

## REPORT TO THE GENERAL ASSEMBLY

JANUARY 15, 2020

### 20 ILCS 540/Custody Relinquishment Prevention Act

#### History

Pursuant to the custody Relinquishment Prevention Act, outcomes and data are to be reported annually by the Department of the Children and Family Services (DCFS).

This law became effective January 1, 2015 and establishes a pathway for families, on the verge of seeking services for their child's serious mental illness or serious emotional disturbance through relinquishment of parental custody to DCFS despite the absence of abuse or neglect, to receive services through the appropriate State child-serving agency. The goal of the law is to divert youth at risk of custody relinquishment to DCFS.

Such relinquishment of parental custody is commonly referred to as a "lockout." This happens when insurance/Medicaid deems that further hospitalization for a child is going to be "beyond medical necessity," yet parents refuse to take the youth home, often because they cannot find or afford alternative placement or appropriate services. This "lockout" of the youth by parents leads the hospital to make a hotline call to DCFS, forcing DCFS to investigate and determine if a "lockout" has in fact occurred or if there are indeed issues of abuse and neglect associated with the situation. Although DCFS investigates the report of a "lockout" as an allegation of abuse and neglect – in most situations, the issue is determined to be what is called a "no fault dependency."

To implement this Act, an intergovernmental agreement was completed 4/19/16 between the Illinois Department of Human Services (DHS), the Illinois Department of healthcare and Family Services (HFS), the Illinois Department of Children and Family Services (DCFS), the Illinois Department of Juvenile Justice (DJJ), the Illinois Department of Public Health (DPH), and the Illinois State Board of Education (ISBE). These agencies then came together to develop a program plan defined as the Specialized Family Support Program (SFSP). This program is an expansion of the Illinois behavioral health crisis response system for youth, jointly utilizing the resources already found in the Screening, Assessment, and Support Services (SASS), Comprehensive Community Based Youth Services (CCBYS) and Intensive Placement Stabilization Services (IPS). Through leveraging existing state resources and altering key programmatic policies to accommodate the special needs of this population, the SFSP seeks to establish a pathway for youth at risk of custody relinquishment to receive services through the appropriate child serving agency.

An Interagency Clinical Team (ICT) with members from all participating state agencies was established to begin the process of operationalizing the SFSP. A training plan was developed with all agencies and community stakeholders receiving the same training and message, designed to address the needs and questions of each stakeholder. Training for all stakeholders occurred prior to the SFSP launch date of April 1, 2017. Repeat and additional training was also provided to any stakeholder requesting such to ensure they understood the parameters of the program. Along with the training plan, a parent handbook was developed, as was a FAQ sheet and a consent form for families participating in the SFSP program. These items remained the same in FY 2019.

FY 2019

The ICT met as needed during FY 2019, called together and led by HFS when they saw the need for discussion. The group met to review submitted clinical assessment reports to determine lead agency responsibility and ongoing access to needed services. The ICT meeting also was the venue for discussion regarding data exchange between DCFS and HFS as well as the status of youths who were referred to the Family Support Program and were also subjects of pending DCFS hotline reports.

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

From July 1, 2018 to June 30, 2019 (fiscal year 2019), DCFS received 189 investigations related to allegation 84b, psychiatric lockout. The following explains the status of the 84b hotline reports as of June 30, 2019:

Unfounded Allegation; Child Remained with Caregiver	Unfounded Allegation; No Fault Dependency Petition (placement)	Indicated Allegation; Neglect Petition (placement)	Other	Pending	Total Psychiatric Lockout Allegations
93	50	23	23  1 – Unfounded report, placed by educational provider.  5 – Unfounded report, neglect petition.  1 – Indicated report, Intact case.  1 - Disrupted adoption case. Indicated 84B; child placed in traditional foster care.  2 - Unfounded report. Family transferred guardianship to a relative.  1 – Report Unfounded and		189

			<p>Unqualified as the child was NOT ready for discharge.</p> <p>1 – Unfounded report, disrupted adoption; child placed in congregate care.</p> <p>1 - Unfounded report; child refused to go home to caregiver.</p> <p>1 – Unfounded report, DCFS requested dependency but court filed JA.</p> <p>1 – Unfounded report and child placed by ISBE.</p> <p>4 - Indicated report but overturned on appeal and child remains in care.</p> <p>2 - Caregivers made arrangements for child to live with relative out of state.</p> <p>2 - Unfounded report due to appeal – child remained in care.</p>		
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Based on data received from HFS from the date of July 1, 2018 to June 30, 2019, 30 families were officially referred to SFSP:

FY 2019 Program Measures (7/1/2018 – 6/30/2019)		
N	Measure	%
30	Program Referrals	100%
1	Families Completed SFSP 90-day Program	~3%
16	Program Refusals (Day 1)	~53%
13	Incompletes (families dropped out of the program prior to completion, Days 2 – 89)	~43%

One family received the full 90 days of SFSP assessment services. In accordance with the interagency agreement, the family was assigned to a state agency (HFS) for ongoing community services. This family remained intact. DCFS was not assigned youths or families for follow-up services. Under the umbrella of the SFSP program, the CARES line received several general calls about the FSP program; information was provided to the callers.

The Specialized Family Support Program saw a drop in the number of referrals during FY 2019. This will be examined by DCFS Clinical, Child Protection, and the ICT. New legislation that is to be enacted in 2020 (SB391) involves the requirement that hospitals refer families to SFSP. The legislation states that prior to referring any youth to DCFS to file a petition because the youth was left in a psychiatric hospital beyond medical necessity, a hospital must attempt to contact the youth and the youth’s parents, guardian, or caregiver about FSP/SFSP. The hospital must assist with connections to the designated FSP coordinator in the service area by providing educational materials developed by HFS. This should offer a greater opportunity for families to be linked with SFSP.

Program functionality and the roles/activities of the agencies involved with the program remained a FY 2019 priority. Enhancing the information exchange within the ICT (primarily between DCFS and HFS) is an ongoing effort by all agencies. Training stakeholders to ensure all families eligible for the intervention had the opportunity to participate in the assessment program continues to hold importance, and will be a significant task in future years. Due to staff transition, DCFS must ensure its investigative teams are consistently and correctly explaining the SFSP program to parents and offering the program to eligible families. Families must be assured that a lockout allegation does not mean an automatic loss of custody of other children in the home. Parents and guardians should not be coached by child welfare staff, hospital staff, or other providers into locking out their children as a solution to expedite services to the children. All involved agencies should examine why approximately 96% of families offered the SFSP intervention declined program involvement or did not/were not able to complete the program. This, too, should remain a quality assurance point in future years to ensure barriers are actually addressed.

SB391 is a positive step toward building a larger referral community to link families with SFSP. As noted in the previous year, waiting until a lockout occurs and opening an DCFS investigation is not the solution. At that juncture, it can be too late to provide assistance to a family. It is also notable that youths who have been approved for an FSP are still flagging within the child welfare system. A recurring issue is that placement is needed, but cannot be located, for the FSP-involved youths; the default is for the children to enter DCFS care even with the best efforts by FSP providers to avoid this. Unfortunately, despite approval for services meant to prevent children from entering foster care, a lack of resources still leads to this outcome.