 of 24) of the cases tested. Form CFS 2017 had the lowest usage as DCFS was only able to provide the form in 10 percent (5 of 50) of the cases tested.

Exhibit 2-1
PERCENTAGE OF FORMS COMPLETED – EMERGENCY SHELTER CASES
Calendar Years 2014-2015

Form	# Cases Tested	# Forms Provided	% Forms Provided
CFS 1900/1901	50	28	56%
CFS 1452-4	24 [1]	13	54%
CFS 1452-5	24 [1]	4	17%
CFS 2017	50	5	10%

[1] Form was not implemented until December 2014 so it was not applicable to all 50 cases.

Source: OAG analysis of sample case documentation.

During our audit testing of 100 cases for detention facilities we asked DCFS to provide Form CFS 2017 on child/caregiver matching. DCFS provided the form for 11 percent (11 of 100) of the cases in our sample.

As discussed in Chapter One, while testing psychiatric hospital procedures, there were several procedures that involved a detailed DCFS form that was to be completed at different stages of the child's stay at the hospital. Even though this form was specified in the procedures, DCFS officials stated that it was not being used.

In addition, we reviewed contracts between DCFS and psychiatric hospitals. The contracts stated that to verify the Department has legal responsibility, "*…the hospital shall submit to the Department: (a) the Beyond Medical Necessity Report Form...*" (Paragraph 5.2) Auditors asked about the beyond medical necessity report form but DCFS officials were unfamiliar with this form.

Other than forms mentioned above, we did not test specific requirements in case files. However, during testing of psychiatric hospital cases and emergency shelter cases, we asked DCFS to provide supporting documentation. The documentation provided was not consistent. For example, in the emergency shelter cases, the Clinical Intervention for Placement Preservation summary was provided for most but not all cases. Some cases had lengthy email streams that documented placement efforts but many cases did not. DCFS officials stated that, during 2014 and 2015, the emergency shelter approval process was decentralized which made obtaining information for the cases a challenge.

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.

INTERNAL FORMS AND CASE FILES	
RECOMMENDATION NUMBER **2**	***The Department of Children and Family Services should ensure that required forms are being utilized and that required documentation is consistently maintained in case files.*** ***The Department should also explore the feasibility of maintaining forms in its primary case management system.***
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 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.

MATCHING PROCESS

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. Cases where the length of the matching 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. The typical steps in the matching process are shown in Exhibit 2-2. Delays in the matching process lead to youths staying longer at emergency shelters and contribute to stays that exceed 30 days which is the standard outlined in the B.H. Consent Decree. Delays also lead to children remaining in psychiatric hospitals after the time they are ready to be released.

The matching process includes locating possible placements such as with group homes, sending referral packets, setting up interviews between the youth and the placement, determining acceptance, and setting an admission date. Any delays in this process can have a substantial impact on the length of stay of children in emergency shelters and psychiatric hospitals.

Exhibit 2-2
TYPICAL STEPS IN THE MATCHING PROCESS

Note: ***The matching process can vary depending on many factors including the circumstances and current placement of the youth. Following are the typical steps for a youth that has been admitted to an emergency shelter and requires a new placement.***

1. The planning meeting is scheduled and held.
2. The planning team decides the recommended placement type for the youth.
3. A referral is sent to Central Matching.
4. Central Matching identifies one or more matched providers for the youth.
5. Matched providers are sent a referral packet, which contains a number of documents, such as clinical summaries, placement histories, and treatment histories.
6. An ongoing email stream is created to document communication for all parties involved.
7. Matched providers review the referral packet and schedule a pre-placement interview.
8. Interviews are held between the youth and the matched providers. Interviews are to be conducted regardless of bed availability.
9. Matched providers provide a disposition through the email stream on whether the youth was accepted.
10. If accepted, youth must also decide to accept the placement.
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.
12. Upon the youth's acceptance to a matched provider, a placement date is established.
13. The youth is placed with the provider on the placement date.

Source: OAG summary of the residential referral and matching process.

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.

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.

Exhibit 2-3
TIMELINESS OF PLANNING MEETING
Sample of Cases Tested

	2014	2015
Emergency shelter cases – days from admission to planning meeting		
Average days	35	34
Median days	35	28
Range: high	67	81
low	5	0
Psychiatric hospital cases – days from admission to planning meeting		
Average days	18	12
Median days	13	7
Range: high	58	53
low	4	1

Source: OAG analysis of sample cases.

Exhibit 2-3 shows the results of our testing in this area. We sampled 25 emergency shelter cases and 25 psychiatric hospital cases in both 2014 and 2015. For shelter cases, the average number of days from admission to the planning meeting was 35 days in 2014 and 34 days in 2015. In addition, **the timeliness of the planning meeting was a barrier to timely placement in 25 of the 50 emergency shelter cases sampled**. For 13 of the 50 shelter cases sampled, there was no documentation on the date of when the planning meeting was held.

Timeliness was better for the psychiatric hospital cases. The average number of days from admission to the planning meeting was 18 days in 2014 and 12 days in 2015. For 4 of the 50 psychiatric hospital cases sampled, there was no documentation on the date of the planning meeting. According to Department procedures, discharge and placement planning shall begin from the moment of admission.

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

The matching process includes locating possible placements such as with group homes, sending referral packets, setting up interviews between the youth and the placement, determining acceptance, and setting an admission date. Any delays in this process can have a substantial impact on the length of stay of children in emergency shelters and psychiatric hospitals.

In our 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. The results of our testing are shown in Exhibit 2-4. The following case example illustrates the timeliness issues in completing the matching process.

Exhibit 2-4
ISSUES DURING THE MATCHING PROCESS
Sample of Cases Tested

	# of cases	
	2014	**2015**
Emergency shelter cases – number of occurrences		
Administrative delays	1	2
Timeliness of the process	8	3
Psychiatric hospital cases – number of occurrences		
Administrative delays	5	2
Timeliness of the process	14	12

Note: These were barriers to timely placement that occurred during the matching process in the cases tested. We tested 25 cases each year for both emergency shelters and psychiatric hospitals for a total of 100 cases. Barriers are discussed in more detail in Chapter Three.

Administrative delays are delays in the process such as in sending out referral packets to potential placements.

Timeliness of the process generally involved a longer period of time in matching the youth to a facility, scheduling interviews, attending interviews, attending interviews, and waiting for acceptance.

Source: OAG analysis of sample cases.

Matching Process Case Example
A youth in an emergency shelter was matched to two facilities. Once the youth was matched, the only delay was waiting for the matching process to proceed forward to placement: 01-15-14 – Youth matched to two transitional living facilities 01-23-14 – Facility A requested a referral packet – Facility B requested an interview 01-28-14 – Facility A requested an interview 01-31-14 – Facility B held interview with youth 02-04-14 – Facility B accepted youth into its program 02-13-14 – Facility A held interview with youth and accepted youth into its program 02-27-14 – Youth moved into facility A The youth spent a total of 106 days in the emergency shelter. The total elapsed time from matching to placement was 43 days.

PLANNING MEETING AND MATCHING PROCESS	
RECOMMENDATION NUMBER **3**	***The Department of Children and Family Services should implement policies and procedures for its matching process to ensure that the planning meeting is held promptly and to improve the timeliness of the matching process.***
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.

Chapter Three

TESTING RESULTS

CHAPTER 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. The only information we are able to report is shown below.

NUMBER OF CHILDREN AND AVERAGE LENGTH OF STAY

	Determination #1 – The number of children who remain **psychiatrically hospitalized** beyond medical necessity		**Determination #2** – The number of children who remain in **emergency shelters** beyond 30 days		**Determination #3** – The number of children who remain in a **detention facility** solely because placement cannot be located	
	2014	**2015**	**2014**	**2015**	**2014**	**2015**
Number of children	75	168	451	380	Not Available	
Average length of stay	48 days	64 days	72 days	80 days	Not Available	
Days beyond medical necessity / days beyond 30 days	28 days[1]	40 days [1]	42 days [2]	50 days [2]	Not Available	

[1] This is the average number of days the youth stayed beyond medical necessity.

[2] This is the average number of days in the shelter beyond the 30 day standard outlined in the B.H. Consent Decree.

Source: OAG analysis and discussions with DCFS.

Of the information asked for in the audit resolution, we are 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.

However, even for the information we can report, we 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." Because this date is not captured in its systems, **we could not obtain a download of children who stayed at a psychiatric hospital beyond medical necessity for calendar years 2014 and 2015**. Instead, the Department maintained a list of children, including the beyond medical necessity date, in a spreadsheet that was separate from its computer systems. However, **we 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, we encountered issues that made reporting the number beyond 30 days difficult. 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. (88 C 5599 (N.D. Ill.))

- **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, we could not determine if a youth was held beyond that time.

Since information asked for in the audit resolution was not available, we selected a random sample of cases from the populations provided and asked DCFS to provide information for those cases only. We selected 100 cases from each calendar year (2014 and 2015) for a total of 200 cases (50 psychiatric hospital cases, 50 shelter cases, 100 detention facility cases). We 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 7 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, 7 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 we 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) 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 our 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.

DATA ISSUES

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.

For the information we were able to report, we had questions on its accuracy and completeness. Exhibit 3-1 summarizes the availability of the information asked for in the audit resolution.

Exhibit 3-1
AVAILABILITY OF DATA TO ANSWER DETERMINATIONS

	Determination #1 – The number of children who remain **psychiatrically hospitalized** beyond medical necessity		**Determination #2** – The number of children who remain in **emergency shelters** beyond 30 days		**Determination #3** – The number of children who remain in a **detention facility** solely because placement cannot be located	
	2014	**2015**	**2014**	**2015**	**2014**	**2015**
Number of children	75	168	451	380	Not Available	
Reason they remain at the facility	Not Available		Not Available		Not Available	
Average length of stay	48 days	64 days	72 days	80 days	Not Available	
Days beyond medical necessity / days beyond 30 days	28 days[1]	40 days [1]	42 days [2]	50 days [2]	Not Available	
Type of recommended placement	Not Available		Not Available		Not Available	
Barriers to timely placement	Not Available		Not Available		Not Available	
Placed as recommended	Not Available		Not Available		Not Available	

[1] This is the average number of days the youth stayed beyond medical necessity.

[2] This is the average number of days in the shelter beyond the 30 day standard outlined in the B.H. Consent Decree.

Source: OAG analysis and discussions with DCFS.

Psychiatric Hospital Data

The audit resolution asked for the number of children who remain psychiatrically hospitalized beyond the time they are clinically ready for discharge or beyond medical necessity. The Department was able to provide a list of all children who were psychiatrically hospitalized including their admission dates and discharge dates. However, the Department does not specifically track in its computer systems the date a child is declared "beyond medical necessity." Because this date is not captured in its systems, **we could not obtain a download of children who stayed at a psychiatric hospital beyond medical necessity for calendar years 2014 and 2015**.

Instead, the Department maintained a list of children, including the beyond medical necessity date, in a spreadsheet that was separate from its computer systems. Since the spreadsheet is not linked to the Department's computer systems, it is possible there are additional children not included in the spreadsheet that meet the criteria in the audit resolution. Therefore, **we had no way of verifying the completeness of the information provided in the spreadsheet**.

According to the spreadsheet provided by DCFS, there were 75 children in 2014 and 168 children in 2015 that stayed at a psychiatric hospital beyond the time they were clinically ready for discharge. However, we were unable to verify the accuracy of those numbers.

The Department has implemented a new system called the Psychiatric Hospital Tracking (PHT) database. The Department has stated that the new system will capture all of the data points asked for in the audit resolution including the beyond medical necessity date.

Emergency Shelter Data

The audit resolution asked for the number of children who remain in emergency shelters beyond 30 days. 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. (88 C 5599 (N.D. Ill.)) We asked the Department to provide a list of all children in emergency shelters with a discharge date during calendar years 2014 or 2015. In obtaining this data, we encountered issues that made reporting the number of children in emergency shelters beyond 30 days difficult.

When entering information in its computer system, DCFS utilized a number of service type codes and pay indicators. We had several discussions with DCFS on which codes should be included and which should be excluded. Some codes were not exclusive to emergency shelters and had to be examined on a case-by-case basis to determine if they should be included. A second data run by DCFS resulted in the exclusion of entries from two facilities even though the facilities were included in internal Department reports on emergency shelters. These issues made it difficult to determine the completeness of the data.

The data also required manual editing by auditors to determine the number of children in emergency shelters beyond 30 days. The data showed each episode at a shelter as a separate entry to show disruptions in placement. For example, if a child was at a shelter for 20 days, went on the run for 1 day, and returned to the shelter for an additional 20 days, this would be shown as two episodes. However, DCFS agreed that these should be considered as one episode in calculating length of stay. We performed manual edits on the data sets to combine episodes. A more detailed description of this process is provided in Appendix B.

Detention Facility Data

The audit resolution asked for the number of children who remain in a detention center or Department of Juvenile Justice facility solely because the Department cannot locate placement. **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, we could not determine if a youth was held beyond that time.

TRACKING INFORMATION	
RECOMMENDATION NUMBER **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.***
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.

TESTING RESULTS

As stated previously, 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. Therefore, as an alternative, we selected a random sample of cases from the populations provided and asked DCFS to provide information for those cases only. We selected 100 cases from both calendar years 2014 and 2015 for a total of 200 cases. This exhaustive process, which took nearly four months to complete, included time for DCFS to provide the information and our Office to review its accuracy.

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.

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.

TESTING RESULTS FOR PSYCHIATRIC HOSPITALS

Exhibits 3-2 and 3-3 show the results of our testing for each of the psychiatric hospital cases sampled from 2014 and 2015. The exhibits show some basic demographic information as well as the specific information asked for in the audit resolution. The sections following the exhibits discuss each piece of information in more detail.

Exhibit 3-2
CHILDREN IN PSYCHIATRIC HOSPITALS
Calendar Year 2014 Sample

Sample #	Age	Sex	Race [1]	# of Days in Facility [2]	Reasons for Remaining/ Barriers to Placement [3]	Recommended Placement	Placed as Recommended?
1	16	M	WH	4	• Administrative – waiting while the matching process proceeded	Group Home	No
2	16	M	BL	55	• Administrative – waiting while the matching process proceeded • Administrative – delays	Group Home	Yes
3	10	F	WH	6	• Administrative – waiting while the matching process proceeded • Lack of placement – wait list	Residential Treatment	Yes
4	13	M	BL	7	• Behavioral issues	Specialized Foster Care	Yes
5	14	F	WH	5	• Administrative – delays	Residential Treatment	Yes
6	11	M	BL	13	• Administrative – waiting while the matching process proceeded	Specialized Foster Care	Yes
7	11	F	BL	39	• Lack of placement	Specialized Foster Care	No
8	16	F	WH	5	• Administrative – waiting while the matching process proceeded	Specialized Foster Care	Yes
9	14	M	WH	67	• Lock-out • Location of facility • Lack of placement – wait list	Residential Treatment	Yes
10	12	M	WH	7	• Administrative – waiting while the matching process proceeded	Specialized Foster Care	Yes
11	15	M	WH	36	• Administrative – waiting while the matching process proceeded • Administrative – delays	Residential Treatment	Yes
12	9	M	BL	24	• Administrative – waiting while the matching process proceeded • Administrative – delays	Specialized Foster Care	Yes
13	15	F	BL	43	• Administrative – waiting while the matching process proceeded • Administrative – delays • Lack of placement – wait list	Residential Treatment	Yes
14	16	F	WH	2	• Child refused placement • Placement recommendation change	Specialized Foster Care with prior relative caregivers	Yes
15	13	F	WH	4	• Undetermined	Specialized Foster Care	Yes
16	16	M	BL	119	• Lack of placement	Residential Treatment	Yes
17	15	F	WH	7	• Administrative – waiting while the matching process proceeded	Specialized Foster Care or Home of Parent	Yes
18	9	M	BL	4	• Change in foster parent	Specialized Foster Care	Yes

Exhibit 3-2
CHILDREN IN PSYCHIATRIC HOSPITALS
Calendar Year 2014 Sample

Sample #	Age	Sex	Race [1]	# of Days in Facility [2]	Reasons for Remaining/ Barriers to Placement [3]	Recommended Placement	Placed as Recommended?
19	11	M	BL	17	• Administrative – waiting while the matching process proceeded	Specialized Foster Care	Yes
20	8	F	BL	19	• Administrative – waiting while the matching process proceeded • Lack of placement – wait list	Residential Treatment	Yes
21	15	F	WH	106	• Lock-out • Lack of placement – wait list • Issue with child	Residential Treatment	Yes
22	14	M	BL	50	• Issue with child	Specialized Foster Care with substance abuse treatment at outset	Yes
23	16	F	WH	6	• Issue with child	Residential Treatment	Yes
24	15	M	BL	63	• Lock-out • Administrative – waiting while the matching process proceeded	Residential Treatment	Yes
25	14	F	WH	3	• Administrative – waiting while the matching process proceeded	Residential Treatment	Yes
Average # of days:				28		Placed as recommended:	23 of 25

[1] Categories for Race are DCFS designations: WH = White; BL = Black

[2] This column shows the number of days in the hospital beyond the time the child was ready for discharge.

[3] Explanation of categories:

- **Administrative – delays**: *delays in the process, such as in sending out referral packets to facilities*
- **Administrative – waiting while the matching process proceeded**: *timeliness of the matching process which includes matching the youth to a facility, scheduling interviews, attending interviews, and waiting for acceptance*
- **Behavioral issues**: *youth's behavior while in the hospital, or past behavior, affected placement options*
- **Change in foster parent:** *a new foster home was needed which extended hospitalization*
- **Child refused placement:** *child refused recommended placement which delays placement*
- **Issues with child:** *specific issues with child, such as drug abuse treatment, make placement difficult*
- **Lack of placement**: *general difficulty in finding placement which could be attributable to several factors including special needs of the youth*
- **Lack of placement – wait list**: *youth accepted at a facility but there is a wait list*
- **Location of facility:** *location of facility with available bed was not conducive to youth; waiting for other openings*
- **Lock-out:** *youth's parents refuse to allow child to return home upon discharge; DCFS takes temporary custody*
- **Placement recommendation change**: *type of recommended placement was changed during the process*
- **Undetermined**: *could not determine from the available documentation*

Source: OAG analysis of sample data.

Exhibit 3-3
CHILDREN IN PSYCHIATRIC HOSPITALS
Calendar Year 2015 Sample

Sample #	Age	Sex	Race [1]	# of Days in Facility [2]	Reasons for Remaining/ Barriers to Placement [3]	Recommended Placement	Placed as Recommended?
1	13	M	BL	140	• Lock-out • Lack of placement	Residential Treatment	Yes
2	15	F	BL	14	• Child refused placement	Residential Treatment	Yes
3	15	F	WH	41	• Lack of placement – wait list	Residential Treatment	Yes
4	12	M	WH	16	• Administrative – waiting while the matching process proceeded	Residential Treatment	Yes
5	15	F	BL	112	• Lock-out • Lack of placement • Administrative – waiting while the matching process proceeded	Specialized Foster Care	Yes
6	12	M	WH	61	• Lack of placement – wait list	Residential Treatment	Yes
7	17	F	WH	24	• Lack of placement – wait list	Residential Treatment	Yes
8	7	M	BL	82	• Lock-out • Lack of placement – wait list • Administrative – waiting while the matching process proceeded	Specialized Foster Care	Yes
9	14	M	WH	145	• Lock-out • Lack of placement – wait list	Group Home; changed to Specialized Foster Care	Yes
10	15	M	BL	89	• Lock-out • Lack of placement – wait list	Residential Treatment	Yes
11	8	F	BL	133	• Lack of placement • Lack of placement – wait list	Residential Treatment	Yes
12	12	F	BL	73	• Lack of placement – wait list	Residential Treatment	Yes
13	17	F	WH	15	• Lack of placement – wait list	Residential Treatment	Yes
14	14	F	BL	21	• Administrative – waiting while the matching process proceeded	Residential Treatment	Yes
15	16	M	WH	51	• Lock-out • Administrative – waiting while the matching process proceeded	Residential Treatment	Yes
16	17	F	WH	95	• Child refused placement	Residential Treatment	No
17	11	M	BL	54	• Lock-out • Administrative – waiting while the matching process proceeded	Residential Treatment	Yes
18	10	M	BL	54	• Lock-out • Administrative – waiting while the matching process proceeded	Residential Treatment	Yes

Exhibit 3-3
CHILDREN IN PSYCHIATRIC HOSPITALS
Calendar Year 2015 Sample

Sample #	Age	Sex	Race [1]	# of Days in Facility [2]	Reasons for Remaining/ Barriers to Placement [3]	Recommended Placement	Placed as Recommended?
19	15	M	WH	31	• Child refused placement • Administrative – waiting while the matching process proceeded	Residential Treatment	Yes
20	10	M	WH	14	• Administrative – waiting while the matching process proceeded • Administrative – delays	Residential Treatment	Yes
21	13	M	WH	2	• Placement recommendation change	Residential Treatment	Yes
22	12	M	WH	10	• Change in foster parent	Specialized Foster Care	Yes
23	10	F	WH	1	• Administrative – waiting while the matching process proceeded • Administrative – delays	Residential Treatment	Yes
24	11	M	BL	24	• Lock-out • Administrative – waiting while the matching process proceeded	Residential Treatment	Yes
25	18	F	BL	10	• Administrative – waiting while the matching process proceeded	Residential Treatment	Yes
Average # of days:				52		Placed as recommended:	24 of 25

[1] Categories for Race are DCFS designations: WH = White; BL = Black

[2] This column shows the number of days in the hospital beyond the time the child was ready for discharge.

[3] Explanation of categories:

- **Administrative – delays**: *delays in the process, such as in sending out referral packets to facilities*
- **Administrative – waiting while the matching process proceeded**: *timeliness of the matching process which includes matching the youth to a facility, scheduling interviews, attending interviews, and waiting for acceptance*
- **Change in foster parent:** *a new foster home was needed which extended hospitalization*
- **Child refused placement:** *child refused recommended placement which delays placement*
- **Lack of placement**: *general difficulty in finding placement which could be attributable to several factors including special needs of the youth*
- **Lack of placement – wait list**: *youth accepted at a facility but there is a wait list*
- **Lock-out:** *youth's parents refuse to allow child to return home upon discharge; DCFS takes temporary custody*
- **Placement recommendation change**: *type of recommended placement was changed during the process*

Source: OAG analysis of sample data.

Number of Children

Based on the data provided by DCFS, the number of children who remained in a psychiatric hospital beyond the time they were clinically ready for discharge totaled 75 in 2014 and 168 in 2015. As stated previously, we were unable to verify the accuracy of those numbers as DCFS did not track the beyond medical necessity date in its computer systems.

2014 – The number of days beyond medical necessity ranged from 1 day to 119 days.

2015 – The number of days beyond medical necessity ranged from 1 day to 184 days.

Length of Stay

Exhibit 3-4 shows information on the length of stay of children in psychiatric hospitals beyond medical necessity for both the population and for our sample cases. For the total population of children who remained psychiatrically hospitalized beyond the time they were clinically ready for discharge, the average number of days these children remained hospitalized beyond the medical necessity date was 28 days in 2014 and 40 days in 2015.

Exhibit 3-4
LENGTH OF STAY FOR CHILDREN IN PSYCHIATRIC HOSPITALS BEYOND MEDICAL NECESSITY

	2014	2015
Statistics for population:		
Number of children	75	168
Average length of stay	28 days	40 days
Median length of stay	18 days	31 days
Range: low	1 days	1 days
high	119 days	184 days
Statistics for sample cases only:		
Number of cases	25	25
Average length of stay	28 days	52 days
Median length of stay	13 days	41 days
Range: low	2 days	1 days
high	119 days	145 days

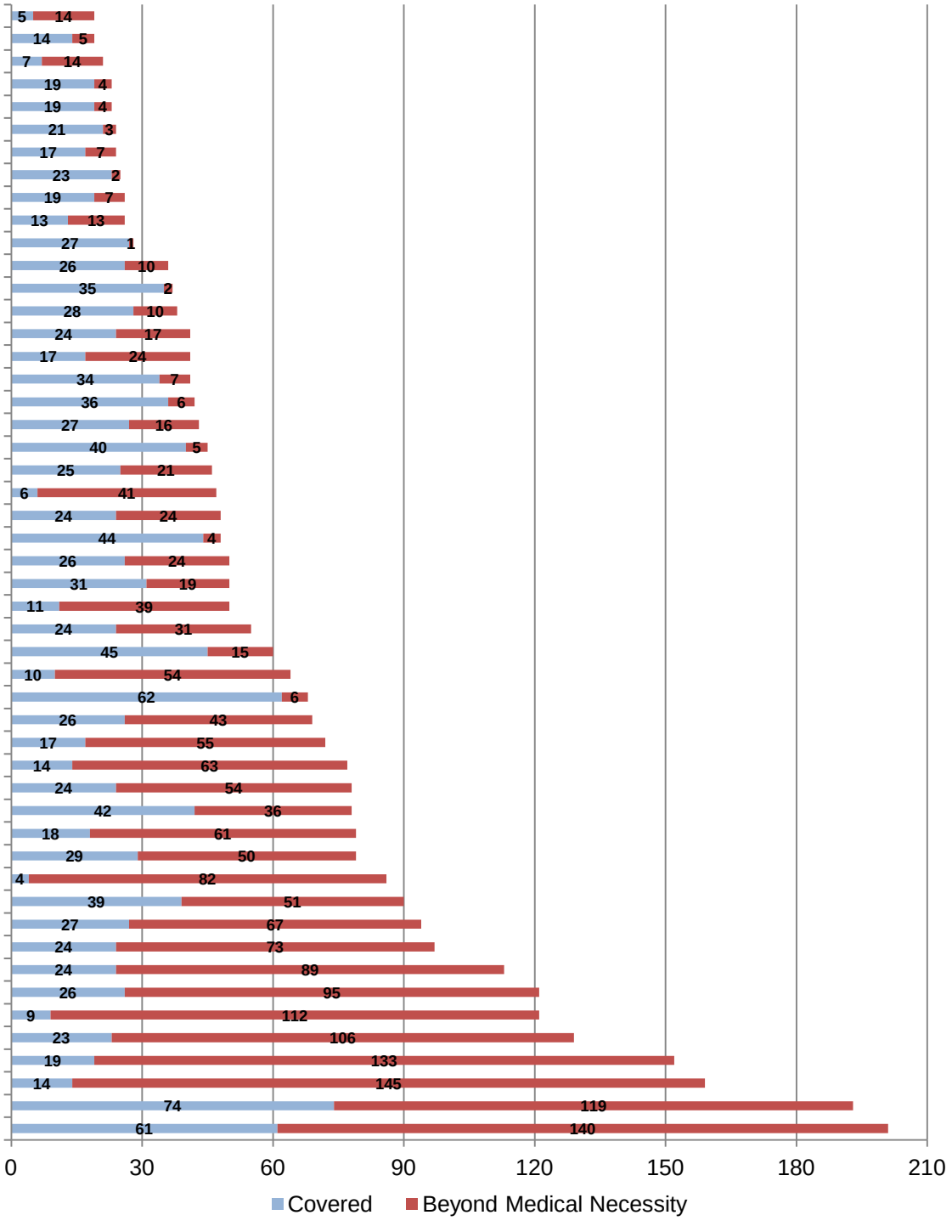
Note: Length of stay includes only the days after the child was declared beyond medical necessity.

Source: OAG analysis of DCFS data.

We also calculated length of stay for the cases in our sample (25 cases from both 2014 and 2015 for a total of 50 cases). For these cases, we verified the admission date, beyond medical necessity date, and discharge date, and in some cases, made minor changes to the original data from the DCFS computer system. For the 2014 sample cases, the average days hospitalized was 56 days with an average of 28 days beyond medical necessity. For the 2015 sample cases, the average days hospitalized was 76 days with an average of 52 days beyond medical necessity.

Exhibit 3-5 graphically shows the number of days covered (the portion of the stay deemed to be medically necessary) vs. the number of days beyond medical necessity for the 50 cases in our sample.

Exhibit 3-5
PSYCHIATRIC HOSPITAL CASES
DAYS COVERED VS. DAYS BEYOND MEDICAL NECESSITY
For 50 Sampled Cases from 2014 and 2015



Source: OAG analysis of 50 sample cases from 2014 and 2015.

Reasons Children Remain in the Facility/Barriers to Timely Placement

DCFS did not track reasons a child remained in a psychiatric hospital or barriers to timely placement in its data systems. Therefore, we examined this issue for our sample of cases. For the reason a child remained hospitalized, DCFS indicated behavior issues for each of the cases in our sample. For barriers to timely placement, DCFS provided a narrative of the issues for each case. While behaviors contributed to the child's hospitalization, it generally was not the reason the child remained hospitalized once clinically ready for discharge. Based on the narrative responses provided by DCFS and the supporting documentation, we developed categories shown in Exhibit 3-6. The reasons a child remained in a facility and the barriers for timely placement were generally the same. The majority of cases we examined had multiple barriers.

The most frequently cited barriers to timely placement in psychiatric hospital cases we tested were as follows:

- **Administrative – waiting while the matching process proceeded.** The most frequently cited reason for a youth to remain hospitalized beyond medical necessity was due to the matching process. The matching process involves matching the youth to a facility, scheduling and holding interviews, and waiting for acceptance. This process involves several parties including the youth, DCFS staff, caseworkers, and the facilities or foster parents. Completing this process takes time and was one barrier to timely placement. In Chapter Two, we recommended that DCFS implement policies and procedures to improve the timeliness of the matching process. This was a barrier to timely placement in 52 percent (26 of 50) of the cases tested in 2014 and 2015 combined.

- **Lack of placement – wait list.** A waiting list occurs when the child has been accepted at a facility but cannot be placed immediately due to a bed not being available. Other factors can contribute to a waiting list including the special needs of a child, which limit placement options. This was a barrier in 28 percent (14 of 50) of the cases tested in 2014 and 2015 combined.

- **Lock-out.** A lock-out situation occurs when a youth's parents refuse to allow the child to return home upon discharge. In these cases, DCFS would not have begun the placement process until taking temporary custody, which impacts the timeliness of placement. This was a barrier in 24 percent (12 of 50) of the cases tested in 2014 and 2015 combined.

Exhibit 3-6
SUMMARY OF REASONS FOR REMAINING IN A PSYCHIATRIC HOSPITAL AND BARRIERS TO TIMELY PLACEMENT

Reasons for Remaining in Shelter/Barriers to Placement	Sample Years	
	2014	2015
Administrative – waiting while the matching process proceeded: *timeliness of the matching process which includes matching the youth to a facility, scheduling interviews, attending interviews, and waiting for acceptance*	14	12
Lack of placement – wait list: *youth accepted at a facility but there is a wait list*	5	9
Lock-out: *youth's parents refuse to allow child to return home upon discharge; DCFS takes temporary custody*	3	9
Administrative – delays: *delays in the process, such as in sending out referral packets to facilities*	5	2
Lack of placement: *general difficulty in finding placement which could be attributable to several factors including special needs of the youth*	2	3
Child refused placement: *child refused recommended placement which delays placement*	1	3
Issues with child: *specific issues with child, such as drug abuse treatment, make placement difficult*	3	-
Placement recommendation change: *type of recommended placement was changed during the process*	1	1
Change in foster parent: *a new foster home was needed which extended hospitalization*	1	1
Location of facility: *location of facility with available bed was not conducive to youth; waiting for other openings*	1	-
Behavioral issues: *youth's behavior while in the hospital, or past behavior, affected placement options*	1	-
Undetermined: *could not determine from the available documentation*	1	-
Total [1]	38	40

[1] We sampled 25 cases from each year but the total is greater than 25 as many cases had multiple barriers.

Source: OAG review of DCFS provided data and documentation for psychiatric hospital sample of cases.

Type of Recommended Placement/Placed as Recommended

In our sample of cases, children were placed in their recommended placement type in 94 percent of the cases (92% in 2014 and 96% in 2015). Exhibit 3-7 shows a more detailed breakdown of placements for our sample cases. In our 2014 sample cases, children were placed evenly between specialized foster care or in residential treatment facilities. In our 2015 sample cases, children were placed predominantly in residential treatment facilities.

Exhibit 3-7
PERCENTAGE OF PSYCHIATRIC HOSPITAL CASES PLACED IN RECOMMENDED PLACEMENT

Recommended Placement Type	2014			2015		
	# Cases	# Placed	% Placed	# Cases	# Placed	% Placed
Group Home	2	1	50%	-	-	-
Residential Treatment	11	11	100%	21	20	95%
Specialized Foster Care	11	10	91%	4	4	100%
Multiple	1	1	100%	-	-	-
Total	25	23	92%	25	24	96%

Source: OAG review of DCFS provided data for psychiatric hospital sample cases.

TESTING RESULTS FOR EMERGENCY SHELTERS

Exhibits 3-8 and 3-9 show the results of our testing for each of the emergency shelter cases sampled from 2014 and 2015. The exhibits show some basic demographic information as well as the specific information asked for in the audit resolution. The sections following the exhibits discuss each piece of information in more detail.

Number of Children

Based on the data provided by DCFS, the number of children in an emergency shelter for over 30 days totaled 451 in 2014 and 380 in 2015. As discussed in the previous section, the data required manual editing by auditors to determine the number of children in emergency shelters beyond 30 days.

Exhibit 3-8
CHILDREN IN EMERGENCY SHELTERS
Calendar Year 2014 Sample

Sample #	Age	Sex	Race [1]	# of Days in Shelter [2]	Reasons for Remaining/ Barriers to Placement [3]	Recommended Placement	Placed as Recommended?
1	16	M	BL	126	• Timeliness of the planning meeting • Administrative – waiting while the matching process proceeded	Group Home	Yes
2	13	M	WH	36	• Timeliness of the planning meeting	Traditional Foster Care	Yes
3	18	F	BL	106	• Timeliness of the planning meeting • Administrative – waiting while the matching process proceeded	Transitional Living	Yes
4	12	F	WH	34	• Undetermined	Unable to Verify	Unknown
5	16	M	WH	138	• Timeliness of the planning meeting • Administrative – delays • Lack of placement – wait list	Residential Treatment	Yes
6	12	F	BL	66	• Administrative – waiting while the matching process proceeded	Specialized Foster Care	Yes
7	16	M	WH	148	• Timeliness of the planning meeting • Lack of placement	Specialized Foster Care	Yes
8	15	F	BL	148	• Timeliness of the planning meeting • Lack of placement • Placement recommendation change	Group Home	Yes
9	21	M	BL	57	• Timeliness of the planning meeting	Transitional Living	No
10	16	F	BL	66	• Timeliness of the planning meeting • Administrative – waiting while the matching process proceeded	Specialized Foster Care	Yes
11	20	M	BL	148	• Timeliness of the planning meeting • Lack of youth cooperation	Transitional Living	No
12	17	M	BL	70	• Administrative – waiting while the matching process proceeded	Transitional Living	Yes
13	15	F	WH	43	• Timeliness of the planning meeting • Lack of youth cooperation	Specialized Foster Care	No
14	17	F	WH	105	• Lack of placement	Specialized Foster Care	Yes
15	16	M	WH	51	• Timeliness of the planning meeting • Lack of youth cooperation	Group Home	No
16	19	M	BL	169	• Administrative – waiting while the matching process proceeded • Lack of placement – wait list • Behavioral issues • Lack of youth cooperation	Independent Living Only	Yes

Exhibit 3-8
CHILDREN IN EMERGENCY SHELTERS
Calendar Year 2014 Sample

Sample #	Age	Sex	Race [1]	# of Days in Shelter [2]	Reasons for Remaining/ Barriers to Placement [3]	Recommended Placement	Placed as Recommended?
17	17	M	NR	44	• Administrative – waiting while the matching process proceeded • Lack of youth cooperation	Group Home	No
18	16	F	BL	37	• Timeliness of the planning meeting • Lack of youth cooperation	Group Home	No
19	17	M	WH	52	• Timeliness of the planning meeting	Specialized Foster Care	No
20	2	F	BL	47	• Undetermined	Unable to Verify	Unknown
21	3	F	WH	32	• Undetermined	Unable to Verify	Unknown
22	10	F	WH	73	• Undetermined	Unable to Verify	Unknown
23	16	F	WH	227	• Timeliness of the planning meeting • Lack of placement • Administrative – waiting while the matching process proceeded • Placement recommendation change	Specialized Foster Care/ Group Home/ Residential Treatment	Yes
24	20	F	BL	79	• Lack of placement – wait list • Lack of youth cooperation	Transitional Living	No
25	11	F	BL	80	• Timeliness of the planning meeting • Behavioral issues	Specialized Foster Care	No
Average # of days:				87		Placed as recommended:	12 of 25

[1] Categories for Race are DCFS designations: WH = White; BL = Black; NR = Not Reported

[2] This column shows the number of days in the shelter from the date of admission.

[3] Explanation of categories:

- **Administrative – delays**: *delays in the process, such as in sending out referral packets to facilities*
- **Administrative – waiting while the matching process proceeded**: *timeliness of the matching process which includes matching the youth to a facility, scheduling interviews, attending interviews, and waiting for acceptance*
- **Behavioral issues**: *youth's behavior while in the shelter, or past behavior, affected placement options*
- **Lack of placement**: *general difficulty in finding placement which could be attributable to several factors including special needs of the youth*
- **Lack of placement – wait list**: *youth accepted at a facility but there is a wait list*
- **Lack of youth cooperation**: *youth going on the run or refusing to attend interviews*
- **Placement recommendation change**: *type of recommended placement was changed during the process*
- **Timeliness of the planning meeting**: *delays in scheduling and holding the Clinical Intervention for Placement Preservation (CIPP) meeting which determines the type of recommended placement for the youth*
- **Undetermined**: *could not determine from the available documentation*

Source: OAG analysis of sample data.

Exhibit 3-9
CHILDREN IN EMERGENCY SHELTERS
Calendar Year 2015 Sample

Sample #	Age	Sex	Race [1]	# of Days in Shelter [2]	Reasons for Remaining/ Barriers to Placement [3]	Recommended Placement	Placed as Recommended?
1	11	F	WH	31	• Lack of placement	Traditional Foster Care	Yes
2	14	F	BL	71	• Lack of placement	Traditional Foster Care	Yes
3	11	M	BL	100	• Timeliness of the planning meeting • Lack of placement	Residential Treatment	Yes
4	15	M	BL	34	• Timeliness of the planning meeting • Lack of placement	Specialized Foster Care	No
5	18	M	WH	46	• Lack of placement – wait list • Behavioral issues	Transitional Living	No
6	16	M	WH	164	• Timeliness of the planning meeting • Lack of placement – wait list • Administrative – delays • Lack of youth cooperation	Group Home	No
7	14	M	BL	120	• Undetermined	Traditional Foster Care	Yes
8	16	F	BL	59	• Lack of placement – wait list • Lack of youth cooperation	Group Home	Yes
9	17	M	BL	106	• Lack of placement – wait list	Transitional Living	Yes
10	15	M	WH	134	• Timeliness of the planning meeting • Lack of placement	Traditional Foster Care	Yes
11	14	M	NR	33	• Administrative – waiting while the matching process proceeded • Behavioral issues	Specialized Foster Care	No
12	17	M	BL	143	• Timeliness of the planning meeting • Lack of youth cooperation	Traditional Foster Care	Yes
13	16	F	BL	33	• Lack of youth cooperation	Group Home	Yes
14	14	F	BL	88	• Timeliness of the planning meeting • Administrative – waiting while the matching process proceeded	Residential Treatment	Yes
15	13	F	BL	43	• Undetermined	Home of Relative	Yes
16	16	M	WH	59	• Lack of placement	Specialized Foster Care/ Home of Relative	Yes
17	11	M	BL	56	• Timeliness of the planning meeting	Residential Treatment	Yes
18	15	F	BL	33	• Timeliness of the planning meeting • Lack of youth cooperation	Specialized Foster Care	No
19	16	M	WH	117	• Timeliness of the planning meeting • Behavioral issues	Specialized Foster Care	Yes
20	18	F	BL	59	• Lack of placement • Administrative – delays	Transitional Living	Yes

Exhibit 3-9
CHILDREN IN EMERGENCY SHELTERS
Calendar Year 2015 Sample

Sample #	Age	Sex	Race [1]	# of Days in Shelter [2]	Reasons for Remaining/ Barriers to Placement [3]	Recommended Placement	Placed as Recommended?
21	15	M	WH	46	• Administrative – waiting while the matching process proceeded • Lack of placement – wait list	Residential Treatment	Yes
22	8	F	WH	47	• Lack of placement	Traditional Foster Care	Yes
23	16	M	WH	44	• Timeliness of the planning meeting • Special circumstances with family	Unknown	No
24	17	F	BL	87	• Placement recommendation change • Lack of youth cooperation	Residential Treatment	Yes
25	15	M	WH	61	• Lack of placement	Residential Treatment	Yes
Average # of days:				73		Placed as recommended:	19 of 25

[1] Categories for Race are DCFS designations: WH = White; BL = Black; NR = Not Reported

[2] This column shows the number of days in the shelter from the date of admission.

[3] Explanation of categories:

- **Administrative – delays**: *delays in the process, such as in sending out referral packets to facilities*
- **Administrative – waiting while the matching process proceeded**: *timeliness of the matching process which includes matching the youth to a facility, scheduling interviews, attending interviews, and waiting for acceptance*
- **Behavioral issues**: *youth's behavior while in the shelter, or past behavior, affected placement options*
- **Lack of placement**: *general difficulty in finding placement which could be attributable to several factors including special needs of the youth*
- **Lack of placement – wait list**: *youth accepted at a facility but there is a wait list*
- **Lack of youth cooperation**: *youth going on the run or refusing to attend interviews*
- **Placement recommendation change**: *type of recommended placement was changed during the process*
- **Special circumstances with family**: *delays due to family circumstances*
- **Timeliness of the planning meeting**: *delays in scheduling and holding the Clinical Intervention for Placement Preservation (CIPP) meeting which determines the type of recommended placement for the youth*
- **Undetermined**: *could not determine from the available documentation*

Source: OAG analysis of sample data.

Length of Stay

Exhibit 3-10 shows information on the length of stay of children in emergency shelters for both the population and for our sample cases. For the children in the population who were in an emergency shelter beyond 30 days, the average number of days these children were in a shelter was 72 days in 2014 and 80 days in 2015. The audit resolution asked about the number of children in emergency shelters beyond 30 days, which is the time outlined in the B.H. Consent Decree.

We also calculated length of stay for the cases in our sample (25 cases from both 2014 and 2015). For these cases, we verified the admission date and discharge date, and in some cases, made minor changes to the original data based on our review. For the cases in our sample, the average number of days children were in a shelter was 87 days in 2014 and 73 days in 2015. For 2014, the length of stay ranged from 32 days to 227 days with a median of 70 days. For 2015, the length of stay ranged from 31 days to 164 days with a median of 59 days.

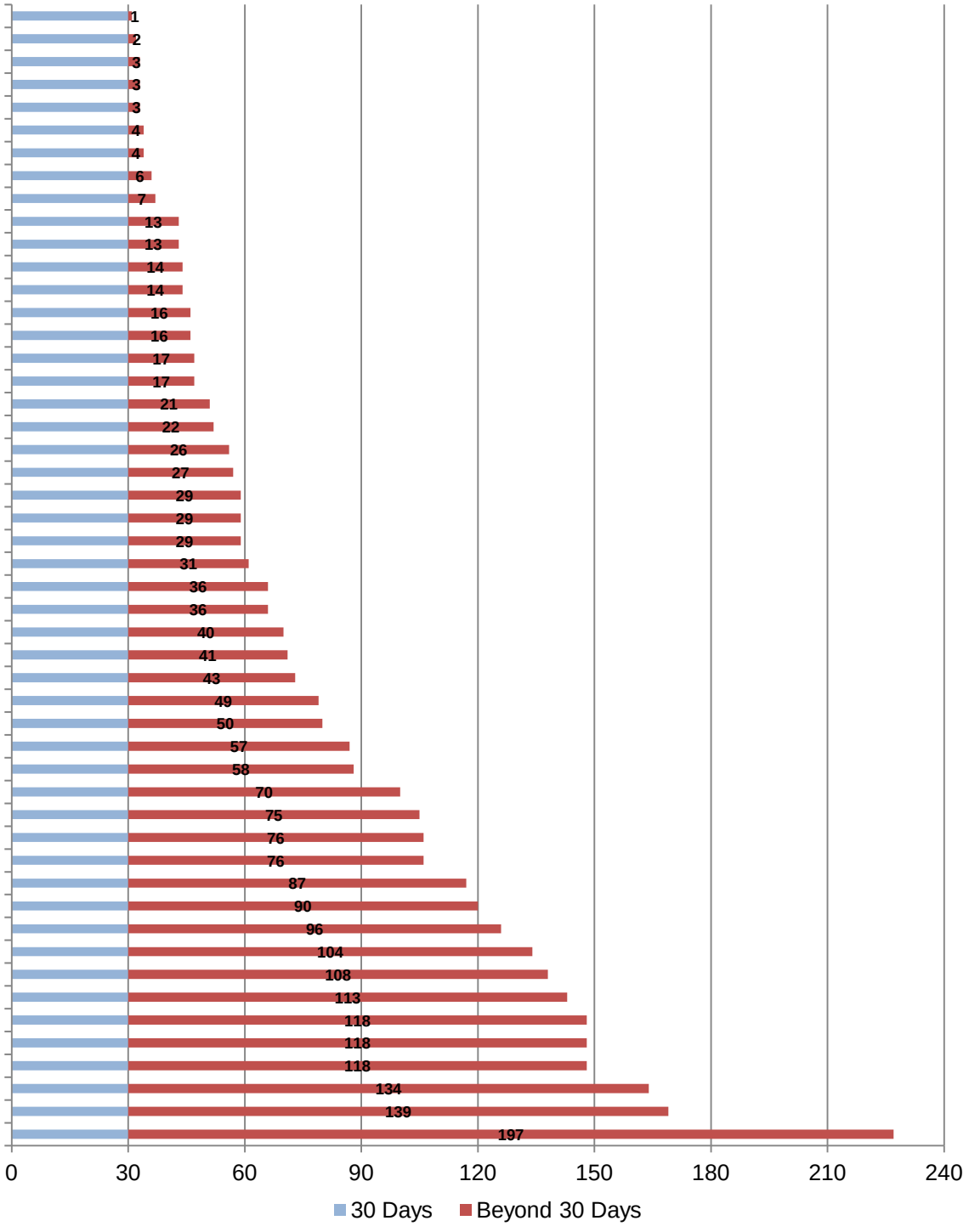
Exhibit 3-10
LENGTH OF STAY FOR CHILDREN IN EMERGENCY SHELTERS BEYOND 30 DAYS

	2014	2015
Statistics for population:		
Number of children	451	380
Average length of stay	72 days	80 days
Median length of stay	63 days	63 days
Range: low	31 days	31 days
high	255 days	357 days
Statistics for sample cases only:		
Number of cases	25	25
Average length of stay	87 days	73 days
Median length of stay	70 days	59 days
Range: low	32 days	31 days
high	227 days	164 days

Source: OAG analysis of DCFS data.

Exhibit 3-11 graphically shows the number of days beyond 30 days for the 50 cases in our sample.

Exhibit 3-11
EMERGENCY SHELTER CASES
DAYS IN SHELTER BEYOND 30 DAYS
For 50 Sampled Cases from 2014 and 2015



Source: OAG analysis of 50 sample cases from 2014 and 2015.

Reasons Children Remain in the Facility/Barriers to Timely Placement

DCFS did not track reasons a child remained in an emergency shelter or barriers to timely placement in its data systems. Therefore, we examined this issue for our sample of cases. The reasons a child remained in a facility and the barriers for timely placement were generally the same. Based on the responses provided by DCFS and the supporting documentation, we developed categories as shown in Exhibit 3-12. The majority of cases we examined had multiple barriers.

The most frequently cited barriers to timely placement in emergency shelter cases we tested were as follows:

- **Timeliness of the planning meeting.** After a child enters a shelter, DCFS schedules the Clinical Intervention for Placement Preservation (CIPP) meeting. At this planning meeting, DCFS determines the best placement type for the youth. In many cases, the meeting was not held in a timely fashion. In the cases in our sample, the average number of days from admission to the planning meeting was 35 days in 2014 and 34 days in 2015. In Chapter Two, we recommended the Department implement policies and procedures to ensure the planning meeting is held promptly. This was a barrier to timely placement in 50 percent (25 of 50) of the cases tested.
- **Lack of placement.** This was due to a lack of available placements and a general difficulty in finding placement. Often, the special needs of the youth contributed to the difficulty in finding placement. For example, in one case, a child was recommended for specialized foster care but no placement could be found. Placement type was changed to group home and the child was able to be placed. This was a barrier in 26 percent (13 of 50) of the cases tested.
- **Lack of youth cooperation.** Frequently, youths would not fully cooperate in the placement process. Examples of this included going on the run and missing scheduled placement interviews or refusing to go to a placement interview. This was a barrier in 26 percent (13 of 50) of the cases tested.

Exhibit 3-12
SUMMARY OF REASONS FOR REMAINING IN AN EMERGENCY SHELTER AND BARRIERS TO TIMELY PLACEMENT

Reasons for Remaining in Shelter/Barriers to Placement	Sample Years	
	2014	2015
Timeliness of the planning meeting: *delays in scheduling and holding the Clinical Intervention for Placement Preservation (CIPP) meeting which determines the type of recommended placement for the youth*	15	10
Lack of placement: *general difficulty in finding placement which could be attributable to several factors including special needs of the youth*	4	9
Lack of youth cooperation: *youth going on the run or refusing to attend interviews*	7	6
Administrative – waiting while the matching process proceeded: *timeliness of the matching process which includes matching the youth to a facility, scheduling interviews, attending interviews, and waiting for acceptance*	8	3
Lack of placement – wait list: *youth accepted at a facility but there is a wait list*	3	5
Behavioral issues: *youth's behavior while in the shelter, or past behavior, affected placement options*	2	3
Placement recommendation change: *type of recommended placement was changed during the process*	2	1
Administrative – delays: *delays in the process, such as in sending out referral packets to facilities*	1	2
Special circumstances with family: *delays due to family circumstances*	-	1
Undetermined: *could not determine from the available documentation*	4	2
Total	46	42

[1] We sampled 25 cases from each year but the total is greater than 25 as many cases had multiple barriers.

Source: OAG review of DCFS provided data and documentation for emergency shelter sample of cases.

The following case example provides an illustration of some of the barriers to timely placement. In this example, the youth was in the emergency shelter for 164 days before eventually going on the run prior to placement being secured. Barriers in this case example included:

- Timeliness of the planning meeting – the DCFS planning meeting was not held until 28 days after the youth entered the shelter.

- Administrative delays – a referral packet was sent to a group home two months after the DCFS planning meeting was held. During those two months, it is unclear, from the case notes and email stream, what was done.

- Lack of placement – wait list – once the youth was matched and accepted there was a long waiting list for the group home.

- Lack of youth cooperation – after one placement had not materialized, the youth went on the run prior to an interview for a second placement.

Case Example	
10-06-14	Youth brought to emergency shelter by police after being on the run since 07-04-14.
11-03-14	Planning meeting held for youth's placement; Central Matching was contacted and was matched to two group homes.
11-07-14	Case notes indicate waiting for interviews with the two group homes.
12-17-14	Case notes indicate waiting for placement.
01-09-15	Email from one group home requesting referral packet (was originally sent on 11-05-14); the referral packet contains a number of documents, such as clinical summaries, placement histories, and treatment histories, to enable the matched providers to make a disposition on the child.
01-23-15	Statewide Shelter Coordinator sent email asking for an update as the youth had been in the shelter over three months.
01-26-15	Case notes indicate youth will move to one of the group homes the week of 02-17-15.
02-10-15	Email indicates that the facility closed one of its group homes which eliminated the spot available and there were no anticipated openings for 60 to 90 days.
02-12-15	After inquiry from DCFS, the other group home stated that it also did not anticipate any openings for 60 to 90 days.
02-17-15	Internal DCFS email requesting additional matches due to long wait lists; Central Matching replied that request for additional referrals would be added to Central Matching's agenda but there is a wait list for most placements.
03-05-15	Email asking for update from Central Matching and one of the group homes.
03-09-15	The group home responded that it would like to set up a second interview but the House Manager was not available until 03-26-15 or 04-02-15.
03-13-15	Case notes indicate interview with the group home will be held on 03-26-15.
03-19-15	Youth went on the run from the shelter.
The total elapsed time from entering the shelter to youth going on the run was 164 days.	

Type of Recommended Placement/Placed as Recommended

In our sample of emergency shelter cases for 2014 and 2015 combined, children were placed in their recommended placement type in 62 percent of the cases. Overall, placing youths in their recommended placements improved in 2015 (76% of cases) compared to 2014 (48% of cases). Exhibit 3-13 shows a more detailed breakdown of placements for our sample cases.

Exhibit 3-13
PERCENTAGE OF EMERGENCY SHELTER CASES PLACED IN RECOMMENDED PLACEMENT

Recommended Placement Type	2014			2015		
	# Cases	# Placed	% Placed	# Cases	# Placed	% Placed
Group Home	5	2	40%	3	2	67%
Home of Relative	-	-	-	1	1	100%
Independent Living	1	1	100%	-	-	-
Residential Treatment	1	1	100%	6	6	100%
Specialized Foster Care	7	4	57%	4	1	25%
Traditional Foster Care	1	1	100%	6	6	100%
Transitional Living	5	2	40%	3	2	67%
Multiple	1	1	100%	1	1	100%
Unable to determine	4	-	-	1	-	-
Total	25	12	48%	25	19	76%

Source: OAG review of DCFS provided data for emergency shelter sample cases.

TESTING RESULTS FOR DETENTION FACILITIES

As stated previously, the Department was unable to provide data on the number of children who remained in a detention center or Department of Juvenile Justice facility solely because the Department could not locate placement. However, the Department was able to provide a list of DCFS youths that had been in a detention facility or Department of Juvenile Justice facility with a discharge date during calendar years 2014 or 2015. The number of children who were in a detention center or Department of Juvenile Justice facility for any length of time numbered 1,054 in calendar year 2014 and 1,447 in calendar year 2015. These numbers include multiple episodes for the same child.

We used this list to select a random sample of 100 cases (50 from both 2014 and 2015) to determine how many of the 100 cases met the criteria specified in the audit resolution. We 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. To determine if the cases met the criteria in the audit resolution, we needed to determine whether the youth was held beyond the scheduled release date. The Department provided release dates for the 100 cases in our sample. Based on the documentation provided and in case notes, we were only able to verify 55 release dates which included 18 that we changed based on documentation in case notes. Of the 100 cases sampled, we were able to determine that 7 youths were held in a facility beyond their scheduled release date.

The remainder of this section discusses the information asked for in the audit resolution for these seven cases. The cases are shown in Exhibit 3-14.

Exhibit 3-14
CHILDREN IN DETENTION CENTERS
Applicable Cases in 2014 and 2015 Samples

Sample #	Age	Sex	Race	# of days beyond release date [1]	Was youth detained solely because of lack of placement options?	Barriers to Timely Placement [2]	Recommended Placement	Placed as Recommended?
2014-28	18	M	WH	315	Yes	• Lack of placement – wait list • Lack of placement – location • Special needs of youth	Transitional Living	Yes
2014-38	16	M	BL	19	Yes	• Late custody assignment • Timeliness of the planning meeting	Residential Treatment	Yes
2014-45	17	M	BL	33	Yes	• Lack of placement – wait list	Residential Treatment	Yes
2014-50	14	F	BL	4	No	• Lack of placement – wait list • Transportation issue	Residential Treatment	Yes
2015-03	15	F	BL	29	No	• Background check	Home of Relative	Yes
2015-34	16	F	BL	12	Yes	• Behavioral issues • Lack of placement – spot no longer available	Residential Treatment	Yes
2015-49	17	M	BL	6	Unable to Verify	• Unable to Verify	Unable to Verify	Unable to Verify
Median # of days:				19		Placed as recommended:		6 of 7

[1] This column shows the number of days in the detention facility beyond the time the child was scheduled for release.

[2] Explanation of categories:

- **Background check:** *waiting for the background check of a proposed placement delayed the placement*
- **Behavioral issues:** *youth's past behavior affected placement options*
- **Lack of placement – location:** *youth required a specific geographic location to address special needs and placement in that location was not available*
- **Lack of placement – spot no longer available:** *placement was secured but by the time of release the spot was no longer available*
- **Lack of placement – wait list**: *youth accepted at a facility but there is a wait list*
- **Late custody assignment:** *DCFS was not assigned custody of the youth until the scheduled release date*
- **Special needs of youth:** *special needs of the youth limited placement options*
- **Timeliness of the planning meeting:** *delays in scheduling and holding the Clinical Intervention for Placement Preservation (CIPP) meeting which determines the type of recommended placement for the youth*
- **Transportation issue:** *youth required special transportation which was not immediately available*
- **Unable to verify:** *could not verify information as no supporting documentation was provided*

Source: OAG analysis of sample data.

Length of Stay

For the seven cases in our sample where the youths were held past their scheduled release date, the median days held past the release date was 19 days. This ranged from a low of 4 days to a high of 315 days.

Reasons Children Remain in the Facility/Barriers to Timely Placement

For the seven cases in our sample where the youths were held past their scheduled release date, four were detained solely because the Department could not locate a placement. For the remaining three cases, one was delayed because the youth required special transportation, which was not immediately available. Another case was delayed while waiting on the results of a background check of a family member where the youth was being placed. For the third case, the Department stated that a placement was located but was not immediately available; however, the Department did not provide any supporting documentation.

For the seven cases in our sample where the youths were held past their scheduled release date, four were detained **solely because the Department could not locate a placement.**

Barriers to timely placement varied amongst the cases. The only barrier present in more than one case was a lack of placement, due to waiting lists, which was cited in three of the cases.

Type of Recommended Placement/Placed as Recommended

For the seven cases in our sample where the youths were held past their scheduled release date, the youths were placed as recommended in six cases (86%). For the seventh case, the Department did not provide any documentation to support the recommended placement type.

APPENDICES

APPENDIX A

SENATE RESOLUTION NUMBER 140

STATE OF ILLINOIS
NINETY-NINTH GENERAL ASSEMBLY
SENATE

Senate Resolution No. 140

Offered by Senators Morrison and Althoff

WHEREAS, The Department of Children and Family Services is required by the Children and Family Services Act (20 ILCS 505/7) to place children in its care in safe and adequate placements consistent with each child's health, safety and best interests; and

WHEREAS, The Department of Children and Family Services has adopted rules, entitled "Placement Selection Criteria", (89 Ill. Adm. Code Part 301.60) that provide that "all placement decisions will be made consistent with the safety, best interests and special needs of the child" and that consideration shall be given to "the least restrictive setting appropriate for the child which most closely approximates a family"; and

WHEREAS, The Department of Children and Family Services has adopted procedures, entitled "Psychiatric Hospitalization, Basic Premises Regarding Psychiatric Hospitalization" (DCFS Procedures 301.110(b)), that provide that "a psychiatric hospitalization is not a placement" and that "discharge and placement planning shall begin from the moment of admission"; and

WHEREAS, The Department of Children and Family Services is the party to a federal court consent decree (B.H. et al., 88 C 5599, N.D. ILL) that provides that emergency shelter placements "shall be limited to 30 days"; therefore, be it

RESOLVED, BY THE SENATE OF THE NINETY-NINTH GENERAL ASSEMBLY OF THE STATE OF ILLINOIS, that the Auditor General is directed 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; and be it further

RESOLVED, That the audit include, but not be limited to, the following determinations as they pertain to children (up to the age of 21) in the care of the Department of Children and Family Services in calendar years 2014 and 2015:

(1) The number of children who remain psychiatrically hospitalized beyond the time when they are clinically ready for discharge or beyond medical necessity for hospitalization, whichever is sooner, the reason they remain hospitalized, the length of time they remain hospitalized, the type of recommended placement, the barriers to timely placement, and whether they were placed in the recommended placement type after leaving the hospital;

(2) The number of children who remain in emergency shelters beyond 30 days, the reason they remain in an emergency shelter, the length of time they remain in an emergency shelter, the type of recommended placement, the barriers to timely

placement, and whether they were placed in the recommended placement type after they were moved from the shelter;

(3) The number of children who remain in a detention center or Department of Juvenile Justice (DJJ) facility solely because the Department cannot locate a placement for the child, the length of time they remain in a detention center or DJJ facility, the type of recommended placement, the barriers to timely placement, and whether they were placed in the recommended placement type after being released from detention or from the DJJ facility; and

(4) For each child meeting the criteria in subsection (1), (2), or (3) the following information: who was subsequently placed, how long it took the child to be placed, and whether the child was placed consistent with clinical recommendations; and be it further

RESOLVED, That the Department of Children and Family Services shall cooperate fully and promptly with the Auditor General's Office in conducting this audit; and be it further

RESOLVED, That the Auditor General commence this audit as soon as possible and distribute the report upon completion in accordance with Section 3-14 of the Illinois State Auditing Act.

Adopted by the Senate, April 23, 2015.

SIGNED ORIGINAL ON FILE

Secretary of the Senate

SIGNED ORIGINAL ON FILE

President of the Senate

APPENDIX B

AUDIT METHODOLOGY

Appendix B

AUDIT METHODOLOGY

This performance audit was conducted in accordance with generally accepted government auditing standards and the audit standards promulgated by the Office of the Auditor General at 74 Ill. Adm. Code 420.310. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

The audit objectives for this audit were those as delineated in Senate Resolution Number 140 (see Appendix A), which directed 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 audit objectives are also listed in the Introduction section of Chapter One. Fieldwork for this audit ended in May 2016.

In conducting the audit, we reviewed applicable State statutes and rules. We reviewed compliance with those laws and rules to the extent necessary to meet the audit's objectives. We reviewed policies and procedures relevant to the audit areas. We also reviewed management controls and assessed risk related to the audit's objectives. A risk assessment was conducted to identify areas that needed closer examination. Any significant weaknesses in those controls are included in this report.

We conducted interviews and phone conferences with officials from the Department of Children and Family Services (DCFS or the Department).

Data Issues

The number of different computer systems and the separation of applications made it difficult to collect and analyze data. A 2014 DCFS strategic analysis report noted the variety of database systems used for case management results in a need for continuous data translation and manipulation to get data from one system to another. We conducted numerous tests on the data we received including consistency tests, range tests, missing value tests, and unique value tests. Data received from DCFS had several problems.

- There were discharge dates outside of the audit period.
- Some facilities were coded as different living arrangement types even though it was the same facility.
- Names of detention facilities were entered manually which resulted in frequent misspellings and multiple versions of names for the same facility.
- For psychiatric hospital cases, the number of days beyond medical necessity was often calculated incorrectly.

- Psychiatric hospital cases had duplicates in the data.

We had issues with data and questions on its accuracy, completeness, and reliability. Each of the three audit areas is discussed in further detail below.

Emergency Shelters

We asked the Department to provide a list of all children in emergency shelters with a discharge date during calendar years 2014 or 2015. In obtaining this data, we encountered issues that made reporting the number of children in emergency shelters beyond 30 days difficult.

When entering information in its computer system, DCFS utilized a number of service type codes and pay indicators. We had several discussions with DCFS on which codes should be included and which should be excluded. Some codes were not exclusive to emergency shelters and had to be examined on a case-by-case basis to determine if they should be included. A second data run by DCFS resulted in the exclusion of entries from two facilities even though the facilities were included in internal Department reports on emergency shelters. These issues made it difficult to determine the **completeness** of the data.

The data also required manual editing by auditors to determine the number of children in emergency shelters beyond 30 days. The data showed each episode at a shelter as a separate entry to show disruptions in placement. For example, if a child was at a shelter for 20 days, went on the run for 1 day, and returned to the shelter for an additional 20 days, this would be shown as two episodes. However, DCFS agreed that these should be considered as one episode in calculating length of stay.

We performed manual edits on the data sets to combine episodes. In the computer spreadsheets, we created complex formulas to combine entries where the discharge date for an entry was the same as, or one day earlier than, the admission date of the next entry. Entries that were combined were grouped together and examined to determine the admission date. The days from each episode were combined to generate the total number of days for that shelter stay. This list was used to determine the number of children in emergency shelters over 30 days and their average length of stay as reported in Chapter Three. This number is likely to be close to the correct figure but **we cannot guarantee or ensure accuracy**:

- When combining entries, we selected a one day difference in dates to group episodes. There are likely instances where the gap in dates was greater than one day but would still be considered one episode. However, making that determination would have required examining each episode on a case-by-case basis, which would have required a large amount of time; therefore, we did this for our sample cases.

- We looked at calendar year 2014 and 2015 data. If a stay at a shelter included additional disrupted episodes that occurred prior to or after this time period, those episodes are unlikely to have been included in our data set.

Psychiatric Hospitals

The audit resolution asked for the number of children who remain psychiatrically hospitalized beyond the time they are clinically ready for discharge or beyond medical necessity. The Department was able to provide a list of all children who were psychiatrically hospitalized including their admission dates and discharge dates. However, the Department does not specifically track in its computer systems the date a child is declared "beyond medical necessity." Because this date is not captured, **we could not obtain a historical download of children who stayed at a psychiatric hospital beyond medical necessity**.

Instead, the Department maintained a list of children, including the beyond medical necessity date, in a spreadsheet that was separate from its computer systems. Since the spreadsheet is not linked to the Department's computer systems, it is possible there are additional children not included in the spreadsheet that meet the criteria in the audit resolution. We had discussions with DCFS officials about pulling the information directly from the DCFS computer systems but this was not possible. Therefore, **we had no way of verifying the completeness of the information provided**.

According to the spreadsheet provided by DCFS, there were 75 children in 2014 and 168 children in 2015 that stayed at a psychiatric hospital beyond the time they were clinically ready for discharge. However, we were unable to verify the accuracy of those numbers.

Detention Facilities

The audit resolution asked for the number of children who remain in a detention center or Department of Juvenile Justice facility solely because the Department cannot locate placement. **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, we could not determine if a youth was held beyond that time.

The Department was able to provide a list of DCFS youth that had been in a detention facility or Department of Juvenile Justice facility with a discharge date during calendar years 2014 or 2015. The data included multiple episodes for the same child. We developed a population to select a sample. Similar to the emergency shelter data, we performed manual edits on the data sets to combine episodes. In the computer spreadsheets, we created complex formulas to combine entries where the discharge date for an entry was the same as, or one day earlier than, the admission date of the next entry. This would occur, for example, if a child was being moved from one detention facility to another.

Audit Sampling

Since DCFS did not collect the information asked for in the audit resolution, we selected a random sample of cases to collect the information for the sample cases only. The sample results should not be projected to the population and the report does not do so. We used a random number generator and selected 100 cases from calendar years 2014 and 2015 for a total of 200 cases.

- **Emergency Shelters –** We randomly selected 25 cases from both 2014 and 2015.

- **Psychiatric Hospitals** – We randomly selected 25 cases from both 2014 and 2015.

- **Detention Facilities** – We randomly selected 50 cases from both 2014 and 2015. We selected more cases for detention facilities because the population included all DCFS youths who had been in a detention facility and not just youths who remained in a facility solely because the Department could not locate placement. Of the 100 cases sampled, we were able to determine that 7 youths were held in a facility beyond their scheduled release date.

The exit conference for this audit was held on August 3, 2016, and the following were the principal attendees:

DCFS:	Stephen Bradshaw – Associate Deputy Director of Functional Management Jane Gantner – Associate Deputy & Case Tracking Administrator Matthew Grady – Chief Fiscal Officer/Deputy Director, Office of Budget & Finance Michael C. Jones – Deputy Director, Placement & Community Services Donna Kazragis – Statewide Shelter Coordinator Elizabeth Kling – Deputy Chief of Staff Janice Ranalletta – Audit Liaison Michael Ruppe – Senior Deputy Director, Operations Linda Stroud – Psychiatric Hospital Program Administrator Brad Wilson – Information Security Officer
Office of the Auditor General:	Joe Butcher, Audit Manager Jared Sagez, Audit Staff Megan Chrisler, Audit Staff

APPENDIX C

AGENCY RESPONSES

Bruce Rauner
Governor

Illinois Department of
DCFS
Children & Family Services

George H. Sheldon
Director

August 18, 2016

Honorable Frank J. Mautino
State of Illinois Auditor General
Iles Park Plaza
740 East Ash St.
Springfield, Illinois 62704

Dear Mr. Mautino,

Enclosed please find the response to the recommendations made by the Office of the Auditor General in the confidential draft report of the Performance Audit of DCFS' Compliance with its Obligations to Place Children conducted by the Office of the Auditor General pursuant to Senate Resolution 140.

I appreciate the time and efforts expended by your office and welcome the opportunity to respond to your recommendations.

Yours very truly,

SIGNED ORIGINAL ON FILE

George H. Sheldon
Director

406 E. Monroe Street • Springfield, Illinois 62701
217-785-2509 • 217-524-3715 / TTY
www.DCFS.illinois.gov

ADMINISTRATIVE RULES AND PROCEDURES	
RECOMMENDATION NUMBER **1**	***The Department of Children and Family Services should review existing administrative rules and internal policies and procedures on the placement of children. The Department should make necessary revisions to update the rules and procedures to reflect current practice and to implement any needed changes.*** ***The Department should also examine areas that lack policies and procedures on the placement of children and implement procedures as needed.***
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.

INTERNAL FORMS AND CASE FILES	
RECOMMENDATION NUMBER **2**	***The Department of Children and Family Services should ensure that required forms are being utilized and that required documentation is consistently maintained in case files.*** ***The Department should also explore the feasibility of maintaining forms in its primary case management system.***
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 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.

PLANNING MEETING AND MATCHING PROCESS	
RECOMMENDATION NUMBER 3	***The Department of Children and Family Services should implement policies and procedures for its matching process to ensure that the planning meeting is held promptly and to improve the timeliness of the matching process.***
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.

TRACKING INFORMATION	
RECOMMENDATION NUMBER **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.***
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.