

# Annual Youth in Care Waiting for Placement Report

## Report to the General Assembly

December 29, 2023

Per ILCS 505/2.2 DCFS Youth in Care Waiting for Placement Report, the Department of Children and Family Services will provide a report by December 31st of the calendar year, with fiscal year information on the number of youth in emergency placements for longer than thirty days; hospitalized in psychiatric hospitals beyond medical necessity; in a detention center or Department of Juvenile Justice (DJJ) facility beyond the release date; in out-of-state residential treatment facilities; not in temporary custody or guardianship of the Department and subject to child protection investigations coded as 84b; and in emergency rooms for longer than 24 hours waiting for admission to a psychiatric hospital bed.

### Statistics

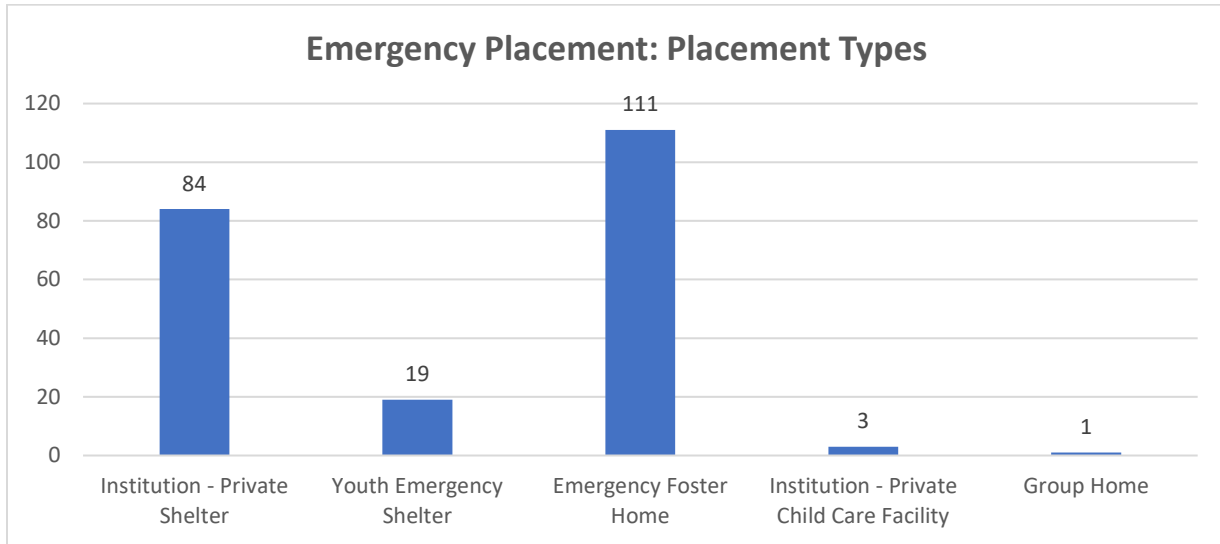
The following cumulative data is for instances of youth in emergency placements (shelters/foster homes) 30 days or more; in psychiatric hospitals beyond medical necessity; in detention center or DJJ facility beyond the release date; in out-of-state residential treatment facilities; in emergency rooms for longer than 24 hours waiting for admission to a psychiatric hospital bed. The total number of instances of youth across every category from 7/1/2022 to 6/30/2023 was 1009. The overall average age of youth across every category in FY23 was 13.35 years old with male instances making up 51.04% of the overall categorized population.

	Emergency Placement 30+ Days	Psychiatric Hospitals (BMN)	Detention /DJJ	Out of State Residential	Emergency Rooms (24hr+)
Average Age	11.5	12	16.05	15.21	12

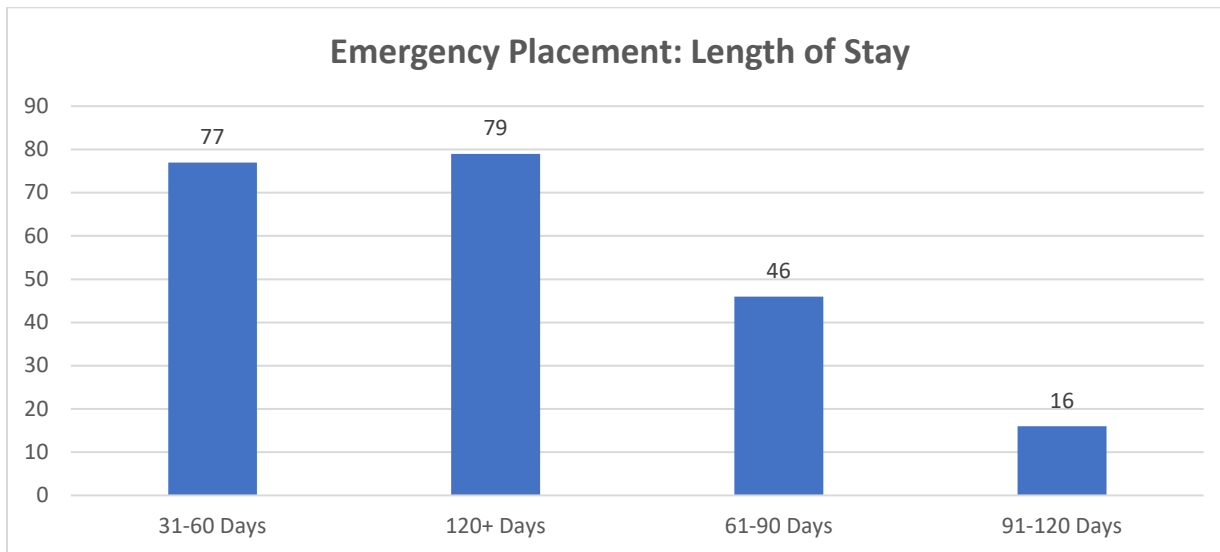
	Emergency Placement 30+ Day	Psychiatric Hospitals (BMN)	Detention /DJJ	Out of State Residential	Emergency Rooms (24hr+)
Male	124	148	51	50	142
Female	93	182	12	45	160
Transgender/Other	1				1
Total	218	330	63	95	303

### Youth in Emergency Placements (Shelters/Foster Homes) 30 Days or More

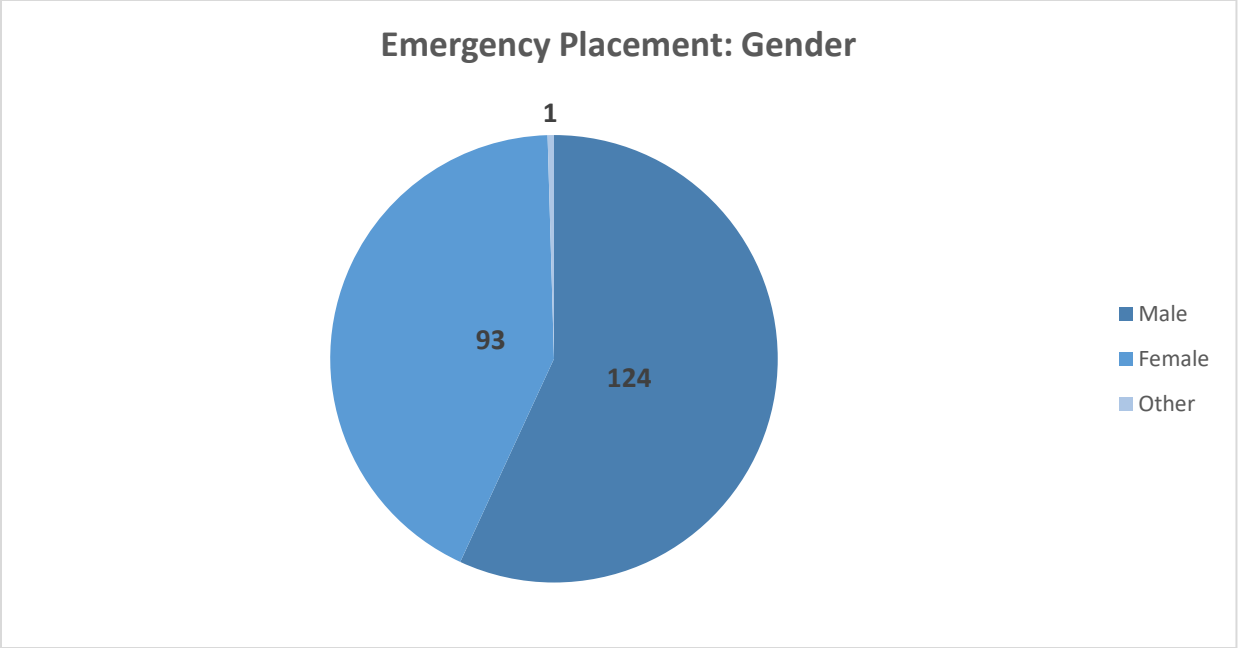
In FY23 there were a total of 218 youth in emergency placements (shelters/foster home) for 30 days or more.



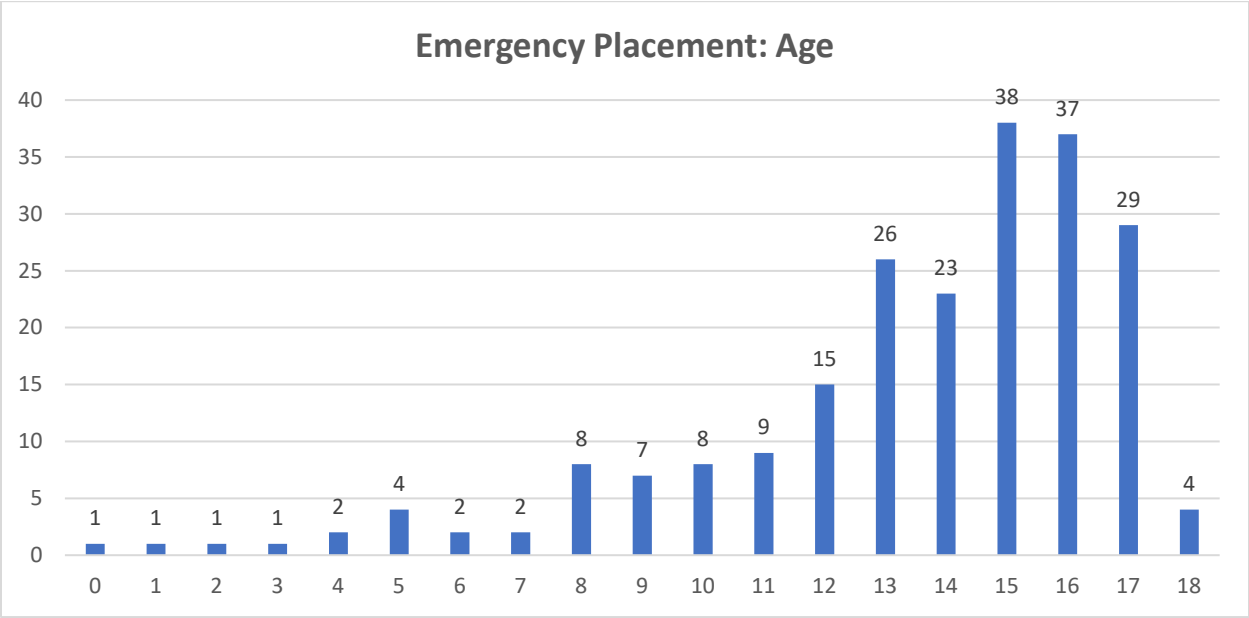
50.92% of youth were in Foster Homes; 38.53% were in a shelter.



35.32% were in emergency placement for 31-60 days.  
21.10% were in emergency placement for 61-90 days.  
7.34% were in emergency placement for 91-120 days.  
36.24% were in emergency placement for 120+ days.



56.88% were Males; 42.66% were Females; 0.46% was other.



The average age of youth in Emergency placement was 11.5.  
 There were 27.98% youth from the ages of 0-12 in emergency placement.  
 There were 70.18% youth from the ages of 13-17 in emergency placement.  
 There were 1.83% youth age 18 in emergency placement.

Youth in emergency placements are most placed in either an emergency foster home, or an emergency shelter when there are significant barriers to placements. The top barriers affecting timely placement are behavior disorders including physical and verbal aggression, cognitive abilities including level of IQ and developmental delays; as well as specialized treatment needs including substance abuse, domestic violence, and sexual behavior problems.

The data used for emergency placement is housed in various systems. Each system is independent of the other and required manual data integration. As with any platform that requires manual entry, there is risk for error or misinterpretation. As a result, data for emergency placement accounts for such circumstances. It is the Department's goal to streamline and integrate all data warehousing systems related to the movement of all kids in its care. The data used for this report includes all youth that experienced a paid placement into a contracted emergency resource and remained in this setting beyond 30 days of this report review period.

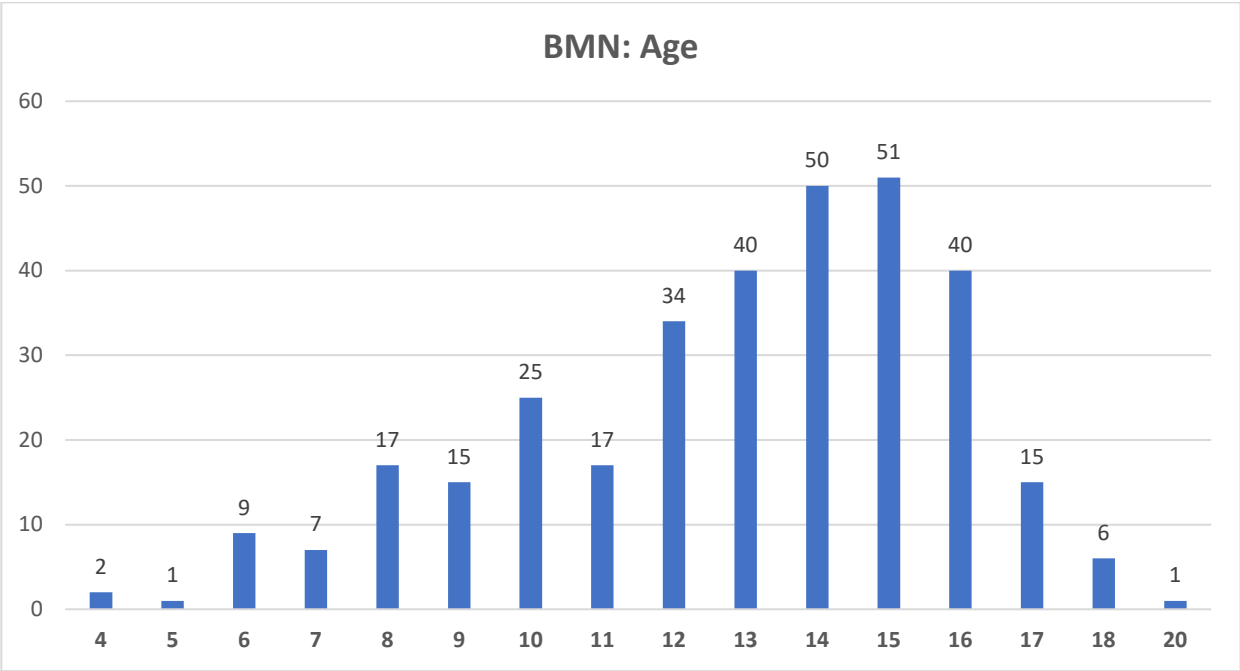
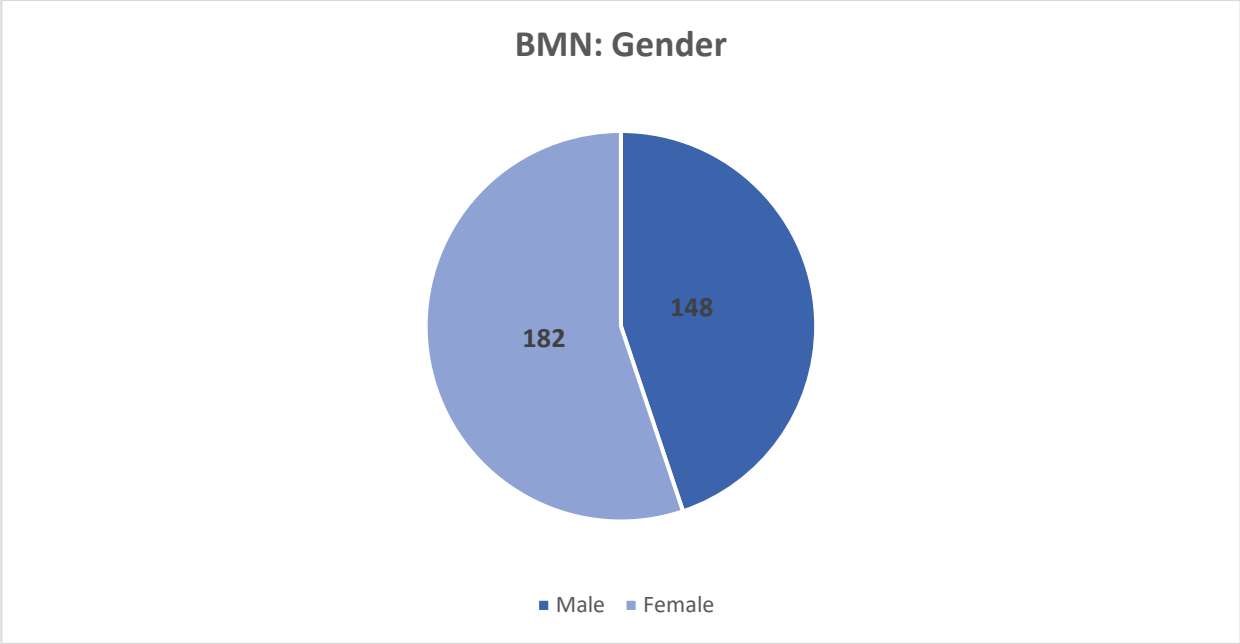
The Department has taken several steps in reducing the length of stay in emergency placements. In July 2022 the Department established a unit that monitors emergency placements. The staff include a Supervisor and two Program Planner staff assigned to two regions for support. Staff facilitate matching and provide concrete steps for staff to engage these contracted emergency placements. Staff also assist in scheduling of future Child and Family Team Meetings to provide concrete steps to assist the workers in planning and moving the youth to a permanent placement.

In FY22 the Department developed 25 new shelter beds (15 male and 10 female) located in Cook and Southern Region. The Department also initiated a call for proposals for emergency/shelter placements. This generated an addition of 3 new future Shelters for FY 23 and an increase of over 19 Emergency Foster Care slots provided through our Community Service Providers.

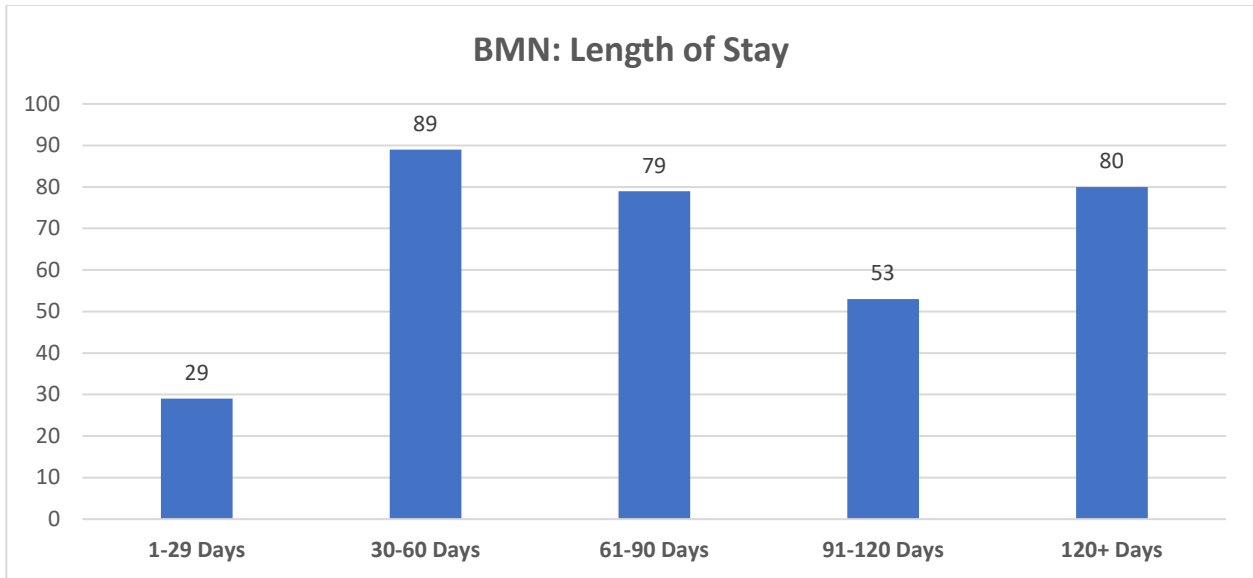
The Department developed a specific recruitment plan to identify existing DCFS foster homes to become Emergency Foster Care homes. To date we have added 3 new DCFS Emergency Foster Care homes (6 slots) that are scheduled to be active by February 1, 2023.

### *Youth Who Remained in Psychiatric Hospitals Beyond Medical Necessity*

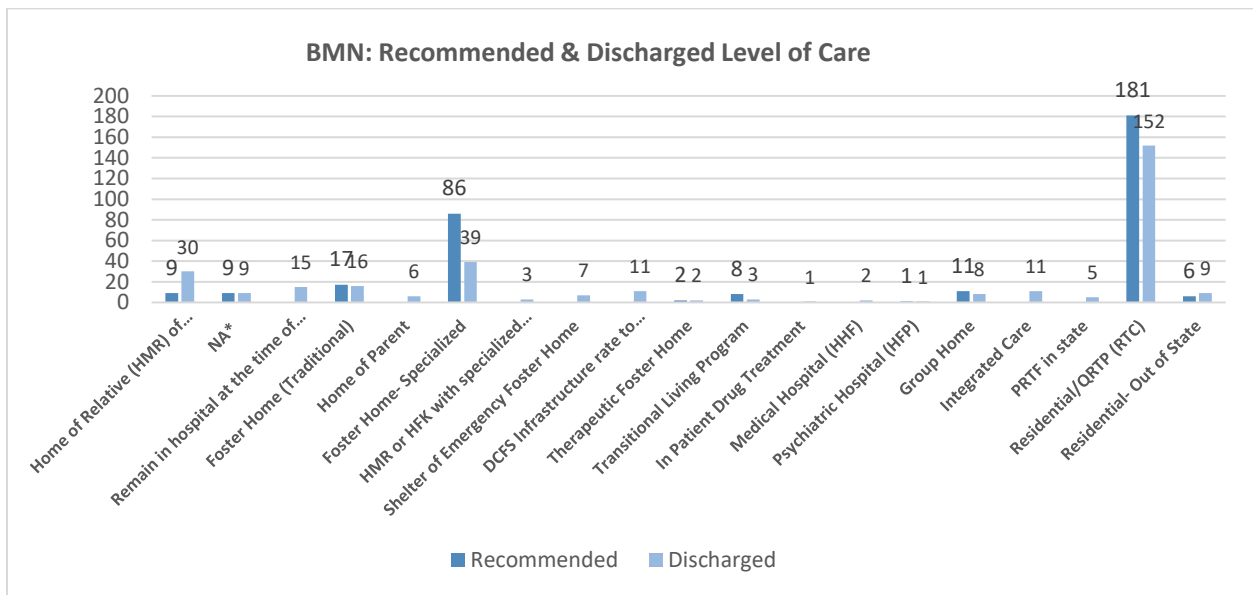
In FY23, there were 330 instances (296 youth) hospitalized in psychiatric hospitals beyond medical necessity (BMN). 55.2% of youth were female, and over half (54.8%) of youth are between the ages of 13 and 16 years old.



The average length of stay for BMN was 94.12 days in FY23, with 59.7% of youth staying less than 90 days. Barriers to timely placement included youth having intellectual and developmental disabilities, sexually problematic behaviors, history of aggression and property destruction, high end psychiatric acuity and presenting with continued need for intensive mental health treatment or education monitoring; staff shortages; and extensive waitlists.



During FY23, 71% of youth were placed according to their recommended level of care. The top recommended and actual placements for level of care were Residential Treatment Centers (44%) and Specialized Foster Homes (12%).



<b>Level of Care</b>	<b>Recommended</b>	<b>Discharged</b>
Home of Relative (HMR) of Fictive Kin (HFK)	9	30
NA*	9	9
Remain in hospital at the time of FY end		15
Foster Home (Traditional)	17	16
Home of Parent		6
Foster Home- Specialized	86	39
HMR or HFK with specialized services		3
Shelter of Emergency Foster Home		7
DCFS Infrastructure rate to foster parent		11
Therapeutic Foster Home	2	2
Transitional Living Program	8	3
In Patient Drug Treatment		1
Medical Hospital (HHF)		2
Psychiatric Hospital (HFP)	1	1
Group Home	11	8
Integrated Care		11
PRTF in state		5
Residential/QRTP (RTC)	181	152
Residential- Out of State	6	9

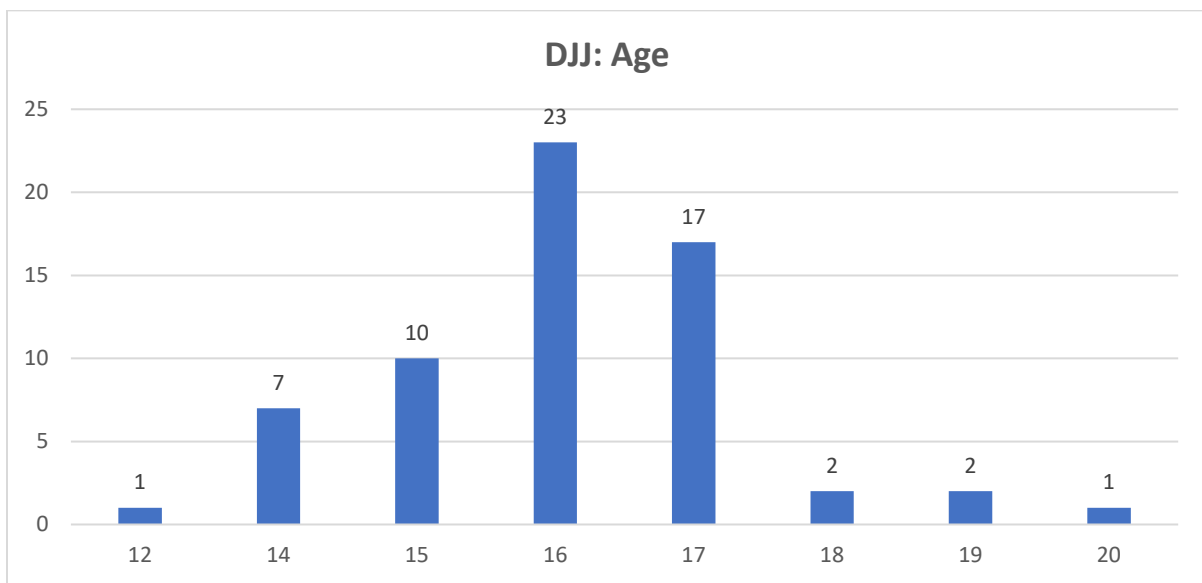
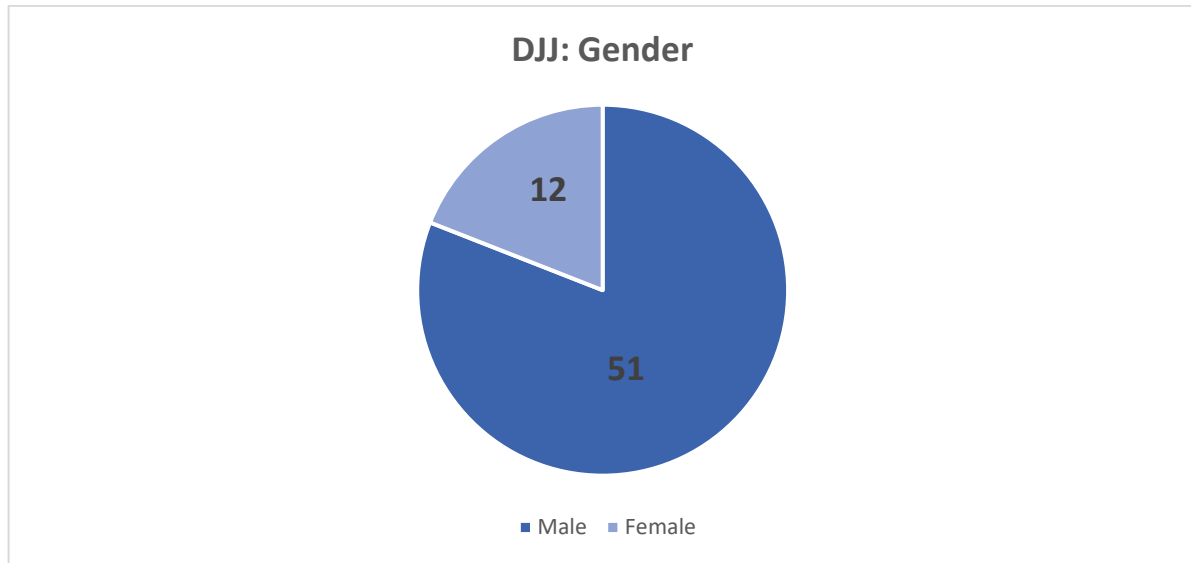
\*NA includes youth that were discharged prior to a clinical recommendation being made.

The above data was collected utilizing the DCFS Psychiatric Hospitalization Database reporting system, which is a platform used to track psychiatrically hospitalized youth. Some of the data is downloaded from Child and Youth Information System (CYCIS); however, the majority of the data is manual entry done by a number of staff. As with any platform that requires manual entry, there is risk for error or data not being entered. In addition, the number of youth who were BMN can change based on utilization reviews that may overturn an insurance carriers decision to deny continued treatment. This information is most often obtained after a youth is discharged from the hospital and can come sometime after discharge. The BMN status is then adjusted retroactively. This change in status can impact the actual number of youth pulled at a point in time.

The Department is taking several steps to reduce the length of time BMN including working with providers to develop additional residential and specialized foster care resources for youth. DCFS is also working with sister agencies and Youth Care to increase access to Family Support Program, Educational supports, and community mental health agencies to support youth who are psychiatrically hospitalized and their caregivers. DCFS is also meeting regularly with Illinois Hospital Association representative, CEOs from hospitals and other community providers to develop improved collaboration, planning and communication about these youth and families.

## Youth in Detention Center/DJJ Beyond the Release Date

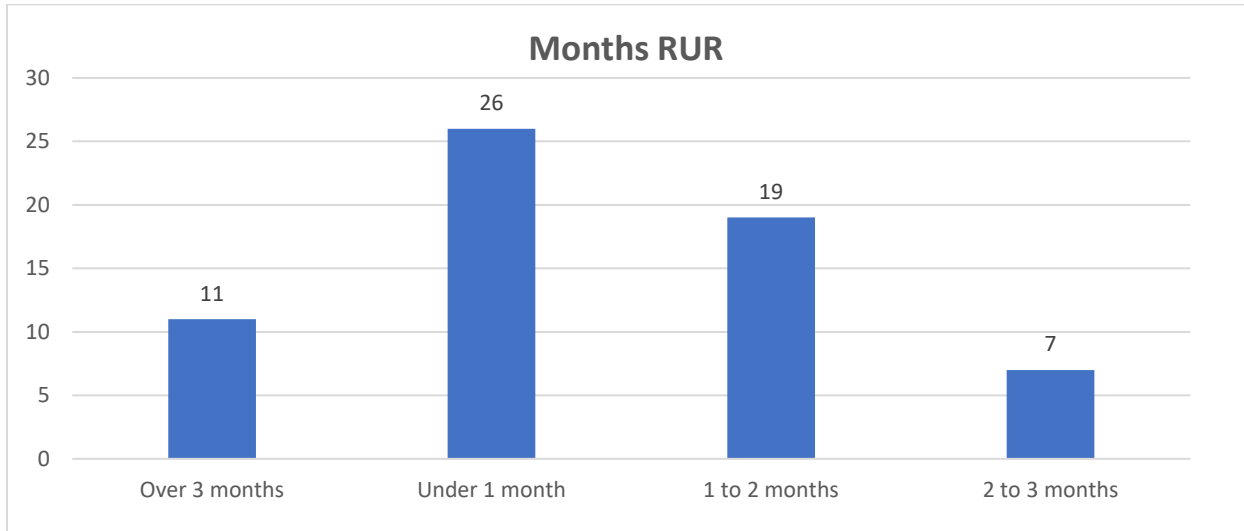
In FY23, there were 63 instances (45 youth) where youth were held in detention beyond their release date. 80.95% of the RUR population were male and 79.36% were between the ages of 15-17 years old.



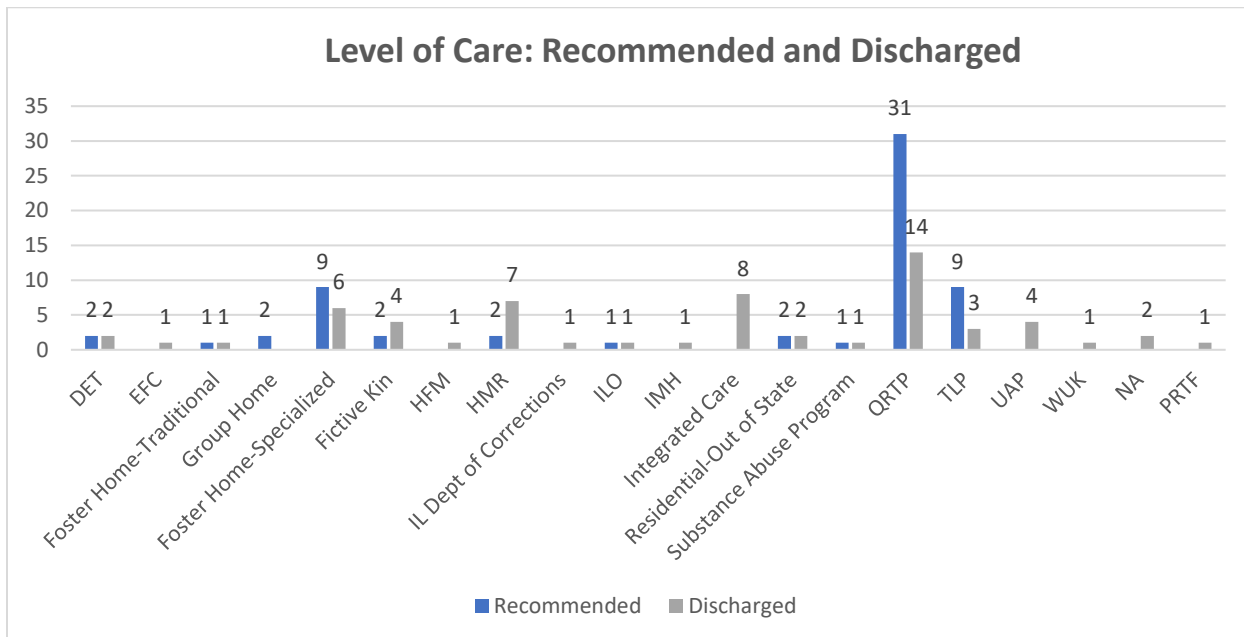
The total length of time each RUR youth remains in a DJJ or DOC facility varies depending on many factors such as: age, gender, time of release, youth behavior, medical needs, and more.



During FY23, approximately 82.5% of the total population were placed within three months of their release date. 41.27% of this population were placed less than one month after their release date, and 71.43% were placed within two months. Aggressive behavior, extensive criminal involvement, acute mental health needs and substance abuse are the primary barriers to timely placement for this population of youth in care.



In FY23, 28.6% of youth were placed in foster homes (traditional, specialized, fictive kin, and relative), HFK and HMR; 27% of the population were placed in Qualified Residential Treatment Programs/PRTFs (in and out of state).



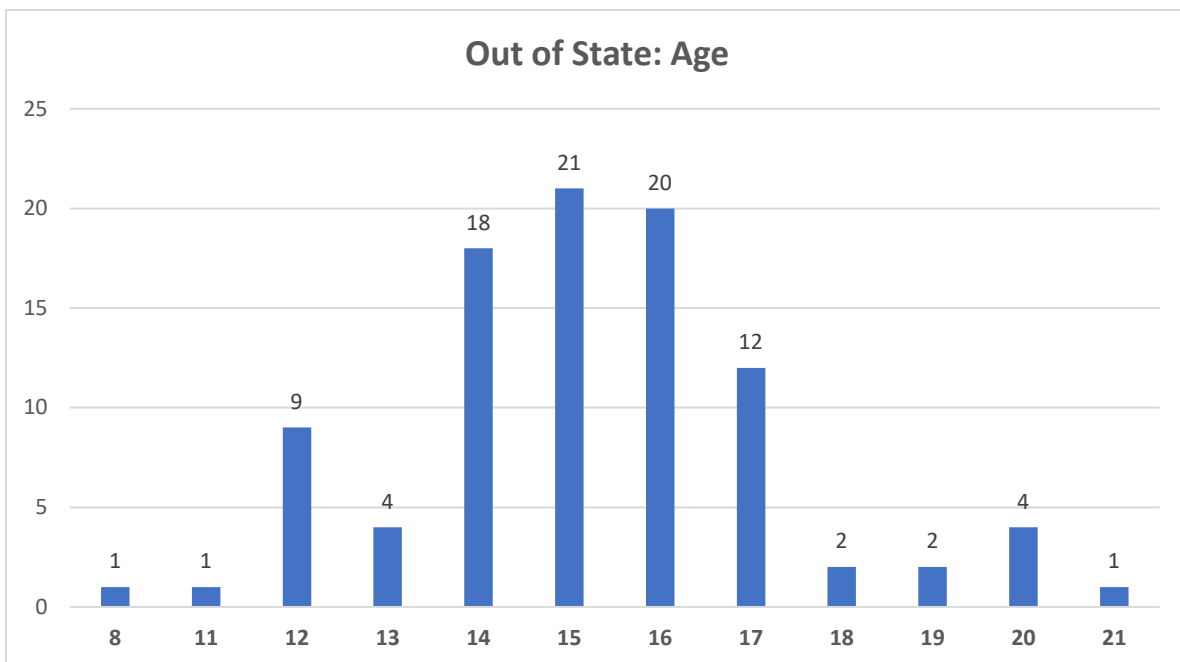
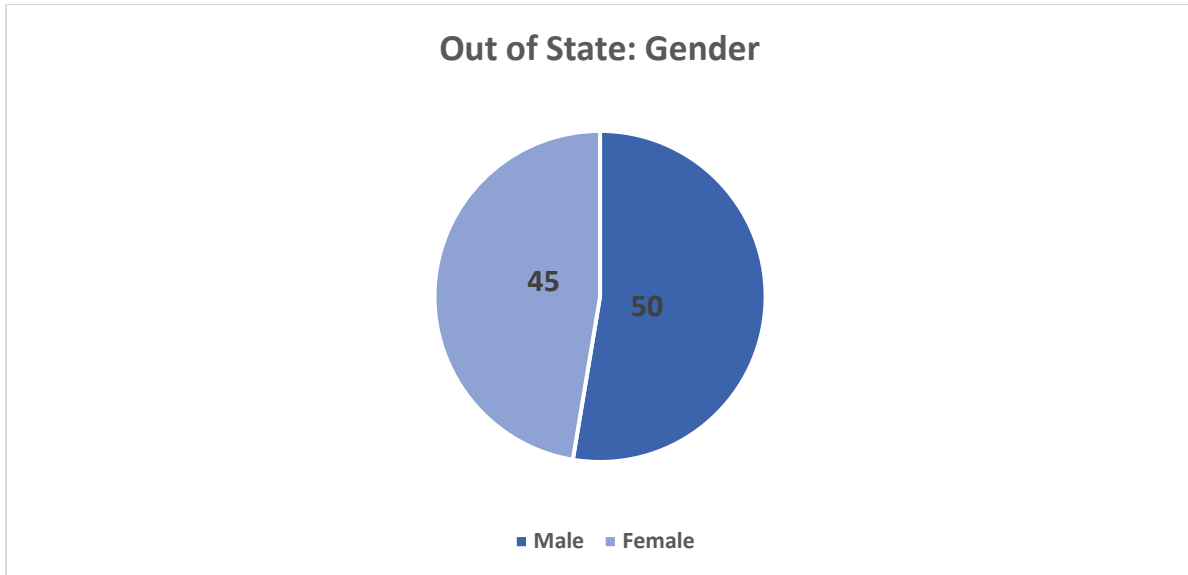
Level of Care	Recommended	Discharged
DET	2	2
EFC		1
Foster Home-Traditional	1	1
Group Home	2	
Foster Home-Specialized	9	6
Fictive Kin	2	4
HFM		1
HMR	2	7
IL Dept of Corrections		1
ILO	1	1
IMH		1
Integrated Care		8
Residential-Out of State	2	2
Substance Abuse Program	1	1
QRTP	31	14
TLP	9	3
UAP		4
WUK		1
NA		2
PRTF		1

The Department is taking several steps to reduce the length of time in detention/DJJ including; working with providers to offer services to youth while they are placed in detention centers so they are better prepared for placement interviews; working with providers to develop updated procedures for accepting DJJ youth into their facilities; developing Dually Involved specific placements to successfully place this population of youth.

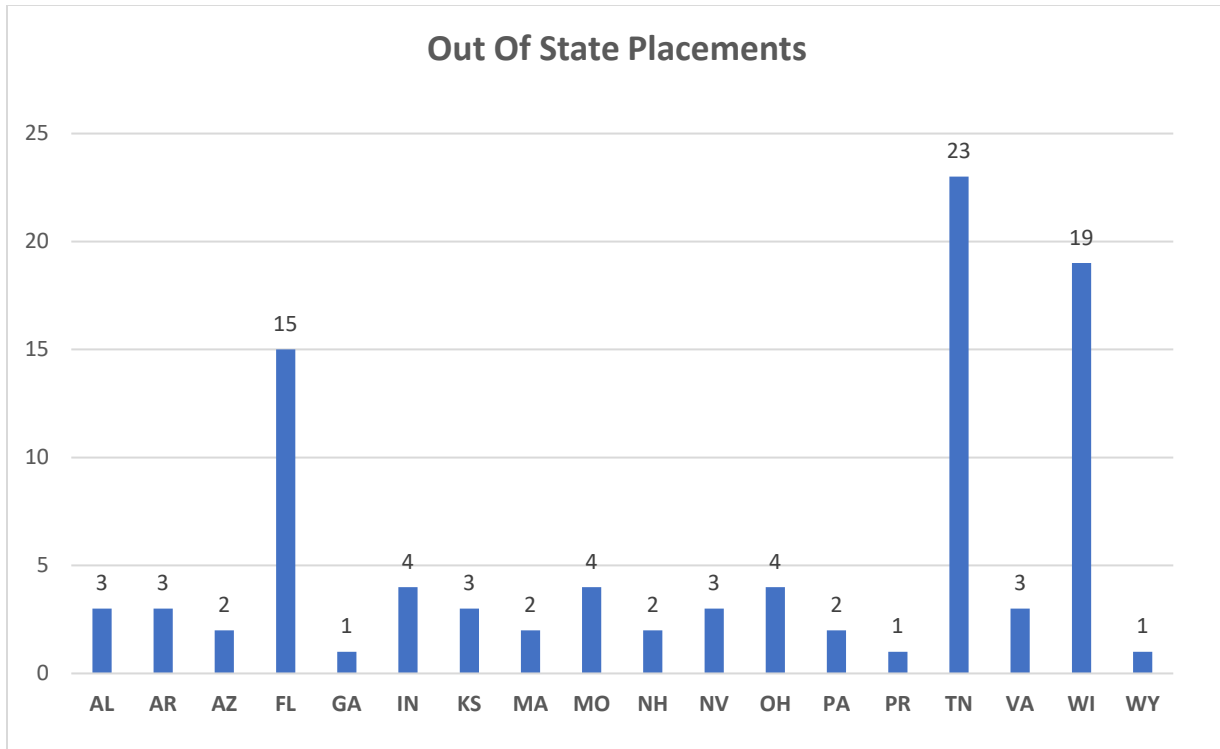
Information used in this report was obtained from the DCFS/CYCIS/SACWIS data systems and supplemental email correspondence. The only concern regarding validity is that since the platform requires manual entry, there is risk for error or data not being entered.

## Youth in Out-of-State Residential Treatment Facilities

In FY23, there were 95 instances (89 youth) of youth placed in out-of-state residential treatment facilities. 52.6% of youth were male and 74.7% of youth were between the ages of 14 and 17 years old.



Youth were referred in-state prior to being referred out-of-state in all 95 instances. Youth were placed in the following states: Alabama, Arkansas, Arizona, Florida, Georgia, Indiana, Kansas, Massachusetts, Missouri, New Hampshire, Nevada, Ohio, Pennsylvania, Puerto Rico, Tennessee, Virginia, Wyoming and Wisconsin, with 44% being placed in Tennessee and Wisconsin.



The Department is focused on increasing therapeutic programs that address the needs of our high acuity youth. The Department has made efforts by releasing requests for proposals and seeks program enhancements through existing providers for specialized services. These efforts shall impact services for children who are more likely to be sent out of state because of limited resources within the State of Illinois. The Department believes that as it increases specialized resources within the State, the number of youth needing to receive services out of state will then be reduced.

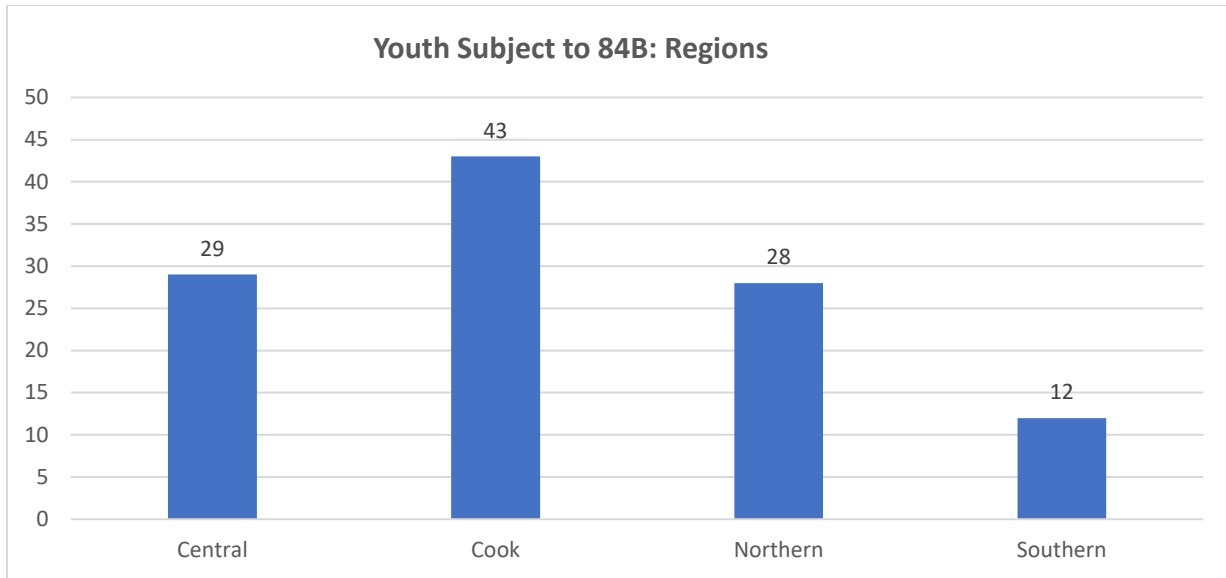
The data used for out-of-state placements is housed in various systems. Each system is independent of the other and required manual data integration. As with any platform that requires manual entry, there is risk for error or misinterpretation.

### *Youth Subject to 84b Child Protection Investigations*

From July 1, 2022 to June 30, 2023 a total of 112 reports involving allegations of Psychiatric Lock-Out were received statewide, due to parent or caregiver denying youth access back home, refusing or failing to make provisions for alternative living arrangements for the youth prior to

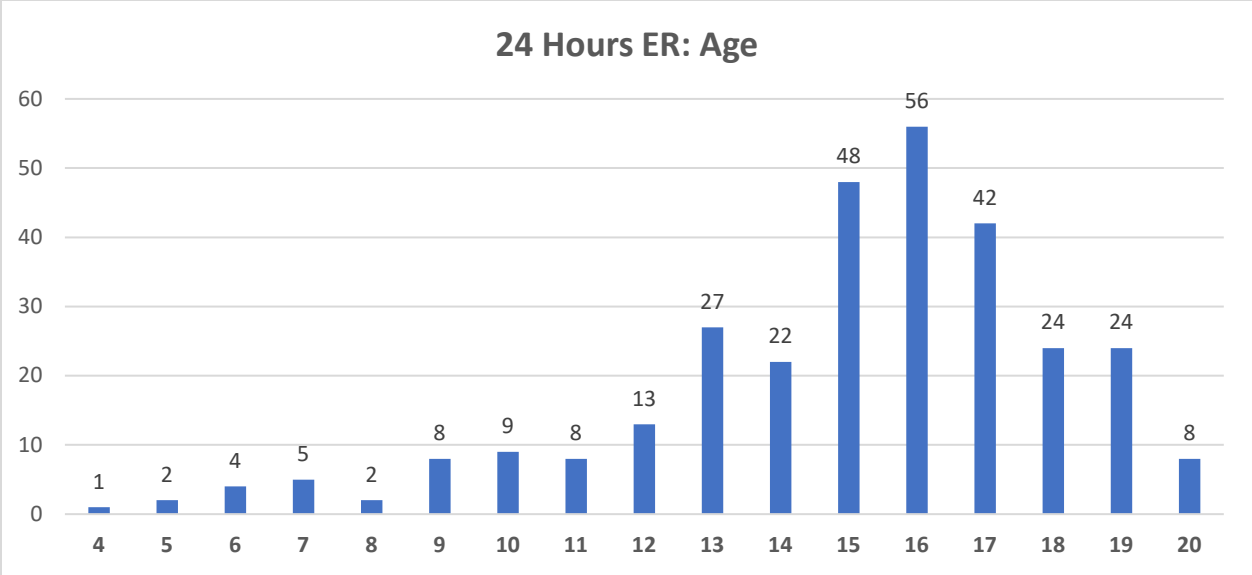
the youth discharge from psychiatric hospitalization. Of the 112, there were 12 in Southern Region, 28 in Northern Region, 43 in Cook Region and 29 in Central Region. Average age of youth was 14.29. Of the 112 Psychiatric Lock-Out reports, 83 were presented for screening to the State’s Attorney’s Office and 16 involved referrals to Intact Family Services based on identified needs for service intervention.

Excel Spreadsheet is attached with detailed information.

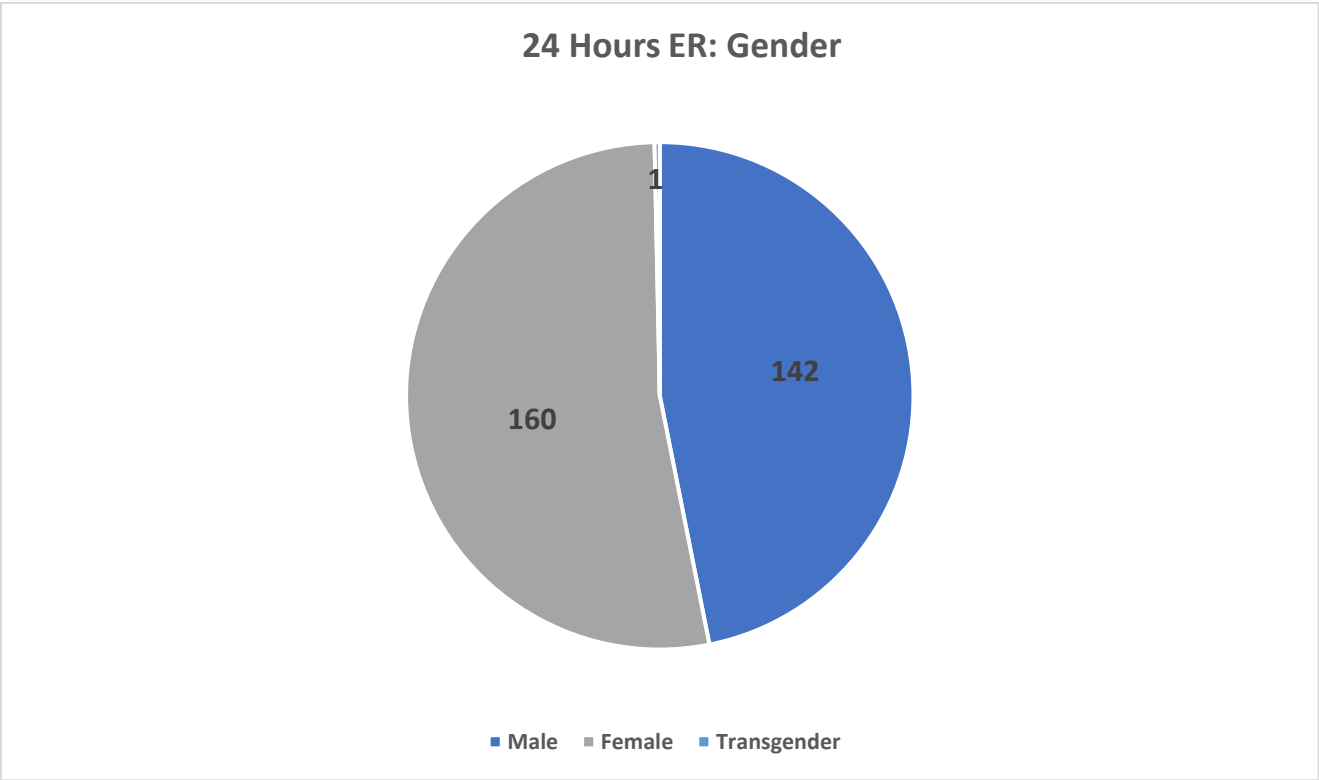


### *Youth 24+ Hours in Emergency Rooms Awaiting Psychiatric Hospital Bed Admission*

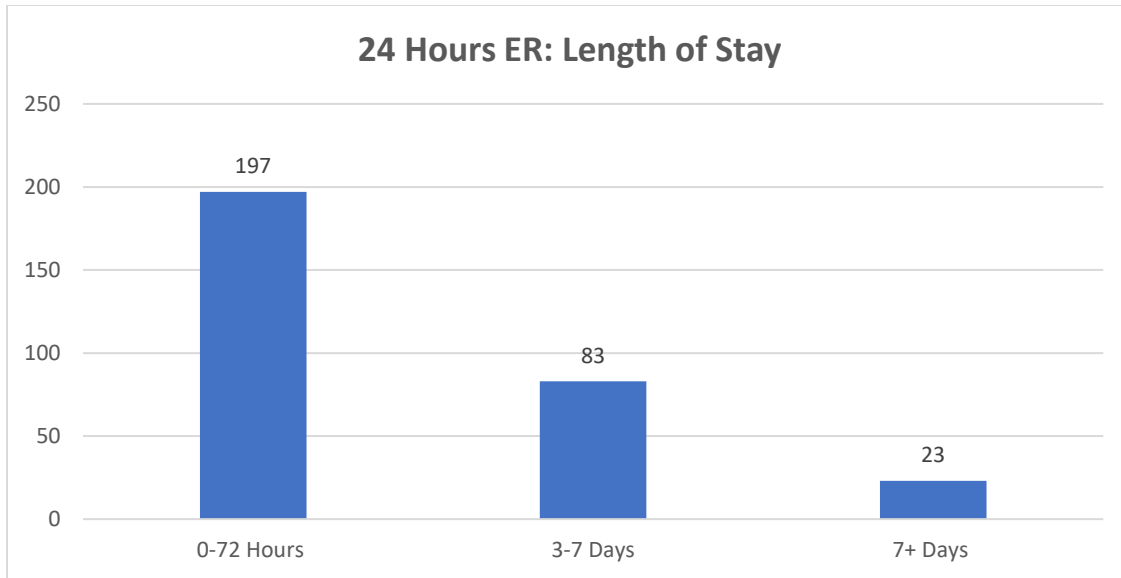
In FY23 there were 303 youth in care who waited over 24 hours in emergency rooms. The age range of youth at the end of FY23 was between 4 and 20 years of age, with 64% being between the ages of 13 and 17 years old.



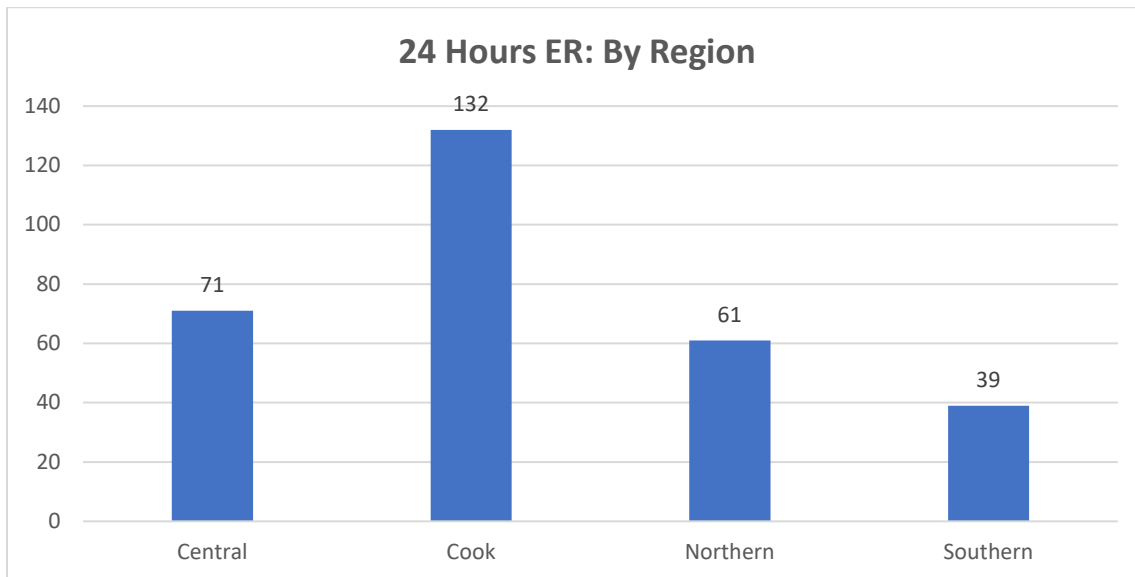
When evaluated by gender there was little variance, 53.27% of youth were female and 46.41% were male, there was one youth who identified as transgender and accounted for 0.33% of the total.



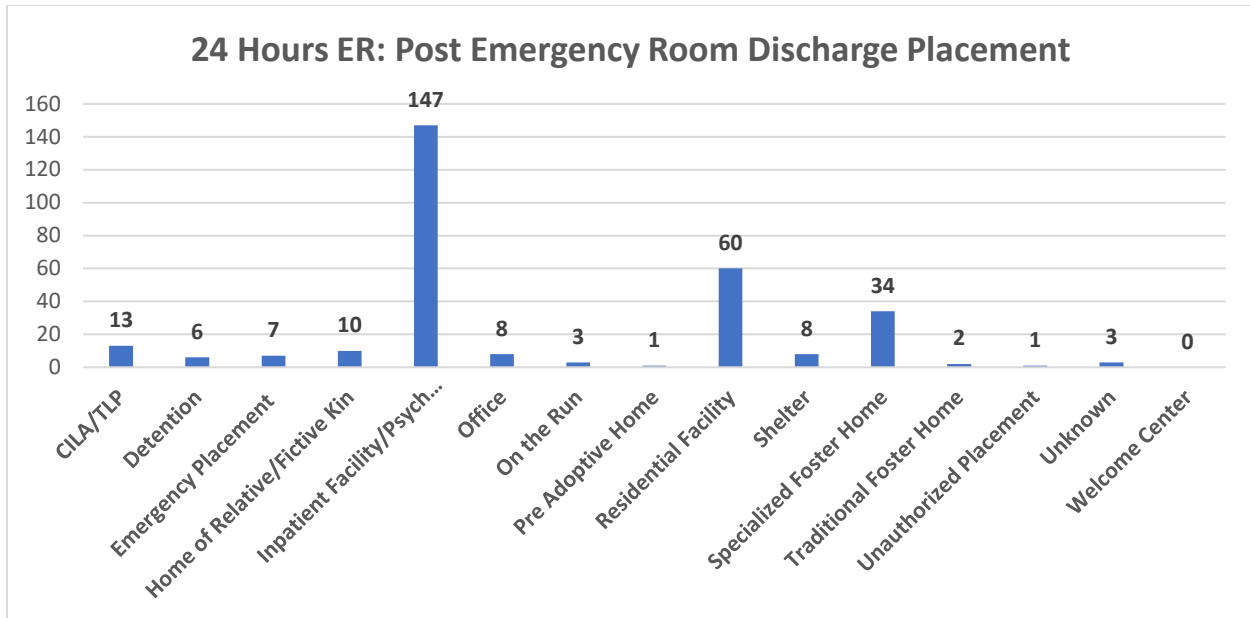
There were 65.02% (197) who waited under 72 hours, 27.39% (83) waited between 3-7 days and 7.59% (23) waited over one week.



Cook region accounted for 43.56% of the youth awaiting hospitalization with the remainder of the youth residing in the Central, Northern, and Southern regions respectively.



The top placements for youth after their time in emergency rooms were Psychiatric Hospitals (48.51% of youth), followed by Residential Treatment Centers (19.80%), Specialized Foster Homes (11.22%), and Community Independent Living Arrangement (CILAs)/Transitional Living Placements (4.29%).



#### Post Emergency Placements

CILA/TLP	13
Detention	6
Emergency Placement	7
Home of Relative/Fictive Kin	10
Inpatient Facility/Psych Hospital	147
Office	8
On the Run	3
Pre Adoptive Home	1
Residential Facility	60
Shelter	8
Specialized Foster Home	34
Traditional Foster Home	2
Unauthorized Placement	1
Unknown	3
Welcome Center	0
<b>Total</b>	<b>303</b>

The phenomenon of children waiting for hospitalization in ERs remains an ongoing struggle. There remains to be limited to no data about the “critical incidents to include reporting about PRN medications or restraints” for the following reasons: While ERs are supposed to notify DCFS about the use of Emergency medications and restraints, it is rarely done according to the DCFS Guardian’s Office and Dr. Naylor at University of Illinois at Chicago who oversees the Psychotropic Medication Consent line. This could occur because most medical facilities are not well versed in the DCFS policies and protocols. All the above information and data live in numerous different



service systems, so it has to be mined across said systems leading to possible underreporting. If a worker does not formally enter that a youth is in an ER and the youth gets deflected, there is no formal record of this occurrence so it cannot be tracked back very easily. Youth Care reports the information to the DCFS team and DCFS attempts to fill whatever holes or questions there may be, which can make it very challenging to produce a seamless report of one individual child's experience and interaction. Moving forward, DCFS will explore solutions to these issues in the hopes that the challenges encountered can be problem solved across the systems.

## Summary

The Department continues to work diligently to improve our process at each level of care to ensure that children needing a higher level of care are matched and moved to an appropriate placement. The goal is when youth are matched, to have available beds so they can be moved expediently. Once their treatment has been completed, they are able to move to a home in the community with the proper supports and not need to return to that high level of care. In addition, the Department continues to work on ways to provide services and support to maintain youth in their current placements and to work with foster parents and caseworkers on an individual basis to address their needs.