



FOR IMMEDIATE RELEASE

HUMAN RIGHTS AUTHORITY - PEORIA REGION REPORT OF FINDINGS

**Case #19-090-9021
Center for Youth and Family Solutions (CYFS)**

INTRODUCTION

The Human Rights Authority (HRA) opened an investigation after receiving complaints of possible rights violations involving services at Center for Youth and Family Solutions (CYFS). The allegations are as follows:

- 1. Inadequate Placement Plan, resulting in lengthy admission to a behavioral health unit.**
- 2. Inadequate Staff Treatment, lack of communication with service recipient and rude tone when speaking to client.**

If found substantiated, the allegations would violate the Mental Health and Developmental Disabilities Code (405 ILCS 5/1-100), the Illinois Administrative Code (89 Ill. Admin. Code 315), and Department of Children and Family Services' procedure. The CYFS serves a 38-county area. CYFS is a private agency that contracts with the Department of Children and Family Services (DCFS) for services. The agency serves 1,083 children in foster care with approximately 250 considered to be intact or in the home of a parent. 61% of those children are placed with a relative, 16% are placed in traditional foster care, 9% are placed in a specialized foster care, and 4% are placed in a residential setting. The ideal caseload ratio for the agency Family Workers is 15:1 and for specialized care cases 6:1. The agency monitors 769 foster homes throughout the state. This branch of the agency has 149 foster homes in the county area. The agency monitors 78 specialized foster homes; 24 of those are in the Peoria county area and 54 are outside of the Peoria county area. The HRA reviewed, with authorized written consent, the youth in care's case record.

Complaint Statement

CYFS agency staff manage the child welfare case for a fifteen-year old female who is under the guardianship of the DCFS. The complaint alleges that the youth in care required inpatient psychiatric care and was required to remain as an inpatient on a behavioral health unit at a local area hospital past her discharge date due to CYFS

refusing to assist her with placement. A 15 Day Release was signed by the youth in care while in the hospital on or around 4/21/19 or 4/28/19, but her discharge from the hospital did not happen until on or around 5/21/19 when a residential placement had been secured. The complaint states that a CYFS caseworker that manages the case does not communicate with the involved youth in care and has been rude to her.

Interview with staff (09.17.2019)

CYFS receives referrals to their agency for child welfare services through the DCFS Clearance and Placement (CAP) Unit which is managed out of a Chicago area DCFS office. Once a child has been taken into care by a DCFS investigator, the placement unit faxes information to the agency, in a rotation with other agencies. CYFS then assigns a caseworker to manage the case and the caseworker will then perform a case hand-off with the DCFS Investigator involved with the case to begin permanency planning. A case hand-off is mandated to take place within 24hrs of the agency accepting the case, and then within 48hrs, a transitional visit between the DCFS Investigator and the family is scheduled in the family home. Once a case is open the CYFS Family Worker completes case opening documents with the family members. This case opening documentation consists of; a review of client rights, various consent forms, parent packets for review, and an Integrated Assessment and Service Planning is started. The Family Worker meets with the family weekly for the first 45 days if it is a traditional case. The Clinical Screener completes the Integrated Assessment during that time and the Service Plan is to be completed. Ideally, if a child is in foster care, a Child and Family Team meeting would take place within 30-35 days, but sometimes within 45 days. Members of this team are parents, Clinical Screener, caseworker, and sometimes the children. Also, more than one Child and Family Team meeting can happen based upon the family member relationships.

The court process is another factor in managing child welfare cases. For those cases in which a child has been placed into foster care, laws require that a Shelter Care hearing is held within 48hours of Protective Custody (PC) being taken by a DCFS Investigator. This begins the timeline for the case. After the Shelter Care hearing there are several court hearings throughout the process: Answer hearing, First Appearance, Adjudication, Dispositional hearing and six months after the Dispositional hearing a Permanency Review hearing is held. Adults/parents must attend and the kids in care sometimes attend. For this case, the youth in care has not attended court at all.

When a case has been open for one year, and the child or children are in foster care an Annual Case Review (ACR) is held by DCFS. This meeting is used to ensure that child welfare policy is being followed. The ACR reviewer checks to confirm that the service plan has been signed/reviewed with the involved child. Also, the Youth Bill of Rights is an on-going process and is always reviewed before an ACR and the ACR reviewer provides it as well. If Return Home goals for placement are no longer appropriate, the ACR helps with identifying the next step for the family or child's case. The Permanency Goal options are: Adoption after 41 months in care, Guardianship after 19 months in care, Substitute Care with a Relative 19 months in care, Reunification (which typically occurs within 14 months of PC), and "Other" goals, such as Emancipation/Aging Out of the system, happen within 41 months. Children identified by

the caseworker to have higher needs, usually age 12 and older, are seen three times a month and there are active Child and Family team meetings. If a youth in care requires Residential Placement this is also a process with DCFS to get funding approved for such a placement. Residential placement requires the Clinical Intervention Placement Process (CIPP), which are several meetings involving a DCFS Agency Liaison, DCFS Psychiatrist, teachers, foster parents, etc. Information is gathered by the Family Worker and a plan is developed that includes the best interest of the youth in care for safety and placement.

When a youth in care requires behavioral health intervention for psychiatric care due to unsafe behaviors that put their safety at imminent risk, such as a suicide attempt, suicidal ideation or a substance abuse concern a youth in care would be screened by a Screening Assessment Support Services (SASS) worker, within 90 minutes of the Crisis and Referral Entry Services (CARES) phone line receiving a call to screen a youth in need of mental health care. If a bed is not available at a local hospital, then efforts are made to find an inpatient bed at another hospital. SASS would provide approval for admission to a hospital based on their screening. The SASS worker contacts the agency to notify of the behavioral health admission/placement and an agency on-call worker would come to the hospital for the admission. This typically happens at the hospital emergency department. If a youth in care requires admission to the hospital, then DCFS would be contacted to give consent to treat and for the placement. Any time a youth in care is admitted to the hospital, it is considered a placement change and their status within the child welfare system would be updated to reflect the placement. When a youth is admitted to the inpatient unit at a hospital, discharge planning begins within 24-48 hours. The agency is also involved in weekly meetings with the hospital, continually focusing on discharge planning.

The youth in care involved in this case was part of a disrupted, intact family case. Her first placement was in relative foster care with her siblings in their maternal grandmother's home. This placement was eventually disrupted and then the youth in care was placed in another relative's home with paternal grandparents. Beginning in January 2019, she required multiple visits to the hospital due to concerns of suicide. Her last psychiatric admission in April 2019 took place because she had a fight with her paternal grandfather over a cell phone and had stolen her grandparent's car, crashed it into a pole and was eventually pulled over by local police. She was driving illegally, and the car smelled of marijuana. The police transported her to the local hospital and SASS screened her for admission to the hospital. During this April-May admission, the agency was hopeful that she would return to her grandparent's home for relative placement. At some point during the April admission, it was discovered by the paternal grandparents that their guns had been stolen out of a gun safe and the key to the gun safe was found in the youth's bag. They did not want her to return to their house after this discovery. The agency then made efforts to locate a specialized foster care home and had located a potential placement in the Champaign area, but after learning of the youth in care's substance abuse history and stealing the guns they changed their minds. Previously, a CIPP meeting was held in March to get approval for residential placement and to start looking for residential care or a specialized, nonrelative foster care home. On 3/13/19 the youth had two matches for residential placement and on 4/3/19 she was being interviewed and was added to a waiting list for an out of area residential program. At this

time, the Family Worker completed paperwork for the CYFS Licensing Team to inquire internally about a placement within the state. The Licensing Worker also makes phone calls to prospective foster homes. On or around 4/26/19 the agency was unable to locate a home for the youth to be placed after discharge from the hospital. At that time, CYFS staff reached out to their DCFS liaison to notify them of the placement issue. DCFS then searches statewide for a placement.

The hospital did not send documentation to CYFS that the youth in care had signed a 15-day form, through the hospital, requesting a placement change. During the site visit the agency did not have the form available to verify the date the youth in care signed the hospital form. The HRA requested the information at a later time and observed that the form was signed by the youth in care during her hospital stay on 4/25/19 at 2033 hours. This information was communicated from the hospital staff to the DCFS liaison on or around 4/25/19. CYFS staff was unclear of when the youth in care signed the 15-day notification but those involved in the site visit believe they were notified 5/2/19. Beginning on or around 5/9/19 the youth was approved for another residential placement and the specialized foster care liaison was able to have her case prioritized for funding/residential placement approval. The CYFS team did acknowledge that when she was finally approved for residential placement, the agency was approximately three hours away from Peoria and the youth in care had a juvenile court hearing for her criminal charges on 5/21/19. At that time, the residential placement staff had asked for the youth to stay in the area and attend court due to the logistics.

During this process, the originally assigned CYFS Family Worker left the agency and another worker was assigned to the youth's case and the new Family Worker transported her to the residential placement. The supervisor did not change and was aware of the case status. There were other ongoing issues with this case, which included the mother and other siblings involved. The agency was not able to find a respite provider for the involved youth. The youth in care was not at the CIPP meeting due to the hospitalization. The agency did communicate with the hospital about the placement issues and the two limited options they were exploring: residential and specialized foster care. DCFS does offer placements that are considered Shelter Care but a youth in care is not permitted to discharge to a Shelter Care placement after a psychiatric hospitalization. The Regional Administrator at DCFS approves the process for this.

The HRA inquired about the second allegation of staff not communicating with the youth and speaking in a rude tone. The CYFS supervisor that attended the site visit stated that she had been informed by the Family Worker that the youth in care was calling obsessively to yell at the worker while hospitalized. The Family Worker tried to end the calls due to how escalated the youth was. The hospital staff also called the Family Worker's cell phone over and over during a weekend. The Family Worker had to tell the hospital to stop the calls and directed them to the supervisor and the weekend on-call system. The hospital staff kept insisting that they did not think she should be in the hospital. The agency does offer a grievance process to clients if they are unhappy with staff or services being received. The complaint would need to be in writing and that goes to the Direct Supervisor, then the Coordinator and the administrator in charge of Human Resources and then the agency Chief Executive Officer (CEO) if not resolved. The youth in care did not file any grievances or submit any complaints in writing. The youth in care

also did not contact the supervisor to complain about the originally assigned Family Worker or the most recent Family Worker.

FINDINGS

Complaint #1 – Inadequate Placement Plan, resulting in lengthy admission to a behavioral health unit.

The service recipient in this case is referred to as Youth in Care throughout this report. The HRA reviewed the Illinois Department of Children and Family Services Family Service Plan for a fourteen-year-old youth in care. The plan was originally established on 8/20/18 and had a Permanency Goal of Return Home within 12 months for this youth. This service plan was created by a CYFS caseworker that is only mentioned as the Worker Name for the service plan and not in any other case record documentation. It is unclear how long this caseworker managed the case. The living arrangement for the youth was “home of relative” and the legal status was “Temporary Custody with Right to Consent”. The Service Plan was reviewed on 2/20/19 and the evaluation of the permanency goal was “Satisfactory Progress/Maintain Goal”. The Child Functioning Summary of this service plan documents the placement history for this youth and states “[Youth in Care] ran from her grandmother’s home on 9/10/18. [Youth in Care] was placed with her paternal grandfather on 9/26/18. ... [Youth in Care] was placed with her paternal grandmother on 10/1/18. [Youth in Care] was made behaviorally specialized on 10/1/18.”

The HRA reviewed CYFS case record documentation for the youth in care involved with this complaint. A DCFS Contact Note dated 4/21/19 at 8:30am documents a phone conversation between the assigned CYFS worker and the youth in care’s relative foster parent about a crisis that was taking place with the youth and states “This worker received a phone call from [Youth in Care]’s caregiver stating that [Youth in Care] snuck out of the foster home through her bedroom window and took [Foster Parent]’s car and got arrested after being chased by some police ... The caregiver stated that there was also marijuana in the car. The caregiver stated that the [Youth in Care]’s mom had told him not to give her back the phone. The caregiver stated that she did not give [Youth in Care] her phone back and she threw a huge fit and is in the car and will not get out. The caregiver stated that he had to call the [Local] police because she was upset and would not get out of the car. The caregiver asked that this worker speak with the [Local] police. The officer informed this worker that they are trying to deescalate the situation. The officer stated that he is trying to get [Youth in Care] into the home but she is upset that she pays for her phone and that the caregiver will not give it back to her. The officer stated that he told [Youth in Care] that it does not matter because she is only 14. This worker spoke with the caregiver again. This worker instructed the caregiver to call this worker back in 20 minutes and if the police cannot deescalate her, this worker will come to the home. The caregiver called about 10 minutes later and stated that [Youth in Care] was getting worse and could not get her to calm down. This worker spoke with the officer again who stated that [Youth in Care] is still escalated and would not calm down. This worker instructed for them to take [Youth in Care] to [Local] hospital and this

worker would meet her there.”

A DCFS in-person Contact note dated 4/21/19 at 9:15am created on 4/22/19 at 2:30pm documents the assigned CYFS caseworker meeting with the youth in care, local police and SASS services clinician at the hospital. This note provides details as to the crisis situation involving the Youth in Care: stealing a car, crashing the car into a utility pole, and the police discovering marijuana in the vehicle that resulted in the Youth in Care being transported to the hospital and also states “[Youth in Care] stated that she was not going to be going back to the caregiver’s because she does not get along with the caregiver... this worker informed [Youth in Care] that she has to go to a specialized foster home and warned [Youth in Care] that this worker is not sure where in Illinois that home would be. ... This worker stepped out while [Youth in Care] was screened by SASS. This worker then spoke with SASS and stated that while [Youth in Care] is not suicidal; however, she cannot keep herself safe and the caregiver cannot keep her safe because of her judgement. The hospital called the psychiatrist on call who admitted [Youth in Care] to the unit.”

A DCFS Contact Note documents a phone call that took place on 4/21/19 at 10:31am created on 4/22/19 at 2:32pm where the CYFS worker contacts relative foster parent “This worker spoke with the caregiver and asked him if he would be willing to have [Youth in Care] come back to the home if she was not hospitalized. The caregiver was upset and stated that he cannot have her come back because they cannot trust her anymore. The caregiver stated that he feels like he failed her, but there was nothing else he could do to help her. The caregiver stated that he thinks she is using something because she has not been acting right lately.”

A DCFS Contact Note dated 4/23/19 at 1:00pm created on 4/30/19 at 4:32pm by the CYFS Family Worker documents an in-person visit with the Youth in Care on the behavioral health floor. At this meeting, the current CFYS Family Worker introduces the new CFYS Family Worker. The CFYS supervisor is also in attendance. This note documents “... [Youth in Care] asked if this worker knew where she was going to be placed yet. This worker stated that this worker did not have a home yet, but there were a few possible placements in Champaign. [Youth in Care] stated that she knows it is better for her to get out of this area and that she needs a fresh start. This worker informed [Youth in Care] that she also needs to be prepared that she may be going straight to residential as well. [Youth in Care] stated that she figured that but does not agree. This worker informed [Youth in Care] that her decision-making and judgement is poor and that it is getting herself into dangerous situations. ...”

The HRA reviewed a hospital form titled “Request for Discharge;” this form is used to document a patient’s 15-day notice of request to discharge from the hospital during a mental health admission. This form was signed by the Youth in Care on 4/25/19 at 2033 or 8:33pm.

The HRA reviewed a Contact Note dated 4/26/19 at 12:21 created on 4/26/19 at 2:10pm by the CFYS Family Worker, this note states “This worker spoke with [Hospital Staff] from [Local Hospital] that [Youth in Care] is ready for discharge and will need to be released Monday. This worker informed [Hospital Staff] that this worker does not have a placement yet. ... [Hospital Staff] stated that if the agency refuses than it would be considered a lockout. [Hospital staff] stated that [Youth in Care] is still going to be released on Monday.”

The HRA reviewed a CYFS internal email dated Friday, 4/26/19 at 2:35pm with the subject line "Spec Broadcast". This email was sent statewide by the assigned CYFS Family Worker and details the Youth in Care's case circumstances and specialized foster care placement need. This email also states that she is scheduled to be discharged after her psychiatric stay from a local hospital on 4/29/19. This same email was sent again on Monday, 5/6/19 at 10:09am.

A Contact Note dated 4/27/19 at 2:00pm created on 4/30/19 at 9:45am by the CYFS Family Worker documents the following "This worker received a phone call from [Local Hospital] stating that [Youth in Care} will be ready for discharge on Monday. This worker stated that a placement still has not been identified. [Local Hospital] stated that a placement will need to be identified by Monday and that the [Youth in Care] will be discharged on Monday."

A Contact Note dated 4/28/19 (the HRA believes this date is a typo and should be 4/29/19) at 1:02pm created on 4/30/19 at 9:54am by the CFYS Family Worker documents another phone call with the CYFS Family Worker and staff at a local hospital notifying CYFS of discharge. The worker notifies the hospital of the following information that is documented in the note " ... This worker stated that on Friday the licensing department completed shelter protocol where they asked each foster placement they had and there were no placements identified. This worker also stated that this worker sent out a spec broadcast and there were no matches there. The social worker continued to state that the hospital was not a place to be if you do not have a placement and that she is going to have to be released on Monday regardless of placement. This worker stated that the agency is doing everything that they could and are working on placement. [The Hospital] stated that it is not a homeless shelter and that [Youth in Care] will need to be discharged regardless on Monday."

A Contact Note dated 4/29/19 completed at 9:30am created on 4/30/19 at 10:12am by the Family Worker document the CYFS Family Worker and supervisor calling hospital staff and documents " ... there is not a placement option at this time. [CFYS Supervisor] stated that the agency has done shelter protocol, spec broadcast and have reached out to more residential and there are no placement options at this time. [CYFS Supervisor] stated that this worker was told that the hospital stated they were going to call DCFS for a lockout. [CYFS Supervisor] stated that if that is what they need to do then they can do it, but she cannot be discharged without a placement. ..."

The HRA reviewed a Department of Children and Family Services form (CFS 1452-4) titled Documented Efforts to Prevent Emergency Shelter Placement. This form has a section that documents the caseworker efforts to avoid shelter care placement. This form lists thirty social service agencies within the state of Illinois that were contacted by telephone by an unknown CYFS staff on 4/29/19 beginning at 10:46am-12:15pm seeking alternative foster care placement for the youth. It was documented on the form that fifteen of the agencies were contacted and there was a message left with no further documentation. Twelve of the agencies contacted have a response typed into the "Outcome/Reason Placement not Selected" section that documents the following statements, "No don't have any homes", "No homes for teens", "No homes for behavior/supervision plans", "Checking will call back" and "No not for this behavior"..." Two of the agencies listed on this form do not have any comments in the "Outcome/Reason Placement not Selected" section of this form. One agency that CYFS

attempted to contact has "phone not working" in the Outcome/Reason Placement not Selected section. There is no signature from the CYFS worker or supervisor on this document to verify who completed the calls. The HRA was unable to locate a corresponding Case Contact note to document a CYFS staff efforts.

The HRA reviewed an email dated 5/2/19 that was provided by CYFS from a DCFS Psychiatric Hospitalization Liaison that was sent at 1:46pm to other DCFS decision-makers and The DCFS Central Matching unit, the CYFS supervisor, caseworker and two other CYFS were included on the email. This email sent states, "I was just notified by [Local Hospital Staff] that [Youth in Care] signed a 15-day notice on 4-25-19 @ 2033. Per the hospital the caseworker was notified on Friday 4/26 that [Youth in Care] would be ready for discharge on 4/29. ... Please let me know if there is someone else who I need to make aware of the 15-day notice being signed." There was a follow-up email thread sent by the same DCFS Psychiatric Hospitalization Liaison to the DCFS Central Matching contacts at 2:48pm which states, "In light of the fact that [Youth in Care] signed her 15-day notice with the hospital. Are they able to explore asking for an exception for placement in a shelter? If so, who do they contact? Who makes the determination if this is okay for [Youth in Care]. ..." There is no email response to the original email sender from the DCFS Central Matching unit that was made available to the HRA.

A Contact note dated 5/6/19 at 11:00am created on 6/5/19 at 5:43pm completed by the new CYFS Family Worker documents a phone staffing between CFYS and local hospital staff. The CYFS worker updated the hospital: "[Youth in Care] had an interview with [Residential Service Provider] but reported they could not complete the interview because they were missing documentation. ... [Youth in Care] has a meeting with [another Residential Service Provider] today at 1:00pm. [Youth in Care] stated she does not feel like she is meeting the criteria for residential and is wanting to live with her mom. [CYFS staff] explained why she is needing residential. [Youth in Care] requested the number for her Guardian Ad Litem (GAL) because she is wanting to switch agencies. [CYFS Staff] asked for [Hospital staff] to stay on the phone so we can discuss concerns and [Youth in Care] can leave. It was discussed that the [Relative Foster Parents'] house is not an option and that she cannot go back to mom either. [Hospital staff] said that [Hospital Physician] doesn't agree with residential after having conversations with [Youth in Care]. It was discussed that [youth in Care] is not owning up to what happened and is sticking to her story. [CFYS staff] explained what was on the police report and recommended that [Hospital Physician] request the police report. It was finally discussed that the criminal attorney is at a standstill because [Youth in Care] is hospitalized and the police cannot interview her while she is hospitalized. [Hospital Staff] mentioned that [Youth in Care] is beyond medical necessity and that she needs to be released. The phone staffing then ended."

A Contact Note dated 5/13/19 at 1:30pm created on 6/11/19 at 9:31am by the CFYS Family Worker, documents the new CYFS caseworker meeting with the Youth in Care at the hospital. The note states "... This worker told [Youth in Care] that she will be going to residential soon and had her sign consents for [Residential Service Provider] and that this worker will inform her of a date. ..."

A Contact Note dated 5/21/19 at 7:30am created on 6/13/19 at 11:00am by the CFYS Family Worker documents the newly assigned CYFS caseworker picking the

Youth in Care up from the local hospital. The Youth in Care was transported to a traffic court hearing in Peoria, which was continued. The worker then transported the Youth in Care to her new residential placement.

CFYS solutions provided their agency policy that defines Specialized Foster Care and how a youth qualifies for this service. It states "The Center for Youth and Family solutions contracts with the Illinois Department of Children and Family Services to provide care for youth with both mental health/behavioral special needs and/or with medical/developmental special needs. This program is referred to as Specialized Foster Care." Number 21 of this specialized foster care policy states "A minimum of 15 hours per month of respite services must be available to all foster parents and youth. All families must have an approved respite plan developed within 30 days of placement and reviewed and revised as needed at least every 6 months. It is the responsibility of the Provider and the foster parent to establish a respite plan based on the youth's needs as well as the family's needs. The respite provider shall be trained and knowledgeable about the youth's individual care needs, diagnosis and treatment/behavior plan." Section 26 states "Case management responsibility is maintained when youth are transitioned to residential treatment or group home programs. a) The Provider works with the foster parent to accept the youth upon his or her discharge from the more intensive setting or completes youth-specific recruitment when appropriate, to identify an appropriate foster parent(s) for the youth upon discharge. b). Case management responsibility may only be transferred to the Department when the Department's APT determines it is contrary to the youth's best interest for the provider to retain case management responsibility."

DCFS procedure Section 301.60 titled Placement Selection Criteria states, "All placements are to be made consistent with the best interests and special needs of the children." The section of this policy titled **1) Least Restrictive** states, "Placement for a family home is the least restrictive and thus the preferable placement choice for a child when a family will be able to meet the needs of the child. However, if a child needs treatment which can best be provided in a group home or childcare institutions, the child need not be placed in a foster family prior to placement in a treatment setting. The Family Service Plan shall be used to document the reason that the selected placement is the least restrictive placement, which meets the child's needs." Section **3) Psychiatric Issues** states, "Children/youth shall **not** be placed into an emergency shelter directly from a stay in a psychiatric inpatient unit. At the time a Child Protection Specialist or DCFS/POS Permanency Worker is notified/investigation a case in which child/youth is in a psychiatric hospital, the Child Protection Specialist/Permanency Worker shall immediately send a notification to DCFS Clinical by sending an email to the DCFS PHP mailbox and the ClinicalRef mailbox and begin to work for the child/youth to return to the prior placement or secure an appropriate placement **in advance of discharge...**[emphasis added]"

DCFS Procedure Section 301.110 titled Psychiatric Hospitalization states, e) Objection to Admission and Client's Rights states, To ensure the protection of a ward's legal rights during a psychiatric hospitalization, the following is required: 1) Pursuant to Section 3-505 the Mental Health and Developmental Disabilities Code (405 ILCS 5/3-505), hospital staff shall give a ward 12 years of age or older a copy of the Application

for Admission to a Psychiatric Hospital. Hospital staff shall explain the ward's right to object to admission in an understandable manner. If the ward objects to her/his admission, the ward shall be discharged at the earliest appropriate time, not to exceed 15 days (excluding Saturdays, Sundays, and holidays), unless the objection is withdrawn in writing or unless, within that time, a petition for review of the admission and certificates are filed with the court. A ward 16 years of age or older may be admitted to a mental health facility as a voluntary recipient and shall be treated as an adult in regard to notices, including having the right to be discharged at the earliest time, not to exceed five days (excluding Saturdays, Sundays, and holidays), unless within that time a petition and two certificates are filed with the court asserting that the ward is subject to involuntary admission. 2) The hospital shall notify the DCFS/POS caseworker and supervisor and the Psychiatric Hospital Project (PHP) Administrator (or designee) immediately, but no later than 24 business hours after a DCFS ward executes an Objection to Admission or a Request for Discharge. The PHP Administrator shall immediately notify the DCFS Guardian or designee. The caseworker shall immediately contact the hospital to determine whether the hospital will file a certificate to initiate mental health court proceedings. If the hospital will not be initiating proceedings, the caseworker and/or supervisor shall ensure that an appropriate placement is secured immediately but not later than 5 days if a voluntary admission, or 15 days if an emergency admission nor admission by parent or guardian. **All parties** (DCFS Guardian's Office, Division of Clinical Practice, Bureau of Operations, and DCFS/POS supervisor/worker in consultation with the DCFS Office of Legal Services) **shall communicate, collaborate, and problem-solve together** to develop an acceptable plan for the ward. 3) A hospital shall mail or fax all notices of restrictions of rights, restraints, and/or seclusions for DCFS wards directly to the DCFS Guardian in accordance with the Mental Health and Developmental Disabilities Code. [DCFS Guardian Address] The Guardian shall forward a copy of any notices of restriction of rights, restraint, and/or seclusion to the appropriate caseworker and supervisor. The child's caseworker shall notify the attorney/guardian ad litem.

The Mental Health and Developmental Disabilities Code (405 ILCS 5/2-102)
Care and services; psychotropic medication; religion states 2-102. (a) A recipient of services shall be provided with adequate and humane care and services in the least restrictive environment, pursuant to an individual services plan. The Plan shall be formulated and periodically reviewed with the participation of the recipient to the extent feasible and the recipient's guardian, the recipient's substitute decision maker, if any, or any other individual designated in writing by the recipient. The facility shall advise the recipient of his or her right to designate a family member or other individual to participate in the formulation and review of the treatment plan. In determining whether care and services are being provided in the least restrictive environment, the facility shall consider the views of the recipient, if any, concerning the treatment being provided. The recipient's preferences regarding emergency interventions under subsection (d) of Section 2-200 shall be noted in the recipient's treatment plan.

The Mental Health and Developmental Disabilities code (405 ILCS 5/3-510)
Discharge; alternative treatment; continued hospitalization 3-510. (a) The court shall

disapprove the admission and order the minor discharged if it determines that the minor does not have a mental illness or an emotional disturbance of such a severity that hospitalization is necessary, or if it determines that he cannot benefit from inpatient treatment, or if it determines that a less restrictive alternative is appropriate. If any of these 3 conditions is met, the court shall order the minor discharged from hospitalization. (b) If, however, the court finds that the minor does have a mental illness or an emotional disturbance for which the minor is likely to benefit from hospitalization, but that a less restrictive alternative is appropriate, the court may order alternative treatment pursuant to Section 3-812. (c) Unless the court orders the discharge of the minor, the court shall authorize the continued hospitalization of the minor for the remainder of the admission period or may make such orders as it deems appropriate pursuant to Section 3-815. When the court has authorized continued hospitalization, no new objection to the hospitalization of the minor may be heard for 20 days without leave of the court.

The Mental Health and Developmental Disabilities code (405 ILCS 5/3-511).
Care or residence of minor; grounds for refusal to discharge 3-511. Unwillingness or inability of the minor's parent, guardian, or person in loco parentis to provide for his care or residence shall not be grounds for the court's refusing to order the discharge of the minor. In that case, a petition may be filed under the Juvenile Court Act of 1987¹ to ensure that appropriate care or residence is provided.

The Mental Health and Developmental Disabilities Code (405 ILCS 5/3-507).
Objections; petition for review; certificates (a) Objection may be made to the admission of a minor under Section 3-503 or 3-504. When an objection is made, the minor shall be discharged at the earliest appropriate time, not to exceed 15 days, excluding Saturdays, Sundays and holidays, unless the objection is withdrawn in writing or unless, within that time, a petition for review of the admission and 2 certificates are filed with the court. (b) The written objection shall be submitted to the facility director of the facility by an interested person 18 years of age or older on the minor's behalf or by the minor himself if he is 12 years of age or older. Each objection shall be noted in the minor's record. (c) The 2 certificates which accompany the petition shall be executed pursuant to Section 3-803. Each certificate shall be based upon a personal examination and shall specify that the minor has a mental illness or an emotional disturbance of such severity that hospitalization is necessary, that he can benefit from inpatient treatment, and that a less restrictive alternative is not appropriate. If the minor is 12 years of age or older the certificate shall state whether the minor was advised of his rights under Section 3-208.

COMPLAINT #1 CONCLUSION:

Substantiated. The CYFS Family Worker or Supervisor should have immediately notified DCFS, who is the legal guardian of the youth in care's psychiatric hospitalization by sending an email to the DCFS PHS mailbox and the ClinicalRef mailbox on 4/21/19 when the youth was admitted to a local area hospital for behavioral health care. This determination is made by the HRA based upon DCFS policy and the Mental Health Code that state a guardian should be involved with care at the hospital.

The CFYS documents reviewed by the HRA note that DCFS was not notified by CYFS staff of the psychiatric admission until 4/26/19 when the hospital notified the assigned caseworker that the youth was ready for discharge after which the legal guardian, DCFS, was then notified via email by the assigned CYFS Family Worker. The substantiation of the allegation is also being made based on the DCFS Form 1452-4 not being fully completed as instructed on 4/29/19. The HRA had no follow-up information available about the agencies that were contacted that had messages left. The Mental Health and Developmental Disabilities Code (405 ILCS 5/2-102) clearly states that a recipient of services should be provided with humane services and care in the "least restrictive environment". The Youth in Care involved in this case was not in the least restrictive environment after she signed the 15-day Request for Discharge on 4/25/19. The Youth should have been released from the hospital no later than 5/9/19, as weekends and holiday are included in this timeline. The youth did not discharge from the hospital until 5/21/19 which was 12 days past the 15 day discharge. With that being said; this issue should have also been brought to the attention of the mental health court by the local area hospital to intervene in the discharge issue, this is mandated per the Mental Health and Developmental Disabilities Code (405 ILCS 5/3-510 and 405 ILCS 5/3-511). The HRA also notes that the hospital staff never notified the CYFS Family Worker that the youth had formally signed a 15-day notice to discharge on 4/25/19 nor was this document faxed or given to CYFS staff. This documentation was eventually mentioned via an email provided by CFYS that was written by the DCFS Psychiatric Liaison on 5/2/19 when the placement search is occurring and the DCFS Central Matching Unit is contacted by the DCFS Psychiatric Liaison.

The HRA makes the following **RECOMMENDATIONS:**

- Train CYFS Family Workers and Supervisors on the DCFS Procedure 301.6 that clearly states an email should be sent immediately to the Department's clinical division when a child under guardianship of the Department has been psychiatrically hospitalized. Provide evidence to the HRA that this has been done.
- The agency should improve Family Worker documentation on the DCFS CFS 1452-4 form used to document efforts to prevent shelter care placement, especially when a voice message is left. The caseworker or supervisor should ensure a follow-up call is made if they have not heard back from an alternative service provider. The outcome of a follow-up call made by CYFS staff or an agency returning a phone message should be clearly documented. The HRA does question how the agency can say the effort to locate an alternative specialized foster care home was exhausted when documentation clearly shows that messages were left with fifteen agencies with no follow-up conversation noted to confirm those agencies had no specialized foster care openings. There were also no Family Worker Contact Notes to document a returned call or conversation with the various agencies.

- Train all CYFS Family Workers and Supervisors employed throughout the state on the mental health admission/discharge process as defined through the Mental Health and Developmental Disabilities Code and Department of Children and Family Service CFS Policy 301.110 titled Psychiatric Hospitalization to ensure a youth in care's rights are not violated when they are clinically and medically ready for discharge but are past the 15-day Notice to Discharge deadline due to lack of placement. Provide evidence to the HRA that this has been done.

The HRA also makes the following SUGGESTIONS:

- Develop an emergency plan for respite for all relative foster home placements especially those with high risk youth. A self-selected placement identified by the youth and explored by the assigned Family Worker might have helped with this case situation.
- The agency should identify one or two specialized foster care homes, already licensed within their agency, that can provide respite for cases that are in crisis with placement and does not have an immediate workable solution.
- Substance abuse was also a recurring area of concern within the Youth in Care's case record but no referrals for substance abuse treatment were made due to the Youth refusing to sign consents. The HRA would suggest that if this is an underlying service need coordinating treatment should be on-going conversation with the youth via the In-Person visits and Child and Family Team meeting.
- Consider developing a statewide webinar for staff regarding mental health admissions and the role of CYFS; consider including an attorney from the Guardianship and Advocacy Commission's Legal Advocacy Service.

Complaint #2- Inadequate Staff Treatment, lack of communication with service recipient and rude tone when speaking to client.

The HRA reviewed the DCFS Family Service Plan that was evaluated on 2/21/19. The Youth in Care's signature is observed on the signature page of the service plan. This signature form is titled Case Planning Acknowledgements. The signature has the parent and youth signatures on this form and when this is signed by a client attests: "I have received a copy of the service plan and the plan has been explained to me. I know I can disagree with any part of this plan and have my disagreement recorded. My written Statement of Disagreement will be attached and, therefore, will become a part of the Service Plan. I know I can request a review and appeal of this plan or any part of it by completing the appropriate forms. I have received a statement of my service appeal rights. I understand that if I don't respond within forty-five (45) days I waive my rights

to appeal.” It appears that the Youth in Care did not respond with any concerns of her service plan goals, in writing, to the assigned CYFS Family Worker.

A Clinical Intervention for Placement Preservation (CIPP) Meeting referral packet was completed on 2/26/19 by the assigned CFYS caseworker. The CIPP meeting was held at the home of the paternal grandmother with the youth on 3/4/19 regarding placement changes and behavioral concerns of the youth. The current placement type for this youth in care is “Specialized Foster Care”. This form documents the following statement, “Per, worker, [Youth in Care] will run if asked to participate in the CIPP, do not invite.” Upon further review of the CIPP referral there are several boxes to check for “Presenting Problems and Risk Behaviors” and the response to these various problem areas one can mark “Last 60 days, History Only, and Prior to controlled environment**” The problem/risk behavior “Elopement/History of Running” has the response box of “History Only” checked. This information appears contrary to the assigned Family Worker stating not to invite the Youth in Care due to her history of elopement. Per this same document the last time she ran from the foster home was in September 2018 and she was gone for three weeks. The CIPP meeting was held five months later and it appears the Youth had not eloped in that time.

The HRA was unable to review a signed copy of the Illinois Foster Child and Youth Bill of Rights, but upon further correspondence with executive management at CYFS the document was noted to have been signed at the Annual Case Review held on 8/14/19, but they did not have a hard copy and they believed that it was possibly archived with the family file. This Youth in Care did not return home to her mother as her three siblings did. The agency did not have available a signed CYFS Child Welfare Client Informed Consent and Client Rights document.

Contact Notes written by the assigned CYFS Family Worker documenting a CYFS staff therapist email on 2/20/19 states, “[Youth in Care] refused to sign the releases. They are on my desk, and if I am gone, I will put them in [staff] office.”

There was an Annual Case Review held on 2/21/19 that the Youth attended but the HRA is unsure what consents, if any, were signed at this meeting. A Contact Note dated 2/21/19 at 10:30am created on 3/13/19 at 1:19pm by the CYFS Family Worker states “This worker spoke briefly with [Youth in Care] before her ACR. [Youth in Care] reported to be doing well and that she was going to school. [Youth in Care] stated that she would be willing to complete drug, tests but that she still did not want to complete any substance abuse treatment. [Youth in Care] appeared to be more stable than the past home visit.”

The HRA reviewed an in-person CYFS Contact Note dated 4/23/19 at 1:00pm documenting a Child/Family Team Meeting those involved with this in person interview were: [Youth in Care], [CYFS Supervisor], [Current CYFS worker], [Newly assigned CYFS worker], and a therapist with [Local] hospital. This note states, “... This worker said hi to [Youth in Care] and introduced her to [Newly assigned CYFS worker]. ... [Youth in Care] asked if she knew where she was going to be placed yet. This worker stated that this worker did not have a home {identified} yet, but there were a few possible placements in Champaign. [Youth in Care] stated that she knows it is better for her to get out of this area and that she needs a fresh start. This worker informed [Youth in Care] that she also needs to be prepared that she may be going straight to residential as well. [Youth in Care] stated that she figured that, but she does not agree. ...”

The HRA reviewed several Contact Notes written by the assigned CYFS Family Worker and the Youth in Care. A Child Phone Contact note dated 4/5/19 5:00pm created on 4/8/19 at 3:18pm states "This worker engaged in a lengthy back and forth text messages with [Youth in Care]. [Youth in Care] asked if she could go to her grandparent's home for the weekend where she likes to see her uncles who are her age. [Youth in Care] stated the caregiver would not let her go because she did not go to school a couple of days that week. This worker informed [youth in Care] that she needed to listen to the caregiver's rules and that it was valid that if she did not go to school, it is fair for her not to be able to go out on the weekends. [Youth in Care] became upset and stated that she never gets to do anything and cannot go anywhere because of the supervision plan. ... [Youth in Care] stated that she wanted to move homes. This worker told [Youth in Care] that if she wants to move homes, she needs to understand that she would be moving to a specialized foster home. [Youth in Care] became upset and stated that it was this worker's job to keep her with family. This worker explained that because of the CIPP and what was recommended and because of her needs, if this placement does not work out, she needs to be in a specialized home. [Youth in Care] stated that she is getting punished for no reason. [Youth in Care] did not want to meet and discuss the issues. This worker told [Youth in Care] that she was not going to have privileges like the caregiver said for the weekend, but she still would have her visits. [Youth in Care] continued to get upset, this worker told [Youth in Care] the conversation was no longer productive, and it could occur another day."

A Contact Note dated 2/11/19 at 5:00pm created on 3/8/19 by the assigned CYFS Family Worker documents an In Person visit with the Youth in Care at the substitute caregiver home. The Youth in Care was not feeling well and an argument between the Youth in Care and the Caregiver is observed and documented by the CYFS Family Worker. This same note also states "... [Youth in Care] began screaming very loudly that she is not anxious and that her medication is working just fine and that she does not need any more medication. This worker attempted to deescalate [youth in Care] and explained that this is her being anxious and that is ok for her to be anxious, she just cannot be screaming at people. [Youth in Care] began screaming that she does not like school... [Youth in Care] began screaming at this worker... angry she is in foster care. ... This worker told [Youth in Care] that she needed to calm down if she wanted to have this conversation. [Youth in Care] began mocking this worker. This worker told [Youth in Care] that she needed to be done and that this home visit was over, and the conversation was over. [Youth in Care] stated that she doesn't care, and she doesn't care where she lived. This worker told [Youth in Care] that she needed to leave the room and go to her room if she could not calm down. This worker walked outside with the caregiver. ..."

Several other contact notes were reviewed by the HRA beginning in August 2018 when placement concerns, substance abuse, medical issues, and other behavioral concerns began to surface for this Youth in Care's needs for services. The documentation reviewed, other than what is previously mentioned, does not indicate any conversations between the assigned CYFS Family Worker and the Youth in Care that could be interpreted as potentially rude as the allegation alleges.

The HRA reviewed the CYFS Mission statement which states "The Center for Youth and Family Solutions engages and serves children and families in need with dignity, compassion, and respect by building upon individual and community strengths to

resolve life challenges together.”

The HRA Reviewed the CYFS Employee Handbook that was revised in April 2019, and the Introduction section of this handbook further defines the Mission Statement to include “Engaging with clients from a client-centered, strengths-based, trauma-informed perspective is central to our values and to the execution of our mission. In keeping with that commitment, CYFS offers a variety of strength-based, family-centered, trauma-informed services to individuals and families in need. We offer critical counseling, caseworker, and support services to assist those whose lives have been touched by trauma, grief and loss, abuse and neglect, and other significant family life challenges. CYFS highly values treating all clients with the upmost respect and dignity. Our services are designed to empower clients to reach their goals and potential, maximize self-determination, and achieve measurable positive outcomes together.” This employee handbook further states “Employees are expected at all times to conduct themselves in a positive manner so as to promote the work of CYFS. Such conduct includes, but is not limited to: ...Treating all CYFS clients, employees, board members, volunteers, and visitors in a courteous and respectful manner;... Examples of serious violations which may subject the involved person to disciplinary action up to and including termination, include, but are not limited to: ... Engaging in physical or verbal abuse of clients, employees, visitors or volunteers; ...”

The DCFS Policy on the Illinois Foster Child and Youth Bill of Rights applies to this case due to the age of the Youth in Care. This policy instructs Permanency Workers to review the Foster Child and Youth bill of Rights with children in substitute care. This should be done “A) Within the first 30 days after the child’s initial placement. During an in-person casework contact, the Permanency Worker shall: provide a copy of the Foster Child and Youth Bill of Rights to the child; ... B) Every 6 months, prior to an ACR, C) Annually (approximately 12 month intervals), during an in-person casework contact, the Permanency Worker shall: Provide a copy of the foster Child and Youth Bill of Rights to the child;... 3) Signatures Required. As the Foster Child and Youth Bill of Rights is reviewed, the Permanency Worker shall obtain the signatures of the persons with whom it was reviewed. ...” . The Youth Bill of Rights states “As a child or youth in foster care, I have the right: To be and to feel safe: to be protected from physical, mental, sexual or emotional abuse; ... To be placed in the least restrictive and most family-like setting available and in close proximity to my parent’s home consistent with my health, safety, best interests, and special needs.”

The DCFS Foster Child and Youth bill of Rights also states a youth in care has the right “To be involved and informed: To have fair and equal access to all available services, placement, treatment and benefits.”

The Mental Health and Developmental Disabilities Code (405 ILCS 5/2-112).
Freedom from abuse and neglect states that: “Every recipient of services in a mental health or developmental disability facility shall be free from abuse and neglect.”

The Illinois Administrative Code (89 Ill. Adm. Code 315.30) Best Interests, Health and Safety of the Child states: “a) Best Interests, Health and Safety of the Child Permanency planning is an on-going process that first and foremost must consider the best interests, health and safety of the child in all planning decisions. Health and safety

are the paramount factors that must be considered when determining the best interests of the child. This means that a child is or will be in a living arrangement that meets the placement selection criteria contained in 89 Ill. Adm. Code 301 (Placement and Visitation Services), or for an Indian child, that meets the placement selection criteria contained in 89 Ill. Admin. Code 307 (Indian Child Welfare Services), and that protects the child's physical health and safety and promotes the child's emotional, medical, and developmental well-being. 1) When evaluating the best interests of the child, the Department or its purchase of service provider shall consider the following factors as provided in the Juvenile Court Act: A) *the physical safety and welfare of the child, including food, shelter, health, and clothing;* B) *the development of the child's identity;* C) *the child's background and ties, including familial and religious, including the primary method and/or language of communication between the child and the biological parents or any other special communication needs;* D) *the child's sense of attachments, including: i) where the child actually feels love, attachment, and a sense of being valued (as opposed to where adults believe the child should feel such love, attachment, and a sense of being valued); ii) the child's sense of security; iii) the child's sense of familiarity; iv) continuity of affection for the child; v) the least disruptive placement alternative for the child;* E) *the child's wishes and long-term goals;* F) *the child's community ties, including church, school, and friends;* G) *the child's need for permanence, which includes the child's need for stability and continuity of relationships with parent figures and with siblings and other relatives;* H) *the uniqueness of every family and child;* I) *the risks attendant to entering and being in substitute care; and J) the preferences of the persons available to care for the child.* [705 ILCS 405/1-3]. 2) The Department and purchase of service providers shall consider the importance of maintaining, preserving and supporting sibling relationships and, when selecting and assessing placements, shall comply with placement selection, visitation and contact requirements set out in 89 Ill. Adm. Code 301 (Placement and Visitation). b) The child's best interests and health and safety must be considered and documented throughout service intervention and during, but not limited to, the following activities: 1) investigation of allegations of abuse or neglect; 2) completion of safety and risk assessments; 3) completion of the comprehensive assessment; 4) worker/client contacts; 5) service planning; 6) permanency goal selection; 7) family meetings; 8) administrative case reviews; 9) legal screenings; and 10) permanency hearings and other court proceedings; and 11) post-permanency sibling contact.”

COMPLAINT #2 CONCLUSION:

Unsubstantiated. The HRA notes significant communication between the assigned CYFS caseworker and the Youth in Care from case opening in August 2018 through the youth's discharge from the hospital on 5/21/19. The assigned CYFS also documented continued conversations with the Youth in Care about her service plan goals and placement needs. The HRA does not conclude that the documentation provided by the CFYS and their Family Worker's case management indicate that the Family Worker was “rude” to the Youth in Care. The HRA does make the following suggestions:

- Improve documentation and encourage Family Workers to have timely entry of their Case Contact notes as evidenced by the contact note dated 2/21/19 created

on 3/13/19 and another one dated 2/11/19 but not created until 3/8/19.

- CYFS Family Workers, Supervisors and therapists should provide casework details within their Contact Notes when clients refuse to sign consent forms. This would support the agencies efforts in complying with DCFS case mandates and also honoring client's rights to refuse as written in their consent and Youth Bill of Rights acknowledgement forms.
- The HRA would also encourage CYFS Family Worker's to always inform the client of their rights and the grievance process if they are unhappy with a decision or discussion with their assigned worker.
- The HRA would suggest that the agency keep all consent and acknowledgement forms for any Youth in Care over the age of 12 in their own case record and outside of the family case record.

RESPONSE

Notice: The following page(s) contain the provider response. Due to technical requirements, provider responses appear verbatim in retyped format.

REGIONAL HUMAN RIGHTS AUTHORITY

HRA CASE NO. 19-098-9021

SERVICE PROVIDER: - Center for Youth and Family Solutions

Pursuant to Section 23 of the Guardianship and Advocacy Act (20 ILCS 2055/1, et seq.), we have received the Human Rights Authority report of findings.

IMPORTANT NOTE

Human Rights Authority reports may be made a part of the public record. Responses and public documents along with any response you have provided and indicated you wish to be included in a public document will be posted on the Illinois Guardianship and Advocacy Commission Web Site, (due to technical requirements, your response may be in a verbatim retyped format.) Reports are also provided to complainants and may be forwarded to regulatory agencies for their review.

We ask that the following action be taken:

We request that our response to any recommendations, plus any comments and objections be included as part of the public record.

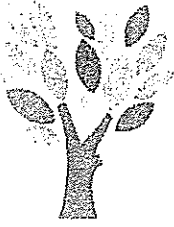
We do not wish to include our response in the public record.

No response is included.

HEATHER GOFF
NAME

DIRECTOR OF FAMILY CENTERED FOSTER CARE
TITLE

06 19 2020
DATE



THE CENTER FOR
YOUTH & FAMILY
SOLUTIONS
cyfsolutions.org

June 19, 2020

RE: HRA Case No 19-090-9021

Ms. Nowlan:

This is a formal response to the findings regarding HRA Case No: 19-090-9021. We request that our comments to the findings be included as part of the response should the report be made a part of public record.

While we acknowledge the youth was in the hospital after signing the 15 day notice, the agency believes we complied with all of the DCFS requirements in attempting to locate appropriate placement options for her to be released. The DCFS Clinical Team had determined it was in the youth's best interest to be placed in a residential setting prior to the hospitalization, and any attempts to locate a temporary community placement following hospitalization were unsuccessful due to concerns for the safety of the community and our ability to keep the youth safe.

The HRA provided some valuable suggestions that the agency is implementing to help ensure our staff are providing the highest quality of service possible.

Complaint #1- Substantiated:

The agency did not notify the guardian (DCFS) of the youth's hospitalization immediately.

Agency response: DCFS was notified immediately at the time of the hospitalization as they are the guardians of the youth in care and consent to the hospitalization prior to admission was given by Addo Carpenter, authorized agent for the DCFS Guardian Janet Wukas Ahern, on 04.21.2019 at 10:06am per an email received by DCFS. In addition, DCFS Clinical team was already involved in our youth's care due to concerns prior to the hospitalization so they were immediately aware as well.

The documentation form CFS 1452-4 was not fully completed.

Agency response: the form is completed to the best of the agency's ability. That document relies on other agencies to respond to our requests, which is out of our control. However, the agency has made some updates to ensure we document all of our attempts to contact each provider, ensuring it is clear that more than one attempt was made.

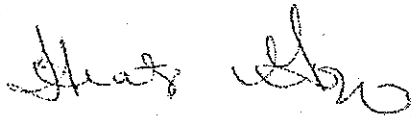


The youth was not in the 'least restrictive environment' after she signed the 15-day notice.

Agency response: the agency has provided an email memo to program staff sharing key elements of the Mental Health and Developmental Disabilities Code along with the link to review the full Code in order to ensure we support and advocate for our youth. This also included information on 15 day notices. We added the PowerPoint to the agency wide training database, Tuvuti, for future access. However it should be noted that regardless of the requirements of the Mental Health and Developmental Disabilities Code and the signed 15 day notice, the agency could not move the youth due to not having a place for her to return to and shelter not being an option per DCFS Procedures 301.55. According to DCFS, the youth was 'fast-tracked' to a residential center based on her psychiatric hospitalization and being ready for discharge from the facility.

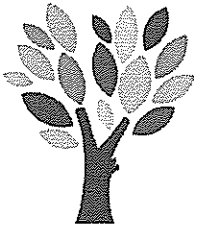
We appreciate the respectful manner and time your organization has taken to conduct a thorough review of the complaint and our agency processes and we appreciate the opportunity to continually improve what we do.

Respectfully submitted,



Heather Goff, MSW
Director of Family Centered Foster Care and Intact Services
The Center for Youth and Family Solutions





THE CENTER FOR
YOUTH & FAMILY
SOLUTIONS
cyfsolutions.org

09.11.2020

RE: HRA Case No 19-090-9021

Ms. Nowlan:

This is our follow up response to the findings regarding HRA Case No: 19-090-9021 and your request for additional information. As mentioned in our initial response, we request that our comments to the findings be included as part of the response should the report be made a part of public record.

INITIAL RESPONSE:

Agency response: the agency has provided an email memo to program staff sharing key elements of the Mental Health and Developmental Disabilities Code along with the link to review the full Code in order to ensure we support and advocate for our youth. This also included information on 15 day notices. We added the PowerPoint to the agency wide training database, Tovuti, for future access. However it should be noted that regardless of the requirements of the Mental Health and Developmental Disabilities Code and the signed 15 day notice, the agency could not move the youth due to not having a place for her to return to and shelter not being an option per DCFS Procedures 301.55. According to DCFS, the youth was 'fast-tracked' to a residential center based on her psychiatric hospitalization and being ready for discharge from the facility.

FOLLOW UP RESPONSE:

Our agency training department made recommended changes to the Youth In Care Psychiatric Hospitalization PowerPoint and uploaded it into our Tovuti software. Tovuti is our learning/training platform which allows us to track and include a quiz at the end to confirm our staff understood the material. The training will remain in our database which will allow for all new staff being hired on in the future to have access to the information and ensure we comply with the Mental Health and Developmental Disabilities Code, DCFS' Procedures 301.55 and the signed 15 day notice.

I have attached the new PowerPoint training along with staff information on their participation and test score. As of now, we have had 83% of our full Child Welfare team complete the training, with 100% of our Supervisory staff completed. For the remainder of our staff, we will work with them during supervision to get us to 100% completed by the end of September.

As always, we appreciate the continued efforts and time your organization has taken throughout this process.

Respectfully submitted,

Heather Goff, MSW
Director of Family Centered Foster Care and Intact Services
The Center for Youth and Family Solutions

