PROCEDURES 301, PLACEMENT AND VISITATION SERVICES
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TABLE OF CONTENTS

SUBPART A: PLACEMENT SERVICES

Section

301.55 Temporary Placement in the DCFS Statewide Emergency Shelter System P301.55

a) Purpose 1
b) Background 1
c) Population Served 1
1) Age 1
2) Medical Issues 2
A) Children/Youth in a Medical Hospital 2
B) Children/Youth with a Serious Medical Condition 2
C) Children/Youth with Other Medical Conditions 2
3) Psychiatric Issues 3
4) Residential/Group Home and ILO/TLP Youth 3
5) When "Missing Children/Youth" Arrive at an Emergency Shelter 4
A) When a child/youth has run from any placement and shows up at an emergency shelter 4
i) For Cook County cases during work hours 4
ii) For downstate cases during work hours 4
iii) For afterhours 5
B) When the police have custody of a child/youth who has run 5
C) When a child/youth has run from the Emergency shelter and then contacts the emergency shelter to return 6
d) Referral to the DCFS Statewide Emergency Shelter System 6
e) After Request for Placement is Approved 7
1) Placement in a Cook County Shelter 7
2) Placement in a Downstate Shelter 7
f) HealthWorks 8

g) Emergency Shelter Intake/Admission Responsibilities 8
1) Protective Custody 8
2) Placement Disruptions 9
3) Walk-in, Runaway and Dependency 9
h) Visitation 10
i) Community Activities 10
j) Responsibilities of the Child Protection Specialist and/or Assigned DCFS/POS Permanency Worker 11
k) "Courtesy In-Person Contacts" 14
I) Responsibilities of Supervisor for Child Protection Specialist or DCFS/POS Worker 16
m) Responsibilities of the DCFS After Hours Area Administrator 17
n) Responsibilities of the DCFS Statewide Emergency Shelter Coordinator/Designee 17
o) POS Administrator Responsibilities 18
p) DCFS Child Intake and Recovery Unit (CIRU) Staff Responsibilities 18
q) Emergency Shelter Providers' Responsibilities 19
r) Weekly Regional Review of Emergency Shelter Cases 22
1) Weekly Regional Review of Emergency Shelter Cases 22
2) Weekly Shelter Review Notification 22
3) Weekly Shelter Review Participants 22
4) Weekly Shelter Review Content 23
5) Weekly Shelter Review Documentation 23
s) When a Child/Youth Leaves an Emergency Shelter Facility without Authorization 24
t) Resolution of Emergency Shelter Program/Facility Issues 24

Section
301.60 Placement Selection Criteria P301.60

a) Required Placement Criteria 1
1) Least Restrictive 1
2) Proximity to Home 1
3) Race, Ethnicity and National Origin 2
4) Same Religion 2
5) Relatives 3
6) American Indians 3
7) Communications Requirements 3
8) Children of Hispanic or Latino Origin (Statewide) 3
9) Foster Parent Preference 4
b) Assessing the Child's Individual Needs 5
1) Initial placement: 5
no current open case or an emergency placement made after hours when immediate removal is required to ensure the child's safety
2) Placement of child after intact services offered 6
3) Change of Placement from One Out-Of-Home Placement to Another 6
4) Addressing the Issue of Race in Placement 8
c) Caregiver's Capacity to Meet the Child's Needs 11
d) Placement Alternative Contract 11
PAC Questions and Answers 15
Sample Objectives and Tasks 17
e) Transitional and Independent Living Program Services 18
1) Transitional Living Program Services 18
2) Enhanced Transitional Support Programs for TLP Placements 19
A) Mentally Ill (MI) Youth 19
B) Developmentally Disabled (DD) Youth 19
C) Criminal Justice/Juvenile Justice 20
D) Youth with Diagnosed (and Active) Behavioral Issues 20
E) Juvenile Sex Offender Programs 20
3) Independent Living Program Services 20
4) Referral and Matching Process 21
5) Role of the Provider 22
6) Caseworker Responsibilities 23
7) Youth Expectations 24

8) Launch Process 25
9) Financial Management 25
A) Ward-Specific Fund Disbursement 26
B) TLP Launch Funds 26
C) Emancipation Funds 26
D) Spend-down Funds 27
10) Extension of Services and Approval Process 28
f) Supporting Emancipated Youth Services 29
1) Referral for Supporting Emancipated Youth Services 29
2) Assessment for Supporting Emancipated Youth Service 31
3) Supplemental Petition to Reinstate Wardship 34
4) Reinstatement of Wardship 35
5) Case Opening Procedures 35
6) CIPP Intake Process for Supporting Emancipated Youth Services 37

Section 301.65 Disputed Changes of Placement P301.65

a) Request of a Clinical Placement Review 1
b) Clinical staff convene a Clinical Placement Review 1
1) Materials to be reviewed from the casework supervisor 1
2) Participation from individuals involved with the child's case 1
c) Conclusion of the Clinical Placement Review 2
• Agreed Placement 2
• No Agreed Placement Decision 2
d) Service Appeal 3

Section 301.66 Intensive Placement Stabilization (IPS) Services P301.66

a) Purpose 1
b) Primary Users 1
c) Definitions 1
d) Background 3
e) Eligibility for Intensive Placement Stabilization Services 4
1) Children Eligible for Intensive Placement Stabilization Services 4
2) Children Ineligible for Intensive Placement Stabilization Services 5
f) Referral for Intensive Placement Stabilization Services 5
g) IPS Service Determinations 7
h) IPS Services: Responsibilities and Timelines 8

i) Caseworker Responsibilities for Children/Youth Receiving IPS Services 13
j) Case Transfer 13
k) Termination of IPS Services 14
Frequently Asked Questions 15

Section 301.70 Sibling Placement P301.70

a) Reasons for Placing Siblings Apart 1
b) Best Interest of the Child to be Placed Apart from Siblings 2
c) Diligent Search upon Initial Placement 2
d) Continued Diligent Search Efforts 4
e) Emergency Removal 5
f) Placement of Some, But Not All Siblings Together 5
g) Placement of Siblings within Reasonable Proximity 5
h) Documentation Required 5
i) Notice of Decision Required 5

Section 301.80 Relative Home Placements P301.80

a) Definitions for Placement Purposes 1
b) Identifying, Searching For and Engaging Relatives 2
c) Assessing Relatives as a Placement Resource 7
d) Home Assessments 9
e) Conditional Placement 12
f) Final Placement Decision 14
g) Ongoing Assessment 14
h) Protective Plan When Sibling Poses a Risk 14
i) Placement of Children with Undocumented Relatives 14
j) Out of Country Placements 15

Section 301.110 Psychiatric Hospitalization P301.110

a) Introduction 1
b) Basic Premises Regarding Psychiatric Hospitalization 2
c) Admission, Consent, Tracking and Discharge Planning Procedures 2
d) The Comprehensive Assessment and Treatment Unit (UIC-CATU) 6
e) Objection to Admission and Client's Rights 7
f) Clinical Staffings or Consultations 8
g) Psychological Testing of DCFS Wards in an In-Patient Hospital Setting 9
1) Appropriate Use of and Consent for Psychological Testing 9

2) How to Obtain a Psychological Evaluation During a Psychiatric Hospitalization 10
h) Responsibilities of All Parties When a DCFS Ward Is Hospitalized in a Psychiatric Setting 11
1) DCFS/POS Caseworkers 11
2) DCFS/POS Casework Supervisors 15
3) DCFS Area Administrator, POS Program Manager/ POS Executive Director 15
4) SASS Agencies 16
5) Hospitals 19
6) Residential Treatment Providers 24
7) Clinical Staffing Participants and Their Responsibilities 26

Appendix A Contact Information
Appendix B Hospital Clinical Summary Format
Appendix C Instructions / Content Guidelines for Completing Psychiatric Hospitalization Clinical Summary and Discharge Care Plan Forms

Section 301.120 Sharing Appropriate Information with the Caregiver P301.120

a) Children Coming Into the Custody of DCFS 1
Placement of Children Diagnosed with Asthma and/or Allergies 2
b) Information Shared with Substitute Caregivers 3
c) Information Shared with Interim Caregivers 6

Section 301.150 Identification Procedures for Children in Placement P301.150

a) Child Identification Form 1
b) Child Photographs 1
c) Child Fingerprints 3

SUBPART B: VISITATION SERVICES

Section 301.210 Family-Child Visiting P301.210

a) Family Visiting 1
b) Parental and Child Preparation and Involvement in the Planning Process 2
c) Initial Visit 3
1) Who Plans the Initial Visit 3
A) Follow-up Worker 3
B) Child Protection Worker 4
C) Children Placed on a Non-emergency Basis 4

2) Who Supervises the Initial Visit 5
A) Follow-up Worker 5
B) Child Protection Worker 5
C) Purchase of Service Worker 5
3) Initial Visit Does not Occur 6
d) Ongoing Visiting Plan 6
e) Supervision of Visits 7
Purpose of Supervision 7
1) Protective 7
2) Assessment 8
3) Support and Treatment 8
4) Court Related Supervision 8
Frequency of Supervision 8
Who May Supervise Visits 9
f) Requirement of Follow-up Worker's Attendance at Visits 9
g) Time Frames 10
h) Selecting the Place, Frequency, Length, and Participants of the Visit 11
i) Documentation of Visits 12
1) Return Home 12
2) All Other Permanency Goals 13
3) Instructions for Filling Out the CFS 502, Visiting Record 13
4) Instructions for Filling Out Narrative Description of Visit 14
j) Transportation To and From Visits 14
k) Case Transfers 15

Section 301.220 Sibling Visitation P301.220

a) Permanency Goal of Return Home 1
b) Other Permanency Goals 1
1) Substitute Care Pending Court Determination Or Continuing Foster Care 1
2) Adoption or Guardianship 1
3) Independence 2
4) Cannot Be Provided for in a Home Environment 3
c) Children in Parental Custody 3
d) Adult or Emancipated Siblings 3

Section 301.230 Contact Among Siblings Placed Apart P301.230

Section 301.240 Grandparents Visitation P301.240

Section
301.250 **Sibling Visitation and Contact with Adopted Siblings and Siblings in Subsidized Guardianship** **P301.250**

Section
301.255 **Sibling Visitation With and Among Adult Siblings** **P301.255**

Appendix A **Family Visit Planning - Critical Decisions and Documentation Protocol**
Appendix B **Family Visit Planning - Guide to Practice**
Appendix C **Sibling Placement and Visitation - Special Considerations**
Appendix D **Unrelated, Unlicensed Homes**
Appendix E **Placement Clearance Process**
Appendix F **Child Identification Form**

Procedures 301.55 Temporary Placement in the DCFS Statewide Emergency Shelter System

a) Purpose

The purpose of this procedure is to provide direction for all involved in the placement of children/youth in the Statewide Emergency Shelter System. Those who assist with placement of children/youth into an emergency shelter include Department Child Intake and Recovery (CIRU) Staff, Area Administrators, DCFS Statewide Emergency Shelter Coordinator/designees, Regional Administrators, Department Child Protection Specialists, and Department/Purchase of Service (POS) Permanency Workers.

b) Background

The DCFS Statewide Emergency Shelter System was established to provide children/youth with a safe, nurturing and therapeutic environment during a time of crisis. The Department has contracted with private agencies across the State of Illinois to serve as emergency shelters and to provide the children/youth in the emergency shelter with daily activities including social, emotional, medical, educational and recreational activities. The emergency shelters provide programming for all children/youth based on age and need.

An emergency shelter is intended to serve as a temporary, short-term placement for children/youth and is not considered a long term placement**. Placement in an emergency shelter should not exceed 30 calendar days.** Child Protection Specialists and assigned DCFS/POS Permanency Workers shall only place children/youth in **an emergency shelter as a last resort. This means that all other placement alternatives currently available have been exhausted as possibilities.**

Note: Children/youth cannot enter an emergency shelter unless the Child Protection Specialist or assigned DCFS/POS Permanency Worker has exhausted all possible relative and/or licensed foster home placements and approval has been granted.

During working hours approval for children/youth to be placed in the emergency shelters shall be granted by the DCFS Statewide Emergency Shelter Coordinator/designee. During after-hours approval shall be granted by the On-call Area Administrator for the Worker's region.

c) Population Served

1) Age

The DCFS Statewide Emergency Shelter System provides temporary emergency placement for children/youth from age 6 until the 21st birthday.

2) Medical Issues

Before contacting the Statewide Emergency Shelter Coordinator/designee or the On-call Area Administrator for approval to place in an emergency shelter when a child/youth with Special Health Care Needs is being considered for placement the following procedures shall be followed:

A) Children/Youth in a Medical Hospital

For children/youth who are currently in a medical hospital the Child Protection Specialist shall resolve all placement issues **prior to discharge from the hospital** as the most appropriate placement may require a direct transfer from facility to facility.

In **Cook County**, when a child/youth is being discharged from a medical hospital and must be admitted to an emergency shelter, the Child Protection Specialist, with assistance from CIRU staff, shall arrange a conference call between the hospital and emergency shelter physician before 3:00 p.m. on the day of discharge to obtain a discharge recommendation.

B) Children/Youth with a Serious Medical Condition

Children/youth with a condition/circumstances listed below shall <u>not</u> be admitted into the Statewide Emergency Shelter System. Children /youth with these conditions shall be placed where they can receive the necessary specialized medical assistance. While the children/youth are in the hospital the Child Protection Specialist shall **submit a nursing referral to "nurseref@idcfs.state.il.us"** for purposes of determining the appropriate placement options which can adequately address the medical needs of the children/youth.

- Communicable disease such as: Methicillin-Resistant *Staphylococcus aureus* (MRSA) varicella, measles, mumps;
- Children/youth during "sickle cell Crisis" syndrome;
- Children diagnosed with total brain injury (TBI);
- Technology dependent children;
- Non-compliant, unstable insulin dependent diabetics;
- Children who are on methadone weans; or
- Children on diuretics needing continuous monitoring.

C) Children/youth with Other Medical Conditions

When a Child Protection Specialist is locating a placement for a child/youth with a Diagnosis and Medical Condition listed in **Procedures 302 Appendix O, Children with Special Health Care Needs** or has a **communicable disease** they shall **submit a nursing referral to "nurseref@idcfs.state.il.us"** for purposes of **evaluating**the medical needs

and designate appropriate placement options that provide the necessary specialized medical assistance. These options include but are not limited to:

- Foster care;
- Specialized Foster Care;
- Emergency Shelter with special arrangements/precautions; and/or
- Nursing Facility.

3) Psychiatric Issues

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/investigating a case in which a 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**.

The Child Protection Specialist/Permanency Worker shall also ensure that the necessary supports are available for the child/youth when hospitalization is no longer medically necessary. The Child Protection Specialist/Permanency Worker shall immediately begin arrangements for SASS and other appropriate outpatient treatment services for all children/youth to be available upon psychiatric hospital discharge.

The Division of Clinical Practice and Development is available to assist with providing direction for obtaining the appropriate clinical services for the children/youth with psychiatric issues.

4) Residential/Group Home and ILO/TLP Youth

Children/youth who are currently placed or who have recently gone Absent Without Leave (AWOL) for 30 days or less from a residential, group home, or ILO/TLP program shall **not** to be admitted to the emergency shelter system. The provider who the children/youth ran from must work with these children/youth in an effort to deescalate the situation, find an appropriate temporary place for the children/youth to stay until the issues can be worked out or if the situation has escalated out of control and the children/youth presents a risk of harm to themselves or others in the program or the community then appropriate treatment services must be obtained by contacting SASS and/or 911.

Children/youth who are currently placed in a residential, group home, or ILO/TLP program shall **not** to be admitted to the emergency shelter system due to physical plant issues that occur at their placement (i.e. flooding, bed bugs, utility failures). The placement provider is expected to secure alternative placement for the children/youth (utilizing space in other housing within their own program, obtaining hotel accommodations, visits to approved visiting resources or for ILO/TLP youth with appropriate friends or relatives).

Exceptions for children/youth who are currently placed in a residential, group home, or ILO/TLP to be admitted to the emergency shelter system is only possible if all reasonable options have been exhausted and approval has been granted by the DCFS Monitoring Supervisor **and** the DCFS Statewide Emergency Shelter Coordinator/designee or if After Hours, the On-call Area Administrator for the worker's region. A representative from the Division of Regulation and Monitoring who is involved with the current placement of the child/youth shall contact the DCFS Statewide Emergency Shelter Coordinator/designee or if After Hours, the After Hours Area Administrator for the worker's region to alert them to the need for emergency shelter admission. If approval is received from the DCFS Statewide Emergency Shelter Coordinator/designee or if after-hours, the After Hours Area Administrator for the worker's region then the assigned DCFS/POS Permanency Worker for the child/youth **shall to follow this procedure in its entirety** and complete all responsibilities related to placement in an emergency shelter and transition to a more appropriate placement as detailed in this procedure.

5) When "Missing Children/Youth" Arrive at an Emergency Shelter

Under no circumstances shall a "Missing Child/Youth" be turned away without providing for the safety and wellbeing of the child/youth.

A) When a child/youth has run from any placement and shows up at an emergency shelter:

In instances where a "Missing Child/Youth" appears at any emergency shelter, the emergency shelter shall engage and retain the child/youth and immediately contact CIRU.

CIRU staff shall:

i) **For Cook County cases during work hours**, contact Aunt Martha's Shelter at 773-617-3979; or

ii) **For downstate cases during work hours**, contact the assigned DCFS or POS Permanency Worker and initiate the development of a plan to ensure the child/youth's safety and secure an appropriate placement; or

iii) **For after hours**, contact the State Central Register (SCR) and report the child/youth's whereabouts.

When the child/youth presents **after hours** and SCR is contacted by CIRU then SCR staff shall:

- Generate an Information Only (IO) to the assigned Permanency Worker (**Procedures 329, Locating and Returning Missing, Runaway, and Abducted Children**); and

- Notify the Standby Supervisor.

When the Standby Supervisor is contacted by SCR because a child/youth presents **after hours** the Standby Supervisor shall:

- When the child/youth's case is managed by DCFS, direct the DCFS Standby Worker to immediately proceed to the location where the child/youth is and work with DCFS staff and/or appropriate providers to assess safety and make an appropriate plan for placement; or

- When the child/youth's case is managed by a POS agency, contact the POS agency to inquire if they can send someone to assess safety and secure an appropriate placement. If the agency cannot do so, the DCFS Standby Supervisor shall direct the DCFS Standby Worker to proceed to the location of the child/youth to assess safety and make an appropriate plan for placement; or

- When the child/youth has been missing from a residential, group home, or ILO/TLP program for 30 days or less, the DCFS Standby Supervisor shall contact that agency to arrange for the return of a missing child/youth.

The DCFS Standby Worker shall be responsible for transporting the child/youth from the location where the child/youth is, when necessary and consistent with the developed placement plan, and to obtain a medical examination of the child/youth.

B) When the police have custody of a child/youth who has run:

The police shall call the DCFS Child Abuse Hotline at 800-252-2873. The hotline staff shall contact the appropriate after hours staff to arrange for pickup of the child/youth.

C) When a child/youth has run from the emergency shelter and then contacts the emergency shelter to return:

i) An emergency shelter in Cook County shall contact the Cook after hours staff to arrange for pickup of the child/youth; or

ii) An emergency shelter outside of Cook County shall contact the On-call Area Administrator for the assigned DCFS/POS Permanency Worker of the child/youth to arrange for pickup of the child/youth.

d) Referral to the DCFS Statewide Emergency Shelter System

1) When making a referral to any statewide emergency shelter, the Child Protection Specialist or assigned DCFS/POS Permanency Worker shall complete:

A) The **CFS 1901, Emergency Shelter Approval Form** for ***each*** child/youth; and

B) The **CFS 1452-4, Documented Efforts to Prevent Emergency Shelter Placement** form for ***each*** child/youth**.**

2) The Child Protection Specialist or assigned DCFS/POS Permanency Worker shall submit the completed **CFS 1901 and CFS 1452-4** to their Supervisor or after-hours to the On-call Area Administrator for review.

Note: For placement disruptions, the Permanency Worker shall complete all sections of the **CFS 1901**.

3) The Supervisor of the DCFS/POS staff will review the **CFS 1901 and CFS 1452-4** for completeness and accuracy as well as to ensure that all options have been exhausted to avoid the emergency shelter placement.

4) During working hours the Supervisor of the Child Protection Specialist or assigned DCFS/POS Permanency Worker shall email the **CFS 1901** and **CFS 1452-4** to the DCFS Statewide Emergency Shelter Coordinator/designee for final approval on the Department's Outlook at "**DCFS Shelter Approval**" mailbox.

During after-hours the final approval shall be granted by the After Hours Area Administrator for the worker's region. The Supervisor of the DCFS/POS Staff shall email the **CFS 1901** and **CFS 1452-4** on the Department's Outlook to 1) the After Hours Area Administrator for the worker's region and 2) the DCFS Statewide Emergency Shelter Coordinator/designee at "**DCFS Shelter Approval**".

5) The DCFS Statewide Emergency Shelter Coordinator/designee or After Hours Area Administrator for the worker's region will contact the Supervisor who made the request with the name of the emergency shelter where the child/youth shall be placed.

e) After Request for Placement is Approved

1) Placement in a Cook County Shelter

Upon approval of the placement by the DCFS Statewide Emergency Shelter Coordinator/designee or if after-hours the After Hours Area Administrator for the worker's region the following is required:

A) The DCFS Statewide Emergency Shelter Coordinator/designee or After Hours Area Administrator for the worker's region shall submit the approved **CFS 1901** to:

i) CIRU at "CIRU Referrals" Department's Outlook mailbox;

ii) Aunt Martha's Admissions at "AuntMartha CRC" Department's Outlook mailbox; and

iii) Clinical Intervention for Placement Preservation (CIPP) Intake at the "CIPP Intake" Department's Outlook mailbox.

B) The Child Protection Specialist or assigned DCFS/POS Permanency Worker shall contact Aunt Martha's Admission Hotline at 773-617-3979. Aunt Martha's Admission Case Manager shall coordinate a three-way call with CIRU and the child/youth's Child Protection Specialist or Permanency Worker to ensure preliminary information on the **CFS 1901** is accurate. Based on the particular safety concerns and the matching criteria, Aunt Martha's shall match the children/youth with the Children's Reception Center or one of the other Cook County emergency shelters. If the child/youth is matched to another Cook County emergency shelter, Aunt Martha's intake staff shall coordinate with the identified emergency shelter's admission staff the need for emergency shelter care, sharing referral information and determining if a health screening or triage is required.

2) Placement in a Downstate Shelter

Upon approval of the placement by the DCFS Statewide Emergency Shelter Coordinator/designee or if after-hours the After Hours Area Administrator for the worker's region the Child Protection Specialist or assigned DCFS/POS Permanency Worker shall contact the intake staff of the emergency shelter program to verify the appropriateness of the placement and whether there are openings in the emergency shelter program.

f) HealthWorks

The Child Protection Specialist or assigned DCFS/POS Permanency Worker shall call the HealthWorks HealthLine at 1-800-KID-4345 and obtain a confirmation number. Prior to emergency shelter admission, the Child Protection Specialist or Permanency Worker shall take the child/youth to one of the network identified hospital emergency rooms for an Initial Health Screening. In Cook County, Aunt Martha's staff shall identify a Health Works Provider which is conveniently in route to the designated emergency shelter. All medical information and findings from the Initial Health Screening shall be included in the emergency shelter intake packet.

At the initial health screening the Child Protection Specialist shall request the physician to decide whether the currently prescribed medication should continue to be administered and if so then when the next dose should be administered. The physician's decision will be documented in a Contact note. The physician's decision will be shared with the emergency shelter and that will also be documented in a Contact note.

g) Emergency Shelter Intake/Admission Responsibilities

The Child Protection Specialist or assigned DCFS/POS Permanency Worker shall transport the child/youth to the identified emergency shelter. The Child Protection Specialist or assigned DCFS/POS Permanency Worker shall remain with the child/youth throughout the entire Intake/Admission process until its completion.

The Child Protection Specialist or assigned DCFS/POS Permanency Worker shall provide the following child/youth specific documents and items **for each child/youth** at the time of emergency shelter admission:

1) Protective Custody:

- Completed and approved **CFS 1901**;
- **CFS 415, Consent for Ordinary and Routine Medical and Dental Care**;
- **CANTS 65, Medical Consent Worksheet**;
- Health Passport;
- **CFS 431-1, Consent of Guardian to Mental Health Treatment**;
- **CFS 431-A, Psychotropic Medication Request Form**, when applicable;
- **CFS 431-B, Psychotropic Medication Consent Form**, when applicable;
- **CFS 431-D, Request for Copy of Psychotropic Medication (or Other*) Consent**, when applicable;
- **CFS 690, Asthma Action Plan**, when applicable;
  Children/youth shall not be refused admission if they are believed to have asthma but do not have an Asthma Action Plan. However, the emergency shelter shall contact the Child Protection Specialist or assigned DCFS/POS Permanency Worker the day after admission to request the Asthma Action Plan and if necessary arrange for transportation to a physician within the next 24 hours so that Asthma Issues shall be addressed;

- **CFS 600-3, Consent for Release of Information**;
- **CFS 930-C, Notice of Medicaid Coverage for DCFS Clients**;
- Medication (labeled), prescribing physician/psychiatrist, when applicable;
- Identification of any special requirements (e.g. dietary restrictions, allergies);
- Provide the temporary custody order to the emergency shelter, upon receipt; and
- Personal belongings, such as clothing, blanket or toys.

2) Placement Disruptions:

- Completed and approved **CFS 1901**;
- **CFS 415, Consent for Ordinary and Routine Medical and Dental Care**;
- Health Passport;
- **CFS 431-1, Consent of Guardian to Mental Health Treatment**;
- **CFS 431-A, Psychotropic Medication Request Form**, when applicable;
- **CFS 431-B, Psychotropic Medication Consent Form**, when applicable;
- **CFS 431-D, Request for Copy of Psychotropic Medication (or Other*) Consent,** when applicable;
- **CFS 600-3, Consent for Release of Information**;
- Medical Card or **CFS 930-C, Notice of Medicaid Coverage for DCFS Clients**;
- IEP and School information required for enrollment, when applicable;
- Medication (labeled), prescribing physician/psychiatrist;
- Integrated Assessment, when applicable;
- Court Social History for child/youth committed to DCFS under HB 291, IYC/DOC;
- Probation order for child/youth newly committed to the Department under HB 291, IYC/ DOC, when applicable;
- Current Service Plan (Child Section Only);
- **CFS 685, Ward's Supervision Plan** or **CFS 1441-1A, Safety Plan**, when applicable;
- **CFS 690, Asthma Action Plan**, when applicable;
- Identification of any special requirements (e.g. dietary restrictions, allergies); and
- Personal belongings, such as clothing, blanket or toys.

3) Walk-in, Runaway and Dependency:

- **CFS 415, Consent for Ordinary and Routine Medical and Dental Care**; and
- Medical Card or **CFS 930-C, Notice of Medicaid Coverage for DCFS Clients** or Recipient Identification Number (RIN).

If any of the specified documents or items listed in 1) - 3) above is not provided to the emergency shelter when children/youth are admitted, then the Child Protection Specialist or assigned DCFS/POS Permanency Worker shall provide all the additional information available at that time or shall have it at the emergency shelter within the next 24 hours.

The emergency shelter shall contact the Supervisor of the Child Protection Specialist or the assigned DCFS/POS Permanency Worker to obtain the required documentation if it has not been provided as required by these procedures.

Note: If the emergency shelter has difficulty locating the assigned worker they can obtain information from CIRU or by contacting the Child Protection Supervisor.

h) Visitation

At the time of emergency shelter admission/intake the Child Protection Specialist or Assigned DCFS/POS Permanency Worker shall review the Approved Visitor List from page 1 of the **CFS 1901, Emergency Shelter Approval Form** with the Emergency Shelter Intake Staff. This list will usually include family, GAL and may include other people who are important to the child/youth. This Approved Visitor List will be reviewed on an ongoing basis. When concerns arise about specific visitors or the child/youth related to the visitation they will be communicated between the Child Protection Specialist or Assigned DCFS/POS Permanency Worker and the emergency shelter staff. These concerns shall be documented in a Contact note by the Child Protection Specialist or Assigned DCFS/POS Permanency Worker. If necessary, the Approved Visitation List may be revised; however, the Approved Visitation List shall only be revised with the approval of the Child Protection Specialist or Assigned DCFS/POS Permanency Worker or their Supervisor.

The emergency shelter shall document every time a child/youth has a visitation. All supervised visitation will be documented on the **CFS 502, DCFS Visiting Record** or the **CFS 315, Sibling Visitation Form**. The shelter program will ensure that the Child Protection Specialist or Assigned DCFS/POS Permanency Worker receives a copy of the completed documents, as well as maintain a copy in the client's respective file.

i) Community Activities

At the time of emergency shelter admission/intake the Child Protection Specialist or Assigned DCFS/POS Permanency Worker shall share specific information related to community activities that the child/youth is currently involved in and are authorized to continue. In addition, the emergency shelter staff will share information about the community outings provided by the emergency shelter for the child/youth with the Child Protection Specialist or Assigned DCFS/POS Permanency Worker. The emergency shelter is authorized to allow access to the community **for a particular purpose.** The Shelter administration shall decide to allow community access for a particular purpose after taking into consideration the following: input from the youth, the caseworker and

child and family team, and the provider's assessment of the risks and benefits associated with the youth's age, developmental level, behavior and medical health issues, educational, recreational or other enrichment activity opportunities available at the shelter, and potential risks/vulnerability that may be poised to youth in the surrounding community or to other youth placed, and staff working at, the shelter by the youth's behavior in the community.

The emergency shelter shall document every time a child/youth is allowed to use a community pass/authorization, in the client's respective file, at the shelter. The emergency shelter shall also inform the Child Protection Specialist or Assigned DCFS/POS Permanency Worker by a Department Outlook email, that states a community pass was allowed and describes the particular purpose of the community pass.

The emergency shelter shall have the discretion to rescind access to community activities with good cause (e.g. the child/youth is not adhering to the rules of the program, such as not attending school). The emergency shelter shall notify the Child Protection Specialist or Assigned DCFS/POS Permanency Worker by Department Outlook email when access to a previously allowed community activity becomes restricted.

Emergency shelter programs shall <u>not</u> allow children/youth under the age of 18 to leave the facility unless 1) prior approval is granted by the Department and 2) the youth is accompanied by a responsible adult. The Department may authorize the youth to leave the facility while unsupervised for a specific purpose.

j) Responsibilities of the Child Protection Specialist and/or Assigned DCFS/POS Permanency Worker

The Child Protection Specialist or assigned DCFS/POS Permanency Worker are responsible for the following:

1) The Child Protection Specialist is responsible for the children/youth until there has been a case handoff/transition with the assigned DCFS/POS Permanency Worker;

2) The Child Protection Specialist or assigned DCFS/POS Permanency Worker **shall visit the child/youth within five (5) business days upon admission to the emergency shelter** and **shall visit with the child/youth weekly thereafter. All visitation with the child/youth should be documented in a Contact note.**

   If the emergency shelter is located more than 75 miles from the office of the Child Protection Specialist or Assigned DCFS/POS Permanency Worker, a request for "Courtesy In-Person Contacts" may be submitted to the assigned DCFS/POS Permanency Supervisor who is located in close proximity to the emergency shelter. See instructions in **Section k), Courtesy In-Person Contacts**.

All of the in-person contacts between the child/youth and the Child Protection Specialist or assigned DCFS/POS Permanency Worker shall be documented in a Contact note;

3) The Child Protection Specialist or assigned DCFS/POS Permanency Worker shall provide a clothing voucher, when needed. Within the first week of emergency shelter admission, the Child Protection Specialist and/or the assigned DCFS/POS Permanency Worker shall bring more clothing to the child/youth, if necessary;

4) When a child/youth requires a supervision plan for sexually problematic behavior, a supervision plan must be completed within 24 hours of admission by the Child Protection Specialist and/or the assigned DCFS/POS Permanency Worker and designated emergency shelter staff with approval obtained from the Coordinator for Child/Youth with Sexual Behavior Problems (CYSBP).

   If a CYSBP plan already exists then the supervision plan and the management responsibilities shall be reviewed at the time of emergency shelter admission in a meeting with the assigned DCFS/POS Permanency Worker, the child/youth and the emergency shelter intake staff;

5) ***The Child Protection Specialist or assigned DCFS/POS Permanency Worker must maintain weekly contact with the emergency shelter case manager*** for the purposes of providing updates regarding court dates, family visitation plans and efforts made to place the child/youth elsewhere. Contacts shall be documented in a Contact note by the Child Protection Specialist or assigned DCFS/POS Permanency Worker regarding these contacts with the emergency shelter case manager;

6) The Child Protection Specialist or assigned DCFS/POS Permanency Worker must contact the emergency shelter case manager to coordinate and plan for parent/child and sibling visitation especially who shall supervise/monitor the visits. The Child Protection Specialist or assigned DCFS/POS Permanency Worker is responsible to transport or arrange for transportation to family and sibling visits. Parent/child and sibling visitation contacts shall be documented in a Contact note;

7) If the child/youth is going to be placedin anything but traditional foster care, fictive kin or home of relative placement, the Child Protection Specialist or assigned DCFS/POS Permanency Worker shall make the referral within one business day to schedule the Clinical Intervention for Placement Preservation (CIPP) staffing to occur within seven (7) and no later than 15 calendar days of the Department being awarded temporary custody or, if the Department already has temporary custody or guardianship, then within seven (7) and no later than fifteen (15) calendar days of admission to the emergency shelter. The contact with CIPP Intake shall be documented in a Contact note;

8) The Child Protection Specialist or assigned DCFS/POS Permanency Worker shall attend the emergency shelter CIPP staffing and all Child and Family Team Meetings. When deemed clinically appropriate the child/youth shall be prepared to attend the CIPP staffing and all Child and Family Team Meetings;

9) The Child Protection Specialist or assigned DCFS/POS Permanency Worker must personally transport or arrange for the transport of the children/youth to pre-placement visits, and provide transportation to and from court, to Administrative Case Reviews, and to any outside evaluations that were pre-arranged/scheduled by the Permanency Worker prior to the emergency shelter admission. These contacts shall be documented in a Contact note;

10) **The Child Protection Specialist or assigned DCFS/POS Permanency Worker must make continuing diligent efforts to locate a permanent placement for children/youth currently placed in the emergency shelter.** Contact with relatives, licensed foster parents, fictive kin, and facilities regarding possible placements shall continue to be pursued and documented in a Contact note and discussed with the Supervisor. All contacts with licensed providers in an attempt to locate a more appropriate placement for the child/youth shall be documented using the **CFS 1452-5, Documented Efforts to Transition Children and Youth from Shelter Placements**;

11) The Child Protection Specialist or assigned DCFS/POS Permanency Worker shall participate, **on a weekly basis,** in the regional reviews of children/youth in emergency shelter. A new **CFS 1452-5** shall be submitted each week for this meeting. See **Section r)**, **Weekly Regional Reviews of Emergency Shelter Cases**;

12) For children/youth admitted to emergency shelter, the Child Protection Specialist or assigned DCFS/POS Permanency Worker shall contact the emergency shelter case manager and provide all additional information the emergency shelter may require, within the next business day/24 hours after admission. These contacts shall be documented in a Contact note;

13) The Child Protection Specialist shall immediately make arrangements to return the children/youth to his/her parents when protective custody lapses. **Children/youth shall not be released to parents without the Child Protection Specialist present. Children/youth must be returned the same day in which protective custody has lapsed.** These contacts shall be documented in a Contact note;

14) When the child/youth's placement in the emergency shelter extends past 30 days, the Child Protection Specialist or assigned, not the courtesy worker, DCFS/POS Permanency Worker must make the monthly in-person contact with the child/youth at the emergency shelter.

15) It is the Child Protection Specialist's responsibility to request consents to administer the medication from the parent/guardian when a child/youth is taken into protective custody or to arrange for a medical evaluation to be completed where the physician decides whether the currently prescribed medication should continue to be administered. All medication consent shall be documented in a Contact note; and

16) When a child/youth has been identified as a "pregnant or parenting teen" the Child Protection Specialist or assigned DCFS/POS Permanency Worker shall refer the child/youth to Teen Parenting Service Network (TPSN) for parenting skills training and other needs as assessed by TPSN clinical staff (**Procedures 302, Appendix J, Pregnant and/or Parenting Program**). These contacts shall be documented in a Contact note.

k) "Courtesy In-Person Contacts"

1) When the emergency shelter is located more than 75 miles from the office of the Child Protection Specialist or the assigned DCFS/POS Permanency Worker then the assigned DCFS/POS Permanency Worker may request that the weekly visits with the child(ren)/youth occur via "Courtesy In-Person Contacts" by a DCFS Permanency Worker. The purpose of the "Courtesy In-Person Contacts" is to address safety and well-being by in-person observation and interview of the child(ren)/youth. The "Courtesy In-Person Contacts" arrangement is based on cooperative efforts of the Child Protection Specialist or assigned DCFS/POS Permanency Worker and the Courtesy DCFS Permanency Worker to assist the child(ren)/youth with support, safety and stability while they are placed in the emergency shelter.

2) When the assigned DCFS/POS Permanency Worker is the placing worker, then the required monthly in-person contact was met by the completion of the placement. The assigned DCFS/POS Permanency Worker may then request weekly "Courtesy In-Person Contacts" (when the emergency shelter is more than 75 miles from the worker).

3) When the child/youth's placement in the emergency shelter extends past 30 days, the assigned DCFS/POS Permanency Worker, not the Courtesy Permanency Worker, must make the monthly in-person contact with the child/youth at the emergency shelter.

4) The worker assigned to do the "Courtesy In-Person Contacts" shall do all of the weekly visits with the child(ren)/youth until the child(ren)/youth is discharged from the emergency shelter. All weekly "Courtesy In-Person Contacts" shall be documented by the DCFS Courtesy Permanency Worker in Contact notes.

5) The DCFS Permanency Worker assigned to do the "Courtesy In-Person Contacts" shall arrange for the assigned DCFS/POS Permanency Worker of the child(ren)/youth to join them on the phone while the courtesy worker is meeting with the child(ren)/youth in the emergency shelter.

6) "Courtesy In-Person Contacts" Approval Process

"Courtesy In-Person Contacts" shall be approved by the following process:

A) For DCFS and POS managed cases, the Child Protection Specialist or assigned DCFS/POS Permanency Worker shall request a "Courtesy In-Person Contacts" arrangement from their Supervisor.

i) For DCFS case managed case, after obtaining Supervisor approval the DCFS Child Protection Specialist or Permanency Worker shall contact their DCFS Regional Administrator. The DCFS Regional Administrator shall contact the DCFS Regional Administrator for the area where the emergency shelter is located to request "courtesy in-person contacts"; or

ii) For POS case managed cases, courtesy supervision of the case shall be handled by an office of the POS agency that is in the vicinity of the emergency shelter. When there is not a POS agency office within 75 miles of the emergency shelter then the POS Supervisor or Program Administrator shall contact the DCFS Regional Administrator responsible for the area where the emergency shelter is located to request "courtesy in-person contacts".

B) **Within 24 hours** of receipt of an email requesting a "Courtesy In-Person Contacts" arrangement from the DCFS Regional Administrator of the Child Protection Specialist or assigned DCFS/POS Permanency Worker or Supervisor of the POS Permanency Worker, the DCFS "Receiving" Regional Administrator shall contact a Supervisor in the DCFS office nearest the emergency shelter and request a DCFS Permanency Worker to do "Courtesy In-Person Contacts".

C) **Within 24 hours** of receipt of request from the Regional Administrator the "receiving" Supervisor shall:

i) Identify and assign a DCFS Permanency Worker to complete the "Courtesy In-Person Contacts"; and

ii) Notify the Supervisor of the assigned DCFS/POS Permanency Worker of the identity of the DCFS Permanency Worker assigned.

D) **Within 24 hours** after receiving the identity of the DCFS Permanency Worker assigned to do "Courtesy In-Person Contacts" the Supervisor of the assigned DCFS/POS Permanency Worker shall complete a parallel assignment in the family case (child case if the family case is closed) so that the DCFS Permanency Worker assigned to complete "Courtesy In-Person Contacts" can document the contacts in a Contact note.

l) Responsibilities of Supervisor for Child Protection Specialist or DCFS/POS Worker

1) The Supervisor shall review the **CFS 1901 and CFS 1452-4** for completion and accuracy and ensure reasonable efforts were made to divert emergency shelter placement prior to submission of these forms;

2) The Supervisor shall contact the DCFS Statewide Emergency Shelter Coordinator/designee during working hours or if after hours, the After Hours Area Administrator for the worker's region to obtain approval for placement of a child/youth in the emergency shelter;

3) The Supervisor shall ensure that all required admissions documents are provided to the emergency shelter at the time of admission and that additional documentation is provided to the emergency shelter within 24 hours of admission;

4) Following admission to the emergency shelter, the Supervisor shall confirm that the Child Protection Specialist or assigned DCFS/POS Permanency Worker has scheduled the Clinical Intervention for Placement Preservation (CIPP) staffing. These contacts shall be documented in a Contact note;

5) Following admission to the emergency shelter, the Supervisor shall assist the Child Protection Specialist or assigned DCFS/POS Permanency Worker as they continue efforts to locate a permanent placement for the child/youth;

6) The Supervisor must send the **CFS 1452-5, Documented Efforts to Transition Children and Youth from Shelter Placements** for each child/youth in the emergency shelter every week to the DCFS Resource Recruitment Staff, the DCFS Permanency Area Administrator, DCFS Statewide Emergency Shelter Coordinator/designee and the DCFS Regional Administrator as documentation of on-going efforts made to secure an interim/permanent placement for the child/youth. If the Supervisor is a POS Supervisor they shall also send a copy of the **CFS 1452-5, Documented Efforts to Transition Children and Youth from Shelter Placements** to their designated agency administrator;

7) The Supervisor of the assigned DCFS/POS Permanency Worker shall "end date" the parallel assignment immediately after the child/youth is discharged from the emergency shelter placement; and

8) The Supervisor shall participate in weekly regional reviews of emergency shelter cases.

m) Responsibilities of the DCFS After Hours Area Administrator

1) **During after-hours**, the After Hours Area Administrator in the worker's region shall receive the **CFS 1901 and CFS 1452-4** from the Supervisor of the Child Protection Specialist or assigned DCFS/POS Worker to review them for completeness and accuracy as well as ensure that all options have been exhausted to avoid the emergency shelter placement;

2) **During after-hours**, the After Hours Area Administrator in the worker's region shall approve the emergency shelter placement after verifying that all possible placement options, other than the emergency shelter, have been considered and that reasonable efforts were made to locate a placement for the child(ren)/youth. This decision is made based on the documentation provided by **CFS 1901** and **CFS 1452-4.** A copy of the **CFS 1901** and **CFS 1452-4** shall be forwarded by the After Hours Area Administrator in the worker's region to the DCFS Statewide Emergency Shelter Coordinator/designee at "**DCFS Shelter Approval**" on the Department's Outlook;

3) **During after-hours**, the After Hours Area Administrator in the worker's region shall email the approved **CFS 1901** on the Department's Outlook:

   A) To "CIPP Intake"; and

   B) To the emergency shelter where the admission is to occur;

4) A DCFS Area Administrator shall participate in the DCFS weekly regional reviews of all cases of child(ren)/youth from their region who have been placed in an emergency shelter for 20 days or more; and

5) The Regional Administrator shall provide a current “After Hours” listing of Area Administrators or Designees available after hours to Child Protection Specialists, Child Protection Supervisors, DCFS/POS Permanency Workers and DCFS/POS Worker Supervisors.

n) Responsibilities of the DCFS Statewide Emergency Shelter Coordinator/Designee

1) **During working hours**, the DCFS Statewide Emergency Shelter Coordinator/designee shall approve the emergency shelter placement after verifying that all possible placement options, other than the emergency shelter, have been considered and reasonable efforts were made to locate a placement for the child(ren)/youth. This decision is made based on the documentation provided by **CFS 1901** and **CFS 1452-4**; and

2) **During working hours**, the DCFS Statewide Emergency Shelter Coordinator/designee shall email the approved **CFS 1901** on the Department's Outlook:

   A) To "CIPP Intake"; and

   B) To the emergency shelter where the admission is to occur;

o) POS Administrator Responsibilities

A POS Agency Administrator shall participate in the DCFS weekly regional reviews of all POS managed cases of child(ren)/youth from their region who have been placed in an emergency shelter for 20 days or more.

p) DCFS Child Intake and Recovery Unit (CIRU) Staff Responsibilities

Child Intake and Recovery Unit (CIRU) staff serve as gatekeepers for all **Cook County** emergency shelter admissions and provide support and assistance to Child Protection Specialists and assigned DCFS/POS Permanency Workers who need to navigate the emergency shelter admission process.

During the three-way phone call facilitated by the Aunt Martha's admission staff, CIRU staff shall:

- Verify child/youth's name (spelling);
- Verify CYCIS number;
- Update the minor's placement status;
- Verify name of Permanency Worker and contact information;
- Verify if active consents for psychotropic medication exist, if necessary;
- Check the database that tracks children/youth on run to determine if the child/youth is currently on run and has been for 30 days or less from a residential, group home, or ILO/TLP program. **These children/youth are <u>not</u> to be admitted to the emergency shelter system. See Section c), 4) of these procedures**;
- Check the database that tracks children/youth on run to determine if there is any information relating to the child/youth such as chronic runaway behavior and/or Human Trafficking and provide such information to emergency shelter admission staff. CIRU staff shall also update the database with current information at the intake;
- For out-of-state runaway children/youth, coordinate with officials in the state of origin; and
- Provide updated legal status to emergency shelter admission staff on all protective custody cases, if available.

CIRU staff accept referrals for emergency shelter admissions and complete Intake/Referral forms, including all necessary paperwork (listed in bullets below), for all children/youth who arrive for emergency shelter admission as dependent minors after hours ("After hours" means after 4:00 p.m. on work days, and on holidays and weekends.), and return from run to the emergency shelter and for children/youth brought in by someone other than the assigned Permanency Worker (e.g. police, community advocates). See **Section c), 5), When "Missing Child/Youth" Arrive at an Emergency Shelter** for more details.

In Cook County, when a child/youth who has been on runaway status **(but not from a residential, group home, or ILO/TLP program for 30 days or less)** arrive at the Aunt Martha's Children's Reception Center after hours or on holidays and weekends, CIRU staff shall ensure the emergency shelter receives the following documents:

- Completed and approved **CFS 1901**;
- Placement history;
- All required consents; and
- Medical Card Recipient Identification Number (RIN).

q) Emergency Shelter Providers' Responsibilities

The emergency shelter program serves as a short-term, temporary living arrangement, which offers quality care and compassion to children/youth that have recently been removed from their homes or disrupted from their current living arrangement. Attention is given to minimizing trauma by providing a safe environment, which is predictable and provides structured services for children/youth in their care. The emergency shelter shall provide interventions and activities that engage the children and youth in its care.

1) Staffing levels shall assure the adequate supervision necessary to provide a safe environment and therapeutic treatment to children/youth. Staffing levels minimally must be maintained at a 4:1 ratio of children/youth to direct staff. Providers are expected to provide additional staff when necessitated by issues of the milieu. Interns do not count as "direct staff" in the ratio. A safe and caring environment is critical for supporting therapeutic treatment, and the Provider shall facilitate and maintain this environment so that all treatment services provided to clients are supported.

2) **Emergency shelter programs shall <u>not</u> allow children/youth under the age of 18 to leave the facility unless 1) prior approval is granted by the Department and 2) the child/youth is accompanied by a responsible adult. The Department may authorize the child/youth to leave the facility while unsupervised for a specific purpose.**

3) Emergency shelter programs shall provide the following:

- Contact with CIRU to verify the child/youth's previous/current placement;
- Screening and assessment which will include evaluation of behaviors that indicate the risk of elopement and physical aggression. The findings of the screening and assessment will be reflected in the child/youth's service plan. The child/youth's service plan will be updated as new behaviors manifest;
- Updated screening and assessment if new behaviors occur;
- Short term treatment planning;
- Crisis intervention and milieu management services;
- Recreational activities, appropriate to age and gender;
- Medical services, which includes arranging and transporting the child/youth to the comprehensive medical exam and follow-up medical/dental appointments;

- SASS and other outpatient treatment services shall be arranged within 2 working days of admission to shelter for all children/youth discharged from a hospital within the last 90 days;
- Educational services, including accommodations based on an Individualized Education Program (IEP), if applicable;
- Psychiatric services, which may include consultation, medication administration and management;
- Physical therapeutic services;
- Emotional therapeutic services;
- Weekly communication with the assigned DCFS/POS Permanency Worker either by phone or the Department's Outlook;
- Obtain consents during After Hours/weekend/holidays from CIRU;
- Report all children/youth who run from the emergency shelter to CIRU, contact the National Center for Missing and Exploited Children, contact the Worker/Supervisor and complete a 906 reflecting the absence of the youth as required by **Procedures 329, Locating and Returning Missing, Runaway, and Abducted Children**;
- Complete a 906 reflecting the admission of the child/youth in the program;
- Participate in the CIPP staffing and any other Department Clinical staffing, when requested; and
- Participate in the weekly Regional Review of Emergency Shelter Cases.

4) Discontinuing or skipping the administration of doses of some medications can have serious consequences for a child(ren)/youth. When the Department takes a child(ren)/youth into protective custody it is important that the child/youth's currently prescribed medications continue to be administered. Once protective custody has been taken, either the parent/guardian or the DCFS Guardian can consent to continued administration of currently prescribed medication. While written consent is preferred, the parent/guardian's oral consent documented in a Contact note will suffice.

In the event of an emergency where neither the parent/guardian nor the Guardian can be reached, a physician can administer currently prescribed medication on an emergency basis, until parent/guardian or the DCFS Guardian consent can be obtained. Once the Department has Temporary Custody (court-ordered), the DCFS Guardian or her designee must consent to all psychotropic medication.

It is the Child Protection Specialist's responsibility to request consents to administer the medication from the parent/guardian when a child/youth is taken into protective custody. When parent/guardian consent cannot be obtained the Child Protection Specialist shall immediately arrange for a medical evaluation to be completed where the physician decides whether the currently prescribed medication should continue to be administered. See **Policy Guide 2012.04, Administration of Psychotropic Medication to Children for Whom DCFS is Legally Responsible**.

It is shelter care staff's responsibility to administer all medications that have been approved by the:

A) parent/guardian as evidenced by a properly documented release of information signed by the parent/guardian or a Contact note documenting that the parent/guardian gave verbal consent; or

B) DCFS Guardian consent documented by the **CFS 438-A** and **CFS 438-A Cover**.

Emergency administration of medication is only allowed by a physician. Any emergency administration of medication will be documented on a **CFS 438-A** and faxed to the DCFS Guardian for post administration of medication approval.

5) Emergency shelter programs shall be required to transport children/youth to and from school unless clinically determined by the Child Protection Specialist or assigned DCFS/POS Permanency Worker that the child/youth has the ability and motivation to self-transport and attend. The clinical determination shall be documented in a Case note.

6) When clinically appropriate, as decided by the Child Protection Specialist or assigned DCFS/POS Permanency Worker, the emergency shelter programs shall assist the child/youth with continuing attendance at their school of origin. The basis for the decision to **not** continue attendance at the school of origin will be documented in a Case note.

7) Emergency shelter programs shall have appropriate transportation available 24/7 for the children/youth.

8) Emergency shelter programs shall always have at least one staff on duty with access to SACWIS.

9) When a child/youth returns to the emergency shelter after an unauthorized absence the shelter staff, in consultation with CIRU, shall complete the **CFS 680-A, Missing Child De-Briefing Form** in SACWIS.

10) Each child/youth for whom the Department is legally responsible shall have an individual treatment plan that identifies those specific components of the overall Behavior Treatment Plan that will be applied to that child/youth and the specific behaviors the individual treatment plan is intended to address. All plans submitted to the Department, which shall include the Supervision Plan for CYSBP (Child and Youth Sexual Behavior Problem) if applicable, shall be written to assure that the facility will use behavior treatment techniques in a safe, humane manner that fosters a child's/youth's self-discipline.

r) Weekly Regional Review of Emergency Shelter Cases

The purpose of the regional review of emergency shelter cases is to ensure that Child Protection Specialists and assigned DCFS/POS Permanency Workers/Supervisors are completing various tasks, which need to be accomplished in order to transition the child/youth to a more appropriate placement.

1) Weekly Shelter Review Scheduling

Child Protection Specialists and Assigned DCFS/POS Permanency Workers and Supervisors shall participate in the mandatory weekly regional review of emergency shelter cases by phone with designated DCFS regional staff, when child(ren)/youth have been in an emergency shelter for 7 calendar days. The regional reviews shall continue to meet on that child/youth every 7 calendar days until the child/youth has been transitioned to a more appropriate placement. The DCFS Area Administrators shall participate in the weekly regional review of emergency shelter cases when a child/youth has been placed in an emergency shelter for 20 or more days. **Weekly reviews shall occur until the child/youth has been transitioned to a more appropriate placement.**

Weekly Emergency Shelter Review Schedule	
Cook Region	Monday
Northern Region	Wednesday
Central Region	Wednesday
Southern Region	Thursday

2) Weekly Shelter Review Notification

DCFS Resource Recruitment Staff shall schedule the weekly regional reviews of emergency shelter cases by sending an email to the Child Protection Specialist or assigned DCFS/POS Permanency Worker and Supervisor informing them of the date/time and the call in number of the review.

The Child Protection Specialist or the assigned DCFS/POS Permanency Worker/Supervisor shall confirm receipt of the email within 24 hours. Emergency shelter case managers shall also be invited by email and shall confirm receipt of the email within 24 hours. The calls for each child/youth shall be scheduled in 15 minute increments.

3) Weekly Shelter Review Participants

- DCFS/POS Permanency Worker, including "Courtesy Permanency Worker";
- DCFS Child Protection Specialist;
- DCFS/POS Supervisor;
- Emergency Shelter Case Manager; and
- Emergency Shelter Review Facilitator.

4) Weekly Shelter Review Content

The Child Protection Specialist or the assigned DCFS/POS Permanency Worker shall weekly submit the **CFS 1452-5, Documented Efforts to Transition Children and Youth from Shelter Placements** to their Supervisor and Area Administrator.

The supervisor shall weekly submit the **CFS 1452-5** for that child/youth to the DCFS Resource Recruitment Staff.

The **CFS 1452-5** for that child/youth will be discussed in the Weekly Regional Review of Emergency Shelter Cases meeting. The worker must send the completed 1452-4 weekly to the Regional Resource Recruitment staff, prior to the weekly staffing.

In addition, the Child Protection Specialist or assigned DCFS/POS Permanency Worker and Supervisor shall be prepared to provide the following information during the review:

- Status of case opening/assignment/handoff and transition (Child Protection);
- Ongoing efforts by the Child Protection Specialist or assigned DCFS/POS Permanency Worker, to explore interim or long term placements with relatives/fictive kin foster homes or return home;
- Date of the CIPP or Clinical Staffing;
- Level of Care established;
- Status of the Central Matching process--matches/rematches;
- Names of agencies that have been matched with the child/youth;
- Client specific information sent to the matched agencies (within 2 business days);
- Delay in agencies responding;
- Difficulty setting up interviews;
- Reasons for placement delay (e.g. Lack of resources due to behavioral/mental health issues; developmental disabilities; pregnant/parenting, sexually problematic behavior);
- Child/youth's unwillingness to participate in interviews;
- Child/Youth is a chronic runner;
- Agencies have accepted child/youth but is "waitlisted" for several months; and
- Date of weekly child/youth visit by the Child Protection Specialist or assigned DCFS/POS Permanency Worker or Courtesy Worker.

5) Weekly Shelter Review Documentation

Findings from the weekly emergency shelter review process shall be documented on a weekly basis by the Resource Recruitment staff on the Shelter Review Tracking Share Point Site.

s) When a Child/Youth Leaves an Emergency Shelter Facility without Authorization

When a child/youth leaves an emergency shelter facility without authorization the facility staff will follow **Procedures 329, Locating and Returning Missing, Runaway, and Abducted Children.** In addition, the facility staff and Department staff shall call any known contacts for the child/youth, interview peer groups likely to know their whereabouts, search community places frequented by the child/youth and check schools and work locations. All actions taken to locate the child/youth will be documented in a Case note.

t) Resolution of Emergency Shelter Program/Facility Issues

The DCFS monitor of each emergency shelter program/facility will document all concerns for the emergency shelter program/facility in a Case note. All serious concerns regarding child/youth safety and welfare shall require the creation of a Corrective Action Plan. When serious and persistent issues identified in the Corrective Action Plan are not resolved the Deputy Director of Regulation and Monitoring must be notified in writing. The Deputy Director will approve and sign off on the issuance of all subsequent related Corrective Action Plans. The Corrective Action Plans shall contain identified sanctions and timelines for serious unresolved issues. All contacts of the Deputy Director of Regulation and Monitoring shall be documented in a Contact note.

A child care facility may have its admissions placed on hold by the Director of the Department whenever unauthorized absences from the facility are excessive; the admissions hold shall remain in effect until the facility has complied with a corrective action plan prescribed by the Department, and if the facility is non-compliant, the Department shall impose licensing sanctions up to and including the revocation of the facility's license.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Distribution: X, Z and C-3

POLICY TRANSMITTAL 99.20

PROCEDURES 301.60 PLACEMENT SELECTION CRITERIA AND THE INTERETHNIC PLACEMENT ACT

DATE: October 15, 1999

TO: Rules and Procedures Bookholders, Child Welfare Staff and Child Protective Staff

FROM: Jess McDonald, Director

EFFECTIVE: October 29, 1999

I. PURPOSE

The purpose of this Policy Transmittal is to issue procedures that guide staff on making placement decisions based on the individual needs of children and the ability of the caregiver to meet those needs. The procedures also explain how staff are to handle situations when race or ethnicity are raised as an issue in the child's placement. The procedures comply with the Federal Interethnic Placement Act and the Resolution Agreement entered into by the Department with the Office of Civil Rights (OCR) of the Department of Health and Human Services (HHS).

II. PRIMARY USERS

The primary users of these rules are all Department and purchase of service agencies staff who place children in foster or adoptive homes, who supervise such placements, or who administer programs which involve placement of children in foster or adoptive homes.

III. DISCUSSION OF FEDERAL INTERETHNIC PLACEMENT ACT

The Department has previously issued three Policy Guides affirming the Federal policy contained in the Multiethnic Placement Act and in Section 1808, Removal of Barriers to Inter-ethnic Adoption Provisions of the Small Business Job Protection Action of 1996, more commonly referred to as the Interethnic Placement Act (IEPA).

Policy Guide 96.12, issued October 1, 1996, was the first to describe the Federal law. In 1994 Congress passed the Howard W. Metzenbaum Multiethnic Placement Act of 1994. This law banned discrimination in the placement of children on the basis of race,

color, or national origin, and required the recruitment of foster and adoptive families who reflect the ethnic and racial diversity of children in the state. The law was intended to:

- decrease the time children wait to be adopted,
- prevent discrimination in the placement of children on the basis of race, color, or national origin,
- prevent discrimination on the basis of race, color, or national origin when selecting foster and adoptive placements, and
- facilitate the development of a diverse pool of foster and adoptive families.

In August of 1996 Congress amended MEPA by passage of Section 1808, Removal of Barriers to Inter-ethnic Adoption Provisions of the Small Business Job Protection Act of 1996. This law was passed in order to strengthen the nondiscriminatory provisions and to provide stiff penalties for violation of the Act.

Any state found in violation of this law will lose considerable federal matching funds. **One finding of noncompliance w ith IEPA co uld result in the los s of millio ns of dollars for the Department.** Private agencies stand to lose federal funding for each fiscal quarter in which there is a finding of noncompliance with IEPA. There are **no exceptions or excuses**.

The federal law prohibits discrimination in adoption and foster care placements and repealed language that had previously permitted consideration of race, color, or ethnicity as one of a number of factors for consideration in determining a child's placement. HHS has affirmed the four critical elements of IEPA:

1. *Delays in placing children who need adoptive or foster homes are not to be tolerated, nor are denials based on any prohibited or otherwise inappropriate consideration;*

2. *Discrimination is not to be tolerated, whether it is directed toward adults who wish to serve as foster or adoptive parents, toward children who need safe and appropriate homes, or toward communities or populations which may heretofore have been under-utilized as a resource for placing children;*

3. *Active, diligent and lawful recruitment of potential foster and adoptive parents of all backgrounds is both a legal requirement and an important tool for meeting the demands of good practice; and*

4. *The operative standard in foster care and adoptive placements has been and continues to be "the best interests of the child." Nevertheless, any consideration of race, color or national origin in foster or adoptive placements must be narrowly tailored to advance the child's best interests and must be made as an individualized determination of each child's needs and in light of a specific*

prospective adoptive or foster care parent's capacity to care for that child. (This must be documented in the case record.)

The above language has been reprinted from the federal Information Memorandum entitled, "Guidance for Federal Legislation," published by the U.S. Department of Health and Human Services, Administration on Children, Youth and Families, June 6, 1997.

Applicability to Placement Decisions

Since the Department of Children and Family Services receives substantial Federal funding, the applicability of the Interethnic Placement Act to the services provided by the Department should be construed liberally. Department and private agency staff (if the agency contracts with the Department) may not discriminate on the basis of race, color, or national origin of a child, or the race, color, or national origin of a prospective adoptive or foster home, as they considers the **unique** needs of a child in making placement decisions that are in the child's best interests.

Placement decisions require a case-by-case approach. An individual case may present facts that require the Department to consider the cultural, ethnic, or racial background of the child and the capacity of the prospective foster or adoptive parents to meet the needs of the child. All Department and private agency staff must ensure that their decisions rest on a **child's particular and documented needs** and not on a set of assumptions that we as individuals may hold as to what a child of a particular racial or ethnic background may need. **The best approach to avoiding IEPA violations is to use care and sound clinical judgment in selecting the first placement for a child who requires substitute care and to avoid delay in selecting a suitable foster or adoptive home.**

In response to the first three Policy Guides, staff have overwhelmingly complied with the intent of the Federal law. However, many workers, supervisors, and administrators requested that specific guidance be given for decision making. In addition, the Office of Civil Rights requires the Department to issue written procedures which explain how "individualized determinations" for a particular child are to be made for the purpose of determining whether or not the issue of race needs to be considered to achieve a placement in that child's best interest. It is toward these ends that the attached revisions to Procedures 301.60 are being released.

IV. REVISIONS TO PROCEDURES 301.60

Revised Section 301.60:

- explicitly forbids the use of race, color, or national origin in placement decisions (Section 301.60 (a) (7));

- explains the procedures that staff are to follow if someone does raise race, color, or national origin as an issue that should be considered in the placement

of a child (Section 301.60 (b) (4)). Included with the procedures is a new form (**CFS 2018, Interethnic Placement Act Assessment Form**), which must be used when race, color, or national origin are raised as placement issues;

- provides criteria for determining and documenting a child's individual needs and how take those needs into consideration when making placement decisions for initial placements and for changes of placements (Section 301.60 (b) (1) (2) and (3));

- requires that the Department give the child's caregiver 14 day prior notice of the Department's intent to remove the child (Section 301.60 (b) (5));

- requires that caregivers be selected who meet the documented individual needs of the child (Section 301.60 (c)); and

- gives workers a concrete tool (the **CFS 2017, Child/Caregiver Matching Tool**) to match the capacity of the caregiver with the individual needs of the child and to document that the placement decision was based on those factors.

In addition to the revisions made as a result of the Interethnic Adoption Act, other minor modifications were made to some of the other placement criteria such as 301.60 (a) (5) Relatives, (6) Native Americans, and (7) Communication Requirements. Revisions have also been made to 301.60 (a) (8), Children of Hispanic or Latino Origin, which formerly applied to Cook and Aurora Regions and are now applicable statewide. Please read all sections carefully.

V. TRAINING

As part of the Resolution Agreement with the Office for Civil Rights, the Department must conduct training on these new procedures for all Department direct service staff, supervisors, and POS trainers by the end of October 1999.

VI. MONITORING COMPLIANCE

The Office of Civil Rights of the Department of Health and Human Services receives and investigates IEPA violation complaints, and conducts independent reviews in Illinois and in other states to determine compliance with IEPA.

VII. FILING COMPLAINTS

If anyone, including staff, is aware of an IEPA violation or wishes to file a complaint, he/she may contact the Department's IEPA Monitor.

Carolyn Cochran Kopel has been designated as the Department's IEPA Monitor. Ms. Kopel will oversee implementation of the IEPA requirements and track any complaints. Questions regarding implementation or complaints may be directed to:

Carolyn Cochran Kopel
Director's Office
Department of Children and Family Services
406 E. Monroe Street
Springfield, Illinois 62701
(217) 785-2509

It is essential that you take the necessary action in each individual case you handle to comply with IEPA as there will be severe financial penalties to DCFS and to any private agency which is found to be in violation of IEPA.

The Department will protect anyone who reports IEPA violations from retaliation for having made the report.

VIII. QUESTIONS

Workers questions regarding how these procedures apply to individual cases shall be directed to their supervisors. Additional guidance may be obtained from the Regional Field Service Managers and Clinical Coordinators.

Requests for interpretation of Department written policy pertaining to Procedures 301.60 shall be directed to:

Bill Duda, Supervisor
Child Welfare and Child Protection Policy Unit
Office of Child and Family Policy
406 E. Monroe Street
Springfield, Illinois 62701
217 – 524 – 1983 FAX 217 – 557 – 0692

IX. FORMS

New forms **CFS 2017, Child/Caregiver Matching Tool** , and **CFS 2018, Interethnic Placement Act Assessment Form**, are attached. Additional supplies of the form may be ordered from Central Stores in the usual manner.

X. FILING INSTRUCTIONS

Remove yellow page procedures Section P 301.60 in its entirety and replace with the attached revised Section 301.60. Place this Policy Transmittal (cover sheet) with the revised procedures Section 301.60. Remove yellow page Procedures 300.120 – (7)

through 300.120 – (12) and replace with the attached revised page 300.120 – (7) through 300.120 – (12). The following Policy Guides are rescinded and may be discarded:

- Policy Guide 96.12 dated October 1, 1996

- Policy Guide 99.04 dated February 23, 1999.

== Section 301.60 Placement Selection Criteria

All placements are to be made consistent with the best interests and special needs of the children. The Department recognizes the importance of maintaining sibling relationships in those situations when children must be placed away from their parents. When a sibling group must be removed from their home, the Department should do everything in its power to place the children together. The assigned permanency worker shall ensure that every child entering substitute care receives the DCFS publication **CFS 1050-95*, How to Connect With Your Brothers and Sisters.***

When children are removed from the care of a custodial parent, the Department shall explore whether the non-custodial parent would be a suitable caregiver for the children. If placement with the non-custodial parent is not consistent with the best interests and special needs of the children or if the non-custodial parent is not a suitable caregiver for the children, a substitute care placement shall be sought.

Priority shall be given to a placement (whether related or unrelated) that is willing and able to accept an entire sibling group. If another sibling is already in substitute care, placement shall be sought in the same home where the sibling resides before other placements are considered unless the case meets one of the exceptions in **Section 301.70, Sibling Placement**. When the children cannot be placed together, the permanency worker shall ensure that the children entering care and the siblings already in care have received the DCFS publication **CFS 1050-95**, ***How to Connect With Your Brothers and Sisters.***

When placement cannot be made with a non-custodial parent or another sibling, another substitute care placement shall be sought for the children. When the children have siblings in care, and cannot be placed together, the children should be placed with a provider or caregiver that is willing and able to actively participate in developing and supporting the sibling relationships.

a) Required Placement Criteria

1) Least Restrictive

Placement in 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 child care institution, the child need not be placed in a foster family home 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.

2) Proximity to Home

It is important to maintain the continuity of children's educational and social relationships. Therefore, whenever possible, the placement for the child should be located in the same community and the same school district, unless there is a good reason to the contrary. Examples of good reasons might include the child's

involvement with gang or drug activity, believable threats of violence from or abduction by the parents, or close proximity to a perpetrator of sexual abuse. If it is not possible or not desirable to place a child within the same community or school district, document on the Family Service Plan the reason a placement outside the community or school district was selected.

When the permanency goal is return home, a child should be placed in reasonable proximity to the child's family (not exceeding 50 miles) to allow for visitation. Any special needs, which a child may have requiring placement more than 50 miles from the child's family must be documented on the Family Service Plan and the rationale for the placement selection, detailed. Placement in out of state residential facilities shall not exceed 150 miles from a child's home unless:

A) the child has unusual and special needs requiring a placement which provides specialized services; and

B) no placement providing comparable specialized services exists within Illinois.

== **3) Race, Ethnicity and National Origin**

Placement in a foster or adoptive family home shall not be denied or delayed on the basis of the race, color, or national origin of the child, or the foster or adoptive family home members. If someone raises race, color, or national origin as an issue in the placement of a particular child, the placing worker or any other staff member who is or becomes aware that race, color or national origin has been raised as an issue or potential issue shall immediately request an individualized clinical staffing as described in subsection (b)(4), Addressing the Issue of Race in Placement.

4) Same Religion

A child placed in a foster family home, relative home, group home or residential facility shall be placed, when possible, in a placement where the religious affiliation is the same as that of the child or the child's parents. When the religious affiliation differs and the child is age 11 or under, the parents shall be asked to complete and sign the **CFS 589, Consent For Religious Instruction/Church Attendance**, indicating parental consent regarding the child's religious instruction and church attendance. Parental refusal to sign the **CFS 589** shall be documented in the child and parent case records.

A child age 12 or older shall be allowed to choose his/her own religious preference and church attendance. The rationale for placement in a setting with a religious background, which differs from the child or that of the parents shall be documented on the Family Service Plan.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Distribution: X and Z

POLICY GUIDE 2008.02

MEXICAN CONSULATE NOTIFICATION OF MEXICAN OR MEXICAN AMERICAN MINORS IN THE CUSTODY/GUARDIANSHIP OF THE DEPARTMENT

RELEASE DATE: May 16, 2008

TO: Rules and Procedures Bookholders and Child Protective and Child Welfare Staff

FROM: Erwin McEwen

EFFECTIVE DATE: Immediately

I. PURPOSE

This Policy Guide replaces Policy Guide 2004.02, Mexican Consulate Notification of Mexican or Mexican American minors in the Custody of the Department. The Memorandum of Understanding between the State of Illinois, Department of Children and Family Services and the Consulate General of Mexico in Chicago, provides for early identification of Mexican or Mexican American minors taken into protective custody by the Department. The child welfare practice issues inherent in the Memorandum of Understanding are directed toward ensuring that the needs of Mexican or Mexican American minors are met when their families are temporarily or permanently unavailable. This revised policy addresses procedures that will facilitate the early coordination of legal and social services to children and their relatives that may be necessary to achieve permanency for the child, including providing the least restrictive placement and supportive services to maintain family ties, ensure appropriate visitation and maintain the child's ethnic, religious and cultural identity.

The Memorandum of Understanding between the Department of Children and Family Services and the Consulate General of Mexico requires DCFS to notify the Mexican Consulate when a child is determined to be of Mexican ancestry. In order to comply with this requirement DCFS child protection and child welfare and POS workers are to notify the Office of Latino Services which is responsible for notification to the Mexican Consulate.

II. PRIMARY USERS

The primary users of this Policy Guide are child protective and child welfare staff of the Department and Purchase of Service (POS) agencies.

III. BACKGROUND INFORMATION

The Consular Convention between the United States of America and the United Mexican States (Bilateral Convention) and the Vienna Convention on Consular Relations (Vienna Convention) provide for consular notification and access in cases where foreign nationals are involved in legal proceedings. These treaties establish the right of representatives or agents of any embassy or consulate of a foreign government to freely communicate with, and have access to, its nationals without interference from the host state.

The Department recognizes the importance of early identification of Mexican or Mexican American minors taken into protective custody in order to protect the fundamental rights of Mexican Nationals and, to the extent possible, provide all of the protections afforded to them by the Vienna Convention, the Bilateral Convention and all other applicable treaties and laws.

IV. DEFINITIONS

"Mexican" means any person who is a national of Mexico, regardless of immigration status in the United States. For consular notification purposes, a minor reported as born in Mexico will be assumed to be a Mexican national.

"Mexican minor" means any unmarried person who is under the age of eighteen and was born in Mexico.

"Mexican American minor" means any unmarried person who is under the age of eighteen, was born in the United States, and who is eligible for Mexican nationality as the biological child of at least one Mexican national.

"Mexican custodian" means the non-parental caretaker of a Mexican minor, who has been entrusted by a parent(s) with the day-to-day care of the minor for any period of time.

"DIF" means the Agency For Integral Family Development. This is the agency in Mexico charged with ensuring the welfare of minors.

V. DETERMINATION OF MEXICAN LINEAGE

Child protection workers are required to establish ancestry of every child taken into protective custody. At the beginning of an investigation, child protection workers will distribute the pamphlet **CFS 1050-26, Guide for Parents who are Mexican Nationals**, to all Hispanic subjects of reports. In addition, the Memorandum of Understanding between the Illinois Department of Children and Family Services and the Consulate General of Mexico requires the Department to notify the Mexican Consulate in writing within ten working days of the decision to take protective custody of a Mexican or Mexican American minor or at any time one of the following occurs:

- A child for whom the Department is legally responsible (including protective custody) is identified as having Mexican ancestry.

- A parent or custodian of a Mexican or Mexican American minor requests that the consulate be notified.
- The Department learns that a non-custodial parent resides in Mexico.

VI. RIGHTS OF CHILDREN AND FAMILIES OF MEXICAN ANCESTRY

Each month, the Office of Latino Services is notified of every case that has been opened for a Hispanic child. Children who are determined to be of Mexican ancestry and who are age appropriate, and their parents or custodians shall be advised that:

- They have the right to freely communicate with consular officers of their country.
- The Mexican Consular Representatives may interview Mexican or Mexican American minors in the custody of the Department.
- The Mexican Consulate can receive specific information, otherwise confidential regarding the reason protective custody of the Mexican minor was taken.
- The Mexican Consulate can assist the Mexican child, parents or custodians in legal proceedings.

VII. INFORMATION PROVIDED TO THE MEXICAN CONSULATE

The DCFS Office of Latino Services is responsible for the notification to the Mexican Consulate and to the Guardianship Administrator that a Mexican or Mexican American minor is in the custody/guardianship of the Department. The initial notification provided to the Mexican Consulate by the Office of Latino Services shall include the name of the minor; the minor's date of birth, if known; the names, address and telephone number of the parents or custodians, if known; the consent of the parents or custodian to the disclosure; and the name and telephone number of the assigned Department caseworker and the caseworker's supervisor. Workers are to complete the **CFS 1000-6, Notification to Mexican Consulate** (attached) and submit it to the Office of Latino Services as indicated in section XI of this Policy Guide.

VIII. CONSULATE ACCESS TO MEXICAN OR MEXICAN AMERICAN MINORS IN THE CUSTODY OF THE DEPARTMENT

Although Consular Representatives have the right to interview Mexican minors in the custody of the Department, they must first obtain the approval of the Office of the Guardianship Administrator to interview Department wards who are of Mexican American ancestry. All interview requests must be submitted to the Guardianship Administrator or designee.

IX. SPECIAL IMMIGRANT JUVENILE STATUS FOR MEXICAN MINORS

The Mexican Consulate will assist the Department in obtaining the necessary documentation from Mexico for Mexican minors in the Department's custody who are eligible for Special Immigrant Juvenile status.

X. ASSISTANCE PROVIDED BY MEXICAN CONSULATE REGARDING DIF

The Mexican Consulate can assist DCFS and POS caseworkers in obtaining appropriate home studies of families in Mexico who may be resources for these Mexican minors by contacting the DIF. The Mexican Consulate will also ensure that the DIF provides appropriate and necessary services to Mexican minors for whom the Department is legally responsible when they are placed in Mexico, including having monitoring reports forwarded to DCFS and POS caseworkers.

XI. INSTRUCTIONS TO DCFS AND POS STAFF

A. Identification of Children of Mexican Ancestry

DCFS and POS child protection workers and permanency workers are required to notify the Office of Latino Services within five working days of:

- Taking protective custody of a Mexican or Mexican American minor;
- Identifying a child for whom the Department is legally responsible as having Mexican ancestry;
- Receiving a request from the parent or custodian of a Mexican or Mexican American minor to notify the consulate; or
- Learning that a non-custodial parent lives in Mexico.

B. Required Consent to Release Information

In order for the Department to notify the Mexican Consulate of a child(ren) of Mexican ancestry, the child protective services worker or the permanency worker must obtain the written consent of the parent(s) or custodians using the **CFS 600-3 Consent for the Release of Information**. If the parent(s) or custodian(s) refuse to sign the consent, the worker shall document the refusal in the space provided on the **CFS 1000-6**. While information cannot be released to the Mexican Consulate without the consent of the parent or custodian, workers are still required to submit the **CFS 1000-6** to the Office of Latino Services.

C. Notification to the Office of Latino Services

When a child is determined to be of Mexican ancestry, the DCFS or POS worker is required to:

1. Complete the **CFS 1000-6**;

2. Obtain the written consent of the parent or custodian to notify the Mexican Consulate by completing the **CFS 600-3**; and

3. Submit the **CFS 1000-6** and **CFS 600-3** (when signed) by fax to; Chief, DCFS Office of Latino Services at (312) 808-5134.

The Office of Latino Services is responsible for informing the Mexican Consulate of Mexican or Mexican American minors protected by the Memorandum of Understanding between the Illinois Department of Children and Family Services and the Consulate General of Mexico.

XII. RELATED POLICIES

A. **Procedures 327, Appendix F Immigration /Legalization Services for Foreign-Born DCFS Wards** describes the application process for attaining legal (citizenship) status for a child born outside of the United States. **Attachment 1, Immigration Services Alert,** informs DCFS and POS workers of the requirement to determine a child's legal (citizenship) status and explains the benefits and services that may be unavailable to a child who does not become a legal permanent resident of the United States. **Attachment 2, Emergency Care Plan for Children with Undocumented Caregivers,** describes the DCFS or POS worker's responsibility to develop an emergency care plan for children in the event that their caregiver is detained due to his or her undocumented legal status in the United States. Attachment 2 also includes a list of resources and advocates for immigrants and the consulates in Illinois.

B. **Policy Guide 2008.01 Licensing, Payment and Placement of Children with Undocumented Relatives** provides DCFS and POS staff with step-by-step instructions on the placement of children with undocumented relatives; the procedures that must be followed for the caregiver to receive reimbursement for the child's care and on the single change in the licensing application when the caregiver's legal status is undocumented. Policy Guide 2008.01 is filed behind Procedures 301.60.

XIII. QUESTIONS

Questions concerning this Policy Guide may be directed to the Office of Child and Family Policy at 217/524-1983 or e-mail through Outlook at OCFP Mailbox or cfpolicy@idcfs.state.il.us for non-Outlook users.

XIV. ATTACHMENT

CFS 1000-6, Notification to Mexican Consulate (Rev. 04/2008)

XV. FILING INSTRUCTIONS

Child Protective Services Workers shall remove Policy Guide 2004.02 found behind Section 300.80 of Procedures 300 and file the attached Policy Guide in its place. Child welfare staff shall remove Policy Guide 2004.02 found behind Section 301.60 of Procedures 301 and file the attached Policy Guide in its place.

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DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Distribution: X and Z

POLICY GUIDE 2003.06

SPECIALIZED FOSTER CARE

DATE: April 11, 2003

TO: Rules and Procedures Bookholders

FROM: Jess McDonald

EFFECTIVE DATE: Immediately

I. PURPOSE

This Policy Guide replaces Policy Guide 2002.07. The instructions for accessing specialized foster care for cases stepping down from institutions and group homes have been removed from this Policy Guide. A separate Policy Guide will be issued for those cases.

The purpose of this Policy Guide is to provide instructions to staff on the **CFS 418-J, Checklist for Children at Initial Placement,** and the process for specialized foster care and to provide answers to frequently asked questions.

II. PRIMARY USERS

The primary users of this Policy Guide are all DCFS and POS staff responsible for making the decision for placement of children.

III. CHECKLIST FOR CHILDREN AT INITIAL PLACEMENT

Effective immediately, the attached **CFS 418-J, Checklist for Children at Initial Placement**, must be completed and submitted to the regional assignment unit (CAPU for Cook County, APT for Downstate Regions) for all children entering substitute care, even if the child was previously placed in substitute care.

If ANY of the items other than 'none' are selected on the **CFS 418-J**, the worker making the decision to place a child should fax this form and supporting documentation, as indicated in Section IV B that follows, to the DCFS Specialized Foster Care Gatekeeper at 312-814-1905 (fax).

There will be instances in which the child's special needs will not be known and/or documented at the time of initial assignment. If any of the conditions included on the Checklist (**CFS 418-J**) become known and documented within the first ten days after assignment via rotation, the child's case should be referred to the DCFS Specialized Gatekeeper for an Expedited Review in accordance with the process in Section IV B, of

this Policy Guide.

Children with special needs identified more than ten days after assignment should access System of Care (SOC) services to support the child in placement. A child that is severely compromised where his/her functioning in all domains (foster home, school, community) are significantly impaired, may be considered for a DCFS Specialized Gatekeeper Scheduled Review only after SOC services have been accessed.

IV. NEW PROCESS FOR SPECIALIZED FOSTER CARE

A. Eligible Children

The following categories of children are appropriate to refer to the DCFS Specialized Foster Care Gatekeeper for review:

- children in initial placement where the child has severe, chronic conditions that require a highly structured program; and
- children in a licensed foster care placement that have gone through System of Care (SOC) services and due to the severe, chronic nature of their disability, SOC is recommending that the child be placed in a specialized foster care program.

B. Process to Request a Review for Specialized Foster Care

1. In order for a review to occur, a packet must be completed for each child and faxed to the DCFS Specialized Foster Care Gatekeeper at 312-814-1905 or mailed to:

   DCFS Specialized Foster Care Gatekeeper
   100 W. Randolph, Suite 6-100
   Chicago, IL 60601

2. The packet must include the following information:

   - **CFS 418-J, Checklist for Children at Initial Placement (applicable only for children new to the system)**
   - **CFS 418-K, Specialized Foster Care Review Committee Coversheet**
   - A summary of the child's needs, including diagnosis, statement as to why a more intensive setting is needed, what services are (or have been) put in place, and what additional services the child needs;
   - The child's substitute care placement history;
   - If the child was recently referred to SOC, state the services that were requested and the outcome. Also submit a copy of the child's plan developed through SOC;
   - **CFS 418-F, Certification of Mental Health/Behavioral Special Needs** and/or **CFS 418-E, Certification of Medical/Physical Special Needs** (original copies);

- **Recent** supporting documentation that describes the child's identified needs; and
- Current social history.

The supervisor must sign the **CFS 418-K** verifying that the information is accurate.

C. Review by the Specialized Foster Care Gatekeeper

1. Decisions made by the Department will be sent in writing to the caseworker. Outcomes of the Gatekeeper's review may entail: request for additional assessment; specific services that should be accessed; referral to SOC for case coordination; or determination of whether a child should be referred to a specialized foster care program. In certain situations the Gatekeeper may request a staffing (in-person or by phone) to discuss the needs of the child.

2. Children who are determined appropriate for specialized foster care must be referred to a private agency that has a program that matches the child's identified special needs. The gatekeeper will assist in this matching. The child's case will be transferred to the specialized foster care private agency. The foster parent can choose to remain licensed with DCFS or another agency or transfer their license to the specialized foster care agency.

3. If a child is authorized to enter a specialized foster care program and the case management agency is different from the licensing agency, the board rate will be set in accordance with the rate provided by the case management agency.

D. Placement Steps after Authorization is Received

1. After approval by the DCFS gatekeeper, the worker will need to contact the placement clearance desk (PCD) to receive authorization to place a child with a specific licensed provider in accordance with Procedures 301, Appendix E. The PCD staff will verify via CM-18 that approval for a specialized foster care placement has been given and will issue a clearance number to the worker unless there are other issues that prohibit placement with the provider.

2. The worker must complete a **CFS 906, Placement/Paymen t Authorization Form,** and call the **CFS 906** into the appropriate business unit.

3. If PCD does not approve the placement, the worker must contact the Gatekeeper at 312-814-6880 for consideration of another identified foster home or to seek placement with another specialized foster care program.

4. If the agency providing ongoing case management changes due to approved entry into a specialized foster care program, the worker must submit a completed **CFS 1425, Change of Status** form to the regional agency performance team (APT). If the case is an initial placement then the worker is responsible for all of the regular case opening processes specified in administrative procedures.

V. FREQUENTLY ASKED QUESTIONS

1. If the level of care (LOC) was completed prior to 5/2/02 on an unlicensed relative caregiver, and a specialized special service fee was approved, will that fee continue?

Yes, the caregiver should continue to receive the specialized special service fee as long as the child remains placed in the same home. The Specialized Foster Care Gatekeeper will need to review the case if the child moves to a new placement.

2. If a LOC was completed prior to 5/2/02 and the child is later placed out of the home for 30 days or less (e.g. hospitalization, being on run, or detention) and then returned to the same caregiver, will the board rate still be grandfathered in at the existing rate?

As long as the placement outside of the caregiver's home is 30 days or less and the child returns to the same home, the board rate will remain at the same level and the case will not have to be reviewed through the DCFS Specialized Foster Care Gatekeeper.

3. Does the administrative rate for cases in specialized foster care prior to 5/2/02 remain the same?

The administrative rate paid to a POS agency will be subject to reviews in the future. If the child no longer requires the services offered in a specialized foster care program, the administrative rate may be decreased to the HMR/Traditional amount. If one of these children moves into a new foster home after 5/2/02, the DCFS Specialized Foster Care Gatekeeper must be notified.

4. Will a child who was in specialized foster care prior to 5/2/02 always be entitled to the same board rate?

These children will remain at the same board rate as long as the child remains in the same foster home. The Specialized Foster Care Gatekeeper will need to review the case if the child moves to a new placement.

5. Will agencies continue to be responsible for completing the scheduled reviews as stated on the tickler reports for children in specialized foster care?

The tickler reports will no longer be distributed. Until agencies receive further notice, they will not be responsible for completing reviews on children currently in specialized foster care. Notice will be sent out to all specialized foster care providers of any reviews that may take place in the future.

6. If a child did not qualify for specialized foster care and a re-review/appeal was requested prior to 5/2/02 will it still occur?

Yes, a re-review/appeal will take place as laid out in Policy Guide 2001.03 as long as the LOC was submitted prior to 5/2/02 and the request for the re-review appeal is submitted within 60 calendar days of the LOC effective date of the original LOC review.

7. If a worker or foster parent wants to request a re-review on a case that was originally reviewed prior to 5/2/02, to whom should the request be sent?

The request for a re-review should be sent to the LOC Reviewer in the region where the original LOC review was completed as long as the re-review is requested within 60 calendar days of the LOC effective date of the original LOC review.

8. If the LOC expired, and the agency's rate was reduced what, if any, impact does this have on the foster parent board rate?

The board rate to the caregiver in these situations remains the same. A specialized special service fee is issued to the private agency for the foster parent. Agencies are responsible for passing on this specialized special service fee to the foster parents. Likewise, the board rate for children in DCFS homes with expired LOC reviews will not be impacted.

9. If a child on my caseload is placed out of state, but I would like to request a specialized foster care program, increased service provisions or some equivalent, what is available and how should I proceed?

Workers can request a specialized special service fee for children in out of state placements with needs greater than a typical relative or traditional placement from the DCFS Specialized Foster Care Gatekeeper. If approved, the Gatekeeper will send the approval to the central office unit for entry of payment.

10. If the LOC expired prior to 5/2/02 and the child is going into an adoption or guardianship arrangement where financial assistance will be issued on behalf of an eligible child, what will the subsidy rate be?

The adoption assistance or subsidized guardianship subsidy should reflect the negotiated amount not to exceed the current board rate plus the specialized special service fee that was put in place to hold the board rate at

the same level. POS adoption liaisons will use the subsidy verification process to confirm the proposed subsidies. DCFS subsidies will go through the standard approval process.

12. Can a subsidy be increased if a LOC review was not submitted to DCFS prior to 5/2/02?

Only in situations where the DCFS Gatekeeper has approved a child to enter a specialized foster care program.

13. Will any of the changes in specialized foster care impact performance contracts?

Cases that were stepped down to HMR/Traditional foster care prior to 5/2/02 have been counted as new intake for relative or traditional contracts and will be factored into any outcome measures.

Children with an expired LOC who achieve permanency will count as a specialized positive outcome if the outcome occurred within the last 90-days of the change in specialized status. Otherwise, the case will be counted as HMR or Traditional positive outcome.

VI. QUESTIONS

Questions about this Policy Guide or other specialized foster care issues may be directed to Alexis Oberdorfer at 312/814-6870.

VII. ATTACHMENTS

CFS 418-E, Certification of Medical/Physical Special Needs
CFS 418-F, Certification of Mental Health/Behavioral Special Needs
CFS 418-J, Checklist for Children at Initial Placement
CFS 418-K, Specialized Foster Care Review Committee Coversheet

These forms can be ordered in the usual manner. They are also available as templates on the T-Drive and on the DCFS Web page.

VIII. FILING INSTRUCTIONS

Remove Policy Guide 2002.07 in Procedures Section 301.60, Placement Selection Criteria and replace with this Policy Guide.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Distribution: X and Z

POLICY GUIDE 2003.07

MATCHING CHILDREN IN RESIDENTIAL FACILITIES WITH SPECIALIZED FOSTER CARE PROVIDERS

RELEASE DATE: April 11, 2003

TO: Rule and Procedures Bookholders and DCFS and Purchase of Service POS) Staff

FROM: Jess McDonald

EFFECTIVE DATE: Immediately

I. PURPOSE

The purpose of this Policy Guide is to issue a new process that will be used for matching children in residential facilities with a specialized foster care provider. This matching process will be used statewide. No region is permitted to add any other process or approval requirements to those specified in this Policy Guide.

II. PRIMARY USERS

The primary users of this Policy Guide are DCFS and POS agency caseworkers, supervisors and managers who are serving children for whom DCFS is legally responsible and staff from residential programs.

III. BACKGROUND INFORMATION

There are different mechanisms that have been used for matching children in residential facilities with specialized foster care programs. This Policy Guide supercedes all processes that are currently in place and creates a uniform process that will be used to identify, staff, and match children in residential facilities with specialized foster care programs.

IV. DEFINITIONS

"Quarterly Matching Meeting" (QMM) means a quarterly meeting or series of meetings where the region will present all of the children in residential facilities who will be ready for step down into foster care within the next 6 months and do not have a placement identified. All agencies in the region that have a specialized foster care program open for new referrals will be invited to attend these meetings.

"DCFS Regional IGH to Specialized Foster Care Step Down Coordinator"(herein referred to as "Coordinator") means a Department employee who is appointed by the Regional Administrator to coordinate the QMM and to monitor the matches that are made with specialized foster care programs. A list of these Coordinators can be found in Appendix A of this Policy Guide.

"Residential Facilities" means Department contracted institutional and group home care providers. Psychiatric hospitals, Department of Corrections, Detention, community integrated living arrangements (CILA), and long term nursing care facilities are not included.

V. ELIGIBILITY CRITERIA

Each DCFS Coordinator will be responsible for identifying the children who will be included in the QMM. Prior to the QMM, the Coordinator will review all children in their region who are placed in a residential facility to determine which children will be presented. During this internal review process, children may be determined to be inappropriate for the QMM due to any of the following reasons:

- A specific specialized foster care placement has already been identified for the child. (NOTE: It is essential that the region check with previous foster care providers for the child and with the residential center to determine that there are no parties who have already expressed an interest in having the child placed with them.)
- The child is scheduled to be reunified with his/her parent upon discharge.
- A clinical decision documented in writing has been made jointly between the residential facility and the Department that the child will not be ready to step down within a 6-month time frame.
- A clinical decision documented in writing has been made jointly between the residential facility and the Department that the child will be more appropriate for a living arrangement other than specialized foster care upon discharge.
- The residential facility where the child resides has a specialized foster care program that is open for intake and is willing to find a placement for the child within their continuum. If the agency has not identified a specific specialized foster care placement by the time of the next QMM, the child will be included in that QMM.

After reviewing all children who are in a residential setting, excluding children that fall into one of the categories listed above, the DCFS Coordinator will develop a list of children that will be presented during the next QMM.

VI. MATCHING PROCESS

Each region must have a QMM during which they present case information on children in residential facilities who have been determined to be appropriate for discharge within the next six months to a specialized foster care placement. All specialized foster care programs that are open for referrals and serve children within the region will be notified in writing of the QMM at least 2 weeks prior to the

scheduled date. The notice to the agencies must state the names and birth dates of the children who will be presented, along with their primary special need: complex medical conditions, emotional/behavioral special needs, or specialty needs such as sexually problematic behaviors or developmental delays. Residential providers of the children being presented must also receive written notice at least two weeks prior to the QMM. Each region will determine an agenda for the QMM and include it in the notice to the providers.

A. Clinical Summary for Quarterly Meeting

The DCFS caseworker/supervisor will develop a clinical summary by completing form **CFS 2016, Child Clinical Summary,** prior to the QMM. All agencies present at the QMM will receive a copy of the clinical summary.

B. Quarterly Matching Meeting

During the QMM, the Department caseworker and/or supervisor will present the information in the clinical summary and answer any questions from the providers. All children will be presented individually, allowing ample time for questions and discussion.

C. Residential Facility Participation

Staff from the residential facilities must be available to provide updated clinical information on the children during the QMM. Participation can be done in person, on the phone, or through a recent treatment report that they send to the DCFS Coordinator in advance of the QMM.

D. Required Notification by Provider Agencies

Within one week after the QMM, agencies must notify the DCFS Coordinator in writing if they have a potential placement or are interested in pursuing a placement search for one of the children presented. The agency must provide the name of the child, the name of their agency, a contact person from their agency, and a description of the potential placement and/or a brief overview of the recruitment process that they will use to identify a placement for the child.

E. Choosing the Agency to be Matched with the Child

- <u>Multiple agencies that have a specific specialized foster care placement identified:</u>
  If multiple agencies state that they have a specialized foster care placement identified for the child, the region will determine which agency appears to be the best match for the child. Preference will be given to agencies that have siblings of the child, agencies that have previously worked with the child and have a good record of being able to meet his/her needs, and agencies whose specific home is in closest proximity to the child's local community. When such preferences do not exist, the

region will pick one agency to pursue placement for the child. The DCFS Regional IGH to Specialized Foster Care Step Down Coordinator will notify the agency that is chosen for the match, as well as those not chosen. The matched agency will submit a written report each month to the Coordinator that states the progress that has been made in stepping the child down to the identified placement. If the step down placement does not take place prior to the next QMM and/or the agency decides that they do not have an appropriate step down placement, the child will be presented at the next QMM and/or matched with one of the other agencies that initially identified a specific placement for the child.

- Multiple agencies that want to search for potential placements:
  If multiple agencies express an interest in pursuing placement options for a child but none of them have a specific specialized foster care placement identified, the region will request all of the agencies that have expressed an interest in the child to pursue placement options. If one of the agencies locates a potential placement and wants to begin pre-placement visits, the region will inform the other agencies to stop their search. If none of the agencies have identified a potential placement by the next QMM, the child will be presented again.

- No matches are identified:
  If there are no agencies that state an interest in locating a placement for a child, the Department worker/supervisor will work with the DCFS Specialized Gatekeeper to identify and contact specialized foster care programs that may have a placement for the child. The child will continue to be presented at the QMMs.

F. Tracking Matches

The DCFS Coordinator will be responsible for tracking the matches that are made with specialized foster care agencies, including foster home pre-placement visits and the status of the step down placements. The Coordinator will monitor the matches on a monthly basis to ensure that progress is being made in facilitating an appropriate step down placement for the children. The region can re-match a child at any time if they feel that the agency is not diligently trying to secure a step down placement for a child. The DCFS Coordinator must submit quarterly reports to Operations that summarize the number of children presented during the quarterly matching meeting, the number of children that were matched, the number of children that have stepped down, and the barriers that they have encountered with the matching process.

VII. CASE MANAGEMENT RESPONSIBILITIES

The assigned Department case manager responsibilities include the following:

- Maintaining all casework responsibilities until the child steps down into a placement with a private agency.

- Coordinating the meetings between the residential facility and the private agencies matched with the child.
- Ensuring that the private agencies have the information needed in order to secure a step down placement.
- Assisting with all vital transition issues such as school enrollment.
- Monitoring the progress that is made by the private agencies in securing a step down placement for the child.

The private agency is responsible for the following:

- Locating a specific specialized foster home and preparing the foster parent(s) for the child.
- Collaborating with the Department case manager and the IGH facility to determine the child's special needs and the services that should be in place when the child steps down to a family environment.
- Once a placement has been identified, facilitating the pre-placement visits and ensuring that placement clearance is given.
- Working jointly with the DCFS case manager on transition issues such as school enrollment.
- If a capacity waiver is needed for the home, submitting this request before the placement occurs.

The residential facility is responsible for the following:

- Providing the DCFS Coordinator with updated treatment reports prior to the QMM and/or participate in the QMM when children at their facility are being presented.
- Collaborating with the Department case manager and private agency to facilitate the step down process including providing necessary information/reports, participating in the meetings, and cooperating with visits planned with the prospective foster parents.

VIII. SPECIAL REACH IN PAYMENT FOR YOUTH STEPPING DOWN FROM INSTITUTIONS AND GROUP HOMES

A specialized foster care agency will be eligible for a special 'reach in' payment when a child is stepped down into their home from a residential setting provided that the private agency did not maintain case management while the child was in the residential facility.

A one-time payment of $1,500 will be paid when the child is actually moved into the specialized foster care placement. Once the child has moved, the private agency must call in the **CFS 906/CFS 906-1** and the **CFS 1425** (only submit when requested by the Department). The **CFS 1042** billing must be attached to the **CFS 968-75, Provider Matching Acceptance Form for Reach In** and submitted to the DCFS Regional IGH to Specialized Foster Care Step Down Coordinator. The only sections of the **CFS 1042** that must be completed include the name and ID of the child stepping down, the signature of the POS provider, the total amount, and the TOS code of 0118.

The DCFS Regional IGH to Specialized Foster Care Step Down Coordinator will sign the **CFS 1042** authorizing payment to the private agency. The signed CFS **1042** billing summaries and the **CFS 968-75** must be submitted by the DCFS Coordinator to:

Central Office Client Payment Unit
406 East Monroe- Mail Station #438
Springfield, IL 62701

After verification of the **CFS 906/906-1** and that the case manager has been updated in the Department's CYCIS system, the Central Office Payment Unit will process the reach in-payment.

IX. QUESTIONS

Questions regarding this Policy Guide should be directed to the Office of Child and Family Policy at 217-524-1983.

X. ATTACHMENTS

Appendix A – List of DCFS Regional IGH to Specialized Foster Care Step Down Coordinators
Appendix B – **CFS 2016, Child Clinical Summary**
Appendix C – **CFS 968-75, Provider Matching Acceptance Form for Reach In**

XI. FILING INSTRUCTIONS

File this Policy Guide in Procedures 301, Section 301.60 between pages 2 and 3.

APPENDIX A

LIST OF DCFS REGIONAL IGH TO SPECIALIZED FOSTER CARE STEP DOWN COORDINATORS

Region	Name	Address	Phone Numbers	Email
Cook North	Sari Rowitz	1911 S. Indiana Chicago, IL 60616	312-328-2484 Fax: 312-328-2688	SRowitz@idcfs.state.il.us
Cook South	Lorne Garrett	6201 S. Emerald Chicago, IL 60621	773-371-6015 Fax: 773-371-6534	LGarrett@idcfs.state.il.us
Cook Central	Marilyn Hyde	4909 W. Division Chicago, IL 60651	773-854-1758 Fax: 773-854-2215	MHyde@idcfs.state.il.us
Northern	Gregg Fliehler	107 N. Third St Rockford, IL 61107	815-967-3749 Fax: 815-967-3768	GFliehle@idcfs.state.il.us
Southern	Linda Karfs	#10 Collinsville Ave – Ste 104 East St. Louis, IL 62201	618-583-2047 Fax: 618-583-2147	LKarfs@idcfs.state.il.us
Central	Lynda Petrick	1806 Woodfield Dr Savoy, IL 61874	217-278-5300 Fax: 217-278-5321	LPetrick@idcfs.state.il.us
	Anne Bergstrom	5415 N. University Ave Peoria, IL 60614	309-693-5315 Fax: 309-693-4907	ABergstr@idcfs.state.il.us

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== **5) Relatives**

Relative home care shall be explored for children for whom the Department is legally responsible who can be placed in a family structured living arrangement. Placement shall be made only with relative caregivers who are licensed as foster family homes under the provisions of **89 Ill. Adm. Code 402, Licensing Standards for Foster Family Homes**, or if unlicensed, who meet the placement selection criteria of Rule **Section 301.60, Placement Selection Criteria**, and the requirements of **Section 301.80, Relative Home Placement**.

== **6) Native Americans**

Children of Native American heritage shall be placed in accordance with the procedures specified in **Rules and Procedures 307, Indian Child Welfare Services**.

== **7) Communication Requirements**

The Department will make diligent efforts to place children who have special communication/language needs in a home that can meet those needs. This includes children with limited English speaking ability and children who are deaf or hearing impaired. The Department will insure the use of bi-lingual caseworkers, foreign language interpreters or sign language interpreters, whenever staff must communicate with children, their families, or caregivers, whose primary language or mode of communication is other than English.

The Department will help foster parents obtain supportive services or equipment necessary for the safety of or to facilitate communication with children who have hearing impairments. Such devices may include TTY's, flashing smoke detectors, amplifiers, etc.

== **8) Children of Hispanic or Latino Origin (Statewide)**

Diligent efforts must be made to place a child of Hispanic or Latino origin whose family's preferred language is Spanish in a foster home that has been deemed to be a Spanish-speaking home or a bilingual (English/Spanish) foster home. The Department or private agency caseworker must ensure that a language determination form **CFS 1000-1/CFS 1000-1S** has been properly completed to correctly identify the primary language of the child's family. If the caseworker determines that a Spanish-speaking or bilingual home is not available, the caseworker must complete form **CFS 1000-A, Burgos Violation Notification Form, Spanish Speaking Child Placed in a Non-Spanish Speaking Living Arrangement**, and forward it to the Department's Burgos Coordinator within three working days of the placement of the child in a non-Spanish speaking home. A copy of the form is to be forwarded within three working days to the following:

A) local administrator for resources or support services;

B) Chief of Latino Services;

C) the Regional Administrator or designee of the affected region (Cook or Aurora); and

D) the Agency Performance Team representative, if services are provided by a private provider.

If the child whose primary language is other than English is placed in a home that cannot communicate in the child's language, Department or private agency staff must continue to make and document diligent efforts to identify a placement for the child where the caregiver is able to communicate in the child's language. If attempts, utilizing Department and/or private agency resources, to identify a Spanish-speaking home for a Spanish-speaking child are unsuccessful, the Burgos Coordinator must be notified in writing.

9) Foster Parent Preference

When placement in a foster family home is identified as the least restrictive placement resource which can meet a child's needs, the permanency worker shall give careful consideration to **Section 15.1 of the Adoption Act** concerning foster parent preference. This Section requires that licensed foster parents be given preference and first consideration for adoption when a child who has been in their continuous care for one year or longer, the child has a permanency goal of adoption, and the child is legally free for adoption. As all foster family home placements must be viewed as potential adoptive placements if reunification efforts are unsuccessful, the following areas shall be considered when selecting a foster family home:

- current and anticipated future needs of the child;

== o ability of the foster parent(s) to meet the current and anticipated future needs of the child. Placement in a foster or adoptive family home shall not be denied or delayed on the basis of the race, color, or national origin of the child, or the foster or adoptive family home members. The decision to consider the foster parents as an adoptive placement must rest on a child's individual needs and not on assumptions that individuals may hold as to what a child of a particular racial or ethnic background may need. (See Subsections (b) Assessing the Child's Individual Needs and (c) Caregiver's Capacity to Meet the Child's Needs, below); and

- the foster parent's willingness to actively encourage and allow contact and visitation with the child's siblings, or to accept an entire sibling group for placement.

Foster parents shall be informed of the availability of adoption assistance for special needs children.

== **b) Assessing the Child's Individual Needs**

In assessing the child's individual needs for placement, the placing worker selecting an initial or subsequent placement shall consider the needs of the child based on available information at the time of placement. The placing worker shall document the criteria assessing the child's individual needs and the capacity of the caregiver to meet those needs by using the **CFS 2017, Child/Caregiver Matching Tool**. The purpose of the matching tool is to help the placing worker obtain the best possible placement for the child and to document the factors that were used in selecting the placement.

The child protection specialist or permanency worker must take the child's present and future needs into consideration when selecting the best first placement (e.g., allergies, asthma, physical disabilities, medical equipment, behavioral health, etc.). The goal should be to select the best possible placement for the child with a caregiver who is able to meet the documented needs of the child, both now and in the future, in order to avoid having to change a placement in the future based upon factors that were known and documented at the time of placement.

The placing worker shall attach copies of any relevant and available school reports, medical and psychological evaluations, lists of known medications including prescription, over-the-counter and emergency/rescue medications, disciplinary or police reports, etc. as necessary, to provide a complete description of the child's situation in order to document the child's individual needs. The **CFS 2017** shall be reviewed by the worker's supervisor.

1) Initial placement: no current open case or an emergency placement made after hours when immediate removal is required to ensure the child's safety.

The child protection specialist or permanency worker shall gather the following information:

- information about the child's behavioral and medical health. This includes identifying known medical conditions such as asthma or allergies, current medications including prescription, over-the-counter and emergency/rescue medications, and determining whether there is durable medical equipment that needs to accompany the child;
- immediate physical health based upon physical examination;
- allegation(s) necessitating the placement, including type, frequency, duration and emotional effects of abuse or neglect;
- family members, including parents, siblings, and extended family;
- known community activities, including school, church, and social activities; and
- language or method of communication for the child and parent(s) or caretaker.

The child protection specialist or permanency worker shall complete as much of the **CFS 2017, Child/Caregiver Matching Tool**, as possible with the information available.

2) Placement of child after intact services offered.

The intact family worker shall complete the **CFS 2017** in its entirety based upon information gathered during the provision of intact family services. To the extent that the information described above is not known or available in the record, the intact family worker or child protection specialist shall obtain it as soon as it becomes apparent that the child will require placement.

3) Change of Placement from One Out-Of-Home Placement to Another

When the Department or agency makes the Critical Decision to move the child, it will inform the foster parent, relative caregiver, child's family, and child (through the child's representative), that the child will be moved to another placement.

A) Unless there are concerns for the child's safety in accordance with subsection (3)(B), the Department or agency will notify the involved parties at least **14 days prior** to the proposed move. The staff person removing the child will hand the caregiver a copy of the **CFS 151-B, Notice of Change of Placement**, at the time of the removal. Copies must be sent to the child's family and the child (through the child's Guardian ad litem).

B) In the event the Department or agency has reason to believe the safety of the child cannot be assured in the current placement, the child will be removed immediately. Assessment of the safety of the child will be determined in accordance with the, **Procedures 300, Appendix G** or **Procedures 315, Appendix A, Child Endangerment Risk Assessment Protocol**. Upon removal, the staff person will hand the caregiver a copy of the **CFS 151-B**. Copies of the form must also be sent to the child's family and the child (through the child's Guardian ad litem).

C) The child's needs, as documented in the **CFS 2017**, which shall be completed in its entirety, shall be used to determine the appropriateness of a change of placement from one substitute care provider to another substitute care provider. (For purposes of this Subsection (3), neither placement in a shelter nor in a psychiatric hospital is considered substitute care.)

D) If the current substitute care provider is meeting the child's identified needs, a change of placement should not be considered, except for the following reasons:

i) The child's safety in the care of the current caregiver is in question following a safety determination using the Child Endangerment Risk Assessment Protocol;

ii) The child can be placed with siblings in accordance with Section 301.70;

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Distribution: X & Z

POLICY GUIDE 2003.01

CLINICAL REVIEW OF NOTICE OF PLACEMENT CHANGE COOK COUNTY ONLY

DATE: January 24, 2003

TO: Rule and Procedure Bookholders and DCFS and Purchase of Service Staff

FROM: Jess McDonald

EFFECTIVE DATE: January 6, 2003

I. PURPOSE

The purpose of this Policy Guide is to address the requirement for a clinical staffing when a notice of placement change is issued for a specific group of children. The Policy Guide outlines the method of referral, the reviewing body, and the timeframe for reviews.

II. PRIMARY USERS

The primary users of these procedures are placement staff of the Department and purchase of service (POS) agencies, and providers contracted to provide System of Care (SOC) services.

III. BACKGROUND

Research has documented that children experiencing instability while in substitute care are more likely to develop problems forming lasting attachments. Instability also diminishes a child's prospects for permanency, leading to longer stays in substitute care. Clinical interventions prior to the point of crisis offer the potential to stabilize placements and prevent the disruption for children.

Placement moves should only be made consistent with the child's best interest. Unless the move results from a safety issue, all moves should be planful and may require more than the typical fourteen days.

This policy does <u>not</u> alter the requirements of Procedures 301.65, Disputed Change of Placement, and Part 337, Service Appeals.

IV. CASES TO BE REVIEWED

When a **CFS 151B, Notice of Change of Placement,** is issued for any child in traditional and/or relative care in Cook County, a clinical placement review is required. There are some placement moves that will not be subject to review unless the placement move is

appealed as outlined in Procedures 301.65 and Part 337, Service Appeals. The following type of moves will not be subject the placement review process:

- Home of Relative (HMR) placement to a Home of Relative (HMR) placement when the child has not already experienced a move
- Traditional placement to an HMR placement within 90 days of case opening
- Movement to consolidate siblings in a single home when they are currently separated in different homes
- Movement to a Specialized Foster Care placement as approved by the DCFS Specialized Foster Care gatekeeper
- Movement to a residential placement as approved through the recommendation of a DCFS Placement Review Team (PRT) and approved by the Deputy Director of Operations
- Movement to an Independent Living Program as approved by the appropriate DCFS regional clinical services manager

No other placement change may occur without a clinical review as outlined below. Children whose safety is at risk may be immediately moved if a CERAP is completed, indicating the imminent risk and that the current placement is unsafe.

V. REQUEST FOR REVIEW

When a **CFS 151B, Notice of Placement Change,** is issued by either a caseworker or case management agency, a copy of the notice must immediately be faxed to the Clinical Placement Review Team at 312-814-1653. The notice will be tracked and immediately referred to the appropriate review body. The faxed information should minimally include:

- the completed **CFS 151-B, Notice of Placement Change**;
- a child specific placement history;
- a **CFS 151-E, Summary of Clinical Placement Review;** and
- a current **CFS 151-F, Summary for Placement Review** , including the agency's placement recommendation.

Information will be sent to a clinical review body determined by the reason for placement change: notice given by the foster parent, notice given by the assigned agency, or safety concerns.

A. Foster Parent Notice of Placement Change

When a foster parent issues notice to remove a child, the assigned agency must contact the designated System of Care provider (based on the LAN of placement) within 24-hours of the notice. The following must be faxed to the appropriate SOC provider:

- a copy of the **CFS 151-B, Notice of Placement Change**;
- a placement history;
- a completed **CFS 968-54A System of Care Referral Form**; and
- a current **CFS 151-F, Summary for Placement Review**, including the agency's recommendation.

The SOC will convene a child and family team meeting no later than ten days after the date of notice, and minimally include the assigned caseworker, casework supervisor, the current caregiver, and the child if clinically appropriate. During the

team meeting, the SOC provider will assess the need for and recommend services designed to stabilize the placement. If the caregiver is unwilling to accept services or the SOC provider does not recommend services, the SOC provider will consult with the casework agency on appropriate services to support the new placement.

When the foster care agency and the appropriate SOC provider are the same, the case must be referred for a staffing conducted by the Clinical Placement Review Team as outlined above.

SOC will continue to provide services to other appropriate case referrals received prior to notice of placement change as outlined in their program plan.

B. Agency or Disputed Placement Change

For cases in which the foster care agency issues a notice of placement change, the assigned agency must contact the Clinical Placement Review Team within 24-hours of notice. The following must be faxed to the DCFS Clinical Placement Review Team at 312-814-1653:

- a copy of the **CFS 151-B, Notice of Placement Change;**
- a placement history;
- a **CFS 151-E, Summary of Clinical Placement Review;** and
- a current **CFS 151-F, Summary for Placement Review**, including the agency's recommendation.

The Clinical Placement Review Team will convene a staffing no later than ten days after the date of notice, and minimally include the assigned caseworker, casework supervisor, the current caregiver, and the child if clinically appropriate. The appropriate SOC provider will also be invited when appropriate. The Clinical Placement Review Team will make a recommendation regarding the placement decision, and if determined that a placement move is appropriate, will consult with the casework agency on appropriate services to support the new placement.

The Clinical Placement Review Team will maintain the responsibility for staffing all disputed placement changes as identified through the service appeal process.

C. Safety Concerns with Immediate Placement Change

When a child must be immediately moved due to safety concerns, the worker must document the imminent risk and unsafe conditions on a CERAP. Within 24-hours of the placement change, the assigned casework agency must fax a copy of the completed CERAP to their designated APT liaison (POS) or Regional Administrator (DCFS). Clinical staffings will not be conducted for these cases unless requested by the APT liaison or the Regional Administrator, the assigned casework agency, or through the formal service appeal process.

VI. COMPLIANCE

DCFS will produce a monthly report of all placement moves that occurred during the previous thirty days. This list will be shared with both the appropriate SOC provider (based on the LAN of the disrupted placement) and the Clinical Placement Review Team to determine if the case had been referred for a clinical staffing.

In the event of a placement move occurs without a referral made to either SOC or the Clinical Placement Review Team, the case information will be referred to the appropriate Agency Performance Team (APT) for follow-up on POS assigned cases and to the appropriate Regional Administrator for DCFS assigned cases. If APT did not receive a completed CERAP identifying the move as an emergency removal, APT will initiate corrective action, which may include intake hold or contract termination. For DCFS assigned cases, the Regional Administrator will determine if the placement change was safety related, as verified by a completed CERAP. If the protocol was not followed, the Regional Administrator will initiate disciplinary action.

VII. QUESTIONS

Questions regarding this Policy Guide should be directed to the Office of Child and Family Policy at 217-524-1983, Outlook at OCFP or at cfpolicy@idcfs.state.il.us for non-Outlook users.

VIII. ATTACHMENTS

CFS 151-B, Notice of Change of Placement (Rev. 1/2003)
CFS 151-E, Summary of Clinical Placement Review (New 1/2003)
CFS 151-F, Summary for Placement Review (New 1/2003)

These forms may be ordered in the usual manner. They are also available as templates on SACWIS and on the DCFS Web site.

IX. FILING INSTRUCTIONS

File this Policy Guide In Procedures 301.60 after page 301.60 – (5).

iii) The current caregiver is not willing to be actively involved or in encouraging, supporting or allowing frequent sibling contact and visitation consistent with the Visitation and Contact Plan;

iv) The child's communication needs are not being met;

v) The child has or develops a behavioral or medical health condition and the child's health care needs are not being met or cannot be met in the current environment or by the current caregiver.

If the caregiver is unable or unwilling to adhere to the recommendations of the child's physician, the worker must immediately seek another placement.

When approved by the physician, the caregiver should be given an opportunity to make the necessary changes or obtain training that will allow the child's health needs to be met. The physician shall specify a reasonable time frame for completing these tasks.

vi) The current caregiver expressly refuses to facilitate the agency's recommended and/or court approved permanency plan for the child; or

vii) The current caregiver requests that the child be placed elsewhere.

E) If one of the following conditions (i) or (ii) are present, the worker and supervisor must seek clinical consultation from the Region's Clinical Manager or designee (in purchase of service agencies, the clinical manager or the agency's counterpart to a clinical manager shall be used) or the Regional or Chief Nurse and an individualized clinical staffing must be held to determine the appropriateness of continued placement or placement change;

i) An individualized assessment focused on the special needs of the child, indicates that the child's physical, medical, social, and educational needs are not being or cannot be met by the current caregiver or when the child's needs may be met more immediately or appropriately by another caregiver; or

ii) The child self identifies the need for placement.

The required consultation between the caseworker and clinical manager or designee may be completed via an in-person meeting or by telephone provided the clinical manager has received and reviewed all the relevant materials, including the **CFS 2017** and any relevant documentation. If the

clinical manager retains the assistance of outside consultants (e.g. child development specialist), the recommendation of the consultant shall also be attached to the **CFS 2017**.

When a child's placement is changed for the purpose of meeting the child's individual needs, the placing worker must document in a case note:

- the reason for change of placement, referencing the child's identified individual needs that precipitated or resulted in the change of placement;
- the child's need for continuity beyond the current caregiving family;
- the child's need to remain connected to the child's primary community;
- when reunification is the permanency goal, include the child's parents in the decision and arrangements; and
- arrange and implement a proper transition for the child, including transition into the new caregiver's home and, if necessary, with new service providers.

A child may not be moved from a current placement for reasons other than those listed in this Section without administrative approval of the Regional Administrator and the region's Clinical Manager.

4) Addressing the Issue of Race in Placement

In compliance with the Federal Interethnic Placement Act, the Department or purchase of service agency staff may not:

- deny to any person the opportunity to become an adoptive or foster parent on the basis of race, culture, or national origin of the adoptive or foster parent or the race, culture, or national origin of the child involved in the foster or adoptive placement; or
- delay or deny the placement of a child for adoption or into foster care on the basis of race, culture, or national origin of the adoptive or foster parent or the race, culture, or national origin of the child involved in the foster or adoptive placement.

Placement decisions require a case by case approach. While race, culture or national origin are **not** to be routinely considered when placing a child, an individual case may present facts that require the Department or purchase of service agency to consider the cultural, ethnic, or racial background of the child, However, the Department or placing agency must ensure that their decisions rest on a child's particular and documented needs and not on a set of assumptions that individuals may hold as to what a child of a particular racial or ethnic background may need.

Therefore, if race, color, or national origin is raised as factors in a particular child's initial placement or change in placement, the following procedures must be followed:

A) The consideration of race by the placing worker must be narrowly tailored to advance the child's best interests and must be made as an individualized determination and must be based on concerns arising out of the circumstances of the individual case.

B) Such individualized determinations must not be used so frequently as to become a means of circumventing the Interethnic Placement Act which prohibits the denial or delay of a child's placement based on the race, culture, or national origin of the child or the potential caregiver.

C) In addition to the child's individual needs assessment using the **CFS 2017, Child/Caregiver Matching Tool**, the following are examples of factors that must also be present in the determination to consider race, culture, or national origin in the placement of a child:

i) the child states a preference for a placement with a caregiver of the same race, culture, or national origin; or

ii) persons who know the child in a professional capacity strongly believe the child should be placed with a caregiver of a particular race, culture, or national origin. Persons who know the child in a professional capacity may include: the child's guardian ad litem, physician, therapists, teachers, etc.; or

iii) the child's caseworker is aware of factors that lead the caseworker to believe that only a placement with a caregiver of the same race, culture, or national origin is in the child's best interests. **Caseworkers shall not base their opinion on personal feelings, beliefs, or biases regarding race, culture, ethnicity, or national origin but rather on the child's needs and expressed desires.** Such factors may include:

- whether a child has lived in one racial, ethnic, or cultural community. The placing worker may assess the child's ability to make the transition to another community;
- whether a child has a strong sense of identity with a particular racial, ethnic, or cultural community. The placing may consider whether it would be in the child's best interests not to disrupt that community tie. In making this determination the Department may consider the child's stated preferences for placement in a specific community.

D) The placing worker shall complete a **CFS 2018, Interethnic Placement Act Assessment Form**, which shall document:

i) that race, culture, or national origin has been raised as an issue in the placement of the child;

ii) who raised the issue of race, culture, or national origin;

iii) whether or not the placing worker believes there is any merit to the issue;

iv) any criteria for assessing the child's need for a placement with a particular race, culture, or national origin. Attach copies of any relevant school reports, medical and psychological evaluations, disciplinary or police reports, etc. as necessary, to provide a complete description of the child's situation in order to document the conclusions that the placement decision is in the best interests of the child.

E) The worker's assessment must be reviewed by the caseworker's supervisor, and the regional Clinical Manager. The regional legal counsel may be included, if necessary. The consultation between the caseworker, supervisor, clinical manager, and regional legal counsel (if participating) may be completed via an in-person meeting or by telephone provided the Clinical Manager and regional legal counsel (if participating) have received and reviewed all the relevant materials, including the assessment form and any relevant documentation. If the Clinical Manager retains the assistance of outside consultants (e.g. child development specialist), the recommendation of the consultant shall also be attached to the final assessment.

In those cases where a child has expressed a concern or preference regarding the placement, the Clinical Manager should meet with the child outside the presence of the caseworker.

F) The final decision of whether the child, based on the child's assessed needs, requires a placement with a caregiver of a particular race, culture, or national origin, shall be made by the Regional Clinical Manager.

G) The final decision must be dated and signed on the **CFS 2018, Interethnic Placement Act Assessment Form**, by the parties involved in the staffing. The decision is considered valid for no more than one year from completion. Written, signed, and dated updates, rather than a new determination, may be made for an additional two years.

H) The original of form **CFS 2018, Interethnic Placement Act Assessment Form** is to be maintained in the case file. Copies are to be retained by the regional Clinical Manager and Legal Counsel (if participating). The caseworker shall forward a copy to the Office of Quality Assurance and the Department Interethnic Placement Act Monitor. The worker shall also have a copy available at the next scheduled Administrative Case Review.

c) Caregiver's Capacity to Meet the Child's Needs

A caregiver shall be selected who is able to meet the documented individual needs of the child (See (b) Assessing the Child's Individual Needs above). The placing worker shall give preference to a related or unrelated caregiver who is willing and able to accommodate all the members of a sibling group, when a sibling group is being placed. The caregiver's capacity to meet the child's needs includes a willingness to actively support contact with the child's siblings in accordance with the Visitation and Contact Plan. When placing a child in a foster family home or with a relative caregiver, the caseworker shall ensure that the foster parent/relative caregiver have received the DCFS publication **CFS 1050-95**, ***How to Connect With Your Brothers and Sisters***.

The criteria for assessing the capacity of the foster parents to meet the needs of the child are to be documented in the **CFS 2017, Child/Caregiver/Matching Tool**. The **CFS 2017** must be reviewed with the casework supervisor. The caseworker and supervisor may consult with regional family development staff or other staff familiar with the caregiver.

The above assessments must be completed whenever an initial placement is being made or when a change of placement is planned or occurs, unless the child is being returned home.

d) Placement Alternative Contract

The Placement Alternative Contract (PAC) program is for selected youth, ages 18 or older, who are in the custody or guardianship of the Department and are unable to accept a traditional placement option. A youth selected for this program will receive services and financial support from the Department in a placement of his/her choosing, provided the youth has:

- selected a safe dwelling within the State of Illinois for himself/herself, and his/her children, if any;
- established written goals that promote the youth's ability to achieve economic self-sufficiency; and
- identified an advocate who will assist the youth in achieving his/her goals.

A youth approved for the PAC program, when developmentally and clinically appropriate, shall be included in meetings to develop or modify the Visitation and Contact Plan for his/her siblings. The caseworker shall encourage the youth to keep in contact with his/her siblings and help the youth obtain transportation to visits. The caseworker shall also assist the youth in connecting and developing Visitation and Contact Plans with siblings who are no longer in DCFS care.

The caseworker shall ensure that the youth has received the DCFS publication **CFS 1050-95**, ***How to Connect With Your Brothers and Sisters***.

To be eligible for consideration in the Placement Alternative Contract program, the youth must satisfy each of the criteria set out below.

1. The youth must be age 18 or older. No exceptions will be made.

2. The youth must identify a dwelling where he/she will reside that satisfies the minimum safety requirements set out in the **CFS 453-A, Placement Alternative Contract Safety Checklist**. For a parenting youth, the placement must also satisfy the requirements in the **CFS 453-B, Placement Alternative Contract Additional Safety Checklist for a Parenting Youth Whose Children Will Share or Visit the Placement**.

3. The youth must identify an advocate who will assist the youth in achieving his/her goals and cooperate with the youth's caseworker. The advocate may be an adult relative or friend, a current or former caseworker or foster parent, or another adult who can mentor the youth. An advocate who is not a caseworker or foster parent must submit a **CFS 689, Authorization for Background Check for programs not Licensed by DCFS** and criminal background (fingerprint and LEADS) check.

4. The youth and advocate must complete the **CFS 453-C, Placement Alternative Contract 90 Day Self-Sufficiency Plan,** identifying the youth's goals in preparing for independent living/adulthood, listing specific tasks along with timeframes for achievement and a plan for accomplishing each task (e.g., who, what, when, where, how), and identifying the method for measuring progress or completion (should include all life domains). The completed Self Sufficiency Plan shall be given to the youth's caseworker.

5. The caseworker shall submit the Self Sufficiency Plan to the Clinical Intervention for Placement Preservation (CIPP) intake coordinator for review within 2 weeks of the date the plan is received from the youth and advocate.

6. The youth and advocate must attend the CIPP meeting, present the Self Sufficiency Plan, and provide sufficient information and documentation to establish that the youth's proposed living arrangement satisfies the minimum safety requirements set out in the Safety Checklists.

7. The CIPP team shall review the plan and may make recommendations for changes or additions. If the plan is approved, the CIPP team shall recommend that the youth be offered a 90-day Placement Alternative Contract and refer the case to the designated PAC review team.

The Division of Placement and Permanency Services PAC review team shall implement the 90-day Placement Alternative Contract no later than 2 weeks from the date of the CIPP recommendation. If the advocate is the youth's current caseworker, the caseworker shall continue case management during the 90-day contract period. If the advocate is a DCFS/POS caseworker other than the current caseworker, the PAC review team may ask the current caseworker to transfer the case to another caseworker/service team in the vicinity of the youth's proposed placement.

To initiate the Standard of Need payment to the youth, the caseworker must fax a completed CFS 906/E/906-1/E with a reason code "SSA" and Type Service Code "0731", a Placement Clearance Number, and written approval for the Placement Alternative Contract to the Central Payment Unit (**fax: 217-557-0639**). For a parenting ward with custody of his/her children, the names and birthdates of the children must be noted on the bottom of the **CFS 906/E/906-1/E** in order to initiate the Ward With Infant special service fee.

During the 90-day contract period, the caseworker shall ensure that the Standard of Need payment is sent directly to the youth, and other Department services listed or recommended in the Self-Sufficiency Plan are available to the youth.

Prior to the end of the 90-day contract period, the caseworker shall request a staffing by the PAC review team to determine whether:

- the youth is making progress toward completion of his/her goals;
- the goals are modified as needed to reflect progress and barriers; and
- the contract should be extended for additional 90 day period.

The PAC review team staffing shall include the youth, advocate, caseworker, and a multidisciplinary team composed of persons who are knowledgeable about young adult services, supports and placements. The staffing participants shall determine whether the youth has completed, or made consistent efforts to complete, the tasks outlined in the Self-Sufficiency Plan. The youth's absence from the agreed placement or unauthorized change in placement, and safety-related changes in the current placement shall be considered. The staffing participants shall also review whether the youth has maintained regular contact with his/her advocate and participated in activities identified in the Placement Alternative Contract that are designed to increase the likelihood of successful transition to independence/adulthood (e.g., substance abuse treatment, counseling services, health services, etc.).

The PAC review team may extend the Placement Alternative Contract for additional 90-day periods when the staffing participants determine that the youth is making sufficient progress toward achieving his/her goals. The caseworker shall document the PAC review team's decision to grant or deny a 90 day extension at the end of the **CFS 453-C, Placement Alternative Contract 90 Day Self-Sufficiency Plan.**

When a 90-day extension is approved, the caseworker must submit a new **CFS 906/E/906-1/E** to the Central Payment Unit before the end of the current 90-day contract period. If a new **CFS 906/E/906-1/E** is not received by the Central Payment Unit, the Standard of Need payment to the youth will be terminated at the end of the current 90-day period.

When requested by the youth, the Department may petition the court to close the case if the youth has demonstrated the ability to function on his/her own with minimal support. A written plan explaining how the youth will live, work and meet expenses without Department assistance must accompany a request for case closure.

If the youth has not made sufficient progress toward achieving his/her goals, the Department shall not extend the Placement Alternative Contract. Instead, the PAC review team shall offer the youth a more structured placement or offer the option for the youth to continue to live on his/her own with services but without the Standard of Need payment for a maximum 90-day period. If the youth opts to live on his/her own, the caseworker must submit a **CFS 906/E/906-1/E** to the Central Payment Unit with the reason code "SSU" in order to terminate the Standard of Need payment. If the youth demonstrates progress toward achieving his/her goals during this 90-day period, the youth may ask the caseworker to request a staffing for reconsideration of another Placement Alternative Contract. The Department shall petition the court to vacate guardianship when a youth age 18 or older in "SSU" indicates, by action or inaction, an unwillingness to accept appropriate services and guidance from the Department.

No "Standard of Need" Payment for an Unapproved Placement (SSU). When a youth selects a placement that is unapproved, the caseworker shall fax a **CFS 906/E/906-1/E** with the reason code "SSU" to the Central Payment Unit (**fax: 217-557-0639**). However, a parenting ward with custody of his/her children can still receive the Ward With Infant special service fee and Medicaid card for the children, and the names and birthdates of the children must be noted on the bottom of the **CFS 906/E/906-1/E** in order to initiate this fee. The caseworker shall work aggressively to engage the youth, including helping the youth identify resources in the community and approved placement options. The worker shall document all efforts to engage the youth.

When a youth who is currently in the Placement Alternative Contract program moves from an approved placement during the 90-day contract period without prior written approval from the caseworker, all terms of the Placement Alternative Contract shall become void, and the Standard of Need payment shall immediately cease. To stop the Standard of Need payment, the worker must fax a **CFS 906/E/906-1/E** with the reason code "SSU" to the Central Payment Unit. A placement clearance number is not issued on unapproved placements.

The caseworker and supervisor shall assess each youth who has lived in an unapproved placement for 90 days or more. The caseworker shall ask the youth to be present for this assessment. When the youth cannot or will not attend the assessment, the worker and supervisor may conduct the assessment by reviewing the youth's record. When the youth

demonstrates, by action or inaction, an unwillingness to accept appropriate services and guidance from the Department, and a court has not adjudicated the youth to be a disabled adult, the Department may petition the court to vacate guardianship.

Support Services and Ward With Infant Special Service Fee. Youth in the Placement Alternative Contract program are eligible for supports related to the activities specified in the Placement Alternative Contract (e.g., bus passes for youth attending educational or employment-related activities).

Parenting wards with custody of their children who have a Placement Alternative Contract or who live in an SSU-coded placement within Illinois are eligible to receive the Ward With Infant special service fee and Medicaid card for their children. Parenting youth in the Placement Alternative Contract program will receive the special service fee along and the Standard of Need payment by mail as long as they remain in their approved placement. Youth in unauthorized placements within the Teen Parenting Service Network will receive the Ward With Infant special service fee from their assigned caseworker during the monthly in-person visit* with the caseworker. Downstate parenting youth in unapproved placements will receive the Ward With Infant special service fee by mail after monthly verification by the caseworker of the youth's place of residence.

* Workers shall continue to see the youth in-person at least once a month. During this monthly in-person contact, the worker shall observe whether, for the time being, the youth and the youth's children appear unharmed and the youth's children's needs are being met. This visit should be supportive, allowing the caseworker the opportunity to reengage the youth by offering any services, supports or a more appropriate living arrangement. When the youth remains unavailable, the worker shall seek assistance from the youth's Attorney/Guardian ad litem in arranging a meeting with the youth.

PAC Questions and Answers

Q: Who can be an advocate?

A: An advocate must be an adult, and may be a mentor, teacher, adult friend or relative, caseworker, former caseworker or former foster parent.

Q: Why start the process with a CIPP?

A: Before selecting PAC as the appropriate alternative, the caseworker should review all available alternatives for placement of a youth (e.g., TLP/ILO, YIC, return home, adolescent foster care, etc.). The CIPP is the process for reviewing the level of care in these circumstances.

Q: Does the caseworker also have to complete the CFS 2025, H ome Safety Checklist?

A: No. The caseworker must only complete the CFS 453-A and CFS 453-B for youth in the PAC program.

Q: Who is on the PAC review team?

A: The youth's advocate, caseworker and clinical staff with special knowledge of adolescent resources, including a regional transition manager.

Q: Why review the PAC at the end of each 90 days? If the youth isn't doing well in the PAC by the end of the first 90 day period, can't the worker request a staffing by the PAC review team and change the placement? And if the youth is doing well, can't the worker can just renew the PAC for another 90 days?

A: Early comments from youth on the Placement Alternative Contract program identified as a concern that success or failure should not be determined solely on any one person's (i.e., the caseworker's) opinion. There were concerns that some caseworkers may be biased by their past relationship with the youth, and that different workers may use different standards when making these decisions. The PAC review team ensures that several persons are involved in the review and decision-making process, including the youth's advocate, thereby reducing any effects of worker bias.

Q: Why should a youth be able to select someone other than his/her caseworker as an advocate when entering the PAC program? Wouldn't having the caseworker in that function keep the caseworker actively involved in the youth's life and ensure consistency?

A: We completely agree that the caseworker should remain actively involved with the youth during a PAC. However, we also believe that the youth should be allowed to select as his/her advocate someone other than the caseworker. So long as the advocate is willing to share information and cooperate with the caseworker, consistency should not be an issue.

Q: Case closure seems like a drastic measure for a youth who is unsuccessful in the PAC program. Doesn't the Department have an obligation to try to provide another living arrangement so the youth does not become homeless?

A: The PAC procedure requires that youth who are unsuccessful in PAC shall be offered another type of living arrangement. If the youth does not accept that living arrangement, he/she will be allowed 3 months in an unapproved (SSU) living arrangement before case closure is considered. That makes a total of 6 months (3 months in an unsuccessful PAC followed by 3 months in SSU) before the caseworker and PAC team consider case closure. Case closure is only considered when the youth is unwilling to engage in any of the supports or services that the Department can offer.

Q: Why does the PAC team evaluate success based on "sufficient progress" rather than "reasonable effort"?

A: The tasks in a Placement Alternative Contract are set in increments that can be reasonably accomplished within 90 days. Youth in the PAC program should be able to accomplish many tasks and complete some goals within each 90 day time period. The youth should continue to work on the remaining tasks and help identify new tasks and goals at the beginning of each successive 90 day period, toward the goal of achieving emancipation.

Q: Is the Department required to invite a youth's guardian ad litem to the PAC team review staffing?

A: A guardian ad litem is welcome to attend and participate at a PAC team review staffing at his/her client's (the youth's) invitation. (Note: At age 18 the youth may chose whether to have his/her GAL/attorney present.)

Q: Why aren't youth in the PAC program allowed to live out of state?

A: The caseworker cannot provide services or ongoing monitoring to a home in another state without raising caseworker licensure issues. Further, as long as a youth is receiving benefits in Illinois, he/she is ineligible to receive benefits in another state. In addition, some states will not honor the Illinois Medicaid card, and this would leave the youth without medical insurance.

Q: Does this policy penalize youth who must move from their approved placement immediately and without notice to the caseworker because of an emergency?

A: No. The Department is aware that an emergency may arise that may require a youth to move from the approved placement immediately and without notice. A move in this circumstance does not void the PAC. However, the youth is expected to contact his/her caseworker and, when a new living arrangement is identified, go through the appropriate approval process

Sample Objectives and Tasks

1) To secure & sustain employment throughout the 90 day contract

In order to accomplish this I will:

1. Apply for a minimum of 5 jobs that I am qualified for per week.
2. Learn to use the statewide employment database, with assistance from my worker.

3. Keep a log/report of the places where I have applied for work so that my worker has the information needed to respond to inquiries on my behalf.
4. Leave my worker's number as contact information and check in with my worker at noon each day in order to follow-up on my applications.
5. When I am offered a job, I will accept it.
6. When I start the job, I will continue it and will not quit without first consulting with my worker AND identifying another job that pays more money overall.

2) To make progress toward my GED

In order to accomplish this task I will:

1. Accompany my worker to _____ and meet with an advisor who can provide me with information regarding my standing with respect to the GED.
2. Enroll in preparation courses for any area of the GED that I am not prepared to test for now.
3. Take those subsets of the GED that I am prepared to test for now.
4. Should I fail any subsets of the GED I will enroll in preparation courses in those areas.
5. I will continue to attend preparation courses on each subset that I have enrolled for until I have passed that subset of the GED test.

3) To participate in recommended therapeutic services

To accomplish this I will:

1. Attend treatment group on Thursdays and will arrive on time. The only acceptable reason NOT to participate is that it conflicts with my work or school schedule.
2. Establish a minimum of once weekly contact with my AA sponsor.
3. Other: (one or two agreed tasks)

e) Transitional and Independent Living Program Services

1) Transitional Living Program Services

Transitional Living Program (TLP) Services are casework and other supportive services that assist eligible youth to complete their secondary education (high school graduation or GED), develop basic self-sufficiency skills, establish (or reestablish) legal relationships and/or permanent connections with committed adults, and prepare the youth for emancipation or for an Independent Living Program. TLP services are most typically provided to youth living in a group care or aggregate apartment setting that is owned or leased by a POS provider.

TLP services include 24 hour on-site staff supervision. TLP staff are residential advisors whose primary function is to support the youth in learning skills and developing relationships that increase the likelihood of success in adulthood. Traditional TLPs have a 1:6 house staff ratio and 1:10 caseload ratio. Specialty TLP caseload ratios are 1:8.

Access to therapeutic services is available for those who may continue to request support but the program is not a treatment milieu.

TLP Program purpose: Programs prepare designated youth for transition to ILO or emancipation. Anticipated length of stay is 12 to 24 months.

Program entry criteria:

- Age 17 ½ to 20 ½ at entry;
- Working to obtain a diploma from an accredited high school or GED;
- Treatment needs are manageable with adult support and the support of community based treatment resources;
- Foster care is not a viable option for meeting the youth's needs; and
- Permanency goal of Independence.

2) Enhanced Transitional Support Programs for TLP Placements

Enhanced transitional support programs are available for those youth stepping down from foster care, residential or institutional placements who will continue to face challenges as they adjust to adult life. Youth are referred to enhanced TLP programs based on their presenting needs. The enhanced TLP programs focus on reintegration of the youth into society, and address the following issues:

A) **Mentally Ill (MI) Youth.** The MI TLP helps youth diagnosed with serious mental illness and/or serious emotional disturbance to make a smooth transition into adult mental health services. In MI TLP, a youth will practice using adult intervention/treatment models in preparation for the youth's transition to those services. A youth entering MI TLP must be at least 18 years old and must be diagnosed with, and undergoing treatment for, a serious mental illness that meets DSM-IV criteria. Entry in an MI TLP requires approval of the MI TLP Admissions Committee (contact the Behavioral Health Services Administrator, Division of Placement and Permanency). In some instances, the CIPP team may request the Committee to approve a youth for entry.

B) **Developmentally Disabled (DD) Youth.** The DD TLP provides a group living setting designed to maximize support to developmentally disabled youth with significant functional limitations. A DD TLP will promote the youth's development of skills necessary to function in a CILA, adult group home or adult foster care setting as the youth ages out of the DCFS system.

C) **Criminal Justice/Juvenile Justice.** This TLP is intended for a youth with an extensive history of incarceration, probation and/or parole that limit the youth's ability to engage productively without advocacy.

D) **Youth with Diagnosed (and Active) Behavioral Issues.** This TLP is for youth who no longer require residential treatment but who display aggressive, impulsive or other behavioral issues that require a more structured program to acquire the self-regulation and academic and economic skills necessary to be successful as an adult. Since these programs are community based, are not locked and do not practice restraint, youth must demonstrate the ability to be safe and safely managed in an open setting.

E) **Juvenile Sex Offender Programs.** These programs are developed for youth who present a moderate to high level of risk of sexually predatory behavior and who have made some progress but continue to need monitoring and aftercare to support treatment progress.

3) Independent Living Program Services

Independent Living Program (ILO) Services are casework and other supportive services that are provided to assist eligible youth living in an apartment in the community prepare for transition to adulthood and self-sufficiency, and establish (or reestablish) legal relationships and/or permanent connections with committed adults. Youth are expected to contribute an increasing amount toward their own expenses and be fully able to meet their own expenses by their last quarter in placement (typically age 20 ½).

This program level is developed for youth over 19 years of age who have demonstrated the capacity for economic self-sufficiency, graduated from an accredited high school or obtained a GED, and are employed or employable.

Youth in ILO can reasonably be expected to live autonomously and without daily staff oversight. Youth will be assisted in selecting sustainable housing and employment while enhancing their educational and or vocational preparation. Youth will be taught budget skills and be expected to maintain their own budget, increasingly assuming greater responsibility for their own living expenses. Nearly all services will be community based to ensure sustainable connections. By age 20 ½ all youth in ILO are expected to be in their final living arrangement and living in that arrangement without financial support. Progressive independence is the measure for success.

Youth who cannot succeed in ILO will be considered for a more supportive living arrangement.

Program entry criteria:

- Foster care is not appropriate;
- Age 19 or older (Younger youth at least 17½ who reside in certain geographical locations where TLP is not available can qualify for ILO if TLP criteria in Subsections (a)(1) or (2) of these Procedures are met.);
- Stable placement for one year prior to referral;
- Diploma from an accredited high school or GED;
- Permanency goal of Independence;
- 6 month steady work history is recommended. Some post-secondary education and/or vocational training is preferable;
- Treatment needs are manageable with adult support and the support of community based treatment resources;
- Basic skills necessary for self-sufficiency;
- Demonstrated capacity to save money, some savings preferred; and
- Ready, willing and able to engage in discharge planning.

4) Referral and Matching Process

Referrals for ILO/TLP are made by the youth's foster care caseworker or residential provider/transition team or caseworker by requesting a CIPP review.

Referrals shall be made sufficiently in advance for the caseworker and CIPP team to identify the most appropriate ILO/TLP program. (For youth transitioning to TLP from a residential placement, the caseworker shall follow the Residential Discharge Protocol.)

Youth living in a foster home with a caregiver who is unable or unwilling to prepare the youth for emancipation may also be considered for placement in ILO/TLP, depending on the youth's level of preparation.

TLPs are substance free. Youth with a primary diagnosis of substance dependency must participate in substance abuse assessment and treatment as a prerequisite for TLP placement.

Youth at least 18 years of age who meet adult diagnostic criteria for mental illness, borderline intellectual functioning or developmental disabilities may be assessed by Department Clinical staff as a condition of placement. Placement in an MI TLP requires approval of the MI TLP Admissions Committee.

The caseworker shall complete a **CFS 2032-1, Youth Driven Transition Plan** for the youth prior to entry into ILO/TLP, and comply with the informed health care decision requirements in **Procedures 302.Appendix M**.

Note: A youth shall be asked to sign a **CFS 600-3, Consent for Release of Information** prior to release of medical or mental health information.

REMINDER:

To be eligible for TLP, the youth must be 17½ years of age by the time of placement. The youth must not need the level of treatment or supervision required for placement in a group home. The youth must demonstrate sufficient maturity and life skills to provide for his/her self care, including but not limited to shopping and cooking, self-transportation with assistance (including to most appointments) and the ability to self-regulate him/herself with enough consistency as not to pose a danger to him/herself or the community, or be at minimal risk residing in the community.

To be eligible for ILO, the youth must be 19 years of age or older, graduated from high school or obtained a GED, and be employed or employable. The youth must not need the level of treatment or supervision required for placement in a group home. The youth must demonstrate sufficient maturity and life skills to provide for his/her self care.

Youth have service appeal rights! Each youth shall be advised of the right to appeal service decisions, including the results of staffings described in these procedures.

5) Role of the Provider

The ILO/TLP provider shall ensure that the youth's housing and service needs are met until the youth has developed the skills necessary to care for him/herself or refuses to make reasonable efforts to accomplish the goal of independence by age 21. (Since youth may emancipate directly from TLP, TLP providers must ensure that housing and sustainable linkages are in place to meet a youth's post-emancipation needs.) The provider/caseworker shall document the youth's progress (or lack of progress) toward self-sufficiency.

ILO/TLP providers shall, in consultation with DCFS monitoring staff:

- review prospective youth for the program;
- design an individual transition/discharge/launch/emancipation plan with each youth to achieve emancipation;
- confer with, and obtain approval from, DCFS monitoring staff prior to any change of placements decisions;
- monitor and review youth progress and appropriate service provision, at least quarterly; and
- prepare for and participate in discharge planning.

6) Caseworker Responsibilities

ILO/TLP providers have full case management responsibilities. ILO/TLP casework staff shall comply with all applicable DCFS Rules and Procedures as specified in the program plan/addendum.

For youth in TLP, the caseworker and youth shall have weekly in-person contact. At least two of the contacts should be in the youth's living arrangement.

Youth in independent living shall have weekly face-to-face contact with their caseworker during the first month the youth is living independently. At least two of the contacts should be in the youth's home. After the first month, face-to-face contact with the youth shall be made at least twice per month. At least one of these contacts should be in the youth's home.

The caseworker shall support ILO/TLP youth in cultivating appropriate existing relationships and support the youth's efforts to discover new or renewable relationships. The caseworker shall encourage youth to visit and communicate with family members and/or others with whom the youth has established a close relationship.

A youth in ILO/TLP, when developmentally and clinically appropriate, shall be included in meetings to develop or modify the Visitation and Contact Plan for his/her siblings. The caseworker shall encourage the youth to keep in contact with his/her siblings and help the youth obtain transportation to visits. The caseworker shall also assist the youth in connecting and developing Visitation and Contact Plans with siblings who are no longer in DCFS care.

The caseworker shall ensure that the youth has received the DCFS publication **CFS 1050-95**, ***How to Connect With Your Brothers and Sisters***.

The caseworker shall review and update the **CFS 375-2, Quarterly/Transition/Discharge/Launch Plan** on a quarterly basis. The casework supervisor or program manager shall approve all changes to the plan.

The caseworker shall send a copy of the updated plan to DCFS POS Monitoring Supervisor within 5 days of the change.

Launch. The caseworker shall submit a youth's launch plan to the DCFS POS Monitoring Supervisor for review and approval 90 days prior to the planned launch date.

Emancipation. The caseworker shall submit a final emancipation plan to the DCFS POS Monitoring Supervisor for review and approval 90 days in advance of the planned emancipation date.

Outcome Measures. The caseworker shall document the youth's progress toward attaining the following outcome measures:

- Maintaining consistent employment sufficient for support or full-time college enrollment with advanced standing;
- Saving for emancipation;
- Demonstrating competency at 90% or above on all Casey Life Skills sets;
- Demonstrating ability to manage MI/ED/BH and/or criminal justice related issues with community support;
- Demonstrating ability to manage own daily living needs;
- Demonstrating ability to maintain employment or manage with other forms of support;
- Demonstrating familiarity with, and connection to, adult service systems, as needed;
- Demonstrating capacity to pay all living expenses for 6 months with minimal assistance; and
- Obtaining and living in a permanent living arrangement that is affordable, safe and sustainable for at least 6 months prior to emancipation.

7) Youth Expectations

Youth in ILO/TLP programs are required to actively participate in planning for emancipation and work toward specific objectives across the following domains: education; financial self sufficiency; relationships; and life skills. Youth should progress each quarter (3 months) toward self-sufficiency. The ILO/TLP provider shall hold each youth to reasonable performance and participation standards.

A youth may request and receive a status review of the **CFS 375-2, Quarterly Transition/Discharge/Launch Plan** as often as once per month.

A) Education. Youth are required to prepare themselves academically. They are required to attend an accredited high school or an accredited alternative to high school that can award a high school diploma, or obtain a GED. Youth are encouraged to attend post-secondary education.

B) Financial Self-Sufficiency. Youth are required to prepare for financial self-sufficiency through vocational programs and/or employment. Youth under 20 years of age who are attending a full-time authorized educational program shall not be required to be financially self-sufficient. All other youth are expected to work or be engaged in a full-time vocational preparative program. Working youth are required to develop a spending plan and to save a percentage of their earnings toward emancipation consistent with that plan. Working youth are required to have a bank account and share bank account records with the caseworker. Each youth shall complete the **CFS 370-5Y, Monthly Budget Form for Youth**, which shall be reviewed each month with the caseworker.

C) Relationships. Youth are encouraged to developing lasting relationships with siblings and other persons who can provide positive support, serve as visiting resources and help youth with problem resolution throughout their lives. Youth are encouraged to identify these persons so that program staff can offer support and, with the youth's permission, include these persons in planning for both the present and future.

D) Life Skills. Youth are required to develop life skills necessary for independent functioning. These include demonstrating the capacity to purchase and to prepare healthful food, maintaining a minimal standard of cleanliness, seeking and utilizing necessary health and mental health services, transporting themselves efficiently, exercising control over their behavior, obtaining and maintaining safe and affordable housing, parenting (when appropriate) without support, and any other areas specific to a youth's unique needs. ILO/TLP programs shall provide or arrange for education and practice in each indicated area.

8) Launch Process. In TLP programs, "launch" is a plan for a final living arrangement that is established with the youth. The launch plan shall facilitate the youth's transition towards final self sufficiency. As a general rule, a youth must be at least 20½ years of age in order to be launched.

Preparation for launch shall begin at least 9 months prior to emancipation. The TLP provider shall conduct a staffing with all pertinent stakeholders involved with the youth to develop or review the launch plan. A youth in TLP can be launched into an apartment setting (similar to an ILO youth), to a relative or friend's home, a single room occupancy (SRO) setting, a Placement Alternative Contract or other independent setting.

Note: A Placement Alternative Contract is available to youth who demonstrate that they have access to appropriate housing and support outside of any DCFS contracted setting. A Placement Alternative Contract must meet the requirements described in **Procedures 301.60(d)**.

9) Financial Management

Each youth in an ILO/TLP program is required to work with program staff to develop a financial management plan.

During the initial 30 days of placement in an ILO or TLP program, staff shall assess the youth's current ability to manage his/her finances. Some youth entering TLP from an institution will have little or no skills in financial self-management. Others may have been in a living arrangement where they were required to manage money in order to survive. This assessment shall be noted in the youth's **CFS 375-2, Quarterly Transition/Discharge/Launch Plan** and as an amendment to the youth's service plan.

Youth are expected to be actively involved in financial planning and shall acknowledge, in writing, that they have received the financial management plan, whether or not they agree with it. The financial management plan, along with plans addressing all other domains of progressive independence, shall be reviewed at least quarterly.

Financial management and budgeting plans are subject to the review by the agency performance monitoring team. Assistance in assessing, discussing or preparing a plan is available to youth through consultation with the DCFS Division of Monitoring. Requests for consultation should be made through the DCFS ILO/TLP monitor/liaison.

Note: A youth in an unauthorized placement, a Placement Alternative Compact, or living out-of-state is not eligible for these services from the ILO/TLP provider.

A) **Ward-Specific Fund Disbursement.** Each ILO/TLP provider shall have a written plan outlining the program's procedures for disbursement and accounting of ward-specific funds to wards. The plan shall cover disbursement of funds for cash, clothing, telephone, transportation, food allowances and emancipation funds. The plan shall be available to the Department for inspection upon request.

B) **TLP Launch Funds.** Youth launching directly from TLP as they are entering their final 6 months of care will be allowed the full amount of support in each of these areas including $40 for phone and money to support transportation. Launch is a period wherein the youth practices managing on his or her own, using the TLP as a safety net. If the TLP is providing most of the support, then the youth is not launched towards emancipation. TLPs that launch a youth are required to allow the youth to take his/her current furnishings OR provide new ones and to support the youth with an initial security deposit in his/her final living arrangement. Agencies may assist with rent. Offering more than 50% or $300 toward rent is neither funded nor advised. Agencies providing less than $300 shall deposit the difference into the youth's emancipation fund. (For example, a youth who is completely self-supporting can accrue up to $4,200.00 of Department supported personal savings by this process during this period.) Transfers of funds to the youth shall be documented in the case record.

C) **Emancipation Funds.** The base fund is $50 a month at $1.64 per day for each day the youth is in care. These monies are NEVER to be co-mingled with the youth's personal savings, and money that results from voluntarily withholding may never be blended in to it.

The provider shall work with the youth to develop a plan to spend emancipation funds in a manner that would most benefit the youth. Efforts should be made to disburse emancipation funds, consistent with the utilization plan, in the 30 days prior to emancipation.

Any funds deducted from an emancipation fund, except for funds spent within 30 days of emancipation and consistent with the **CFS 375-2, Quarterly Transition/Discharge/Launch Plan** must be pre-approved by the DCFS ILO/TLP monitor.

All emancipation or other funds shall follow a ward when he/she moves laterally to another program and shall be paid to the new provider within 14 days, along with a descriptive breakdown of the funds.

When a youth is discharged from a private agency program prior to emancipation and moved into a placement type other than ILO/TLP, the private agency shall immediately write a check made out to "Children's Accounts" and forward it to the Children's Accounts Supervisor at Division of Budget and Finance, 406 E. Monroe, Station 410, Springfield, Illinois 62701. The check shall be for the total amount of emancipation funds (or any other funds) saved on behalf of the youth. The private agency shall attach a detailed description of the funds to avoid any misunderstanding about their purpose.

Unclaimed emancipation and allotment funds shall be sent to the Illinois State Treasurer's Unclaimed Property Division office at 1 West Old Capitol Plaza, Suite 400, Springfield, Illinois 62701-1390.

The Children's Accounts Unit shall ensure that these funds are NOT mingled with other funds that may be received on behalf of a ward (SSI, child support, etc.), and shall place the funds in an interest-bearing account. When the ward is emancipated, the Children's Accounts Unit shall issue the money to the ward. The ward's caseworker shall provide the Children's Accounts Unit with a copy of the order discharging guardianship or other sufficient proof to show emancipation.

D) **Spend-down Funds.** A youth in the TLP Launch period or in ILO is expected to provide an increasing amount of his/her own support for housing and basic needs. Funds allocated for specific needs (food, clothing, rent, telephone, etc.) that are not distributed directly to the youth because the youth is providing his/her own support are considered spend-down funds, and shall be placed in the youth's spend-down account.

10) Extension of Services and Approval Process

In appropriate circumstances, an ILO/TLP provider may request an extension of services to a youth beyond the youth's 21st birthday.

The provider shall submit a written request for an extension of services to the Deputy Director for the DCFS Division of Permanency and Placement, 60 days before the youth's 21st birthday, explaining why the youth should receive an extension of services and why those services cannot be obtained in the community. The provider shall identify each requested service, the time frame for continuing the service and the goal/objective that each service is intended to accomplish. The provider must indicate why the goals/objectives could not be achieved prior to the youth's 21st birthday.

The worker shall use the **CFS 375-1, ILO/TLP Request for Extension of Services** to establish specific objectives with the youth. The provider shall attach the **CFS 375-1** to the written request for extension of services.

The provider shall submit a copy of the request to the DCFS monitoring supervisor. The DCFS monitoring supervisor shall review the request, and submit a written recommendation to the Deputy Director for the Division of Permanency and Placement. The supervisor shall include any additional information needed to support his/her recommendation.

The Deputy Director shall grant or deny an extension of services for the ward based on information provided. The Deputy Director may grant one or more additional extensions, when appropriate. An extension shall not exceed 30 days and shall not extend beyond the youth's 22nd birthday.

The provider shall submit a written status report every 30 days regarding the youth's progress in achieving the stated goals and objectives.

The Deputy Director may terminate the extended services if:

- the ILO/TLP provider fails to submit a status report every 30 days;
- the youth is not making progress toward achieving the goals/objectives; or
- the youth's actions/inactions indicate that he/she is unwilling to cooperate with the provider or be subject to Department authority.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Policy Guide 2014.07

COUNTDOWN TO 21

DATE: June 26, 2014

TO: All DCFS and Private Agency Child Welfare Staff

FROM: Bobbie Gregg, Acting Director Bobbie Gregg

EFFECTIVE: Immediately

I. PURPOSE

The purpose of this Policy Guide is to issue amendments to Procedure 301.60; Procedure 302 Appendix G; Procedure 302 Appendix M; Procedure 302 Appendix N; Procedure 359.60 and 359 Appendices A and F; and Policy Guide 2013.03, Clinical Intervention for Placement Preservation (CIPP). These changes are necessary to begin the Countdown to 21 Program on July 1, 2014. The purpose of Emancipation Funding is to provide financial support to youth as they leave the child welfare system and become self-sufficient.

II. PRIMARY USERS

Primary users are DCFS and POS Child Welfare Staff and Supervisors, and all placement contractors with the Department.

III. Definitions

"Discharge-Clinical Intervention for Placement Preservation (D-CIPP)" is a facilitator-guided team planning process with the youth, permanency worker, caregiver, family and other stakeholders to help identify the youth's adult connections/relationships and determine the array and intensity of supports and services needed to assist the youth in planning for a successful emancipation.

"Emancipation" occurs when a youth is 18 years or older and is no longer in DCFS care.

"Emancipation funds" are one-time financial assistance given to a youth. The youth must be emancipating from a Department approved placement. The funds are given to the youth in connection with a transition plan and budget that is developed with the youth.

"Financial Literacy" focuses on basic financial education to promote the ability to understand financial choices, plan for the future, spend wisely, and manage the challenges associated with life events such as job loss, saving for retirement, or paying for a child's education.

IV. Emancipation Funding

a) Changes for Emancipation Funds in FY15

Beginning July 1, 2014, DCFS will distribute emancipation funds directly to youth with an open case in accordance with the requirements outlined in this Policy Guide. The youth will receive a **one-time** payment of $1,200.00 in emancipation funds.

The ILO/TLP contracts for FY15 have been revised to remove the contractual requirement of a youth emancipation fund.

Emancipation funds that have been accrued through placement in ILO/TLP prior to 07/01/14 and have been returned to DCFS but are unable to be disbursed to the youth by 06/30/14 will be considered forfeited by the youth. For cases that remain open beyond 7/1/14, DCFS will maintain a record of all youth who have accrued more than $1,200.00 by 6/30/14 and disburse those funds in accordance with the eligibility requirements of section **IV, e), Payment of the Emancipation Funds** in this policy guide .

b) Changes to DCFS Transition Planning

Within 30-days of youth reaching their **19th** birthday a Discharge-Clinical Intervention for Placement Preservation (D-CIPP) staffing will be convened. The primary objective of the D-CIPP will be the development of the updated/revised **CFS 2032-1, Youth Driven Transition Plan** or **CFS 375-2 ILO/TLP Quarterly Transition Discharge Launch Plan.**

A D-CIPP staffing will be convened **90 days prior to the youth 21st birthday** to review the **CFS 2032-1, Youth Driven Transition Plan** and **CFS 374, Emancipation Funding Application and Disbursement Plan**. The disbursement plan is part of the application for emancipation funds.

D-CIPP OBJECTIVES

1) Improve discharge outcomes by ensuring the following:

   A) that the **youth identifies** and develops a detailed plan to address their top 2 or 3 goals toward transitioning out of the child welfare system;

   B) that there is a well-developed plan in place to have the youth in their final living arrangement prior to emancipation;

   C) that the youth's connections to family, community and social supports are nurtured and maintained;

   D) that the youth's educational and vocational plans are realistic and in process prior to emancipation; and

   E) that the youth is working toward financial stability.

2) Improve access to and use of local, community-based support services in the youth's community as related to successful emancipation (i.e. DHS resources, vocational training/planning, housing resources, etc.).

3) Improve access to and use of local, community-based support services in the youth's community in order to meet the youth's physical and mental health needs (i.e. dental care, medical care, etc.).

4) Improve collaboration between team members assisting the youth with preparing for emancipation (e.g. ensuring the youth's identified family and community supports are actively involved in their transition planning and post-wardship).

D-CIPP Affordable Care Act Enrollment

At the conclusion of the D-CIPP at age 20.9 years, the facilitator will provide the Permanency Worker and youth with the instructions for completing the enrollment in Medicaid. The Permanency Worker and youth will use the phone in the room to complete the enrollment process.

The Permanency Worker and youth will need the following information to complete enrollment:

- Full Name
- Date of Birth
- Gender
- Social Security Number
- Current Address
- Preferred Language
- Receipt of Supplemental Security Income (SSI)
- Employment and income
- Pregnancy Status, if applicable
- Names and Social Security Numbers of Dependent Children

c) Eligibility Requirements for Emancipation Funding

In order to be eligible to apply for and receive emancipation funding, all of the following requirements must be met:

1) Youth must be in a Department approved substitute care placement. Youth in the following placements 90-days prior to emancipation are ineligible for funding: **DET**-Detention, **IDC**-Institution DOC, **SSU**-Self Selected Unapproved, **WUK**-Whereabouts Unknown, **UAP**-Unauthorized Placement, **UAH**-Unauthorized Home of Parent, **HMP**-Home of Parent and **WCC-**Unknown Continued Contact;

2) Youth must attend the 90-day Discharge-Clinical Intervention for Placement Preservation (D-CIPP);

3) Youth must complete a **CFS 2032-1, Youth Driven Transition Plan** or **CFS 375-2, ILO/TLP Quarterly Transition Discharge Launch Plan** including verification that vital documents (e.g. valid driver's license or state ID, birth certificate, updated medical) have been obtained;

4) Youth must provide their post-emancipation address and a description of their living arrangement (i.e. apartment with roommate);

5) Youth must identify a supportive resource person that will be available to assist and support them in their emancipation. The support person will be encouraged to participate in the 90-day D-CIPP;

6) Youth must have successfully completed a Department approved financial literacy course. Youth in a POS placement will be provided the course by the agency they are placed with. See section h) for more details.

NOTE: For the initiation of Countdown to 21 all youth aged 19 and above will be referred to a Department approved financial literacy course by September 1, 2014.

NOTE: <u>DCFS Managed Cases Only</u>
The Permanency Worker for youth in a DCFS placement refers the youth for the financial literacy course by completing the **CFS 912, Referral Form.** The referral is made when the youth becomes 19 years of age. The **CFS 912** will be submitted along with the **CFS 600-3, Consent for Release of Information** to the appropriate Transition Manager at the Office of Education and Transition Services (OETS). The financial literacy course must be successfully completed by age 20.9; and

7) Youth must fully complete the **CFS 374, Emancipation Funding Application and Disbursement Plan. Those youth who will be 21 in July, August and September of 2014 must complete the CFS 374-1.**

The Department will authorize payment for only the following "Budget Categories":

- Housing (e.g. rent, security deposit);
- Education Related Expenses;
- Transportation;
- Medical/Health;
- Daycare/Childcare;
- Furniture (electronics not included);
- Debt Reduction; and
- Savings Account Deposit

d) Eligibility Exceptions:

1) Youth turning 21 in July, August, & September 2014 will be eligible to apply for emancipation funding and they will be exempt from requirements 2) and 6); or

2) Youth who request case closure and petition the court prior to the age of 21 are eligible for emancipation funds. However, the youth must complete all of the eligibility requirements outlined in this policy guide; or

3) Youth in care who are diagnosed with a developmental disability and have an IQ of 65 or under are exempt from completing eligibility requirements 2), 3) and 6) outlined in section IV, c) of this policy guide. However, youth aged 20.9 are eligible to receive emancipation funds to support transition needs related to placement within the DHS/DDD adult system. See f) below and **Procedures 302, Appendix N** for more detail regarding eligibility.

NOTE: Youth will be eligible for emancipation funds as part of re-entry if the youth has not previously received emancipation funds as part of the initial exit from care. However, the youth must complete all of the eligibility requirements outlined in this policy guide.

NOTE: Any exceptions are subject to Procedures 359, A ppendix C, Exceptional Payment Procedure.

e) Payment of the Emancipation Funds

Once the final D-CIPP staffing occurs, 90 days prior to emancipation, and it has been determined that the youth has met all the eligibility requirements to receive the emancipation funding, then the **CFS 374** must be completed, signed and dated by the youth, permanency worker, supervisor and D-CIPP facilitator, **(all 4 signatures are required)**. It is the responsibility of the permanency worker to send the completed **CFS 374** within 3 business days to the Central Payment Unit for processing via e-mail to CPUDCFS.Mailbox@illinois.gov or via fax to 217/557-0639.

Payment will be made directly to the youth within 30 days of receipt of the completed application and, if applicable, issued in the youth's name and sent to the address of the payee and/or adult guardian. The payment amount is a **one-time** $1,200.00. Youth who have accrued in excess of $1200 prior to July 1, 2014 through placement in TLP/ILO will be able to apply and budget for the total amount accrued as of 6/30/14.

f) Youth with Developmental Disabilities

While youth in care who are diagnosed with a developmental disability and have an IQ of 65 or under are exempt from completing eligibility requirements 2), 3) and 6) outlined in section IV, c) of this Policy Guide, youth aged 20.9 are eligible to receive emancipation funds to support transition needs related to placement

within the DHS/DDD adult system (see **Procedures 302, Appendix N** for more detail regarding eligibility). The processing of emancipation funds must occur 90 days prior to emancipation. After it is verified that the youth is developmentally disabled and has a documented IQ below 65, then the **CFS 374** must be completed, signed and dated by the youth (if appropriate), permanency worker, supervisor and DCFS Office of Clinical Practice and Development, **(all 4 signatures are required)**. The **CFS 418-L, Pre-Screen for DCFS Ward with Intellectual Disabilities** will be attached, verifying eligibility as DD. It is the responsibility of the permanency worker to send the completed **CFS 374** within 3 business days to the Central Payment Unit for processing via e-mail to CPUDCFS.Mailbox@illinois.gov or via fax to 217/557-0639.

Payment will be made within 30 days of receipt of the completed application and if applicable, issued in the youth's name and sent to the address of the payee and/or adult guardian. The payment amount is a **one-time** $1,200.00.

The Office of Services for Persons with Developmental Disabilities can address any transition questions regarding DHS services, payee, or adult guardianship. In the Greater Chicago Area call the Statewide Administrator at 312-814-6832 and for Downstate call the Assistant Administrator at 217-524-7724.

g) Pregnant and Parenting Youth

A D-CIPP process for pregnant and parenting youth already exists under DCFS Information Transmittal dated October 10, 2013, Emancipation Support & Planning for Pregnant and Young Parent Wards. Nothing in that transmittal will be superseded by this policy. In addition, the 90 day D-CIPP for pregnant and parenting youth will continue to be facilitated by the Teen Parent Service Network (TPSN) and will include review and approval of the **CFS 374, Emancipation Funding Application and Disbursement Plan** provided the eligibility requirements in c), 1) thru 7) above have been met. The **CFS 374** must be completed, signed and dated by the youth (if appropriate), permanency worker, supervisor, and TPSN facilitator **(all 4 signatures are required)**. It is the responsibility of the permanency worker to send the completed **CFS 374** within 3 business days to the Central Payment Unit for processing via e-mail to CPUDCFS.Mailbox@illinois.gov or via fax to 217/557-0639.

Payment will be made directly to the youth within 30 days of receipt of the completed application and if applicable, issued in the youth's name and sent to the address of the payee and/or adult guardian. The payment amount is a **one-time** $1,200.00.

h) Financial Literacy

As part of the D-CIPP process, DCFS will require the youth to complete a Department approved financial literacy course that focuses on basic financial education to promote the ability to understand financial choices, plan for the future, spend wisely, and manage the challenges associated with life events such as job loss, saving for retirement, or paying for a child's education. Every POS Agency, Residential Program, and ILO/TLP Program who serve youth ages 18-21

are expected to have at least one certified financial literacy instructor. The Department's Office of Workforce Development will train the financial literacy instructors. For youth in a DCFS foster home, the DCFS Permanency Worker for the youth will complete and submit the **CFS 912** along with the **CFS 600-3** to the appropriate Transition Manager at the Office of Education and Transition Services (OETS).

V. Housing Related Launch Package for Youth in a Department Approved Placement

In addition to the Emancipation Funding, youth who are living in Department approved placements will also be eligible to apply for a housing related launch package with the DCFS-Office of Housing and Cash Assistance (OHACA). Youth must demonstrate the ability to sustain the launch assistance through the income they currently receive. Youth must meet all eligibility criteria for the Youth Cash Assistance Program (**Procedures 302, Appendix M**).

The youth's permanency worker must complete the **CFS 370-5YHAP, Request for Cash Assistance and/or Housing Advocacy** and the **CFS 370-5Y, Monthly Budget Form for Youth**. To be eligible the youth's monthly income must equal or exceed their projected monthly expenses. The youth's permanency worker must submit both forms, as well as, invoices for furniture and appliances and bills for utility deposits to the OHACA.

The Youth's permanency worker and/or housing advocate will work with the youth to develop a budget that will accurately reflect the youth's projected income and expenses for a month. Any income or expenses that are not expected to incur monthly will also be noted on the budget. The budgets must include all income that the youth will receive at the time that they will move into the launch housing. The budget must also include all expected monthly expenses that the youth will incur including, but not limited to, rent, utilities, phone, household cleaning items, laundry expenses, personal hygiene items, clothes and any expenses needed to maintain employment (for example transportation), if necessary.

If approved, OHACA will submit the approved request to the local Youth Cash Assistance Provider who will process the cash assistance check. The cash assistance check will be processed within one business day. The youth's Cash Assistance checks will be made payable to the person or organization providing the hard goods (e.g. property manager, utility company, furniture store or department store, vendor). Cash assistance checks will not be made payable to the youth. The Department will approve a maximum of $2,000 to purchase hard goods on the youth's behalf in accordance with the process and requirements identified in this Policy Guide and **Procedures 302, Appendix M.**

NOTE: Purchasing the items listed below in a) and receiving housing advocacy services in b) cannot exceed a total of $2,000.

The Launch Package consists of the Youth Cash Assistance Program and the Youth Housing Advocacy Program.

a) Launch Package: Youth Cash Assistance

1) Security deposit and 1st month's rent (if the youth cannot afford first month's rent but can demonstrate the ability to pay second month's rent.);

2) Assistance with utility start up;

3) Basic furnishings: table and chairs for kitchen, couch and chair, 2 tables and 2 lamps for living room, bed, dresser, side table and lamp for bedroom, desk if needed, kitchen appliances, if not provided by the property manager; or

4) Basic household supplies which can include: glasses and dishes, flatware, pots and pans, 2 sets of towels, 2 sets of sheets, blanket and pillow, cleaning supplies.

b) Launch Package: Youth Housing Advocacy Program

Assistance is provided with locating and securing an apartment.

VI. Compliance and Data Reporting

The Department has adopted the following expectations to guide the monitoring and implementation of Countdown to 21 for all **POS agencies** & **DCFS regions** serving 19 & 20 year-olds:

- Track and maintain statistics on agency compliance with scheduling and attending the D-CIPP meetings;
- Provide transportation for youth to attend D-CIPP meetings and ongoing support to youth in transition planning;
- Designate agency staff to attend train-the-trainers and maintain agency staff who are certified by the DCFS-Office of Workforce Development to provide the financial literacy curriculum to youth. Providers are encouraged to collaborate with other agencies in facilitating group classes for youth; and
- Ensure that supportive family members or other adults identified by the youth participate in the D-CIPP and/or other transition planning activities.

All **POS agencies** must submit the **CFS 2032-5, Countdown to 21 Q uarterly & Annual Data Report** to the DCFS-Division of Regulation and Monitoring. The **CFS 2032-5** records the number of D-CIPP meetings scheduled, convened, missed, name(s) of staff certified in financial literacy instruction, number of youth 19 and over on the agency caseload who have completed financial literacy and number who have not, a detailed explanation for any youth who did not have a D-CIPP meeting, and the agency action plan the for each youth related to transition planning.

VII. QUESTIONS

Questions regarding this Policy Guide may be directed to the Office of Child and Family Policy at 217-524-1983 or via Outlook at "OCFP – Mailbox". Non Outlook users may e-mail questions to cfpolicy@idcfs.state.il.us.

VIII. FORMS

CFS 370-5YHAP, Request for Cash Assistance and/or Housing Advocacy

CFS 374, Emancipation Funding Application and Disbursement Plan

CFS 374-1, Emancipation Funding Application and Disbursement Plan (for Youth Turning 21 in July, August, and September 2014)

CFS 418-L, Pre-Screen for DCFS Wards with Intellectual Disabilities

CFS 912, Referral Form

CFS 2032-5, Countdown to 21, Quarterly & Annual Data Report

These forms can be accessed on the DCFS Website and Template "T" drive.

IX. FILING INSTRUCTIONS

File this Policy Guide immediately following Procedures Section 301.60 e) 10), Extension of Services and Approval Process.

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f) Supporting Emancipated Youth Services

Supporting Emancipated Youth Services is a Department program that allows former foster youth who encounter significant hardship upon emancipation to reengage with the Department and Juvenile Court in order to secure essential supports and services that will enable these youth to learn to live independently as adults.

To be eligible for Supporting Emancipated Youth Services:

- the youth must be between the ages of 18 and 21;
- the youth's DCFS case must be coded OR (Own Responsibility) at the time of prior case closure in CYCIS and SACWIS; and
- the youth must request reinstatement of wardship prior to his/her 21st birthday.

Supporting Emancipated Youth Services shall begin at the time a youth's DCFS case is reopened following the reinstatement of DCFS guardianship through a juvenile court proceeding.

1) Referral for Supporting Emancipated Youth Services

Youth may present for referral for Supporting Emancipated Youth Services at:

- DCFS Field Offices;
- POS Agency Foster Care or ILO/TLP Programs;
- at guardian ad litem office; or
- other sources, such as the Department of Human Services, homeless shelters, etc.

When youth request Supporting Emancipated Youth Services, the youth shall be informed to call the DCFS Guardian's Youth Hotline to request service and initiate the process for determining eligibility for Supporting Emancipated Youth Services. The Youth Hotline's toll free number is 866-459-6884.

DCFS call-takers at the Youth Hotline shall do the following when a youth requests reinstatement and access to Supporting Emancipated Youth Services:

- immediately obtain contact information from the youth;
- complete the **CFS 2032-4, Supporting Emancipated Youth Services Intake Form**;
- assess the youth's eligibility for Supporting Emancipated Youth Services. The call-taker shall review case closure information available in the case record. The call-taker shall not base eligibility on the self-report of the youth.

To be eligible for Supporting Emancipated Youth Services**,** the youth must meet the following criteria **(<u>no exceptions will be made</u>):**

- The DCFS SACWIS and CYCIS systems must reflect the following case closure code:

  OR (Release To - Own Responsibility) at the time of juvenile court closure in the Open/Transfer/Close History; **and**

- The youth must be under 21 years of age.

The DCFS call-taker, in consultation with his/her supervisor, shall determine the youth's eligibility for Supporting Emancipated Youth Services.

When eligibility cannot be determined due to omitted data base information at case closure, the DCFS call-taker shall complete a CWS Intake Referral; the DCFS worker assigned the referral shall determine eligibility based upon a review of the closed case file or court orders contained in the juvenile court record.

When a youth is determined to be eligible for Supporting Emancipated Youth Services and the youth confirms interest in re-opening his/her DCFS case**,** the call-taker shall complete a Child Welfare Services (CWS) Intake Referral. The call-taker shall save the **CFS 2032-4, Supporting Emancipated Youth Intake Form** electronically as a Word document and submit the CWS Intake Referral and the **CFS 2032-4**, via Outlook e-mail, to the DCFS Field Office nearest the youth's current location. The CWS Intake Referral will be assigned via existing field office protocols. The CWS Intake Referral shall identify the youth as a former ward requesting Supporting Emancipated Youth Services and shall note "youth to be contacted within one business day."

The call taker shall fax a copy of the CWS Referral and **CFS 2032-4, Supporting Emancipated Youth Intake Form** to the DCFS Office of Housing and Cash Assistance to initiate the process for housing advocacy services. The call taker shall print a copy of the CWS Intake Referral and the **CFS 2032-4** and submit the information via fax to:

DCFS Office of Housing and Cash Assistance
Fax Number: 312-814-7134.

The fax cover sheet shall identify the youth as a former ward requesting Supporting Emancipated Youth Services and Youth Housing Assistance Program Services and shall identify the Region/Field/Site code to which the primary CWS Referral was made for coordination of advocacy services and caseworker assessment for Supporting Emancipated Youth Services.

When the Youth Housing Assistance Program makes a housing referral to a contracted housing advocacy program for the youth, the YHAP Coordinator shall provide the supervisor of the CWS Referral the name of the contracted agency and contact numbers, in order to provide coordinated services to the youth.

Youth under 21 years of age who choose not to participate in Supporting Emancipated Youth Services or who are released from guardianship by the court shall also be referred to the DCFS Youth Housing Assistance Program and to the Office of Education and Training Services.

2) Assessment for Supporting Emancipated Youth Services

Prior to contacting the youth, the DCFS caseworker shall review prior record history to confirm that the youth meets the criteria for Supporting Emancipated Youth Services. When eligibility cannot be determined due to omitted information in the data base, the assigned caseworker shall review court orders in the closed juvenile court case or request the archived closed case record to determine eligibility for Supporting Emancipated Youth Services.

The caseworker shall attempt a face-to-face contact with the youth within one business day of assignment. The initial meeting with the youth shall not be delayed when there are questions regarding eligibility for services.

The caseworker shall complete an Initial Assessment within two business days following face-to-face contact with the youth. As part of the assessment, the caseworker shall review:

- the youth's current living arrangements and housing needs;
- current medical and mental health needs;
- educational/vocational training needs;
- any legal involvement since closure of the youth's juvenile court case, including a background check through LEADS and CANTS:
    - the worker shall consult with his/her Supervisor and DCFS Legal Counsel when a LEADS check reveals an outstanding warrant, to initiate steps to resolve the pending criminal case;
    - the worker shall ensure that a court-appointed attorney is assigned to represent the youth in the pending criminal case;
    - pending legal issues will not prevent the youth from accessing Supporting Emancipated Youth Services unless the pending issue results in the youth's incarceration; and
- the circumstances that have caused the youth to seek services and reinstatement of DCFS guardianship.

The caseworker shall help the youth obtain services to address the youth's immediate needs through referrals to community services, including hospitals, mental health agencies, and housing assistance programs.

During the assessment process, the caseworker shall fully explain the requirements and expectations of Supporting Emancipated Youth Services, including the following program requirements:

- the youth shall participate in services;
- the youth shall cooperate with the assigned caseworker in developing a service plan identifying services to be provided;
- services shall be identified that will increase the youth's skills to achieve self-sufficiency; and
- the youth shall appear in-person at the court hearing for reinstatement of wardship and inform the court of his/her request to have wardship reinstated to access Supporting Emancipated Youth Services.

The caseworker shall explain that the anticipated time-frame for services in the Supporting Emancipated Youth Services is until the youth:

- attains 21 years of age; or
- no longer consents to participate; or
- achieves self-sufficiency as identified in the youth's service plan.

The caseworker shall provide information on specific services for which the youth may be eligible, which include:

- Employment Incentive Program;
- Youth in College/Vocational Training Program;
- Educational and Training Voucher Funds;
- Supervised Independent Living Program;
    - Independent Living Placement; or
    - Transitional Living Program Services;
- Transition Planning For Wards With Developmental Disabilities;
- Support and Well-Being of Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Youths;
- Pregnant and/or Parenting Teen Program;

- Domestic Violence Prevention and Counseling;
- Medical and Mental Health Services;
- Intensive Case Management;
- Affordable Housing Assistance;
- Educational Services;
- Health Education;
- Budget Training; and
- Transportation.

The caseworker shall contact the advocate providing Youth Housing Assistance Services to schedule a time to meet jointly with the youth to provide information on alternative services, such as the Youth Housing Assistance Program (YHAP), the Education and Training Voucher (ETV Program) and community resources.

The caseworker shall help the youth compare the benefits of reopening a case with DCFS through Supporting Emancipated Youth Services and alternative DCFS services (YHAP and ETV Program) and community resources. The caseworker shall assist the youth in making an informed decision regarding selection of service delivery to best meet the youth's current needs in order to sustain or achieve self-sufficiency.

A youth shall be encouraged to develop relationships and maintain contact with his/her siblings. If siblings are in DCFS care, the youth shall be included in the Visitation and Contact Plan for his/her siblings, when developmentally and clinically appropriate. The caseworker shall also assist the youth in connecting and developing Visitation and Contact Plans with siblings who are no longer in DCFS care. The caseworker shall help the youth obtain transportation to attend sibling visits.

The caseworker shall give the youth the DCFS publication **CFS 1050-95**, ***How to Connect With Your Brothers and Sisters***.

The caseworker shall assess the youth's current living arrangement. If the youth is residing in a homeless shelter at the time of the assessment, the worker shall explore other potential living alternatives. The youth may remain in the homeless shelter while being assessed for Supporting Emancipated Youth Services. The worker shall inform the youth that he/she may be temporarily placed in an Emergency Shelter facility outside the current city/county location following court reinstatement of wardship.

When a youth chooses to accept Supporting Emancipated Youth Services and the county of the youth's closed juvenile court case and the youth's current location are within the same service area, the caseworker shall contact the DCFS Regional Counsel to request a Supplemental Petition to Reinstate Wardship. When the closed juvenile court case is outside the service area of the youth's current location, the caseworker shall contact the Department's Office of Legal Services at 312-814-2401 to identify the DCFS Regional Counsel assigned to the county of juvenile court case closure.

The caseworker shall contact the designated DCFS Regional Counsel by phone or e-mail to request a Supplemental Petition to Reinstate Wardship. The subject line of the e-mail shall identify the case name and CYCIS ID number. The caseworker shall identify the case as a Supporting Emancipated Youth Services case and include a statement, "A request is being made to file a supplemental petition to reinstate wardship." The caseworker shall provide the following information:

- youth's full name;
- youth's date of birth;
- DCFS case ID #;
- county of prior juvenile court jurisdiction (available on DCFS Legal Maintenance screen);
- docket number of prior closed juvenile case (available on DCFS Legal Maintenance screen);
- Dates of case opening and case closing of prior open child welfare case;
- youth's current address location;
- worker name and contact information; and
- supervisor name and contact information.

3) Supplemental Petition to Reinstate Wardship

The DCFS Regional Counsel shall use identifying information provided by the caseworker to:

- draft the Supplemental Petition to Reinstate Wardship;
- file the petition in the county of court jurisdiction;
- set a court hearing for the Supplemental Petition to Reinstate Wardship; and
- notify the caseworker and supervisor of the hearing date and time. The caseworker and youth must be present at the court hearing.

The caseworker shall notify the youth of the hearing date and time, discuss transportation arrangements, and remind the youth that attendance at the court hearing is mandatory. When necessary, based on the youth's needs, the caseworker shall arrange for or provide transportation to the court hearing.

4) Reinstatement of Wardship

When the court has reinstated wardship, the caseworker shall ensure that the youth is placed in a DCFS-approved living arrangement. A homeless shelter is not considered appropriate housing for a DCFS ward; a youth cannot remain in a homeless shelter following reinstatement of wardship. Prior placement resources shall be considered as options for placement upon reinstatement, if those prior placements are consistent with the best interests of the youth.

Placement considerations upon reinstatement include:

- foster home, including home of relative, traditional foster care, or specialized foster care. When requesting a specialized foster care placement, the worker shall complete a **CFS 418-J, Checklist for Children at Initial Placement** and fax it, as well as any supporting documentation, to the Specialized Foster Care Unit at **312-814-9408**. The cover sheet shall identify the youth as Supporting Emancipated Youth Services and request review for specialized foster care designation;
- Placement Alternative Contract;
- ILO/TLP; or
- Emergency Shelter.

5) Case Opening Procedures

Upon reinstatement of wardship, the casework supervisor shall ensure that a SACWIS child case is created.

The assigned caseworker shall open the child case in SACWIS and forward the information to CAPU for processing.

- **Reason for Case Opening** code shall be **"**EY" - Emancipated Youth – Identifying the youth is between the ages of 18 and 21, has encountered significant hardship upon emancipation, and has reengaged with the Department and Juvenile Court to secure essential supports and services to live independently.
    - Code can only be used when prior case closure history reflects OR (Release To - Own Responsibility) at the time of juvenile court closure**.**

- Corrections must be made on **CFS 1425, Change of Status Form** and data entered to reflect Release To - Own Responsibility prior to re-opening the case with an "EY" code. The caseworker shall make these changes after a review of court orders contained in the closed court file or a review of the closed case record and verified the records do not reflect the youth achieved permanency through a return to home of parent, adoption, or guardianship.

- The **Reason for Placement Type** on the accompanying **CFS 906/E** shall reflect "SEY" - Supporting Emancipated Youth.
- From the SACWIS Create Case Window, select "Create Child Case."
- Check the CYCIS Family Member indicator "yes" for **child case to be opened in CYCIS.**

  Note: The SACWIS system automatically creates a "dummy" family case whenever a child case is opened in SACWIS.

- The supervisor must send a note immediately to the Help Desk requesting closure of the family case.
- The caseworker shall send the **CFS 1410, Registration/Case Opening Form** and **CFS 906-1/E, Payment Authorization Form,** via e-mail as an attachment to the CAPU Distribution Group (Cook County) or the Downstate CAPU Distribution Group (Downstate). If the case will be serviced by a different DCFS or POS worker, a **CFS 1425** identifying the DCFS or POS placement worker must be provided to CAPU.
- The subject line of the e-mail shall identify the case name and CYCIS ID number. In the e-mail, the worker shall identify the case as a "Supporting Emancipated Youth Services" case and state, "Only the child case is to be opened. Do not open the Family Case."
- CAPU shall open and assign the case in CYCIS to an Intake Worker (Cook County) for case opening or to the DCFS or POS worker identified on the **CFS 1425**.

The caseworker completing the assessment for Supporting Emancipated Youth Services shall provide the placement worker with all assessment information gathered prior to the reinstatement of wardship including:

- the youth's current living arrangements and housing needs;
- the youth's current medical and mental health needs;
- the youth's educational/vocational training needs;
- CANTS and LEADS checks; and
- any legal involvement since closure of the youth's juvenile court case.

The placement worker shall complete the Integrated Assessment and develop a Family Service Plan. Within 30 days of reinstatement of wardship, the worker shall file the youth's Service Plan with the court.

6) CIPP Intake Process for Supporting Emancipated Youth Services

A CIPP staffing is required for all youth returning to care through Supporting Emancipated Youth Services.

A) The caseworker shall request a CIPP Staffing immediately following case opening. The caseworker shall complete the **CFS 1410, Registration/Case Opening Form, CFS 906-1/E, Payment Authorization Form,** and **CFS 2032-4, Supporting Emancipated Youth Services Intake Form**, and send the forms to the CIPP Intake Coordinator as follows:

The caseworker shall save the **CFS 1410**, **CFS 906-1/E**, and **CFS 2032-4** electronically as Word documents and submit them via DCFS Outlook e-mail to "CIPP Intake." Non-SACWIS users shall fax these forms to **312-814-4131**.

The subject line of the e-mail / fax coversheet shall identify the case name and CYCIS ID number. The caseworker shall identify the case as "Supporting Emancipated Youth Services" and state, "An emergency CIPP staffing is requested; DCFS guardianship reinstated to provide Supporting Emancipated Youth Services."

B) The CIPP Intake Coordinator shall confirm the receipt of the CIPP request within one working day by e-mail or fax and contact the worker to schedule the CIPP staffing and to discuss submission and distribution of documentation that will be required for the staffing.

Note: Case record information may be limited for the CIPP staffing, since the youth's closed case record must be obtained from storage. The CIPP staffing shall not be delayed due to the lack of historical information when that information is contained in an archived case record. All efforts shall be made to schedule the staffing at a time that will minimize school or employment disruption.

C) The caseworker shall submit the **CFS 1425-1, CIPP Universal Referral Form** within **two** business days of receipt of the confirmation correspondence. SACWIS Users shall save the **CFS 1425-1** electronically as a Word document and submit it via DCFS Outlook e-mail to "CIPP Intake." Non-SACWIS users shall fax these forms to **312-814-4131.**

D) The CIPP Intake Coordinator shall send confirmation by e-mail or fax to the caseworker and supervisor of the following:

- The date, time and location of the CIPP staffing;
- a list of required documentation; and
- the key participants who are being invited to the meeting and by whom.

E) The assigned caseworker or supervisor shall notify the youth of the scheduled CIPP staffing and inform the youth that attendance and participation in the staffing is mandatory.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Distribution: X & Z

POLICY GUIDE 2013.03

Clinical Intervention for Placement Preservation (CIPP)

DATE: June 27, 2013

TO: All DCFS and Private Agency Child Welfare Staff and Supervisors

FROM: Richard H. Calica, Director

EFFECTIVE: Immediately

I. PURPOSE

The purpose of this Policy Guide is to implement the transition from Child and Youth Investment Team (CAYIT) to Clinical Intervention for Placement Preservation (CIPP) in Department Policy and to issue instructions to Department staff regarding the CIPP referral, staffing and follow-up process. This Policy Guide replaces Policy Guide 2010.01, Child and Youth Investment Teams.

II. PRIMARY USERS

Primary users of this Policy Guide are DCFS and Private Agency Child Welfare Staff and Supervisors.

III. BACKGROUND

This Policy Guide introduces the Clinical Division's new placement stabilization and preservation program, Clinical Intervention for Placement Preservation (CIPP) which recently replaced the Child and Youth Investment Team (CAYIT). This program is designed to have greater emphasis on earlier interventions to improve placement stabilization by preserving youth and family social connections and relationships and minimizing changes in placement. The goal is to reduce the amount of changes in living arrangements and to prevent entry into residential and group home settings.

IV. CLINICAL INTERVENTION FOR PLACEMENT PRESERVATION

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

conducted to determine the array and intensity of services needed for a child or youth whose placement has disrupted.

In a CIPP staffing, the caseworker brings together key people in the child/youth's life, with the assistance and support of a trained facilitator who leads a discussion sensitive to the individual needs, motivation and capabilities of the child/youth. Participants are encouraged to offer their assessment of the child/youth's wishes, needs and strengths and to generate ideas on how those wishes, needs and strengths can be best addressed, ideally in the child/youth's current placement.

When the services needed cannot be provided in the current placement, staffing participants will determine the setting best suited to meet the child/youth's individual needs. In these situations, matching the child/youth with placement resources that can meet the identified needs will be initiated by members of the Centralized Matching Team during the staffing, whenever possible. Additionally, caregivers will be encouraged to participate in the child/youth's treatment and to remain a placement and/or visiting resource for the youth when residential/group home care and/or a transitional living or independent living program is warranted.

a) Population Served by CIPP

A CIPP staffing is recommended for any child or youth at risk of placement disruption from his/her current caregiver in a traditional or specialized foster family home placement, a home of relative placement, or a transitional living program (TLP). According to national research, cases at highest risk for placement disruption involve children/youth with a history of recent police involvement, frequent school truancy, runaway behaviors and/or untreated psychiatric disorders.

b) CIPP Objectives

The goals of CIPP are to:

1) Improve placement preservation and increase placement stability by:

   A) Reducing the number of unplanned placement changes;

   B) Diverting entry into residential or group home settings unless clinically indicated as a treatment intervention; and

   C) Ensuring that the child/youth's connections to family, community and social supports, including his/her caregiver, are maintained when a change of placement is required.

2) Improve the child/youth's well-being and functioning by building and maintaining connections to family, social supports and community.

3) Improve access to and use of community-based supports including the involvement of DCFS System of Care (SOC) services.

Note: A CIPP referral is not required to access or use SOC services.

4) Improve the timeliness of interventions prior to placement disruption.

c) CIPP Participants

The core participants of a CIPP meeting include:

1) Required participants

- the caseworker;
- the casework supervisor**;**
- the youth (age 12 or older), unless clinically contraindicated; and
- the current caregiver.

2) Additional participants recommended

- family members;
- the GAL
- the CASA worker;
- youth-identified supports/advocates; and
- a member of the Centralized Matching Team (CMT) or SOC provider.

Others who may be invited to a CIPP staffing include, but are not limited to, former caregivers, Clinical Specialty Consultants, school staff, members of the Child and Family Team, the child/youth's or family's therapist, the Foster Parent Support Specialist, DCFS Permanency Specialist, DCFS Foster Care Recruitment and Development Specialist, DCFS Dually-Involved Specialist, DCFS Consulting Psychologist, DCFS Regional Nurse, and/or Educational Liaison.

d) CIPP Process

CIPP uses a consensus-based decision-making process to help participants determine the array and intensity of supports and services needed to maintain a child or youth in his/her current placement or when a change in placement is required. CIPP ensures that child/youth-identified supports and SOC involvement are incorporated into the process to help identify the child/youth's strengths and to provide and/or expedite timely access of community resources.

The **CFS 1452-1, CIPP Referral Form** is the CIPP referral document. The **CFS 1452-1** serves as the basis for the staffing discussion and exploration of the child/youth's service needs. Prior to the CIPP meeting, CIPP Intake and the CIPP

Facilitator shall assist the caseworker in reaching out to and preparing all non-professional participants (caregiver, child/youth, family and other supportive adults) on the expectations of the CIPP team decision meeting.

The **CFS 1452-2, CIPP Action Plan** developed during the CIPP meeting shall focus on the top 2-3 concerns identified during the meeting. The **CFS 1452-2** shall be drafted by the caseworker and distributed to all staffing participants at the conclusion of the CIPP meeting. The casework supervisor shall monitor and ensure implementation of all tasks identified in the **CFS 1452-2** within 30 days of the CIPP meeting. The caseworker and supervisor shall review the **CFS 1452-2** in ongoing casework supervision, and the supervisor shall document that review in supervisory note. The caseworker shall invite the CIPP participants to ongoing Child and Family Team Meetings to review implementation of the **CFS 1452-2**, and the **CFS 1452-2** shall be reviewed at each Administrative Case Review.

When the current caregiver or child/youth age 12 or older is not able to attend the CIPP meeting by phone or in person, the CIPP meeting and **CFS 1452-2 s**hall address urgent safety needs and include steps to be taken to engage the absent required participants in future meetings. Decisions involving placement changes for an absent child/youth shall only be considered when CIPP staff verify (prior to the meeting) the child/youth or caregiver's refusal to participate in the meeting. In these situations, the **CFS 1452-2** shall address steps needed to communicate with and engage the caregiver and/or youth when a placement move is pending.

When a child/youth age 12 or older is unable to participate in the CIPP staffing either in-person or by phone, the caseworker shall ensure that the youth receives a copy of the **CFS 1452-2** within 7 business days.

e) When a CIPP Is Required

A referral for a CIPP staffing is required when:

1) A change in caregiver or living arrangement is being considered by a caseworker or caregiver for a child/youth in a traditional, home of relative or specialized foster family home placement due to difficulties associated with the child/youth's behavioral and/or emotional needs. This includes a child/youth being considered for:

   A) A specialized foster care placement, including a lateral move with change in home needed or designation of status in the same home as "specialized";

   B) Treatment in a residential facility or group home; or

   C) A Transitional Living Program (TLP);

2) A youth and/or caseworker is seeking an initial or ongoing Placement Alternative Contract (PAC); or

3) A child/youth is residing in a temporary living arrangement (e.g., a shelter, detention facility or DOC facility) without an identified placement.

Note: This does not include children/youth who are currently hospitalized in psychiatric facilities without an identified discharge placement. These cases are reviewed by Regional Clinical Staff.

f) When a CIPP Staffing Is Not Required

A CIPP is not required for cases:

1) Involving a planned change in placement that complies with policy (e.g., placement with siblings, removal from an unsafe living arrangement, etc.);

2) Involving an emergency request from the field for specialized foster care services for a child/youth new to care (e.g., in protective custody or who has been in placement for fewer than 45 days) and written confirmation of the need for such services is not yet available. These referrals should continue to be requested by sending a **CFS 418-J, Checklist for Children at Initial Placement** to the DCFS Specialized Foster Care Unit at "Spec FosterCare" via DCFS Outlook email. When agreement cannot be reached, the Specialized Foster Care Unit may refer the case for a CIPP staffing.

3) Involving a request for the Independent Living Program (ILO) for a youth meeting the referral criteria established in **Procedures 302, App. H**.

4) Involving lateral moves or step-ups within TLP, residential, group home, or ILO.

5) Involving a request for a CILA, MI-TLP or DD-TLP.

6) Seeking SOC services.

7) Seeking a Clinical Consult with DCFS Specialty Services or the Regional Clinical staff.

8) Seeking a psychological, parenting or neuropsychological assessment.

Note: Requests for an ILO living arrangement will be initiated by completing the **CFS 1452-1** and submitting it to CIPP Intake. CIPP Intake shall forward the **CFS 1452-1**directly to the Centralized Matching Team for matching to providers, bypassing the need for a CIPP meeting. Casework supervisors and ILO program providers shall ensure that referrals to independent

living programs adhere to **Procedures 301.60(e), Transitional and Independent Living Program Services**.

g) Referrals

The caseworker or current caregiver can call CIPP Intake to swiftly schedule a meeting. When receiving a call from a caregiver, CIPP Intake shall contact the caseworker prior to scheduling a meeting.

CIPP shall accept referrals from caregiver only for purposes of identifying services and supports needed to preserve the current placement. CIPP does not replace the existing procedures for accessing SOC, SASS, a Clinical Placement Review or the Advocacy Office for Children and Families. CIPP Intake shall redirect requests for placement changes and/or concerns to the assigned caseworker and supervisor for follow-up.

When requesting a CIPP meeting, the caseworker shall contact CIPP Intake by phone at 312-814-6800 or by DCFS Outlook email at "CIPP Intake". The caseworker shall complete the **CFS 1452-1** prior to scheduling a CIPP. When possible and if needed, CIPP Intake can assist the caseworker in completing the **CFS 1452-1** via phone. All efforts will be made to schedule CIPP meetings at times and locations that will support involvement by the child/youth, his/her family and caregiver, and minimize school disruptions.

Note: The CFS 1452-1, CIPP Referral Form; CFS 1452-2, CIPP Action Plan; and CFS 1452-3, CIPP Referral Packet Documentation Checklist replace all CAYIT forms and CMT electronic documents.

After receiving a CIPP referral, CIPP Intake and the assigned Facilitator shall collaborate with the caseworker to invite and prepare participants for the upcoming meeting. Caseworkers should continue their efforts to discuss the upcoming CIPP meeting with the youth, caregiver and youth's family.

When the referral process is complete, the CIPP Intake Coordinator shall send written confirmation of the date, time and meeting location via email to the caseworker/supervisor, CIPP Facilitator and other participants.

h) Matching

A member of the Centralized Matching Team (CMT) will participate in CIPP staffings in person or by telephone, whenever possible, when a child/youth's individual needs appear to require more intensive services than those available in the current placement and/or require placement in a residential facility or group home, or a treatment or transitional living program.

CMT shall initiate the matching process during the CIPP meeting. The caseworker shall document identified matches the **CFS 1452-2.** The caseworker

shall prepare and send out a referral packet to each matched provider within 24 hours after the CIPP meeting. Each packet shall contain all the items marked as "Attached" on the **CFS 1452-3, CIPP Referral Packet Documentation Checklist**.

When a CMT staff person cannot attend the CIPP meeting, the CIPP Facilitator shall provide CMT with the updated **CFS 1452-1** and **CFS 1452-2** within one business day of the CIPP meeting. CMT will provide matches to the caseworker via email within three business days of receiving the **CFS 1452-1** and **CFS 1452-2** from the CIPP Facilitator. Using the **CFS 1452-3** for guidance, the caseworker shall prepare and send out referral packets to the identified providers within 24 hours of receiving the list of matched providers from CMT.

Note: Providers will not interview a child or youth without receipt of the complete referral packet and documentation, as specified on the **CFS 1452-3 CIPP Referral Packet Documentation Checklist**.

CMT staff shall continue to notify the caseworker and providers by email of any other potential matches following the CIPP meeting. The caseworker and supervisor shall check their email daily for correspondence from CMT to expedite placement and address any barriers that may arise.

Form CFS 1455 is now obsolete.

V. QUESTIONS

Questions regarding this Policy Guide may be directed to the Office of Child and Family Policy at 217-524-1983 or via Outlook at OCFP – Mailbox. Non Outlook users may e-mail questions to cfpolicy@idcfs.state.il.us.

VI. FILING INSTRUCTIONS

Please remove obsolete Policy Guide 2010.01 from behind Procedures 301 and discard.

Please file this Policy Guide immediately following Procedures 301.60, Placement Selection Criteria.

VII. ATTACHMENTS

CFS 1452-1, Clinical Intervention to Placement Preservation (CIPP) Meeting Referral Form
CFS 1452-2, Clinical Intervention to Placement Preservation (CIPP) Action Plan
CFS 1452-3, Clinical Intervention to Placement Preservation (CIPP) Referral Packet Documentation Checklist

Staff can access these forms on the SACWIS T drive and the DCFS Website.

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Section 301.65 Disputed Changes of Placement

a) If the child, family. foster parent or relative caregiver disagrees with the decision to change the child's placement, he or she may request a Clinical Placement Review of the decision within three working days of the receipt of the **CFS151-B.** The Clinical Placement Review can be requested either by phoning or faxing the request to DCFS at:

Phone: 312 - 633-3754
FAX: 312 - 633-4091

The **CFS 151-B** can be used by the caregiver to fax the request for a clinical placement review to the Department. The form has a section in which the caregiver can state the request for the review.

b) Upon receipt of the request for a Clinical Placement Review, the Department, through the use of designated clinical staff, shall convene a Clinical Placement Review within 5 working days of the receipt of the request to review the placement decision. The purpose of the Clinical Placement Review is to review the current placement, the reason for the disruption or change of placement, the child's needs, and the appropriateness and stability of the proposed placement.

1) Clinical staff designated to convene the review shall request the following materials from the casework supervisor:

- The completed **CFS 2017**;
- The **CFS 497**, Client Service Plan; and
- The **CFS 1441**, CERAP, (if applicable) and rationale for removal.

2) Clinical staff shall invite participation from the following individuals:

- the child, if 12 years of age or older, with consideration given to the material in the review and the benefits of having the child present. Younger children may attend if the caseworker and supervisor determine that the child can benefit from participation in the review process;
- the child's caseworker;
- caseworker's supervisor;
- foster parents/relative caregiver;
- child's family (when appropriate). Family, in this context, means mother, father, other relatives, or guardians who had custody of the child prior to the Department assuming custody or guardianship;
- child's guardian ad litem; and

- any therapist involved prior to the notice of change of placement.

If a foreign language or sign language interpreter is needed, one will be provided.

c) The Clinical Placement Review must be concluded no later than the date of the planned removal of the child from the current placement, or as soon as possible if the child was removed due to safety factors. At the review, clinical staff, along with the other individuals in attendance, shall assess the placement decision and make recommendations.

When a child's change of pla cement impacts a sibling group placement, the clinical review shall also explore the effect of the child's proposed placement upon sibling relationships, the importance of maintaining these relationships, and the plans to reunite the sibling group. A sibling visitation plan shall be established at the review, and sibling visitation included in the CFS 151-D, Placement Review: Action Plan.

There are two possible outcomes of this initial Clinical Placement Review:

- Agreed Placement Decision

  During the Clinical Review Process all parties are able to reach an acceptable Placement Decision that ensures the safety, best interest and well being of the minor. Clinical staff conducting the review shall enter this information on the CFS **151-C, Placement Review Summary**, which shall be signed by all individuals attending the review. In addition, at this same review, an action plan shall be developed and entered on the **CFS 151-D, Placement Review: Action Plan**. Follow-up clinical reviews may be scheduled based on specific case dynamics.

- No Agreed Placement Decision

  During the Clinical Placement Review Process it is determined that the parties are unable to reach a mutually acceptable placement decision. The convener will provide all parties with a decision within 5 working days that includes the clinical rationale for the placement decision; the **CFS 151B;** and the Notice of Appeal Rights to the child, family, foster parents and relative caregivers. The parties will return a copy of the **CFS 151-C, Placement Review Summary** documenting their agreement or disagreement with the decision within 2 working days.

  Despite any disagreement, the Clinical Placement Review Decision is to be implemented as mandated in the CFS 151-D.

The worker shall file the **CFS 151-C** and **CFS 151-D** in Section1 of the child's case record. The **CFS 151-D** is to be attached to the next client service plan.

d) Service Appeal

When in disagreement with the final Clinical Placement Review Placement Decision, the child, family, foster parent or relative caregiver may request a fair hearing through the Department's Administrative Hearings Unit as described in Rule 337, Service Appeal Process.

The request for a fair hearing must be in writing, be made within ten days after the Clinical Placement Review Decision and shall include the a copy of the **CFS 151-C** as verification that the Clinical Review Process has been completed. Requests for a fair hearing shall be sent to:

DCFS Administrative Hearings Unit
Change of Placement Appeals
Department of Children and Family Services
406 E. Monroe Street, Station 15
Springfield, Illinois, 62701.

During the appeal, the child shall remain in the placement that was approved as a result of the Clinical Placement Review.

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Section 301.66 Intensive Placement Stabilization (IPS) Services

a) **Purpose**

The purpose of this procedure is to:

1) Describe the background and purpose of Intensive Placement Stabilization services;

2) Define the populations of children who are eligible for Intensive Placement Stabilization services;

3) Define caseworker responsibilities when utilizing the Intensive Placement Stabilization;

4) Provide instructions regarding Intensive Placement Stabilization referral procedures; and

5) Provide a general description of Intensive Placement Stabilization services.

b) **Primary Users**

The primary users of this procedure are:

1) DCFS and POS staff who are assigned case management responsibility for children and youth placed in traditional foster care or home of relative care; and

2) DCFS and POS caseworkers who are assigned case management responsibility for children and youth who require time-limited assistance to facilitate their transition from institutional or group home care, specialized foster care, a psychiatric hospitalization, detention, or the Department of Corrections to traditional foster care, home of relative care or home of parent.

c) **Definitions**

"Child and Family Team" or CFT means a group of individuals identified by and with the family. This group of people is committed to the family and child and invested in helping them change. Members of the team most commonly include: parent(s); child (if age appropriate); other concerned family members; concerned persons from the community; the Permanency worker; the DCFS Regional Nurse on a case-by-case basis; service providers; and, if a child is in care, the caregiver for the child.

"Completion of an IPS Referral" means that the caseworker has both submitted the IPS referral form to the IPS provider and discussed the referral with the IPS provider.

"Crisis" means that the child/youth is at imminent risk of placement disruption from the perspective of the caregiver or caseworker due to behavioral or emotional issues, and therefore requires an urgent response.

"Home of Relative Care Placement" means a child/youth in the custody or guardianship of the Department is placed in the home of a relative for purposes of ongoing day-to-day living when the child/youth cannot be placed at home and would benefit from a family structure. The relative caregiver is not required but is strongly encouraged to be licensed by DCFS to provide foster care.

"Individual Plan of Care (IPC)" means a written plan developed by the IPS provider with input from the Child and Family Team which identifies the child/youth's and caregiver's strengths, needs, service goals, service provider and projected frequency and duration of service provision. An update to the IPC will be made only when the DCFS IPS Administrator has authorized an extension of services beyond four months. The Child and Family Team is involved at each IPC review/update and team members sign the IPC.

"Local Area Network (LAN)" means a voluntary, inclusive, community-based body with the express purpose of improving the welfare of children within a geographically defined area. Membership on the LAN reflects a balance of formal systems that operate in a community along with community stakeholders.

"Permanency worker" "or assigned worker" means either the Department of Children and Family Services (DCFS) or Purchase of Service (POS) worker who is assigned case management responsibility for a child or youth.

"Placement Alternative Contract Program" offers a youth age 18 or older who is unable to accept a traditional placement the opportunity to receive services and financial support from the Department in a placement of his/her choosing, provided that the youth has selected a safe dwelling within the State of Illinois for himself/herself, and his/her children, if any; established written goals that promote the youth's ability to achieve economic self-sufficiency; and identified an advocate who will assist the youth in achieving his/her goals. Requirements for the Placement Alternative Contract program are set out in Procedures 301.60(d) and replace the requirements for self-selected placements.

"Purchase of Service (POS)" means a private agency contracted by DCFS to provide child welfare services, including case management services.

"Regional Clinical Coordinator" means the staff designated by each DCFS Region to help support IPS activities, help mediate disputes, and provide consultation to IPS providers as requested who are serving LANs within a specific region's boundaries.

"Screening, Assessment and Support Services (SASS)" means a statewide program contracted by DCFS, Healthcare and Family Services (HFS) and the Department of Human Services, Division of Mental Health (DMH) designed to provide screening and support services to a child or youth for whom the Department is legally responsible who is at risk of psychiatric hospitalization. The SASS provider establishes and staffs a system to receive referrals, conduct pre-admission face-to-face psychiatric hospital screenings and to provide deflection services, as appropriate, on a 365-day per year, 24-hour per day, no decline basis. A SASS provider may refer a child/youth for IPS services (through the assigned worker) when the current placement is at risk of disruption without additional support and intervention. Both SASS and IPS providers may simultaneously be involved with a child or youth and his/her caregiver. If both SASS and IPS providers are involved, the IPS provider is responsible for providing primary facilitation and service coordination.

"Traditional Foster Care Placement" means the placement of a child or youth in the custody or guardianship of the Department in the home of a licensed foster parent for purposes of ongoing day-to-day living when the child or youth cannot be placed with his/her parents and would benefit from a family environment.

d) **Background**

The Intensive Placement Stabilization (IPS) program is designed to help promote the Department's goals of safety, permanency and well being for the children and youth it serves. To accomplish this, IPS provides short-term services, interventions and support to children and youth with emotional and/or behavioral problems who are identified as being at risk of placement disruption. The length of IPS intervention is determined by the needs of the individual child/youth and his/her placement, although the typical intervention is anticipated to be four months in length.

An IPS provider's primary responsibility is to deliver, organize and/or coordinate services and interventions to stabilize a placement. An IPS provider may provide the services/interventions through its own staff, by contracting for services, or by linking a child/youth to existing community resources. IPS services are generally a supplement to enhance those provided by the Department or POS provider and should be requested as soon as the assigned worker or caregiver determines that the placement is at risk of disrupting.

The goals of the IPS program are to:

- Increase the number of children and youth who safely remain in their current placements.
- Increase the number of children and youth who successfully transition from a more restrictive to a less restrictive placement.
- Decrease the number of children and youth in traditional or home of relative foster care placements that subsequently need more restrictive and intensive services such as residential care.

e) **Eligibility for Intensive Placement Stabilization Services**

1) **Children Eligible for Intensive Placement Stabilization Services**

Children and youth in the custody or guardianship of the Department who meet the following criteria are eligible for IPS services:

A) The child or youth resides in a home of relative or traditional foster care placement and the DCFS/POS agency providing casework services is fulfilling its obligations regarding the provision of services, and:

- an open DCFS case still exists;
- the child/youth is at risk of moving to another foster care placement; or
- the child/youth is at risk of moving to a more restrictive living arrangement.

B) The child or youth is placed in a more restrictive setting, such as an institution/group home, Department of Corrections, specialized foster care or psychiatric hospital and requires time-limited additional services and interventions in order to successfully step-down and transition to a home of parent, home of relative, traditional foster care placement, or with DCFS administrative approval, specialized foster care.

C) Children age 10 and under who are psychiatrically hospitalized and who will be discharged to a targeted placement.

D) Children and youth who are waiting to move to a higher level of services pending a CIPP decision.

E) Children and youth in eligible placements needing continuing or expanded post-hospitalization services that are not part of the SASS service array and/or whose needs exceed the service timelines of the SASS provider.

F) Children and youth residing in an eligible placement and a "Notice of Request for Removal" has been issued by the foster parent (for Cook County children/youth see **Policy Guide 2003.01, Clinical Review Notice of Placement Change – Cook County Only**).

G) A youth served under a Placement Alternative Contract is residing in a placement of his/her choosing and the caseworker has determined that IPS services may help the youth maintain the placement.

Note: Children and youth may be identified by the caseworker and/or a screening process such as the Integrated Assessment (IA) or Clinical Intervention to Placement Preservation (CIPP).

2) **Children Ineligible for Intensive Placement Stabilization Services**

The following children and youth are **not eligible** for Intensive Placement Stabilization services:

A) Children and youth receiving intact family services (i.e., residing in home of parent) whether or not DCFS has a legal relationship with the children/youth, unless the children/youth are eligible for services as provided in subsection (e)(1) of these Procedures.

B) Children and youth placed in home of relative or traditional foster care placements whose needs can be met by services available through the DCFS payment policy (see **Procedures 359**), POS foster care contracts or casework staff.

C) Children and youth being served under specialized foster care services contract unless approval from the DCFS IPS administrator has been obtained.

D) Children and youth residing in Illinois pursuant to an Interstate Compact Agreement.

f) **Referral for Intensive Placement Stabilization Services**

1) The IPS provider shall be capable of receiving and responding to referrals each regular State of Illinois business day.

A) The DCFS or POS caseworker shall refer eligible children or youth to the IPS provider serving the LAN in which the child or youth is placed. For children or youth who are stepping-down from a more restrictive placement the referral should occur within the 90 day period prior to step-down but not later than 30 days after the actual placement change.

B) Upon submitting the referral form to the IPS provider, the caseworker shall contact the IPS provider by phone or in person to provide any additional or clarifying information. During the referral staffing, the IPS provider shall focus on gathering information about the child or youth's trauma stress symptoms, emotional/behavioral concerns and risk behaviors. The initial referral is NOT complete until the caseworker has completed both steps: submitted the IPS referral form and discussed the referral with the IPS provider.

C) The caseworker shall prepare a referral packet and forward it to the IPS provider serving the LAN in which the child or youth is or will be placed.

D) The referral packet must include the following:

- **CFS 968-54A, Intensive Placement Stabilization (IPS) Referral Form;**
- **CFS 600-3, Release of Information***;
- **SACWIS Family Service Plan;**
- School information;
- Social History/Integrated Assessment; and
- Updated social/progress report.
- Any additional information including psychological, psychiatric and/or counseling reports, IEP/MDC information, assessments and information about guardian ad litem (GAL) involvement shall be forwarded when available and if requested by the IPS provider.

*** Note:** The signed **CFS 600-3, Release of Information** authorizes the release of information to the IPS provider. The IPS provider may not re-release or share this information without obtaining the required consents and authorizing signatures. IPS providers must use a consent form that meets DCFS requirements. (See **CFS 600-3**.)

E) The caseworker shall assure and document that the caregiver is informed of and supports the referral to the IPS provider.

F) The caseworker shall provide additional reports and information, as requested by the IPS provider, to facilitate the completion of the Child and Adolescent Needs and Strengths (CANS) assessment, the development of the Individual Plan of Care (IPC) and the provision of ongoing services.

2) Crisis Response: The IPS provider shall maintain crisis response services 24 hours a day, 7 days a week for all open IPS clients.

3) When the child has behavioral issues that threaten the placement stability and the child and/or caregiver will need services both in the short term and also over a longer period of time than typically associated with IPS, the caseworker shall make the referral to IPS and shall also make a referral for the needed services to alternate resources that will be able to provide the long-term support for the child and/or caregiver.

g) **IPS Service Determinations**

1) The referral of a child or youth to an IPS provider will be accepted when the child or youth meets the criteria outlined in Section (e), Eligibility for Intensive Placement Stabilization Services. The referral is not complete until the IPS provider has received the complete **CFS 968-54A** referral form and discussed the child/youth's needs with the caseworker, in-person or by phone. The caseworker and IPS provider shall also discuss the presenting problems, the current caregiver's situation and whether the caregiver is aware of the IPS referral.

2) Within 2 working days of receiving the completed **CFS 968-54A**, the IPS provider shall notify the referring caseworker whether the IPS program will accept the referral. The IPS provider shall fax the completed IPS Referral Form to the worker indicating the disposition of the referral.

A) Non-acceptance by the IPS provider is allowable only when the child/youth referred does not meet program eligibility criteria. (For example, if a child/youth resides in a LAN that is outside the service area of the IPS provider or if a child/youth resides in an ineligible placement, such as specialized foster care or a group home.)

B) In such cases, the IPS provider will refer the case back to the caseworker, providing the reasons for the rejection in writing and recommendations for follow-up services if requested by the caseworker. If the child/youth resides in a LAN that is not served by the IPS provider, contact information for the appropriate IPS provider will be given to the caseworker.

C) If there is a disagreement between the IPS provider and the caseworker about a child or youth's eligibility for IPS services or the recommendations developed by the IPS provider, the DCFS Regional Clinical Coordinator or the Statewide IPS Project Coordinator will review all referral information and conduct phone and/or in-person discussions with the IPS provider and the assigned worker to review the child or youth's eligibility and the recommendations of the IPS provider.

D) The IPS agency may not put children age 10 and under needing a step down from psychiatric hospitalization on a waiting list.

E) The IPS agency may not put children or youth on a waiting list when the foster parent/relative caregiver has contacted the caseworker or supervisor to request removal of the child/youth.

h) **Intensive Placement Stabilization Services: Responsibilities and Timelines**

1) IPS providers are responsible for serving children and youth who meet IPS eligibility criteria and whose placement is located in, or will be located in, a LAN for which the IPS provider is responsible.

A) The IPS provider shall organize, provide, and, if appropriate, fund an integrated system of intensive services, interventions, and supports to eligible children and youth and their caregivers.

B) IPS providers may provide the services, interventions and supports directly and/or through sub-contracts and/or memoranda of understanding with services providers, or by referring the child/youth and family to available resources.

2) Once the referral is accepted, the IPS provider has 30 calendar days to complete the following:

- Assessment and treatment planning;
- Consultation with the caseworker or caseworker's supervisor at the time of referral;
- Initial home visit within 5 days of completion of the IPS referral;
- Child and Adolescent Needs and Strengths (CANS);
- Child and Family Team meeting; and
- Individual Plan of Care (IPC).

3) **Interim Care Plan:** The IPS provider shall provide services necessary to preserve the placement prior to completion of the assessment. The IPS provider shall record the services provided on an Interim Care Plan, and shall provide a copy of the Interim Care Plan to the child/youth's caregiver. At a minimum, the Interim Care Plan shall include the following information:

- a description of what to expect from IPS services;
- the IPS provider's crisis contact information that allows the provider to be reached 24 hours a day, 7 days a week; and
- if required, any services and interventions to be provided prior to the completion of the Individual Plan of Care (IPC) as well as a rationale for these services and interventions.

The services and interventions documented in the Interim Care Plan shall be incorporated into the IPC.

4) **Initial Home Visit:** After the IPS provider has accepted a referral, the initial home visit will be conducted with the child or youth (if clinically appropriate), the caregiver, and the caseworker or caseworker's supervisor. The initial home visit shall be conducted within 5 days of completion of the IPS referral. If the caseworker has been consulted prior to this meeting or is unavailable for the meeting, the IPS provider should proceed with the meeting and immediately notify the DCFS Regional Clinical Coordinator.

5) **Child and Adolescent Needs Assessment (CANS):** The IPS provider shall assess the needs of the child and caregiver utilizing the Child and Adolescent Needs and Strengths (CANS) assessment tool.

6) **Child and Family Team Meeting:** Following the initial home visit and ongoing assessment of the child or youth's needs, the IPS provider shall convene a Child and Family Team meeting to develop the Individual Plan of Care for the child or youth.

7) **IPS Service Determination:** The IPS provider shall make a service determination based on the CANS assessment, and consultation with the caregiver, the caseworker, and the Child and Family Team members. The possible determinations are:

   A) **No Additional Services Required**: If it is determined that the child or youth does not require additional services, the IPS provider shall document in writing the recommendation (either through use of a letter, memo or initial IPC) that the child's needs can be met by the caseworker through services described in DCFS policy (Refer to Procedures 359) or services provided through the POS agency contract.

   B) **More Intensive Services Needed:** When a child or youth needs more intensive services than can be provided in the current environment, even with the addition of IPS services, the IPS provider shall submit written service recommendations to the assigned worker identifying the services needed. If the caseworker agrees with the recommendations, the worker shall request a Clinical Intervention to Placement Preservation (CIPP) staffing to determine the setting needed to meet the service needs. If there is any dispute regarding the IPS provider's recommendations, the DCFS Regional Clinical Coordinator or IPS Statewide Project Coordinator shall be contacted for resolution.

8) **Individual Plan of Care (IPC):**

A) **Development:** Following the initial home visit and completion of the Child and Adolescent Needs and Strengths assessment, IPS staff and the caseworker shall work collaboratively to facilitate, develop and monitor the Individual Plan of Care (IPC) for each child or youth accepted into the IPS program. Upon its completion, all Child and Family Team members shall receive a copy of the IPC. The IPC is intended as a supplement to, but not a replacement for, the **SACWIS Service Plan**. The assigned caseworker is responsible for completing the **SACWIS Service Plan**.

B) **IPC Contents:** The Individual Plan of Care shall include the array of therapeutic, crisis intervention and facilitation/linkage services required to address the child or youth's clinical, treatment and service needs. Services shall be provided primarily at non-office based locations that are most convenient for the child/youth and/or caregiver.

Required Elements: The following elements must be included in the Individual Plan of Care:

- Social History Addendum/Integrated Assessment to add or clarify information not contained in the referral documents;
- IPC Assessment based on the CANS decision-support instrument;
- strengths narrative that addresses all strengths from the Child Strengths section of the CANS, regardless of scoring;
- clinical formulation (drawn from the CANS and other assessment material) to provide a narrative that integrates and explains a client's needs and strengths. The narrative must also include a description of how the child/youth's strengths will be incorporated into treatment;
- the type, projected frequency and expected duration of service/intervention to be provided, and by whom; and
- signatures to document the individuals who participated in the development of the IPC.

C) **IPC Approval:** The Individual Plan of Care shall be reviewed and approved, minimally, by staff with a Master's degree in Social Work or other human service degree.

D) **Ongoing Service Needs Assessment:** The IPS provider shall complete a CANS assessment for each child or youth admitted to the IPS program, beginning at the initial home visit, and when the IPS case closes. If the child or youth is still at risk of losing his/her placement, an Interim CANS will be completed at four months documenting the child/youth's continuing needs and DCFS/POS caseworker can request approval from the DCFS IPS administrator to extend services. If the child/youth's needs have been addressed prior to or at four months of services, the IPS worker shall complete a closing CANS and a discharge summary and close the IPS case.

E) **Review and Revision of the Individual Plan of Care:** If approval for an extension of IPS services is granted, the Individual Plan of Care shall be reviewed every 30 days or more frequently as needed to respond to any ~~a~~ change in the child/youth's service needs. At a minimum, IPC reviews shall include:

- the date of the review;
- a narrative discussion of the utilization of strengths in treatment and how the strengths will continue to be incorporated;
- an overall review summary of the child/youth's progress; and
- signatures of the Child and Family Team members participating in the review.

Additionally, if the case continues beyond five months a new CANS is conducted at six months in conjunction with the IPC review. At the six month IPC review, the following elements must be addressed and documented:

- date of the review;
- a narrative discussion of the utilization of strengths in treatment;
- an assessment based on the CANS instrument;
- prior and current CANS items and ratings;
- an updated Clinical Formulation that integrates and explains the child/youth's needs and strengths. The narrative shall include a description of how strengths will be incorporated into treatment;
- a review of services and interventions;

- service disposition at time of the review, including recommendations to continue, discontinue, or alter the CANS rating or approach to services;
- disposition narrative; and
- signatures of Child and Family Team members participating in the 6 month review.

9) **Coordination with Caregivers and Significant Family Members:** The IPS provider shall engage and encourage active involvement by the caregiver and other significant family members in any services provided through the Intensive Placement Stabilization program.

10) **Monthly Contact:** The IPS provider shall have at least 2 face-to-face contacts with each child or youth and his/her caregiver per month. Generally, IPS staff will have more frequent contact.

11) **Case Consultation:** The IPS provider shall provide case-specific consultation to caseworkers for children and youth placed in relative care or traditional foster care in the IPS provider's assigned LAN(s) and shall assist the caseworker with identifying additional services or interventions that will promote the stability of the placement (within the limits of the POS provider's contract and Department policy).

12) **Case Staffing:** The IPS provider shall schedule and facilitate regular case staffings as needed to plan, monitor, revise and address any of the child or youth's service needs. The Individual Plan of Care shall be updated as needed to reflect the child or youth's progress or changing service needs. The IPC review elements will be contained in any review and/or update of the IPC.

13) **Intensive Ancillary Support:** The IPS provider shall deliver, as indicated in the IPC, intensive, supportive assistance to the child/youth, caregiver and other significant family members to meet placement stabilization goals.

14) **Training and Support:** The IPS provider shall deliver, as indicated in the IPC, training and support to the caregiver and/or assist the child or youth in the development of social skills.

15) **Court Hearings and Administrative Case Reviews:** The IPS provider shall provide written reports and shall participate in court hearings and/or Administrative Case Reviews for a child or youth who is receiving services directly from the IPS provider, if necessary, and when requested by the assigned caseworker.

16) **IPS Provider Administrative Agent Responsibilities:** The IPS provider shall ensure the availability of services and interventions to meet the child's or youth's needs and/or pay for these services and/or interventions, maintaining records for all services and interventions purchased as part of the IPC.

17) **Request for Information:** The IPS provider shall respond to requests from DCFS and POS staff, including the worker or supervisor, and/or court personnel regarding the level of services needed to safely maintain and effectively treat the child/youth.

18) **Immediate Reporting Requirements:** IPS staff shall immediately notify the child's or youth's worker of any significant events, changes in family circumstances, or unusual incidents involving the child or youth or family members.

19) **Foster Home Referrals:** If the IPS provider receives repeated referrals of children/youth in the same foster home, the IPS provider shall notify the DCFS Regional Clinical Coordinator who is responsible for addressing concerns related to such referrals.

i) **Caseworker Responsibilities for Children/Youth Receiving IPS Services**

1) The DCFS or POS caseworker retains primary case management responsibility for serving the child or youth and his/her family, including but not limited to developing the Comprehensive Family Services Plan, making all required contacts, submitting court reports and attending court hearings, attending Administrative Case Reviews, arranging parent-child or sibling visits, etc.

2) The caseworker shall notify the IPS provider of any significant events, changes in family circumstances, or unusual incidents involving the child or youth or family members that may impact his/her functioning or needed services.

j) **Case Transfer**

If a child or youth moves to a LAN served by a different IPS provider, the IPS agency serving the child at the time of the transfer may decide, in consultation with the caseworker to:

- Continue to provide services to the child or youth in the new location;
- Continue to provide services until the child or youth is stabilized in the new home and then transfer or close the case; or
- Transfer the case to the (new) IPS provider serving the LAN in which the child or youth will be placed after the caseworker has obtained the necessary consent.

The IPS provider shall involve the caseworker, caregiver and the receiving IPS provider in transfer planning. In all cases, the decision to transfer the case should include consideration of length of IPS involvement and the child or youth's therapeutic relationship with current providers. Issues involving a case transfer that cannot be resolved shall be referred to the DCFS Regional Clinical Coordinator.

If a child or youth is changing placements and IPS services are needed in the new placement, the caseworker is responsible for submitting a new referral form to the IPS provider serving the LAN in which the child or youth will be residing.

k) **Termination of IPS Services**

A sensitive and clinically appropriate approach to terminating IPS services with the child or youth and caregiver shall be planned and executed. In all situations, the IPS provider shall involve the caseworker for the child or youth and the caregiver in termination planning. If a child/youth moves to an Institution/Group Home or Specialized Foster Care placement, returns home, is adopted or moves to subsidized guardianship, IPS services shall terminate. At the time of the discharge staffing, a copy of the final IPC shall be sent to the assigned caseworker for inclusion in the case file. A discharge summary is due within 30 days of the termination of IPS services.

1) **Termination When Treatment Goals are Met:** Services may be terminated as the result of a termination staffing involving the IPS provider and the Child and Family Team. Either the caseworker or the IPS provider may request a termination staffing. The staffing shall be convened no later than 10 working days after a verbal request. A CANS shall be completed at the time of a child or youth's discharge from the program.

2) **Termination When Treatment Goals are Unmet:** Services may be terminated when the child or youth moves from the current IPS provider's LAN service area or moves into a placement setting that is ineligible for services under the IPS program.

3) **Aftercare Services:** The IPS Individual Plan of Care will provide for the transition of services to assist the child or youth any time permanency is achieved (i.e., adoption, subsidized guardianship or return home) or if IPS services are terminated.

FREQUENTLY ASKED QUESTIONS

1) When do I go to IPS?

IPS services should be considered for children or youth who are at risk of placement disruption and require additional services to meet their individual safety, permanency and well-being needs. IPS is available for both crisis intervention and short- to mid-term support to the foster care program.

IPS services are not generally available for children in specialized foster care, intact families, or post-adoptive or subsidized guardianship homes.

2) What types of services can be requested from IPS?

IPS is intended to support DCFS and POS caseworkers to meet the needs of children and stabilize placements. A referral should be made when a child or youth's needs exceed those provided by the foster care program. Referrals should not be for specific service requests, but instead should be a request for additional support. The additional supports will be identified by the Child and Family Team and will result in an Individual Plan of Care (IPC).

IPS support is not intended to be a replacement or substitution for services provided through DCFS or the POS agency. POS agencies are expected to provide all services and supports described in their contract. An IPS provider should be contacted when the need for placement stability exceeds the level of support available through the POS agency's contract and/or the services described in Procedures 359.

3) Who can access IPS services?

A DCFS or POS caseworker may make referrals for IPS services to meet the needs of children or youth on his/her caseload.

4) Can SASS services still be accessed/provided?

Yes. SASS services continue to be available to caseworkers and foster parents/relative caregivers regardless of the current living arrangement. SASS services may be requested by contacting the **Crisis and Referral Entry Service (CARES) at 800-345-9049**.

5) For how long can IPS services be accessed?

The length of IPS interventions is determined on the needs of the individual child and his/her placement. However, IPS services are anticipated to last, on average, <u>four</u> months. Services may be continued if deemed appropriate by the Child and Family Team, and a revised Individual Plan of Care (IPC) will be developed to reflect that decision.

6) Can an IPS provider pay for counseling services?

The IPS provider, in conjunction with the Child and Family Team, will develop an Individual Plan of Care for each child. The IPC may include a plan for counseling to address specific needs. Who provides the counseling and who pays for it will be discussed and determined during the IPC process. DCFS and POS agencies are expected to utilize counseling services within their contracts to support the identified needs and may discuss additional supports with the IPS provider when necessary to meet a child or youth's specific needs.

Section 301.70 Sibling Placement

This section is to be read in conjunction with Appendix C of these procedures.

These procedures address the importance of encouraging and maintaining relationships among siblings, whether or not all of the siblings are now or have ever been involved with the Department.

"Siblings" are children who have at least one parent in common. Step-siblings may be considered "siblings" when the children enter into substitute care together and have a positive relationship. For placement purposes, step-siblings who enter care together shall be placed together initially, and continued joint placement shall be re-evaluated after the Integrated Assessment.

For placement purposes, termination of parental rights of a parent does not terminate the relationship between siblings who are related through that parent. Similarly, the relationship between siblings is not terminated after a sibling has been adopted or placed in legal guardianship, when the sibling was in DCFS care under Article II of the Juvenile Court Act immediately prior to the adoption or guardianship.

The members of a sibling group may be in several different living arrangements. The Child Protection Specialist shall include all siblings in the Visitation and Contact Plan, regardless of their living arrangements, if the siblings become known to Child Protection Specialist before handoff to the permanency worker. Living arrangements may include children/youth:

- living in intact families;
- living in substitute care, including out of state placements;
- in an ILO/TLP, Youth in College, or Placement Alternative Contract living arrangement;
- who are hospitalized;
- residing in group homes or residential placements;
- who have been adopted, even when birth siblings are not adopted together or when one or more siblings remain in care;
- who are under legal guardianship, even when birth siblings are not adopted together or when one or more siblings remain in care;
- who are emancipated; or
- who have attained adulthood.

a) Reasons for Placing Siblings Apart

When a sibling group must be removed from their home, the Department or purchase of service permanency worker shall seek a home that will accept all of the children. When the assigned worker's agency does not have a home available that can accept all of the children, the worker shall look for a home supervised by another provider agency that can accept the entire sibling group. **Rule 301.70** and these procedures describe what efforts the Department or POS worker must take to find a joint placement for siblings. **Rule 301.70** lists the ***only acceptable reasons*** for placing siblings apart.

Placement of siblings apart is a Critical Decision.

If siblings are not placed together, the casework supervisor shall document the reason in a supervisory note.

The caseworker shall ensure that every child entering substitute care receives the DCFS publication **CFS 1050-95**, ***How to Connect With Your Brothers and Sisters***.

b) Best Interests of the Child to be Placed Apart from Siblings

Rule 301.70 lists the ***only acceptable reasons*** for placing siblings apart.

Placement of siblings apart and separation of siblings who were placed together are Critical Decisions. The placing worker shall document supervisory review and approval of these decisions.

c) Diligent Search Upon Initial Placement

If it is not possible to place the child in the same foster home or relative home as his/her siblings, the permanency worker shall conduct a diligent search to locate a placement where all the siblings can be together. The permanency worker shall document this search in a case note. (Documentation requirements for the diligent search are set out in **Rule 301.70(i)**.) This search shall include asking relatives whether they could accommodate the sibling group.

The permanency worker shall collaborate with permanency achievement specialists, resource recruitment specialists, foster parent support specialists, foster home licensing representatives, etc., when necessary or as directed by the placement supervisor, to explore and identify resources and support services that will enable a relative or foster home to accept the sibling group.

Efforts to place siblings together shall also apply when children come into care (often referred to as "add-on" cases) after their siblings have been adopted or placed in private guardianship.

Adoptive parents and legal guardians of the siblings of "add-on" children shall be approached and asked if they are interested in providing foster care for the add-on child needing placement. The permanency worker shall ensure that the adoptive parent/legal guardian has received the DCFS publication **CFS 1050-95**, ***How to Connect With Your Brothers and Sisters***. If they indicate a willingness to accept the "add-on" child for placement, the worker shall assess the placement to determine if the caregivers can meet the identified needs of the add-on child and if placement will be consistent with the best interests of the child. If they refuse or are unable to accept placement of the add-on child, they shall be encouraged to allow visitation and contact between the children. The caseworker shall document the contact and refusal/inability to accept placement in the add-on child's case record. (See **Procedures 301.220, Sibling Visitation, 301.230, Contact Among Siblings Placed Apart,** and **301.250, Visitation Issues Involving Post Adoption and Subsidized Guardianship Cases**.)

Note: Placement of an add-on child with his/her sibling who has been adopted or in subsidized guardianship is a relative placement. T he family home is not required to be licensed to accept immediate placement of this child! If the family's license has expired, they should be encouraged to apply for licensure after the add-on child has been placed.

For children who were in the guardianship of the Department, and were adopted, and are subsequently returned to the temporary custody or guardianship of the Department, a "relative" may include any person who would have qualified as a relative under this definition prior to the adoption. However, the worker and supervisor must determine that it would be in the best interests of the child to consider such person as a relative. The supervisor shall document his/her approval in a supervision note.

When children are placed with the relative, the caseworker shall ensure that the relative has received the DCFS publication **CFS 1050-95, *How to Connect With Your Brothers and Sisters***.

Examples of ways the Department could enable sibling placement include, but are not limited to:

- purchasing furniture or equipment needed to enable a foster parent to accommodate a sibling group. When such purchases are needed, the worker may request an exceptional payment (see **Procedures 359.Appendix C, Exceptional Payments**);
- provide day care for foster parents and relative caregivers who work or are in employment related training (see **Procedures 359.Appendix E, Employment-Related Day Care for Foster Parents and Procedures 359.54, Payments for Day Care Services**);
- provide infant care equipment (see **Procedures 359.71(b), Foster Home Infant Equipment)**;
- provide respite care and other support service when needed (see **Procedures 359.45, Payments for Foster Care Support Services**);
- apprise relatives and foster parents of any of the other services available through the Department (See **Procedures 359, Authorized Child Care Payments**).

As part of the diligent search, the permanency worker shall determine if any contracts are available in the region for the purpose of sibling placements, and, if so, access those contractual services.

The permanency worker shall request a Director's Waiver for a licensed foster/relative caregiver home's maximum licensing capacity, when appropriate. This request is made on the **CFS 402-1, Waiver of Licensing Standards for Foster Family Homes**. (See **Rule and Procedures 402.29, Director's Waivers**.)

For DCFS-licensed homes, the following signatures are required on the **CFS 402-1**:

- The permanency worker shall obtain the signature of the Regional Administrator.
- Licensing staff shall obtain the signature of the Regional Foster Care Manager.

For private agency-licensed homes, the following signature is required on the **CFS 402-1**:

- The POS permanency worker shall obtain the signature of the Deputy Director of the Division of Regulation and Monitoring (or designee).

The permanency worker and supervisor shall send the completed **CFS 402-1** to the Director's Office.

Waiver requests must be specific to each child in care. Two or more children can be listed on the **CFS 402-1**, but the worker must explain how the placement meets the best interest of each child.

d) Continued Diligent Search Efforts

The diligent search procedures described above shall also be used to reunite siblings into one placement when they have initially been placed apart at the time the Department assumed custody, provided placing children together is in the best interests of each of the siblings. The permanency worker shall conduct a diligent search to locate a placement where all the siblings can be together:

- not later than 30 days after the Department is awarded custody of a sibling group or of any child who has a sibling in placement;
- when the Department changes the placement of any member of a sibling group who are already in the same placement; and
- at least monthly during the first 6 months and at least quarterly thereafter.

Documentation requirements for the diligent search are set out in **Rule 301.70(i)**.

When there is documentation in the record that an adoptive parent or legal guardian of a sibling refused or was unable to accept placement of an add-on child, the permanency worker shall note this fact when documenting the current diligent search and shall not contact that family again unless directed by the casework supervisor.

e) Emergency Removal

Separation of siblings living together is a Critical Decision! After reasonable efforts have been exhausted, emergencies that require removal of a child from placement with his/her siblings shall be documented in a case note. The permanency worker shall ensure that each member of the sibling group has received the DCFS publication **CFS 1050-95, *How to Connect With Your Brothers and Sisters***.

f) Placement of Some, But Not All Siblings Together

Placement of siblings apart is a Critical Decision! When it is not possible to place all members of the sibling group together, but some may be placed together, the permanency worker shall take into consideration the ages of the children, bonding and attachment between individual siblings, common interests and activities, dependence of one or more of the siblings on another, the preferences of the siblings themselves, and any history of inter-sibling abuse.

The worker shall ensure that each member of the sibling group has received the DCFS publication **CFS 1050-95**, ***How to Connect With Your Brothers and Sisters***.

g) Placement of Siblings within Reasonable Proximity

When siblings must be placed apart, the permanency worker shall attempt to place them in reasonable proximity to one another to enable the siblings to more easily visit and communicate with each other. Reasonable proximity should take into account such things as same school, church, neighborhood, recreational and community activities, such as Scouting, Boys and Girls Clubs, sporting organizations, etc., that would enable siblings to associate with one another on a more frequent basis.

h) Documentation Required

The permanency worker shall explain on the Visitation and Contact Plan why the siblings were placed apart and document what efforts were made to place them together.

i) Critical Decision; Notice of Decision Required

Placement of siblings apart and separation of siblings living together are Critical Decisions! When a decision is made to place siblings apart or separate siblings who are in the same placement, the permanency worker shall provide written notice of that decision on a **CFS 151, Notice of Decision** as required in **Rule 337, Service Appeal Process**.

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Section 301.80 Relative Home Placements

Relative caregiver placements shall be made in accordance with Procedures 301.60, Placement Selection Criteria.

It is widely recognized that kinship care for children entering the child welfare system is often highly advantageous to both children and their families. It is important for staff to recognize that not only is this a good social work practice, but searching for relative placements is legally mandated.

These procedures are intended to ensure Child Protection Specialists, Permanency Workers and Intact Family Workers comply with these legal requirements.

a) Definitions for Placement Purposes

Section 7 of the Child and Family Services Act [20 ILCS 505/7] requires the Department to make reasonable efforts to identify and locate a relative who is ready, willing and able to care for the child. These efforts must be renewed each time the child requires a placement change and it is appropriate for the child to be placed in a home environment. The Placing Worker must document efforts to identify and locate a relative placement and maintain the documentation in the case record.

"Relative", for purposes of placement of children in DCFS care, is defined in Section 7(b) of that Act. Under that Act, the persons described in subsections (1) through (5), below, are considered "relatives" when a Child Protection Specialist, Permanency Worker or Intact Family Worker is seeking placement for a child:

1) Any person, 21 years of age or over, other than the parent, who:

- is currently related to the child in any of the following ways by blood or adoption: grandparent, sibling, great-grandparent, uncle, aunt, nephew, niece, first cousin, first cousin once removed (children of one's first cousin to oneself), second cousin (children of first cousins are second cousins to each other), godparent (as defined below), great-uncle, or great-aunt, or

- is the spouse, or party to a civil union, of such a relative, or

- is the child's step-father, step-mother, step-grandfather, step-grandmother or adult step-brother or step-sister; or

- is the partner, or adult child of a partner, in a civil union with the child's mother or father, or

- is a fictive kin as defined below.

2) A person who is related to a sibling of a child in any of the ways described in subsection (1). (Examples: placement of an add-on child with a sibling who has been adopted or is in subsidized guardianship.)

Note: The family home is not required to be licensed to accept immediate placement of this child!

3) When a child in DCFS guardianship who was adopted or in a legal guardianship is returned to DCFS custody or guardianship (e.g., death of adoptive parents), "relative" may include any person who would have qualified as a relative under subsections (1) or (2) prior to the adoption.

4) A "**fictive kin**" is a person who has close personal or emotional ties with the child or the child's family prior to the child's placement with the person. The Placing Worker shall ask the parents and the child to identify fictive kin who may be able to serve as a caregiver for a child entering substitute care, and shall again inquire, as appropriate, any time a child in care requires a new foster home placement.

5) A "**godparent"** is a person who sponsors a child at baptism or a person in whom the parents have entrusted a special duty that includes assisting in raising the child if the parent is unable to raise the child. The godparent's role in the family must pre-exist any placement arrangement with the godparent.

Note: The family may or may not have written documentation to establish the godparent-godchild relationship. The Placing Worker should ask a parent to confirm the fact that the person was designated as the child's godparent. If a parent is unavailable, the Placing Worker should ask other family members to help identify the relationship. When the child is able to understand, the child can also help identify his/her godparent. When family members are not available or cannot confirm, and formal documentation is not available, a person claiming to be the child's godparent can still be considered for placement as a fictive kin.

b) Identifying, Searching For and Engaging Relatives

1) **Responsibilities of the Placing Worker.** The Child Protection Specialist, Permanency Worker or Intact Family Worker placing the child ("Placing Worker") shall ask parent whether there is a non-custodial parent or if there are relatives that may be willing and able to serve as placement resources or positive supports for the child. The Placing Worker shall ask the parent and/or child to identify grandparents and other relatives on both the maternal and paternal sides of the family, and list each relative on the **CFS 458-B, Relative Resources and Positive Supports Worksheet.** For each listed relative, the Placing Worker shall document:

- phone numbers, home and email addresses, if any;

- the relationship of the listed person to the parent or child (e.g., non-custodial parent, maternal grandparent, godparent of child, next-door neighbor/fictive kin);
- if the parent/child thinks the relative might be a placement resource, visitation resource, or offer other types of support to the family; and
- whether the parent or child identified the relative as a possible resource/support and the date the relative is identified.

The Placing Worker shall document <u>all identified relatives</u>, and shall not omit from this list anyone named by the parent or child.

The Placing Worker shall ask the child (when verbal), outside the presence of the parents and any relative, about each relative named by the parent as a placement resource. The Placing Worker shall ask how the child knows the person and if the child trusts and feels safe with that person. If the child does not trust or feel safe with a relative named by the parent, the Placing Worker shall discuss the child's concerns with the child and document the concerns. The Placing Worker shall also ask the child to name the persons who is important to the child. Conversations with the child shall be documented in a contact note using the child's words.

If the child does not know, trust or feel safe with a person named by the parent, the worker shall not place the child with that person. The Placing Worker and Supervisor shall convene a supervisory staffing to discuss the child's feelings, and determine and validate the child's concerns. The Supervisor shall make a Critical Decision regarding placement of the child with that relative and document the decision in a supervisory note.

The Placing Worker shall continue to update the **CFS 458-B,** adding names and contact information for any additional relatives identified during contacts and interviews, and indicating who identified the relative. When the Child Protection Specialist is the Placing Worker, the Child Protection Specialist shall ensure that the assigned Permanency Worker receives all information obtained about identified relatives at the case handoff staffing.

2) **Additional Responsibilities of the Permanency Worker.** The Permanency Worker shall add each relative listed on the **CFS 458-B** as a "Collateral" into the case. The Permanency Worker shall contact **each** of the listed relatives who were not interviewed by the Placing Worker, and shall also contact each relative who expressed interest in supporting the child and/or family. The Permanency Worker shall add all of the individuals listed on the **CFS 458-B** into SACWIS under the "Family Finding Support and Connections Table" located on the Specialty Indicators hyperlink in "Person Management." This shall be done for every open child case in the family (however, some relatives will be specific to a particular child). Each interview or attempted interview shall be documented in a contact note. During the interview, the Permanency Worker shall ask about the relative's

involvement in the child's and family's life, including past and current relationship, and ask about potential relationships with the child and family. The Permanency Worker shall ask if the relative is willing and able to be a formal, natural or informal support for the child as described below. The role of formal, natural or informal supports includes, but is not limited to the following:

- Formal Support: placement, backup placement, extended respite;
- Natural Support: short term respite, mentoring, coaching parents, child care, transportation to services, supervise visitation; and/or
- Informal Support: phone calls, email, social media contact, cards for special occasions, provide family photographs, offer emotional support, plan outings, or celebrate important events in a child's life.

The Permanency Worker shall document the relative's stated desires for formal, natural and/or informal support in a contact note.

If the relative asks to be considered as a placement resource and the child is currently in an appropriate placement, the Permanency Worker shall explain that the child will not be moved; however, this information may be helpful in the event another placement becomes necessary in the future. If there is currently no need for a placement resource, the Permanency Worker shall ask about other ways the relative might support the child and family.

The Permanency Worker shall ask the child (when verbal), outside the presence of the parents and any relative, about each relative named by the parent as a placement resource. The Permanency Worker shall ask how the child knows the person and if the child trusts and feels safe with that person. If the child does not trust or feel safe with a relative named by the parent, the Permanency Worker shall discuss the child's concerns with the child and document the concerns. The Permanency Worker shall also ask the child to name the persons who is important to the child. Conversations with the child shall be documented in a contact note using the child's words.

If the child does not know, trust or feel safe with a person named by the parent, the Permanency Worker shall not place the child with that person. The Permanency Worker and Supervisor shall convene a supervisory staffing to discuss the child's feelings, and determine and validate the child's concerns. The Supervisor shall make a Critical Decision regarding placement of the child with that relative and document the decision in a supervisory note.

The Permanency Worker shall attempt to locate and interview each of the added relatives within 5 days of case assignment and shall document each interview or attempted interview in a contact note.

The Permanency Worker shall ask if the relative is aware of other relatives of the child who should be contacted, and shall request addresses and phone numbers (if known). The Permanency Worker shall update the **CFS 458-B,** adding names and contact information for any additional relatives identified during the interview, and indicate who identified the relative. The Permanency Worker shall send the **CFS 151-H** to each additional relative and add the relative into SACWIS as a "Collateral" and under the "Family Finding Support and Connections Table."

The Permanency Worker shall take copies of the **CFS 458-B** to the Integrated Assessment to review with the parents, caregiver, child (if verbal and developmentally able) and the IA Screener. During the Integrated Assessment, the Permanency Worker shall add other relatives identified by the parents, caregiver, or child to the **CFS 458-B**.

The Permanency Worker shall also take the **CFS 458-B** to each Child and Family Team Meeting. The worker shall ask the members of the team if there are any other relatives they want to add to the **CFS 458-B** at that time.

The Permanency Worker shall also review the child/family's case records (including sibling records) to find relatives who may have been previously identified. Identified relatives shall be added to the **CFS 458-B**, noting the record where the information was found.

Throughout the life of the case, the Permanency Worker shall continue to collect information about other relative supports and connections as that information becomes available, in order to develop a network of individuals who commit to support the family toward reunification and ensure the children do not linger in foster care. The Permanency Worker shall continue to add all identified relatives in SACWIS.

3) **Send Notice to Relatives.** Federal law (Title IV-E) also requires DCFS to make efforts to identify and provide notice to all adult grandparents and other adult relatives of the child, including any other adult relatives suggested by the parents. Notice must be provided within 30 days after the removal of a child from the custody of his/her parents. [42 U.S.C. 671(a)(29)]

This notice shall not be sent to a relative for whom there is a police report, indicated finding or court finding of family or domestic violence. The Permanency Worker shall obtain a copy of the police report, indicated finding or court finding and place it in the record.

The Permanency Worker shall prepare and send **written notice**, using the **CFS 151-H, Notice to Relatives to all grandparents** of the child or children, **all parents of a sibling of the child** (where such parent has legal custody of such sibling), **and other adult relatives identified by the family, even when an initial placement has been made with a relative caregiver. At initial**

placement, the CFS 151-H shall be sent <u>within 30 d ays of obtaining temporary custody</u>. In all other circumstances, the CFS 151-H shall be sent within 7 days of obtaining the relative's postal contact information.

A copy of each **CFS 151-H** shall be placed in the family's record.

The **CFS 151-H** shall identify each child by **<u>first name, gender and age only</u>**.

It is possible that a fictive kin may have a relationship with only one or some children in the family (e.g., a child identifies a favorite teacher or a parent of a teammate). To avoid confusion, the Permanency Worker should call the fictive kin before mailing the **CFS 151-H**.

When contacted by a relative that the Permanency Worker has not already interviewed, the Permanency Worker shall meet with or call the relative. The Permanency Worker shall interview the relative as described in subsection (b)(2) and ask the relative to confirm how he/she is related to the child. If a sibling group is involved, the relative shall be asked how he/she is related to <u>each</u> of the children.

After the interview, the Permanency Worker shall mail, fax or email a blank **CFS 458-A, Statement of Relationship** to the relative or ask the relative to obtain this form from the DCFS website. The relative may mail, fax, email or hand deliver the completed form to the Permanency Worker. The interview shall be documented in a contact note and the **CFS 458-A** placed in the case record. The Permanency Worker shall update the **CFS 458-B**, if needed, after interviewing the relative.

The Permanency Worker shall contact the Department's Diligent Search Services Center (DSSC) when assistance is required to locate identified or unidentified relatives.

Permanency Workers should request separate searches on the DSSC website to find adult relatives of each parent. For example, a worker should request a search for the purpose of placement and enter information regarding the mother such as her name, current or former address, real or estimated date of birth, race, and social security number or driver's license number (if known).

The **CFS 151-H** can then be sent to the identified and located relatives.

4) **When a Child Requires a Change in Foster Home Placement.** The Permanency Worker shall review the **CFS 458-B** as well as all **CFS 151-H** notices and responses received to determine if any of the identified relatives should be considered as a placement resource.

When directed by the supervisor, the Permanency Worker shall conduct an additional search to identify other possible relatives. The Permanency Worker should contact (or reconnect with) identified relatives and determine if they could now be a formal, natural or informal support (see subsection (2) above). **For any newly identified relatives, a C FS 151-H shall be sent within 7 days of obtaining the relative's postal contact information.**

The Permanency Worker shall also ask the child (when the child is verbal), outside the presence of the parents and any relative, whether there are any additional persons that should be considered as fictive kin.

When the Permanency Worker determines that the child cannot be placed in a home environment, the Permanency Worker shall continue to make efforts to identify and locate relatives who may be able to serve as natural and informal support for the child and potential placement and/or resources, except when the Permanency Worker and supervisor determine that those efforts would be futile or inconsistent with the child's best interests.

The Permanency Worker shall document all contacts and attempted contacts with relatives in a contact note.

c) Assessing Relatives as a Placement Resource

When assessing a relative as a placement resource, the Placing Worker shall consider:

1) The best interests of the child as defined in Article I of the Juvenile Court Act [705 ILCS 405/1-3]. Assessment of the child's best interests includes:

- *the physical safety and welfare of the child, including food, shelter, health, and clothing;*
- *the development of the child's identity;*
- *the child's background and ties, including familial, cultural and religious;*
- *the child's sense of attachments, including:*
  - *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);*
  - *the child's sense of security;*
  - *the child's sense of familiarity;*
  - *continuity of affection for the child;*
  - *the least disruptive placement alternative for the child;*

- *the child's wishes and long-term goals;*
- *the child's community ties, including church, school, and friends;*
- *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;*
- *the uniqueness of every family and child;*
- *the risks attendant to entering and being in substitute care; and*
- *the preferences of the persons available to care for the child.*

2) The nature and quality of the relative's relationship with the child. This includes the length of time the child has been in care, and whether this relative has been part of the child's life during that time;

3) The relative's ability to protect the child from abusive parents and/or the child from his or her own risk behaviors;

4) The relative's ability to understand the needs of the family and the indicated findings that have been made with regard to the child and family;

5) Whether the relative was involved with the family dynamics that led to the removal of the child from his/her parents;

6) The relative's role, if any, in resolving or intervening in the present situation;

7) The relative's willingness to work with the Permanency Worker and the Child and Family Team in implementing the Family Service Plan;

8) The relative's willingness to work towards the permanency goal and accept necessary services;

9) Adequacy of personal supports to ensure the relative's ability to care for and meet the child's identified needs;

10) In cases involving domestic violence, how placement with the relative supports the ability of the parents to meet the requirements of the service plan and/or have safe contact with the child; and

11) If siblings are being placed together and one of the siblings does not trust or feel safe with the relative, the Placing Worker shall ask the child (when verbal), outside the presence of the parents and any relative, about the relative.

After completing this assessment, if the Placing Worker determines that placement with an identified relative will not be in the child's best interests, the Placing Worker shall document the basis for that decision in a case note.

If the child does not trust or feel safe with an identified relative, the Placing Worker shall discuss the child's concerns with the child and document the concerns in a contact note using the child's words.

If the child does not know, trust or feel safe with an identified relative, the worker shall not place the child with that person. The Placing Worker and Supervisor shall convene a supervisory staffing to discuss the child's feelings, and determine and validate the child's concerns. The Supervisor shall make a Critical Decision regarding placement of the child with that relative and document the decision in a supervisory note.

When assessing a person related to a child through a birth parent after parental rights have been terminated, the Permanency Worker must also determine whether it is in the best interests of the child to consider the person as a "relative" for purposes of formal, natural or informal support for the child. (Parental rights must have been terminated after the child came into DCFS care.) The Permanency Worker shall review the closed child and family case records to attempt to identify birth family or other relatives who may have had a positive relationship with the child prior to termination of parental rights. The Permanency Worker and Supervisor shall assess an identified relative using the assessment in this subsection (c). The Permanency Worker shall also review the closed child and family case records for any information about an identified relative's involvement with the child and do a "Person Search" to determine if there are any open or closed records of DCFS involvement with the relative and his/her own children.

d) Home Assessments

Relative caregivers do not have to be licensed before they can accept children into care. If a relative is willing and able to accept a child or sibling group for care, the Placing Worker shall follow these procedures to determine if the home is safe and can be approved for immediate placement.

The Placing Worker must complete the DCFS Home of Relative Packet forms and checklists listed below and give the relative all of the required informational pamphlets. These forms, checklists and pamphlets were developed to ensure that the relative caregiver understands his/her responsibilities, can meet the child's identified needs, and that placement with the relative caregiver is in the best interests of the child.

Department and POS workers must visit the relative caregiver's home and positively identify all adult household members in the relative's home using photo identification (such as State ID, driver license, passport) and verify names, birth dates, obtain any alias names and complete the following forms prior to contacting the Placement Clearance Desk (PCD) to secure clearance for the placement. All completed forms must be placed in the child's case file.

The Placing Worker must review and complete each form and checklist with the relative before leaving a child in the relative's home. All forms in the **Home of Relative Packet** must be completely filled out and signed (as indicated on each form).

The DCFS **Home of Relative Packet** contains the following:

Pamphlets:

- **CFS 1050-64, *What you Need to Know about being a Relative Caregiver***
- **CFS 1050-60, *Preparing Children to Stay Alone***

Forms, checklists and application packet:

- **CFS 454, HMR Placement Safety Checklist**
- **CFS 454-1, Relative Caregiver Information Checklist Licensure Forms**
- **CFS 458, Relative Caregiver Placement Agreement**
- **CFS 458-A, Statement of Relationship**
- **CFS 2012, Pre-placement Questionnaire (Licensed Foster Homes & Unlicensed Relative Homes)**
- **CFS 2025, Home Safety Checklist for Intact Family and Permanency Workers, or**
  CFS 2027, Home Safety Checklist for Child Protection Specialists, whichever is applicable
- Application Packet for Initial Foster Family Home License: Related Caregivers consisting of the following forms:
  - **CFS 597-R, Application for Foster Family Home License for Relative Caregivers**
  - **CFS 506-F, Foster Family Home Information**
  - **CFS 604, Medical Evaluation of an Adult in a Foster or Adoptive Home**
  - **CFS 600, Certificate of Child Health Examination**
  - **CFS 718-A, Authorization for Background Check for Unlicensed Home of Relative**

The Placing Worker is required to discuss and encourage foster home licensure and the advantages it provides for both the child and caregiver. The assigned Permanency Worker shall continue to discuss and encourage foster home licensure at each home visit.

Note: The Placing Worker shall not refuse to place a child with an identified relative solely on the basis that the relative cannot or will not become licensed.

Permanency Workers are required to have in home, face-to-face visits a minimum of twice per month with unlicensed relative caregivers. (See Procedures 315.110(d), Contact with Foster Families/Relative Caregivers.) The Permanency Worker must review the **Relative Caregiver Placement Agreement** and the caregiver and child portions of the Family Service Plan with the relative caregiver at these home visits. The Permanency Worker should emphasize that cooperation and communication with the Child and Family Team and compliance with the **Relative Caregiver Placement Agreement** are critical for the success of the Family Service Plan.

A fictive kin with whom a child is placed shall apply for licensure as a foster family home within 6 months of the child's placement. The Permanency Worker shall facilitate contact with a licensing representative, discuss the foster home licensing process with the fictive kin during each home visit, and provide any needed support for the fictive kin during the licensing process.

Note: A Permanency Worker shall not remove a child from the home of a fictive kin solely on the basis that the fictive kin failed to apply for foster family home licensure within 6 months of the child's placement, or failed to attain a foster family home license. However, the fictive kin must at all times be in compliance with the placement requirements for unlicensed relative caregiver homes.

Address Supervision and Discipline with Relative Caregivers. At the initial visit, and at each subsequent home visit, the placing Child Protection Specialist or Permanency Worker is required to discuss with the relative caregiver the importance of always using age-appropriate supervision and discipline that meet the child's identified needs. Caregivers are prohibited from using corporal punishment. This discussion must include information about trauma-based reactive behaviors and should emphasize the negative effects that result from the use of corporal punishment as well as use of derogatory or demeaning language towards the child or his/her family members.

To ensure that relative caregivers understand their responsibility to provide adequate supervision of the children in their home, Permanency Workers are required to discuss supervision during monthly home visits. The DCFS pamphlet, **CFS 1050-60, *Preparing Children to Stay Alone,*** can be a helpful resource to use as part of this discussion. The Permanency Worker should tell the relative that this pamphlet is part of the **Home of Relative Packet** and can also be found on the DCFS website (www.state.il.us/dcfs).

e) Conditional Placement

Placement clearance will either be approved or denied by the Placement Clearance Desk (PCD) based on the findings of the following checks.

1) Person Search and a Law Enforcement Agencies Data System (LEADS) Check

A person search for prior child abuse/neglect history and a LEADS check must be completed by the Placement Clearance Desk on all persons living in the home of the relative that are 13 years of age and older.

A) Person Search

i) Indicated Allegations

If a member of the family is an indicated perpetrator of abuse or neglect, the Placing Worker and his or her supervisor must assess the indicated allegation or allegations, the age of the perpetrator at the time of the report, the time elapsed since the last indicated report, the correlation between the indicated allegation and the caregiver's ability to care for the child, and any evidence of the caregiver's successful parenting to determine the appropriateness of the relative placement resource prior to requesting a waiver.

ii) Waivers

Indicated allegations with a five year retention period may be waived by the Placing Worker's supervisor. Indicated allegations with a retention periods of 20 and 50 years may be waived by a Regional Administrator or his or her designee. Written approval of the placement must be sent to the PCD.

iii) Pending Child Abuse and Neglect Investigations

The Placement Clearance Desk must deny any placement when any member of the household that is 13 years or older is named as an alleged perpetrator in a pending child abuse or neglect investigation.

If a member of the household is named in a pending child abuse or neglect investigation as a non-involved subject, placement clearance will only be approved by the Regional Administrator or designee confirming that the household member has been identified as a non-involved subject and is unlikely to be indicated.

If there is a pending investigation in which the ward is alleged to be the perpetrator or a non-involved subject, PCD will deny the placement unless the Placing Worker's supervisor sends written approval of the placement to the Placement Clearance Desk.

B) LEADS

If there is a positive LEADS check for a criminal conviction listed in Rule 301.Appendix A, or charges pending for any member of the household 13 years of age or older, the placement will be denied by the PCD unless a waiver has been issued in accordance with Rule 301.Appendix A, Criminal Convictions that Prevent Placement of Children with Relatives.

If the household member has been convicted of a serious crime identified by an asterisk in Appendix A, the placement will not be approved without a written waiver signed by the Director on **CFS 301-80, Waiver of Criminal Record of a Household Member for Placement of a Related Child in an Unlicensed Home**. The placing agency is responsible for completing the **CFS 301-80** and obtaining the written waiver from the Director.

The Director shall have the discretion to grant a waiver for lesser crimes listed in Appendix A. The PCD shall approve the placement upon receiving the written approval from the Director on the **CFS 301-80**. For after-hour requests or emergency placements, a 24-hour conditional approval may be granted by the DCFS Regional Administrator or the placing agency Program Director or designee until a waiver is received from the Director on the **CFS 301-80**.

Note: For detailed information concerning the placement clearance process see Procedures 301.Appendix E.

2) Federal Bureau of Investigation Fingerprint Check

Final approval for the relative placement is subject to completion of the FBI background check. All persons in the household that are 18 years or older must sign a **CFS 718-A, Authorization of Background Check for Foster Care and Adoption,** provided to the family by the Placing Worker. All members of the household 18 years or older shall be fingerprinted within 30 days of the placement. A placement cannot be made with the relative caregiver if any person in the household that is required to sign the form refuses.

Note: Locations and instructions for providing fingerprints will be provided to the relative caregiver by the Placing Worker.

3) Relative Caregiver Placement Agreement

When a child is placed, the placing Department or POS worker and the relative caregiver must sign and date the **CFS 458, R elative Caregiver Placement Agreement** and the **CFS 906/E/906-1/E, Placement/Payment Authorization Form**. The worker shall also include the Placement Clearance Number and the date and time of the placement on the **CFS 458**.

f) Final Placement Decision

Final approval for relative placements shall be determined within 90 days from the day of the child's placement. To ensure that this timeframe is met, the relative caregiver and all person 18 years of age and older must be fingerprinted within 30 days from the child's placement date. If for any reason any member of the household cannot meet the 30 day deadline, the supervisor may grant a 10 day extension. If at the end of the 10 day extension period a household member fails to be fingerprinted or refuses to be fingerprinted, the child will be removed from the home within 14 days. The reason or reasons for the removal must be documented in the child's file.

g) Ongoing Assessment

The relative caregiver's home must be assessed for appropriateness and safety on an ongoing basis. This includes every home visit, prior to the child's administrative case review, whenever circumstances lead the child's Permanency Worker to believe that the caregiver is unable to meet the needs of the child and/or there are other safety issues (e.g., criminal activities, new household members). Suspected incidents of abuse or neglect must be reported to the State Central Register Child Abuse Hotline.

h) Protective Plan When Sibling Poses a Risk

A protective plan shall be developed by the Placing Worker when it is the best interests of a child to be placed in a relative home where another sibling is currently placed, and that sibling has a criminal record or is considered a moderate risk to the child being placed.

i) Placement of Children with Undocumented Relatives

Immigration status of a relative caregiver should not hinder the placement of a relative child in the home as long as the requirements of Procedures 301.60, Placement Selection Criteria and this Section are met. In order to process payment to the relatives for the care of a child in their home, the caregiver must have a social security number (SSN) or an individual taxpayer identification number (ITIN).

An ITIN is a United States tax processing number issued by the Internal Revenue Service. It is a nine-digit number that begins with the number 9 and has a 7 or 8 in the fourth digit. The IRS issues ITINs to individuals who are required to have a taxpayer identification number but who do not have, and are not eligible to obtain, a Social Security Number. Although some countries have citizenship numbers that are equivalent to SSN, such numbers cannot be used for the purposes of placement. The number required must be issued by the IRS. The ITIN is granted regardless of immigration status.

If the caregiver resides in the U.S., cannot obtain a SSN and intends to file a U.S. tax return now or in the future, the following steps should be taken:

1) A W-7 form must be completed and submitted to the IRS to obtain an individual taxpayer identification number.

2) Once the ITIN is received from the IRS, a W-9 form must be completed and signed by the caregiver and faxed to the Problem Resolution Unit, **217-782-4246** in order to certify the provider.

3) Once the ITIN is obtained and certified with the Comptroller, the field can create the caregiver's provider number on the PR-02 (Provider Registration), screen by entering the ITIN in the SSN field.

4) The caregiver's provider number is then used on the **CFS 906/E** reflecting placement into the undocumented relative's home.

5) Payment shall be issued to the caregiver through the normal board process.

Caregivers who are waiting for an ITIN number may receive retroactive payments. Once the ITIN number has been obtained, a provider number is created and payments can be generated back to the actual placement date.

Placement with any such caregiver in the U.S. but outside of Illinois must also include approval of the Interstate Compact Office and the juvenile court.

Note: Licensing supervisors shall accept the ITIN in lieu of a SSN on foster care licensing applications. All other licensing procedures and requirements continue to apply.

j) Out of Country Placements

When a Permanency Worker and supervisor are requesting placement of a child with a relative out of country, prior approval must be obtained through the DCFS Director's Office to ensure that the appropriate pre-placement clearances, service agreements and payment mechanisms can be secured prior to the proposed relative placement.

Out of country placements must also be approved by the Juvenile Court.

If the caregiver is a non-resident without a SSN, the following steps should be taken:

1) Contact the Comptroller Liaison in the Problem Resolution Unit at **217-782-8902** to request a Vendor Payment Number.

2) DCFS will request a Vendor Payment Number be assigned by the Comptroller's Office.

3) The Problem Resolution Unit will contact the caregiver and/or caseworker with the assigned number and request a W-8 (if a non-resident) or W-9 (if a resident of the U.S.) be completed and signed by the caregiver and faxed back to the Problem Resolution Unit.

4) The Problem Resolution Unit will also request a provider number be created by the Central Payment Unit with the out of country address, which requires special handling.

5) The Central Payment Unit will contact the caseworker with the created provider identification number to use on the **CFS 906/E** reflecting placement into the relative's home.

6) Once the **CFS 906/E** has been properly entered, the board system will pay the relative through the normal process.

Section 301.110 Psychiatric Hospitalization

a) Introduction
b) Basic Premises Regarding Psychiatric Hospitalization
c) Admission, Consent, Tracking and Discharge Planning Procedures
d) The Comprehensive Assessment and Treatment Unit (UIC-CATU)
e) Objection to Admission and Client's Rights
f) Clinical Staffings or Consultations
g) Psychological Testing of DCFS Wards in an In-Patient Hospital Setting
- **1) Appropriate Use of and Consent for Psychological Testing**
- **2) How to Obtain a Psychological Evaluation During a Psychiatric Hospitalization**

h) Responsibilities of All Parties When a DCFS Ward Is Hospitalized in a Psychiatric Setting
- **1) DCFS/POS Caseworkers**
- **2) DCFS/POS Casework Supervisors**
- **3) DCFS Area Administrator, POS Program Manager/POS Executive Director**
- **4) SASS Agencies**
- **5) Hospitals**
- **6) Residential Treatment Providers**
- **7) Clinical Staffing Participants and Their Responsibilities**

Appendix A Contact Information
Appendix B Hospital Clinical Summary Format
Appendix C Instructions / Content Guidelines for Completing Psychiatric Hospitalization Clinical Summary and Discharge Care Plan Forms

a) Introduction

A psychiatric hospitalization is a crisis situation. All efforts shall be made to minimize the feelings of distress and trauma that the child or youth will experience. The assigned DCFS/POS child welfare worker is responsible for the planning, movement, and placement of DCFS wards hospitalized in psychiatric facilities.

Each ward needing inpatient psychiatric hospitalization shall receive services appropriate for his or her age. **Under no circumstances** shall a ward 17 years of age or younger be admitted or transferred to an adult psychiatric hospital unit. Similarly, a ward 18 years of age or older shall **never** be admitted or transferred to an adolescent psychiatric hospital unit. When a ward turns 18 on an adolescent unit, the ward shall be permitted to stay until the recommended discharge date with consent of the DCFS Guardian.

These procedures contain a number of significant changes regarding monitoring and discharge planning for wards in inpatient psychiatric facilities. These changes apply to all children and youth in the custody or guardianship of DCFS, whether the child/youth's case is managed by DCFS or a POS agency, and whether the child/youth is hospitalized in a public or private psychiatric hospital.

Note: Section (h) sets out the require ments for DCFS/POS casework field staff, DCFS Area Administrators, POS Progr am Directors, Screening Assessment and Support Services (SASS) agencies, hospitals, and residential treatment providers when a DCFS w ard is hospita lized in a psychiatric hosp ital. The timelines are mandatory and must be strictly followed.

b) **Basic Premises Regarding Psychiatric Hospitalization**

1) A psychiatric hospitalization is not a placement.

2) A psychiatric hospitalization is intended to assess, evaluate, diagnose, treat and stabilize a child experiencing a serious emotional and/or psychiatric crisis.

3) When a child or youth is in a psychiatric crisis and is in need of hospitalization, the residential staff, SASS, caseworker or foster parents shall participate in the admission process.

4) Discharge and placement planning shall begin from the moment of admission.

5) A parent shall be involved throughout his/her child or youth's hospitalization, unless contraindicated.

6) Caregiver involvement is essential throughout the hospitalization to ensure information-sharing, success of treatment, appropriate post-hospital placement and provisions of aftercare services.

7) The caseworker, supervisor and the agency's administrative/support staff shall ensure timely and appropriate post-hospitalization placements for all DCFS wards.

8) When a ward will be returning to his/her pre-admission living arrangement, the worker shall discuss the proposed discharge plan with the caregiver, including the array of services that will be provided by the agency.

9) Discharge planning is the joint responsibility of DCFS and POS staff.

c) **Admission, Consent, Tracking and Discharge Planning Procedures**

Note: Referral and admission procedu res for the UIC-CATU program a re in subsection (d) of these procedures.

The Department has procedures in effect, statewide, to ensure a coordinated system of consent, notification, tracking, and timely and appropriate post-hospital placement of wards admitted to psychiatric facilities. Key components of this statewide coordinated system include mandatory Screening Assessment and Support Services (SASS), DCFS Consent Unit for Admissions, and Psychiatric Hospital Project Tracking.

1) A SASS evaluation, including the Childhood Severity of Psychiatric Illness (CSPI), **must be completed for all DCFS wards** (including youth 18 years of age and older) prior to admission in a psychiatric hospital.

Note: For wards at imminent risk of danger to self or others, the SASS screening may occur at the hospital emergency room or SASS may conduct a non-crisis screen within 24 business hours of admission if the child or youth was admitted without a screen on the hospital treatment unit/ward.

If there is a disagreement between SASS and a physician concerning the appropriateness of hospitalization for the ward, the physician's recommendation shall be followed.

2) The admitting hospital must seek consent prior to admission of any child or youth under 18 years of age for whom the Department is legally responsible.

A DCFS ward who is 18 years of age or older may consent to her/his own admission. The admitting hospital shall notify the DCFS Consent Unit of the ward's admission within 24 business hours.

3) Consent for all psychiatric hospital admissions shall only be provided by Authorized Agents of the DCFS Consent Unit or DCFS After Hours Service.

The Consent Unit will provide consent for psychiatric hospitalizations statewide Monday through Friday from 8:30 a.m. to 4:30 p.m. The DCFS After Hours Service will provide consent for psychiatric hospitalizations, statewide, after-hours on weekdays, and on weekends and holidays.

Consent Unit Phone: 800-828-2179
Fax: 312-814-4128

DCFS After Hours Service Phone: 773-538-8800
Fax: 773-538-8835

A) The Consent Unit shall email a list of all new psychiatric admissions daily to the DCFS Psychiatric Hospital Project Administrator, Area Administrators, Clinical Managers, and the DCFS/POS caseworkers and supervisors shall receive an automated notification within 24 business hours when a child or youth on their caseload is hospitalized. The Consent Unit shall complete and submit to the Guardianship and Advocacy Commission (GAC) and Cook County Office of the Public Guardian, on a daily basis, the **CFS 439, Notice of Admission and Appointment of Attorney**, and a **CFS 600-3, Consent for Release of Information** for each Cook County ward admitted for a psychiatric hospitalization.

B) The hospital or physician shall send a **CFS 431-A Cover, Psychotropic Medication Request Cover Sheet** and **CFS 431-A, Psychotropic Medication Request Form** to the Consent Unit and shall obtain written consent of the Guardian prior to administration of any new psychotropic medication to the child/youth. An Authorized Agent of the Consent Unit or DCFS After Hours Service shall process the request in accordance with **Rule 325, Administration of Psychotropic Medication to Children for Whom DCFS Is Legally Responsible** (89 Ill. Adm. Code 325), and fax the requester a **CFS 431-B, Psychotropic Medication Consent Form** indicating if the request is approved or denied. DCFS/POS caseworkers and supervisors shall receive an automated notification within 24 business hours when a child/youth on their caseload receives a psychotropic medication. A copy of the **CFS 431-B** will be sent to the caseworker.

4) When notified of a child/youth's psychiatric hospitalization, the Consent Unit shall provide the hospital with copies of all current approved psychotropic medication consents and a list of the child/youth's current prescribed and over the counter medications as soon as practicable but no later than the end of the next business day. (Copies of all the previous consents should be in the child's case record and the caseworker should be able to provide documentation of discontinued medications to the hospitals should it be required.) The caseworker shall ask whether the hospital has received written consent of the DCFS Guardian to admit the ward. If not, the caseworker shall instruct hospital staff to call the DCFS Consent Unit.

5) The Psychiatric Hospital Project (PHP) shall be responsible for tracking all DCFS wards hospitalized in psychiatric facilities. Casework staff shall submit written reports of activities to PHP staff as noted in these procedures to ensure that wards are not hospitalized beyond the recommended discharge date.

Note: Payment authorization to a psychiatric facility for continued placement of a ward beyond medical necessity must be approved, in writing, by the Deputy Chief of the DCFS Bureau of Operations, Support Services (or designee).

A) The PHP shall ensure that all required caseworker reports are submitted and that immediate and appropriate discharge planning occurs.

Psychiatric Hospital Project (PHP) Contact Information:
Outlook Email: ClinicalRef
Fax: 800-733-3308.

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

ii) The DCFS/POS caseworker shall complete the remainder of the **CFS 965-2** within 24 business hours after the 72 hour hospital staffing and email the form to **"ClinicalRef**."

iii) The **CFS 965-2** shall be completed by the DCFS/POS caseworker after each weekly hospital staffing and emailed to "**ClinicalRef**."

iv) When a ward has gone beyond medical necessity the DCFS/POS caseworker shall update the **CFS 965-2** as a **Daily Placement Report** or submit a daily email if a definite placement has not been obtained (if the ward will not be returning to the prior placement) by the 72-hour hospital staffing or at anytime during the hospitalization when it is determined that there is no definite discharge placement. The caseworker shall document the daily efforts of the case management agency to identify a post-hospital discharge placement and the status of all referrals made.

v) The hospital shall complete the **CFS 965-1, DCFS Discharge and Aftercare Plan,** and shall fax the plan to the PHP within 24 business hours of the ward's discharge.

The DCFS/POS caseworker shall obtain a copy of the **CFS 965-1** when the ward is discharged and shall provide a copy to the caregiver upon arrival at the child/youth's placement.

B) The PHP Administrator's designee shall compile a daily report, including admissions, discharges, status reports, anticipated discharge dates, prior placements, placement needs, placement attempts, and other information essential to post-hospital discharge planning. This report shall be distributed to the DCFS Director, DCFS Guardian, and other designated administrative staff.

C) The PHP Administrator's designee shall convene weekly conferences with the designated Regional Lead / program staff identified to manage wards that are in a Psychiatric Hospital and the APT/POS supervisor for each DCFS Region to review all psychiatrically hospitalized wards and report any non-compliance with these procedures and/or other systemic issues that impede the provision of appropriate services to hospitalized wards.

D) The PHP staff shall assign designated clinical staff to review reported hospital incidents involving wards. Clinical staff shall provide their findings and action recommendations to the PHP, in writing, within 5 working days of case assignments.

6) Assigned DCFS/POS caseworkers, SASS workers, and residential care providers shall attend ALL hospital staffings. Foster parents, relative caregivers, the child's attorney/guardian ad litem and parents, if appropriate, shall be invited to attend hospital staffings. The caseworker and SASS worker are jointly responsible to help and encourage the caregivers and parents to attend these staffings.

7) The caseworker shall immediately notify the PHP Administrator, the DCFS Regional Administrator and/or the DCFS Chief for the Bureau of Operations, by Outlook email, of any POS agency staff, residential facility, or ILO/TLP program that:

   A) refuses to accept a ward back for placement after discharge from a psychiatric hospital; or

   B) refuses or fails to attend a staffing or participate in discharge planning for the ward.

d) **The Comprehensive Assessment and Treatment Unit (UIC-CATU)**

The Comprehensive Assessment and Treatment Unit (CATU) is a 9 bed in-patient psychiatric unit at University of Illinois Chicago (UIC) Hospital that serves children and youth with severe emotional disturbances, who are extremely aggressive, and have experienced multiple placements and or multiple psychiatric hospitalizations. A collaborative effort with the UIC Department of Psychiatry, the CATU provides crisis intervention, intensive evaluation and treatment planning services, and consultation to residential facilities and foster care agencies.

All referrals to CATU shall be made via SASS to the DCFS CATU Gatekeeper. Potential referrals may be identified by caseworkers, supervisors, DCFS/POS administrators, DCFS Clinical Staff, hospitals and SASS.

For admission to CATU, the child or youth must:

- be a DCFS ward;
- meet the standard for in-patient psychiatric hospitalization;
- be at least 12 and less than 18 years of age; and
- have had multiple placement disruptions, and/or multiple psychiatric hospitalizations and this intervention is being used to stabilize the current placement.

When a ward is hospitalized on the CATU unit, a Response Training System consultant (RTS) is appointed to follow the ward until the ward is stable in his/her community placement.

The caseworker shall work collaboratively with RTS staff. The RTS shall be involved in any change of placement and meetings involving placement disruptions, including DCFS residential placement and clinical staffings.

e) **Objection to Admission and Client's Rights**

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 no later than 5 days if a voluntary admission, or 15 days if an emergency admission or 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 Service) **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
17 North State Street, 7th Floor
Chicago, Illinois 60601
Fax: **312-814-4128**

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.

f) **Clinical Staffings or Consultations**

A clinical staffing is a structured multidisciplinary meeting to assess the clinical needs of the ward and to develop strategies to ensure appropriate post-hospital placement, treatment, and other after-care services. Factors leading to the ward's hospitalization will be carefully reviewed to minimize the likelihood of repeated hospitalizations, and to expedite placement and treatment planning. Placement and treatment planning shall be individualized to meet the ward's needs.

The DCFS Division of Clinical Practice and regional clinical staff shall ensure that clinical staffings are conducted for wards hospitalized in psychiatric facilities in accordance with procedures implemented by the DCFS Division of Clinical Practice. The Clinical Manager shall review the hospital admissions report to ensure that staffings are scheduled and conducted in accordance with these procedures.

Note: Clinical staffings are in addition to, and separate from, the inpatient psychiatric hospital staffings.

1) **Types of Staffings**

The Clinical Manager or a designee of the Division of Clinical Practice shall staff cases in accordance with existing clinical Procedures and Policy Guides and the following additional guidelines:

A) The Clinical Manager or designee shall schedule an emergency staffing within 24 business hours when they have been become aware that there is no identified discharge placement for a ward in a psychiatric hospital;

B) After an admission of a ward 12 years of age or younger. A post-hospital placement of a ward 12 years and younger is considered an emergency;

C) After an admission where the severity of precipitating events warrants a clinical staffing as determined by the Clinical Manager or designee;

D) After an admission of a ward hospitalized from a shelter who has not had a DCFS residential placement staffing. If a residential placement staffing

has occurred, the DCFS Staffing Reviewer will forward the Staffing Summary to the Clinical Manager/Coordinator and PHP Manager; or

E) After an admission of a ward is identified by the Director, Deputy Director or designee, Clinical Manager or Coordinator, Division of Clinical Practice, Area Administrator, PHP Administrator, or POS Director or designee as requiring a clinical staffing.

2) **Wards Hospitalized at UIC-CATU**

The role of UIC-CATU is to assess, treat, stabilize and return children and youth to their placements or make specific recommendations. The UIC-CATU treatment team meets weekly to discuss treatment planning and placement issues. If there are issues concerning discharge planning, the caseworker shall discuss those issues with the treatment team. The treatment team will assess the current placement and make detailed recommendations.

The caseworker shall not request a DCFS residential placement staffing or emergency clinical staffing for a child at UIC-CATU.

A representative (RTS Consultant, Gatekeeper, or Team Member) from the child or youth's UIC-CATU Treatment Team will contact the Bureau of Operations, Support Services if assistance from that Division is needed.

3) **Staffing Participants and Their Responsibilities**

Clinical staffings shall be initiated by the Clinical Manager under the guidelines listed above. **The responsibilities of the sta ffing participants are set out in Section (h), below.**

g) **Psychological Testing of DCFS Wards in an In-Patient Hospital Setting**

1) **Appropriate Use of and Consent for Psychological Testing**

Psychological testing during hospitaliz ation shall on ly be conducted w ith advance written cons ent of the DCFS Guardian (signed by an Authorized Agent) **and written approval of the Department's Psychology and Ps ychiatry Program Administrator or a DCF S Consulting Psychologist,** regardless of payment source.

Psychological testing shall not be used as a means to determine a post-hospital placement and should not occur within the first five days of admission. Psychological testing should not be done more than twice a year. The Psychology and Psychiatry Program Administrator can advise the hospital whether a DCFS ward has been tested in the past and, if so, provide the date of the last psychological evaluation and a copy of the report.

While a psychological evaluation often provides clarification of a psychiatric diagnosis, consideration should be given to the ward's emotional state at the time of testing. Children and youth, particularly those in care, are often in an acute traumatic state when hospitalized. Psychotropic medication may have a negative or depressed effect on the ward. Psychological test results during a psychiatric hospitalization may be artificially skewed, and may not provide a true representation of the ward's cognitive and emotional functioning.

Per Department policy, psychological and neuropsychological testing of wards can only be conducted by licensed psychologists approved by DCFS. Providers are listed in the DCFS Approved Providers of Psychological and Neuropsychological Testing directory. This directory is available on the DCFS D-Net. (From the D-Net home page, select "Resources" then "Resource Links" then "DCFS Psychology & Psychiatry Program.") Questions or concerns should be directed to the Department's Psychology and Psychiatry Program Administrator

Psychology and Psychiatry Program Administrator:
Phone: 708-225-8056
Fax: 708-225-8054

If a licensed psychologist on a hospital staff would like to conduct evaluations of wards, the psychologist must complete an application (available from the Department's Psychology and Psychiatry Program Administrator). After the application is received and approved, the psychologist will be able to provide evaluations to wards.

Failure to adhere to these procedures may result in non-payment of services and/or inability to obtain approval for future evaluations. **Questions or concerns about procedures, providers, or billing should be directed to the Department's Psychology and Psychiatry Program Administrator.**

2) **How to Obtain a Psychological Evaluation During a Psychiatric Hospitalization**

A) **Written consent from an authorized agent of the DCFS Guardian and written approval from the Department's Consulting Psychologist or Psychology and Psychiatry Program Administrator is required prior to testing.**

B) When psychological testing is needed or requested, **Section I** of the **CFS 417-A, Referral Form for Psychological Evaluation During Hospitalization** must be completed by a psychiatrist or his/her designee and **faxed** to the Psychology and Psychiatry Program Administrator at **708-225-8054**. A cover sheet is not required.

C) The Psychology and Psychiatry Program Administrator or a DCFS Consulting Psychologist shall discuss the child's case with the caseworker. An in-person or telephone consultation is required. After the consultation, the psychologist shall complete **Section II** of the **CFS 417-A** indicating if the request is approved, rejected or additional information is needed and fax it to the hospital and the child's caseworker.

The caseworker shall send a **CFS 431-1, Consent of the Guardian to Mental Health Treatment** (signed by an Authorized Agent) to the hospital.

D) When the evaluation has been approved and completed, the psychiatrist shall send a copy of the report to the Psychology and Psychiatry Program Administrator and the child's caseworker.

h) **Responsibilities of All Parties When a DCFS Ward Is Hospitalized in a Psychiatric Setting**

The sections below set out the responsibilities for DCFS/POS caseworkers and supervisors, POS Program Managers/Executive Directors, DCFS Area Administrators, Screening Assessment and Support Services (SASS) agencies, hospitals, and residential treatment providers when a DCFS ward is hospitalized in a psychiatric hospital. **The mandatory timelines in these Procedures must be strictly followed.**

1) **DCFS/POS Caseworkers**

The DCFS or POS caseworker is ultimately responsible for the movement and placement of the ward upon discharge from the psychiatric hospital. The caseworker shall consult with hospital staff, the SASS worker, family, and the caregiver to determine the most appropriate discharge living arrangement and post-hospital treatment plan. The caseworker shall also consult with her/his supervisor when there are discharge delays, problems in securing an appropriate placement, or treatment or discharge planning problems. With approval of the supervisor, the caseworker may contact the Office of the DCFS Guardian or staff from another DCFS Division for assistance in resolving discharge, placement or treatment issues.

A) **Refer At-Risk Wards to SASS for Pre-Admission Screening.** The caseworker, in consultation with his/her supervisor, shall initiate a SASS referral when a ward experiences a crisis and is thought to need psychiatric hospitalization. SASS referrals are initiated by calling the Crisis and Referral Entry Service (CARES) at **800-345-9049 (**TTY: **866-794-0374**).

B) **Assist with the Admission Process.** The caseworker shall work with the SASS provider and the ward's caregiver to make arrangements for the ward's admission, determine the most appropriate method of transportation, and decide who will accompany the ward to the hospital. Ultimately it is the caseworker's responsibility to transport the youth if no other viable alternatives exist or can be arranged. For youth residing in residential/group home placements, staff from the residential facility shall work with the SASS worker and the caseworker to make arrangements for the ward's admission. The caseworker shall ensure that hospital staff receive all relevant information about the ward's pre-admission placement, the circumstances leading to the ward's hospitalization, and copies of all previously approved psychotropic medication consents.

Note: UNDER NO CIRCUMSTANCES SHALL A WARD BE SENT TO THE HOSPITAL OR TRANSFERRED FROM ONE HOSPITAL TO ANOTHER UNACCOMPANIED!

C) **Provide for the Ward's Personal Needs.** At the time of admission, the caseworker shall ensure that the ward has at least the minimum personal hygiene items (e.g., toothbrush, comb, deodorant) and clothing (e.g., pajamas, change of underwear, socks, etc.).

Within one business day after admission, the caseworker shall ensure that arrangements have been made for delivery of the ward's clothing, personal hygiene items, school books, and other personal property (i.e., items that are important to the ward) to the hospital for the ward's use. The worker shall consult with hospital staff concerning items that may be considered contraband in the hospital.

Note: If the ward was admitted from a residential facility, staff from the residential facility shall deliver the ward's personal property to the hospital.

D) **Attend the 72-Hour Staffing at the Psychiatric Hospital.** The caseworker must attend and participate in the 72-hour hospital staffing. If unable to attend in person, telephone participation is acceptable, but not preferred, in lieu of non-attendance. After the staffing, the caseworker shall complete the **CFS 965-2, Psychiatric Hospitalization Report** or copy of a case note containing the same information (at the supervisor's discretion). The caseworker shall submit the report to the Psychiatric Hospital Project <u>and</u> regional clinical staff within 24 business hours of the staffing.

The caseworker shall visit the ward in the hospital and shall use these visits to encourage and support the ward, observe the ward and hospital environment (including safety and cleanliness of the hospital), assist the

youth in maintaining connections, and begin discharge planning. The caseworker shall ensure that the ward's needs are met and that the ward has all of his/her necessary personal belongings.

E) **Provide Background Information About the Ward to Hospital Staff. Prior to and no later than** the 72-hour staffing, the caseworker shall provide hospital staff with information about the ward (to the best of his/her ability), including:

- a complete placement history;
- specific information about the pre-admission placement and recent behavior;
- an approved visitor/phone contact list;
- medical history information (health passport);
- Integrated Assessment; and
- history of behavior that would put others or the ward at risk of harm, including, but not limited to:
    - sexual behavior problems;
    - hoarding/hiding objects;
    - bulimia;
    - fire setting;
    - suicidal behaviors;
    - cheeking medications;
    - unprovoked attacks on others; or
    - elopement risk.

F) **Determine if the Ward Can Return to the Pre-Admission Living Arrangement.** As soon as possible, but no later than the 72-hour staffing, the caseworker shall determine whether the pre-admission living arrangement is viable and willing to accept the ward back upon discharge. The worker shall gather information from the SASS worker since SASS is responsible for visiting the pre-admission living arrangement and assessing the prospects for the ward's return (e.g., including offering post-hospital services to support the placement). Regardless of outcome, SASS must follow up with the child's pre-admission living arrangement within 48 hours of the crisis to offer support and follow-up services. SASS shall coordinate the provision of mental health and other supportive services to the pre-admission living arrangement during the course of a child's hospitalization for the purpose of preparing the pre-admission living arrangement to support the child following discharge.

If the ward was in a foster home, the caregivers are willing to have the ward return after discharge, and the placement is not clinically contraindicated, the caseworker shall arrange for the caregiver to visit the ward at the hospital and participate in the hospital staffings. The caregiver's participation shall be documented in a case note.

If the ward was in a residential facility or transitional/independent living (ILO/TLP) program, the caseworker shall arrange for the ward to return to that placement upon discharge unless the placement is clinically contraindicated.

G) **When the Ward Cannot Return to the Pre-Admission Placement**. When informed that the ward will require a new placement upon discharge, the caseworker shall:

- immediately inform his/her supervisor, and the Psychiatric Hospital Project;
- immediately schedule an Emergency Clinical Staffing with regional clinical staff;
- conduct an immediate assessment of possible kinship care options and report the findings to the supervisor; and
- send an email every work day when a child has gone beyond medical necessity (and is subject to be reported to higher authority) to the Psychiatric Hospital Project until a placement has been obtained. The email shall document all efforts made to identify a post-hospital discharge placement and the status of all referrals made.

H) **Attend All Weekly Hospital Treatment and Discharge Planning Staffings.** The caseworker shall participate in person or by phone, if necessary, in all weekly psychiatric hospital treatment and discharge planning staffings. After the staffing, the caseworker shall complete and submit the **CFS 965-2, Psychiatric Hospitalization Report** to the Psychiatric Hospital Project and regional clinical staff within 24 business hours of the staffing.

If the caseworker has any concerns after a hospital visit, the caseworker shall immediately contact his/her supervisor and Clinical Manager and, if appropriate, submit an Unusual Incident Report.

I) Upon discharge, the caseworker shall ensure that he/she receives a copy of the **CFS 965-1, DCFS Discharge and Aftercare Plan.** The caseworker

shall ensure that the caregiver receives a copy of the **CFS 965-1** and that a copy is placed in the ward's case record.

Note: The caseworker shall not remove the child from the hospital without an identified discharge placement resource. Children/youth shall not be discharged from the hospital and placed via ambulance transport.

J) **Discharge Notification.** Within 24 business hours following the ward's discharge from the psychiatric hospital, the caseworker shall forward a copy of the **CFS 906, Placement/Payment Authorization Form** to the Psychiatric Hospital Project and regional clinical staff indicating the date of discharge and discharge placement.

2) **DCFS/POS Casework Supervisors**

A) **Assure Completion of the CFS 965-2.** The supervisor shall review the **CFS 965-2** to ensure that the caseworker has completed all necessary sections**.**

B) The supervisor shall ensure that the caseworker has submitted the **CFS 965-2** to the Psychiatric Hospital Project and regional clinical staff within 24 business hours of the staffing.

C) **Monitor the Status of All Wards Hospitalized.** The supervisor shall ensure that the caseworker completes and submits all required reporting on the **CFS 965-2** and monitors the ward while he/she is hospitalized**.**

3) **DCFS Area Administrator, POS Program Manager/POS Executive Director**

A) **Assure Coverage for the 72-Hour Staffing.** The DCFS Consent Unit will notify the DCFS Area Administrator or POS Program Manager/POS Executive Director when a DCFS ward is admitted to a psychiatric hospital. The DCFS Area Administrator or POS Program Manager/POS Executive Director shall immediately determine the staff responsible to attend the 72-hour staffing.

B) **Initiate Aggressive Placement Finding for Wards with Placement Problems.** If the pre-hospital living arrangement is not viable or appropriate for the ward's needs, the DCFS Area Administrator or POS Program Manager/POS Executive Director shall ensure that the caseworker or supervisor requests an Emergency Clinical Staffing to determine the appropriate level of care for the ward, and to review placement options. The DCFS Area Administrator or POS Program Manager/POS Executive Director shall ensure that the caseworker

conducts a priority search for relative caregivers to rule out kinship care options.

C) **Refusal of a Residential Facility to Accept Return of a Ward Upon Discharge.** Unless clinically contraindicated, a ward admitted to psychiatric hospital from a residential facility shall be returned to the same residential facility upon discharge.

D) If a ward's stay at the psychiatric hospital exceeds medical necessity, payment to the hospital shall be approved, in writing, by the Deputy Chief of the Bureau of Operations, Support Services (or designee).

4) **SASS Agencies**

A primary goal of the SASS provider is to support and maintain a child's pre-hospital functioning and living arrangement. The SASS agency shall be proactive in helping to reduce the hospital stay by providing consultation and advocacy services, and working closely with the hospital team directing the treatment.

The SASS provider shall offer supportive services to the child's parents, guardians or caregivers and shall encourage their participation in treatment planning, hospital visits, hospital discharge planning and pre-discharge home visits.

A) **Conduct Crisis Screenings for All Referrals.** The purpose of the SASS crisis screening process is to determine if any child whose psychiatric hospitalization will be publicly funded (including, for example, DCFS wards and children in intact families or post-adoption homes) can be safely maintained in a community setting or needs acute inpatient psychiatric hospitalization. The screening is based on a face-to-face evaluation with the child, completed within two hours of the initial referral call to the Crisis and Referral Entry Service (CARES).

When possible and appropriate, the SASS screening shall be completed at a location that is best for the child, preferably the location in which the child is experiencing the crisis (e.g., at the child's living arrangement, school, etc.) rather than at the SASS provider's office or at the hospital. If an on-site screening poses a threat to the physical safety of the SASS worker, the worker shall request assistance from local law enforcement or identify an alternate location where the screening can occur. The SASS worker shall tell the caller when, how and where the screening will occur.

When SASS receives a non-emergency screening referral for a hospital-to-hospital transfer, the screening shall occur within 24 business hours after the transfer.

Note: A SASS referral is not required for pre-admission screening for wards referred for partial hospitalization, day treatment, or 23-hour admission. However, if a child experiences a psychiatric crisis while in partial hospitalization, the caseworker shall request a SASS assessment.

The SASS face-to-face screening and assessment shall, at minimum, include the following:

- Children's Severity of Psychiatric Illness (CSPI) decision support instrument;
- mental status examination;
- evaluation the extent of the child's ability to function in his/her environment and daily life;
- assessment the child's degree of risk of harm to self, others or property; and
- determination of the feasibility of using less restrictive resources available in the community to meet the child's treatment needs.

When a SASS recommendation regarding the child's appropriateness for community stabilization differs from a physician's recommendation, the physician's recommendation shall be followed.

Wards screened by SASS are eligible for an initial 90 days of crisis stabilization services. SASS may extend these services in 30-day increments (after the initial 90-day period) when the child still requires these services.

B) **When Hospitalization Is Necess ary.** If the child needs psychiatric hospitalization, the SASS worker shall assist and facilitate the child's admission to a hospital. The SASS worker shall consult with the DCFS/POS caseworker and the child's caregiver (including residential staff) in order to select the most appropriate hospital for the child. The SASS worker shall:

- complete the written screening report and Children's Severity of Psychiatric Illness (CSPI) decision support instrument. The SASS worker shall give the completed CSPI summary form to hospital staff at the point of hospital intake/evaluation;

- notify the DCFS/POS caseworker (or appropriate on-call staff) of the screening;

- help coordinate the selection of the most appropriate hospital;

- help the caseworker, caregiver and/or hospital determine the most appropriate way to transport the youth to and from the hospital;

- participate in the child's admission evaluation with hospital admission staff;

- let the child know when the SASS worker will next meet with him/her;

- notify the child's caseworker or casework supervisor within one business day of the circumstances resulting in hospitalization; and

- for children under 12 years of age, fax the completed CSPI and the Mental Health Status Examination results to the DCFS Division of Clinical Practice and Development at **800-733-3308** as soon as possible, but no later than within 72 hours after hospitalization. The fax cover sheet shall include the name and contact information of the SASS Screener and the SASS Screener's supervisor.

Note: SASS providers must notify the DCFS Consent Unit during normal business hours or the DCFS After Hours Services after hours, weekends and holidays at the time a DCFS ward is admitted to an inpatient psychiatric facility. Consent for psychiatric hospitalization services for a DCFS ward may only be provided by the DCFS Consent Unit or the DCFS After Hours Service.

Consent Unit Phone: 800-828-2179
Fax: 312-814-4128

DCFS After Hours Service Phone: 773-538-8800
Fax: 773-538-8835

The SASS worker shall support the caregiver's participation prior to the child's hospitalization (pre-admission) and in treatment and discharge planning during the child's hospitalization. Foster parents and parents (when appropriate) shall be encouraged to participate in hospital staffings and to visit to the child while he/she is in the hospital.

In addition, SASS agency staff shall do the following while the child's is hospitalized:

- have regular visits with the hospitalized child;

- participate in all formal staffings for treatment and discharge planning, including the initial 72-hour hospital staffing;

- as part of discharge planning, help the caseworker identify intensive treatment and support options that may be necessary to maintain the child in the pre-admission placement or other community-based living arrangement; and

- offer mental health and other service interventions to support post-discharge functioning.

C) **Community-Based Stabilization Services After S creening or Hospitalization.** When the SASS provider determines that the child can be maintained in the community, the SASS provider shall help the child's caseworker identify available outpatient treatment/support options and other services to help the child and family and prevent further occurrences. The SASS provider shall arrange a follow-up appointment with the child and caregiver within 48 hours after the initial screening.

When a child is hospitalized, the SASS provider shall provide post-discharge outpatient services for a period of 90 days post-discharge to help the child and family manage the child's mental health in an out-patient setting.

D) **Additional Information about SASS.** A program of the Illinois Department of Healthcare and Family Services, SASS was developed to implement the Children's Mental Health Act of 2003 [405 ILCS 49]. Information about SASS, the list of SASS providers and the "SASS Handbook" are available on the Internet at http://www.hfs.illinois.gov/sass/.

5) **Hospitals**

Psychiatric hospitals are expected to work closely with DCFS and POS caseworkers and their supervisors, SASS agency staff, caregivers and birth families (when appropriate) to ensure that the goals of these procedures are met.

A) **Obtain Consent for Admission from the DCFS Consent Unit or DCFS After Hours Service.** A hospital shall not admit any child or youth in the custody or guardianship of DCFS without a SASS assessment **AND** consent from the DCFS Consent Unit or DCFS After Hours Service.

The hospital shall obtain consent from the DCFS Consent Unit for continued hospitalization for any child or youth who is taken into DCFS custody during hospitalization. The DCFS Investigation Specialist shall notify the hospital of the effective date of the order for temporary custody. If a SASS agency was not involved prior to DCFS custody, the hospital shall call the Crisis and Referral Entry Service (CARES) at **800-345-9049** to request a SASS assessment.

When a DCFS ward requires immediate hospitalization for his/her protection (or the protection of others) from physical harm, the SASS screening may occur at the hospital emergency room or SASS may conduct a non-crisis screening within 24 business hours after admission if the ward was admitted without prior screening.

If there is disagreement between the SASS agency and a physician concerning the appropriateness of hospitalization for the ward, the physician's recommendation shall be followed.

Although a DCFS ward 18 years of age or older may consent to admit him/herself to a psychiatric hospital, the hospital must still notify the DCFS Consent Unit of the ward's admission. The hospital must also call CARES to request a SASS assessment.

The DCFS Consent Unit will provide consent for psychiatric hospitalizations statewide Monday through Friday from 8:30 a.m. to 4:30 p.m. DCFS After Hours Service will provide consent for psychiatric hospitalizations, statewide, after-hours on weekdays, and on weekends and holidays.

Consent Unit Phone: 800-828-2179
Fax: 312-814-4128

DCFS After Hours Service Phone: 773-538-8800
Fax: 773-538-8835

B) **Obtain Consent for Psychotropic Medication.** The hospital shall comply with **Rule 325, Administration of Psychotropic Medication to Children for Whom DCFS Is Legally Responsible** (89 Ill. Adm. Code 325), the ***Guidelines for Utilization of Psychotropic Medications for Children in Foster Care*** and ***DCFS Psychotropic Medications List*** regarding administration of psychotropic medications to children and youth in the custody or guardianship of DCFS. These documents are available on the DCFS Website (www.state.il.us/dcfs).

The hospital shall obtain written consent only from a designated Authorized Agent from the DCFS Consent Unit or DCFS After Hours Service before administering psychotropic medication to a DCFS ward under 18 years of age.

To request consent, the hospital shall complete and fax the **CFS 431-A Cover, Psychotropic Medication Request Fax Cover Sheet** and **CFS 431-A, Psychotropic Medication Request Form** to the DCFS Consent Unit at **312-814-7015** or the DCFS After Hours Service at **773-538-8835**.

(These fax numbers are on the **CFS 431-A Cover** .) These forms are available on the DCFS Website (www.state.il.us/dcfs).

Standing medication (PRN) orders for administration of psychotropic medications to DCFS wards are not permitted.

An Authorized Agent of the DCFS Consent Unit or DCFS After Hours Service shall fax a written consent or denial to the requesting hospital on the **CFS 431-B, Psychotropic Medication Consent Form**. The Consent Unit will fax a signed copy of the **CFS 431-B** to the ward's caseworker.

The hospital shall keep a copy of the **CFS 431-A**, **CFS 431-A Cover** and **CFS 431-B** in the child/youth's medical record.

As a general rule, DCFS wards ages 18 and older have legal authority to consent to their own psychotropic medication requests. (If a youth age 18 or older does not have the capacity to consent, a court order must be obtained to allow the DCFS Guardian/Authorized Agent to consent on the youth's behalf.)

Youth who have reached the age of 18 or who have been declared emancipated for purposes of consent to medical treatment by any court have the qualified right to refuse psychotropic medication as provided for adults in the Illinois Mental Health and Developmental Disabilities Code [405 ILCS 5/2-107 and 2-107.1].

In accordance with **Rules 325**, the hospital shall notify the DCFS Consent Unit, on the **CFS 431-A**, of an emergency or one-time non-emergency administration of psychotropic medication.

C) **Complete the CFS 965-1, DCFS Discharge and Aftercare Plan.** At the time of discharge, the hospital's attending psychiatrist shall complete the **CFS 965-1**. The hospital shall give a copy of the **CFS 965-1** to the person to whom the child is discharged. The hospital shall send a copy of the **CFS 965-1** to the caseworker and fax a copy to the Psychiatric Hospital Project at **312-814-4131**.

D) **Unusual Incidents.** The hospital shall report all unusual incidents to the caseworker and the Psychiatric Hospital Project (PHP) within 24 business hours after an incident. The hospital administrator shall ensure that the PHP Administrator is contacted by phone within 24 business hours after the incident.

i) **Report of Abuse/Neglect of Hospitalized Child.** When an incident involves abuse or neglect of the child (including any

incidents involving lack of supervision), hospital staff shall immediately report the incident to the DCFS Child Abuse Hotline.

When the reports involves (as a possible victim) a child/youth who is not in DCFS custody or guardianship, the assigned Investigation Specialist shall request a clinical staffing prior to considering whether to place the child/youth in DCFS custody. The Department's regional clinical staff shall review the hospital's discharge plan, the child/youth's psychiatric needs, and any child welfare issues. For the Clinical Review process, the hospital shall provide documentation of the child/youth's current clinical presentation and recommended post-hospital care. The Department will not assume legal responsibility for any child until the Clinical Review process is completed.

ii) **Law Enforcement Intervention.** The hospital shall have a written policy describing when, and under what circumstances assistance of law enforcement and hospital security staff will be requested, how they will be utilized, and who may authorize their use. The policy shall require the hospital to immediately notify the DCFS Guardian and submit an Unusual Incident Report when law enforcement or hospital security staff are requested to subdue a ward, document the circumstances that required their assistance, and the name of the hospital administrator who authorized their use. The hospital's policy shall be available for inspection by Department staff upon request.

The hospital shall contact the DCFS Guardian at **312-814-8600** (during business hours).

The hospital may seek assistance of law enforcement or hospital security staff only in extreme emergencies. Law enforcement / hospital security shall not be used as a substitute for adequate staffing for management of DCFS wards.

E) **Notice of Staffings.** The hospital shall schedule a clinical staffing within 72 hours of admission, and shall schedule treatment and discharge planning meetings thereafter. Staffings shall be held during regular working hours and be attended by hospital clinical staff. Hospital staff shall notify the caseworker, casework supervisor, SASS agency, and the child's caregiver of the date, time and location of the 72-hour staffing. For all subsequent staffings (including discharge staffings), hospital staff shall give the caseworker, supervisor, SASS agency, and caregiver at least one week advance notice whenever possible. The child/youth's parents will be invited to participate in staffings, when appropriate. The hospital

shall document in the hospital record when notice was given and who was notified of each staffing.

F) **Discharge Planning and Treatment Meetings** . The hospital shall develop a written discharge plan for the ward. Hospital staff shall consult the ward, family, caseworker, caregiver/residential facility, SASS agency, and other relevant community-based service providers prior to preparing the discharge plan. The hospital staff shall ensure that the discharge planning complies with all Medicaid regulations and that the caseworker, caregiver/residential facility, and SASS agency are given at least 72 hours notice prior to discharge.

G) **Guidelines for Obtaining a Psychological Evaluation of a Hospitalized Ward.**

Note: Only DCFS-approved providers may conduct psychological testing for DCFS wards. Providers are listed in the DCFS-Approved Providers of Psychological and Neuropsychological Testing directory. This directory is available on the DCFS D-Net. (From the D-Net home page, select "Resources" then "Resource Links" then "DCFS Psychology & Psychiatry Program.")

If a Licensed Psychologist on the hospital staff would like to conduct evaluations of DCFS wards, the psychologist must complete an application (available from the Department's Psychology and Psychiatry Program Administrator). After the application is received and approved, the psychologist will be able to provide evaluations to wards.

The hospital or testing psychiatrist must obtain consent from the DCFS Guardian <u>and</u> written approval from the Department's Consulting Psychologist or Psychology and Psychiatry Program Administrator <u>prior to testing</u> any child or youth in DCFS custody or guardianship.

i) Psychological testing <u>shall not</u> be used as a means to determine a post-hospital placement and should not occur within the first five days of admission.

ii) Psychological testing should not be done more than twice a year. The Psychology and Psychiatry Program Administrator can advise the hospital whether a DCFS ward has been tested in the past and, if so, provide the date of the last psychological evaluation and a copy of the report.

iii) When psychological testing is needed, the psychiatrist or designee shall complete and fax **Section I** of the **CFS 417-A, Referral**

Form for Psychological Evaluation During Hospitalization to the DCFS Psychology and Psychiatry Program Administrator (fax: **708-225-8054)** for approval prior to beginning the evaluation. A cover sheet is not required.

iv) The Psychology and Psychiatry Program Administrator or a DCFS Consulting Psychologist shall discuss the child's case with the caseworker. After the consultation, the Psychologist will complete **Section II** of the **CFS 417-A** indicating if the request is approved, rejected or additional information is needed and fax it to the hospital. The caseworker will send a **CFS 431-1, Consent of the Guardian to Mental Health Treatment** (signed by an Authorized Agent) to the hospital.

v) When the evaluation has been approved and completed, the psychiatrist shall send a copy of the report to the Psychology and Psychiatry Program Administrator and the assigned caseworker.

6) **Residential Treatment Providers**

When a ward in a residential placement needs psychiatric hospitalization, active participation by residential facility staff is paramount to a positive treatment outcome. The facility staff shall fully participate in the treatment and discharge planning process, including:

- the 72-hour staffing;
- weekly staffings;
- discharge staffings;
- visits by clinical and milieu staff with the child during hospitalization;
- phone calls;
- medications, if indicated; and
- incorporating hospital discharge recommendations into child's GHI Treatment Plan.

When clinically appropriate, the facility staff shall also arrange pre-discharge visits to the hospital, and continuation of individual therapy or counseling.

Unless clinically contraindicated and authorized by the Deputy Director for the Bureau of Operations, a ward admitted to a psychiatric hospital from a residential facility shall return to the residential facility upon discharge. The Department will pay the facility for "bed hold days" to assure that the ward will be accepted back upon discharge.

A) **Refer At-Risk Wards to SASS for Pre-Admission Screening.** When residential facility staff believe that a ward needs psychiatric hospitalization, the staff shall initiate a SASS referral. All referrals for

open SASS cases shall be made by calling the Crisis and Referral Entry Service (CARES) at **800-345-9049**. When there is no open SASS case for the ward, the facility may contact SASS directly.

A residential facility shall only refer a ward for SASS pre-admission screening when the ward's clinical management needs exceed the facility's capacity to safely stabilize the ward and resolve the immediate crisis. The facility shall provide crisis intervention and its full range of clinical management options in an effort to avert the hospitalization. When necessary and appropriate, SASS can provide assistance to the facility to ensure the ward's safety until the ward is stabilized.

In an emergency, facility staff may transport the ward directly to a psychiatric hospital in accordance with the facility's written guidelines. In these situations, facility staff must make arrangements with SASS to conduct the pre-admission screening at the hospital.

B) **Assist with the Admission Process.** When the ward is approved for hospitalization, residential facility staff shall work with the SASS worker and DCFS/POS caseworker to arrange for the ward's admission. The residential facility shall:

- arrange for the ward's transportation to the hospital;
- assign staff to accompany the ward to the hospital;
- immediately notify the DCFS/POS caseworker or supervisor and DCFS Residential Monitor;
- complete and submit an Unusual Incident Report (UIR) to DCFS;
- coordinate with SASS in selecting the most appropriate hospital; and
- provide information to hospital staff about the ward's pre-admission placement and the circumstances leading to the ward's admission to the hospital (i.e., circumstances that preceded or led to the ward's behavior, interventions attempted, etc.).

Note: UNDER NO CIRCUMSTANCES SHALL A WARD BE SENT TO THE HOSPITAL OR TRANSF ERRED FROM ONE HOSPITAL TO ANOTHER UNACCOMPANIED!

C) **Provide for the Ward's Personal Needs.** Residential facility staff shall ensure that the ward has at least the minimum personal hygiene items

(e.g., toothbrush, comb, deodorant) and clothing (e.g., pajamas, change of underwear, socks, etc.) upon admission to the hospital.

Within 24 business hours after the admission, the residential facility shall be responsible for delivering the ward's clothing (appropriate for the season), personal hygiene items, school books, and other personal property items of importance to the ward to the hospital for the ward's use. Residential facility staff shall consult with hospital staff about items that may be considered contraband in the hospital.

D) **Attend the 72-Hour Staffing at the Psychiatric Hospital.** Staff from the residential facility shall attend and participate in the 72-hour staffing. At this meeting, staff shall provide detailed information about the ward's individualized treatment plan and his/her response to treatment.

E) **Implement the Modified Treatment Plan.** When the ward is discharged from the hospital, the residential facility shall implement all modifications to the ward's treatment plan recommended at the discharge staffing. The facility shall make treatment plan adjustments as necessary to reduce the possibility of future psychiatric hospitalizations.

7) **Clinical Staffing Participants and Their Responsibilities**

A) **DCFS/POS Supervisor**. The supervisor shall ensure that the caseworker invites the persons listed above to attend the staffing, and compiles and distributes the required documentation in advance of the staffing.

B) **DCFS/POS Caseworker**. The caseworker shall attend the clinical staffing, and shall invite the parents (when appropriate), caregivers and other persons with relevant case information (e.g., GAL, Educational Liaison, therapist, specialty consultants, etc.) to attend the staffing.

The worker shall compile the following materials (not available in SACWIS) in consultation with the staffing convener in advance of the staffing.

- psychological evaluation;
- Individual Education Plan;
- prior placement disruption support strategies utilized;
- information regarding caregiver's involvement in managing the child's behavior;
- case note documenting that the caseworker advised the biological parent of the ward's psychiatric hospitalization;
- medication and behavior history; and
- current hospital summary, recommendations, and treatment reports on the viability of the pre-admission living arrangement.

The worker shall send these materials to the staffing convener prior to the staffing. Whenever possible, information shall be presented by the person most familiar with the child/youth (e.g., a supervisor, caseworker, or therapist).

C) **Clinical Manager or Coordinator** . The Clinical Manager/Coordinator shall schedule, and convene an initial staffing for every child/youth without a discharge resource, and provide a written summary of the staffing and his/her recommendations. The initial staffing is convened to oversee discharge planning, make recommendations for appropriate post-hospital placement, treatment and other after-care services, review written documentation, and ensure that all relevant issues are addressed.

For children 12 years and younger, a 30-day post-discharge staffing will be convened to review progress toward implementing the recommendations in the discharge plan and, if needed, adjust the plan to ensure placement stability.

D) **Independent Living (ILO) or Transitional (TLP) Programs.** ILO/TLP program staff and their supervisors shall follow the instructions set out above for DCFS/POS caseworkers and supervisors.

E) **Residential Facilities**. Case management staff at residential facilities shall attend the clinical staffing as prescribed by the Residential Monitoring Protocol. When the child or youth was placed in the facility prior to hospitalization, case management staff shall provide specific information about the child or youth's treatment plan, functioning, strengths, challenges, interests and needs. Staff shall describe the facility's programs, capabilities, resources, skills, and expertise. Residential staff shall also participate in post-hospital discharge planning.

F) **Foster Parent/Relative Caregiver** . The caregiver shall provide information about the ward, including strengths, interests, and needs while in the caregiver's home, and, to the extent known, shall describe the ward's medication and behavioral history. The caregiver shall participate in post-hospital discharge planning.

G) **Parents.** The parents shall provide information about the child's functioning while in their care, including the child's strengths, challenges, interests, and needs. The parents shall participate in post-hospital discharge planning.

H) **DCFS Regional Nurse**. The Regional Nurse shall review and assist in planning related to the ward's identified medical treatment and medication needs, and shall document all consultation.

I) **SASS Worker**. The SASS worker may attend the clinical staffing, or may participate by phone if unable to attend in person. The SASS worker may submit written treatment recommendations when that worker has specialized knowledge and expertise, and shall report on the viability of the pre-admission living arrangement and the array of services offered and available to the caregiver. The SASS worker shall provide a written summary of efforts made to engage the caregiver in the treatment and discharge planning process. For wards who will return to the pre-admission living arrangement following hospitalization, the SASS worker shall provide information for the proposed discharge plan, including the array of services that will be provided by SASS.

Note: DCFS must approve all residential placements, even for wards being served by a POS agency. A DCFS residential placement staffing or, when appropriate, an Emergency Clinical staffing, is required if a caseworker/supervisor determines that a child or youth's needs require placement in an institution or group home. A DCFS residential placement staffing is also required for a child or youth in residential treatment requiring a lateral move or step up to a more restrictive level of care. The caseworker/supervisor must obtain approval from the Residential Treatment Team before requesting the staffing.

Appendix A Contact Information

Psychiatric Hospital Project telephone and fax numbers:

Statewide Phone: 866-225-1431
Statewide Fax: 800-733-3308

Psychiatric Hospital Project Manager and UIC CATU Gatekeeper:
Phone: 312 371-6316
Cell phone: 312-636-2149

SASS Project Administrator:
Phone: 855-814-8421
Fax: 312-814-3255

Clinical Manager/Coordinator/Designee phone and fax numbers:

Regions	Phone	Fax
Central Region:	309-693-5400	309-693-4937
Cook Region:	855-814-8421	312-328-2590
Cook Central Clinical Team:	312-793-8527	312-793-5610
Cook North Clinical Team:	312-808-5000	312-328-2261
Cook South Clinical Team:	773-371-6000	773-371-6039
Northern Region:	630-801-3400	800-733-3308
Southern Region:	618-993-7100	618-993-5467

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Appendix B Hospital Clinical Summary Format

1) Reason for hospitalization

2) History of patient including the following information:

   A) Psychiatric history (previous psychiatric hospitalizations, past/current mental health services);
   B) At-risk behaviors including suicidal/homicidal ideation/gestures, physical aggression, elopement, fire setting, unusual incidents, and special precautions while hospitalized;
   C) School history/ special education services;
   D) Sexually problematic behaviors, if applicable;
   E) History of substance abuse, if applicable;
   F) Current court involvement/history of delinquency, if applicable;
   G) Developmental disabilities, if applicable; and
   H) Prior functioning within the community, including interests and strengths

3) DSM IV TR diagnosis

4) Medical issues/medication/medication management/medication compliance

5) Symptoms targeted by prescribed medication and response to medication

6) Behavioral presentation in hospital including need for restraint, seclusion, STAT medication, if applicable

7) Participation of family with hospital services

8) Current educational functioning and discharge recommendations for education and rationale for the child

9) Resources for child/family contacted by hospital, i.e., SASS, CCBYS, Community Mental Health, Board of Education, ICG, CRSA

10) Current functioning and recommended therapeutic services for child and family

11) Discharge recommendations and rationale for treatment services

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Appendix C Instructions / Content Guidelines for Completing Psychiatric Hospitalization Clinical Summary and Discharge Care Plan Forms

This Appendix is a guide for completing the following three forms:

- CFS 399-2-A, Psychiatric Hospitalization Clinical Summary and Discharge Care Plan;
- CFS 399-2-B, Psychiatric Hospitalization Clinical Action Plan; and
- CFS 399-2-C, Psychiatric Hospitalization Clinical Summary and Discharge Care Plan Addendum.

Please Note: *All abbreviations and acronyms used in these forms should be defined.
*Clinical staffing timeframes are set out in **Procedures 301.110(e)** and **Policy Guide 2010.03, Division of Clinical Practice Consultations or Clinical Staffings by Regional Clinical Units**.

CFS 399-2-A, Psychiatric Hospitalization Clinical Summary and Discharge Care Plan. (Also see Instructions, below) The caseworker and Staffing Convener shall work collaboratively to complete the **CFS 399-2-A**. The caseworker shall complete all or identified parts of Sections I, III, IV, VI, VII, and VIII prior to the Initial or Emergency Staffing. The caseworker should not restate information already available in the Integrated Assessment, Service Plan or supporting documents (e.g., psychological evaluations). The Staffing Convener will enter dates on the form for Lock-Out Only, Initial, 30-day Post-Discharge or Quarterly Staffings. Quarterly Staffing dates should be scheduled at quarterly intervals.

Together, the Staffing Convener, caseworker and Treatment Team should explore all aspects of a child's life when reviewing the child's hospitalization and preparing for discharge. (The Treatment Team is comprised of individuals who have knowledge about the child and/or will be part of the ongoing process to support the stability of the child in placement. Team membership may change depending on the child's needs, placement status and the tasks identified in the Action Plan.) Throughout the **CFS 399-2-A,** the Staffing Convener shall have the caseworker and Team identify and discuss the strengths of the child.

The **CFS 399-2-A** shall be completed within 10 business days after the staffing (or within 5 days after an emergency staffing). The Staffing Convener shall ensure the timely completion of the **CFS 399-2-A** and forward an electronic copy to the Clinical Manager.

CFS 399-2-B, Psychiatric Hospitalization Clinical Action Plan. The Staffing Convener shall review the previous Action Plan and address each task at every staffing. A new **CFS 399-2-B** is completed at the conclusion of each Clinical Staffing. This identifies new, or ongoing, tasks and time frames for the Treatment Team. The Staffing Convener shall give a copy to the caseworker and each member of the Treatment Team at the end of the staffing, and forward an electronic copy to the Clinical Manager.

CFS 399-2-C, Psychiatric Hospitalization Clinical Summary and Discharge Plan Addendum. Clinical Staff shall complete a **CFS 399-2-C (including the CFS 399-2-B)** within 10 business days after the 30-day Post-Discharge Staffing and each Quarterly Staffing. The Staffing Convener shall forward an electronic copy of the Addendum to the Clinical Manager, attach a copy to the **CFS 399-2-A**, and e-file it in the Central Matching Data Base.

The Clinical Manager shall forward the Initial Summary and Initial Action Plan, 30-Day Post-Discharge Summary and 30-day Post-Discharge Action Plan or Quarterly Staffing and Quarterly Staffing Action Plan, by email, to "**ClinicalRef**." If a change in level of care is recommended, the document shall also be e-filed in the Central Matching Data Base for submission to the Centralized Matching Team. The original signature sheet shall be placed in the file secured at a location designated by Clinical Managers for their respective areas. The **CFS 399-2-A, B and C** are a continuing narrative and the final, signed documents shall be provided to field staff upon termination of the Quarterly Staffing process.

POS Agency 24-Hour Consultation and On-Call Capacity (from POS Program Plan). Each POS agency shall have an on-call system that can be easily accessed 24 hours a day. These agencies must ensure that the 24/7 on-call system links the foster parent to a therapist or clinician who knows the needs of the child in the foster parent's care, and the clinician/therapist must be able to offer crisis intervention services, as needed, to stabilize the child in the foster parent's home.

The POS caseworker is expected to meet all worker contacts and interventions required in **Procedure 315.110, Worker Contacts and Interventions** . The caseworker shall have weekly contacts with each child with special needs or emotional/behavioral problems. Two visits with the child each month must be in-person and take place in the current foster home. The child must be interviewed separately from the caregiver to assess the stability and adjustment to the placement and the caregiver. The worker shall observe, assess and monitor health and safety issues, any indication of unusual stress or problems, child adjustments, and health and behavioral/mental health needs. The worker shall help the caregiver access and secure community resources for the child. The caseworker shall report all licensing violations observed to the appropriate foster home licensing unit as required by **Procedures 383, Licensing Enforcement**. The caseworker shall contact therapists, schools/day care providers, community programs and other involved parties as required by DCFS procedures.

Instructions for CFS 399-2-A
Psychiatric Hospitalization Clinical Summary and Discharge Care Plan

*Note: *Several sections are self-explanatory and require no instructions.*
**All abbreviations and acronyms used should be defined.*

Staffing Dates.

- There may be overlap in categories; the staffing type will be determined by presenting circumstances.

I. Child's name / ID / Age / DOB / RSF

A. Sex / Race / Height / Weight

B. Recommended level of care

- Specify placement recommendation, e.g., residential, group home, specialized foster care, adolescent foster care, remain in current placement, etc.

C. Communication Requirements of any Staffing Participant

II. Staffing Convener

III. Current caregiver name and address

IV. Worker and supervisor information

Worker's name / Agency / Phone

Supervisor's name / Agency / Phone

V. Current hospital information

Hospital name / Admission Date

Hospital contact name / Telephone

VI. Placement history and synopsis of DCFS involvement

- The worker should provide primary documentation; the Staffing Convener can add details. NOMAD documentation will be provided to the Staffing Convener.
- Summary should be a brief synopsis and describe issues that led to Department involvement as well as multi-generational family issues (e.g., reported physical or mental health concerns involving grandparents, parents, etc.)
- Prior Department contact is not the focus.

VII. Hospitalization and diagnostic information

A. Reasons for current hospitalization and attempted interventions to deflect hospitalization.

- Articulate clinical causative factors that played a part in this psychiatric hospitalization. The entire system needs to be addressed, including, but not limited to, the child, caregivers, parents/guardians, home/school/social environments and clinical interventions. Possible triggers for the psychiatric hospitalization should be documented. Use specific examples as opposed to ambiguous behavior descriptors. A phrase such as "a danger to self or others" does not explain what was happening at the time of crisis. Such a concept develops over time and is usually precipitated by life events which resonate with the particular vulnerabilities of an individual child. A mere description of an occurrence is also not enough.
- Referencing a child's refusal to take medication, suicide attempt or threats with a weapon should lead to exploration of the reasons behind the behavioral symptom. What interventions were attempted to deal with the child's disturbance over time and what were the roles of people from the child's "helping system"? Were the roles and outcomes clearly defined? How did the child respond?
- The hospitalized child's behavior, strengths and needs are also to be included in the narrative.

B. Hospital treatment

1. Doctor's, therapist's or social work staff's perspective of the child
   - What was the goal of hospitalization?

2. Child's perspective of hospitalization and treatment
   - What is the child's understanding of why he/she is currently hospitalized?
   - Does the child respond to verbal directions?
   - What indicators tell us the child is or is not benefiting from talk therapy? If the child is not responding to current therapy, what other interventions have been tried that show efficacy when used for a child who does not respond to talk therapy?
   - Does the child require a specialized communication method, device or process to participate in therapy? How is this being facilitated?

C. Psychiatric hospitalizations the child has experienced in the last three years

- Provide hospitalization dates, locations and lengths of stay as well as precipitating factors that led to hospitalization. Worker should provide as much information as possible.
- Records may need to be requested from the hospitals.

D. Current Diagnoses / None (if no diagnosis has been made)
- Worker should provide as much information as possible.

1. Provide DSM Diagnoses / Source / Date
   Axis I / Axis II / Axis III / Axis IV / Axis V

2. How do current diagnoses differ from other documented diagnoses and/or observations over time?
   - Include dates or approximate time frames for diagnoses.

3. Child's previous mental health/trauma therapy services
   - Describe modalities and efficacy of services.

E. Child's response and adaptation to the trauma of separation and loss involving biological family/guardian, placements in substitute care, hospitalization and other trauma events.
- This narrative should include details of the child's experience and adaptation to the external trauma event.
- What do the following assessment areas tell us about the kind of support the child and caregiver will need upon hospital discharge in order to maintain the child's sense of stability and to preserve the capacity of the caregiver to provide for the child?
- Other trauma experiences may include, but are not limited to, sexual abuse, physical abuse, significant medical trauma or death of a significant other. Resilience factors should also be discussed.

F. Child's prescribed medications
- DCFS Regional Nurse may be able to assist with gathering information regarding child's medications and the effects of the medications. Medications prescribed prior to hospital admission.
- Identify whether medication is psychotropic, non-psychotropic or over-the-counter and purpose/symptom it is to treat. Was the medication effective and were there negative side-effects? What does the child think about taking medication? Was the child compliant taking medication?
- Inventory medications prescribed while hospitalized, identify if medication is psychotropic, non-psychotropic or over-the-counter and the purpose/symptom it is to address. If medications were changed by the hospital psychiatrist, what was the change intended to address? If medications were discontinued, explain why.

G. Caregiver Involvement in treatment and discharge planning
- Some questions may not be answered if child is just entering the foster care system or if a prior caregiver does not participate in staffings. Did caregiver attend hospital planning meetings for this child? Did hospital staff consult with parents and caregivers to understand child's behavior?

Did hospital staff give or receive any advice from parents and/or caregivers?

- What is the caregiver's perception of the need for hospitalization? Did parents and/or caregivers indicate what their perceptions were about what was "wrong" and what they needed to do to help stabilize the child? What interventions does the caregiver think are effective and ineffective with this child? Do parents and/or caregivers seem interested in discussing what might be more effective ways of relating to the child? What is the caregiver's understanding of the child's diagnosis? What is the caregiver's understanding of the child's emotional and developmental abilities?
- What is the child's culture? Consideration should be given to child's race, ethnicity, gender, role in family of origin, size, location of a child's home neighborhood/town, and social interactions, etc. What is the caregiver's understanding or perception of the child's culture? How is this cultural understanding or perception incorporated into how the caregiver supports the child's mental health needs?
- What type of additional training/services/supports does the caregiver believe would be helpful to meet the needs of the child? Training examples may include information regarding the child's culture, understanding child trauma and separation and loss experienced by the child.

VIII. Interpersonal Relationships

A. What relationships does the child have with family of origin, foster family, peers, teachers or other significant individuals?

- Include child's perceptions of relationships as well as the perceptions of the treatment team.
- Discuss capacity to form age-appropriate relationships and attachments. Can relationships be maintained over time, despite moves or life changes? If relationships disrupt, how does the child handle this and what does it tell us about the child's capacity for intimacy? Input from those individuals who know the child – the child's worker, therapist, advocate, or the child him/herself would be sources of input for these topics.
- How does the child manage divided loyalties?
- Does the child interact better with older, younger or same-age peers?
- Is the child a leader or a follower?
- Can the child collaborate with peers or are relationships contentious / chaotic?

B. Child's sense of self

- What are strengths and weaknesses affecting relationship development? Thought should be given to whether the child can establish a basic sense of trust, reciprocity, empathy, etc.

- What are the child's wishes, hopes and expectations regarding life, parents and caregivers?
- What makes this child resilient?
- How does the child view his/her placement?
- What are the child's thoughts regarding his/her relationships within the community? Does the child feel safe in the community?
- How does the child identify him/herself within his/her culture?

IX. Developmental functioning.

This narrative encompasses the child's functioning within developmental milestones and age-appropriate performance expectations. What is the child's level of use of the life skill areas listed? Please note that a person must have severe limitations in at least three of the following six life skill areas to have a developmental disability. Sources of this information may include testing results from Easter Seals, Integrated Assessment Clinical Screener, pediatrician, psychological evaluations, Individualized Education Plans, etc.

A. Cognitive functioning.

This information can be obtained from a psychological evaluation, Integrated Assessment, Individualized Education Plan or similar documents. The child's full scale IQ should always be included, if known.

1. Date of test / Source

2. IQ test administered (WISC III/WAIS III; WISC IV/WAIS IV; WPPSI; Other)
    - if "Other", please specify measure and scores

B. Adaptive Functioning Assessment for Children with IQ Scores below 70:

1. Test administered / date / sub-scores / recommendations

2. Overall adaptive functioning score

3. Treatment Team's perception of child's adaptive functioning

4. If measure of adaptive functioning is not available, give reason and plan to obtain

C. Child's Self-Regulatory Skills
- Does the child have sleep difficulties, i.e., falling asleep, night terrors, night wandering or other sleep disruptions?
- How does the child react to mealtimes or food consumption? Is this a difficult time for the caregiver due to the child's "pickiness", sensory issues, hoarding/gorging or disorders such as anorexia or bulimia?

- Does the child experience mood swings with no obvious triggers?
- How does the child manage excitement, happiness, boredom, disappointment, criticism, schedule disruption, etc.?
- What interventions have/have not been successful to help the child self-regulate?

X. Medical information

- Is a Nursing Referral or assistance from Health Works needed at this time?
- Child's medical conditions and required additional medical equipment/planning. Examples may include asthma, short-term or chronic illnesses, sensory deficits or whether the child is ambulatory.
- What is the child's prognosis?
- How does the child view his/her condition?
- What is the caregiver's perspective of the child's condition?
- Can the child's physical environment support his/her medical needs? If not, how will the trauma of separation from the caregiver be addressed? Details can be obtained from the child's primary care physician or specialist.

XI. Education

A. Name of current school / Grade / Type of program

B. Current academic functioning

- Discuss child's academic strengths and needs.
- Will there be a delay starting school due to moving into a new placement? What is the cause of the delay? School? Caregiver?
- Is the child prepared to return to school immediately post-discharge or are there tasks that need to be completed before the child returns to school? Provide details regarding bridging any delays, including tutoring, work completed at home from prior school, etc.
- Does the DCFS or POS agency Educational Liaison need to be involved?
- Are there attendance issues such as truancy, gaps due to frequent moves, illness, etc.? What steps were taken by the caregiver to address gaps in attendance? What was the child's response to these interventions?
- What is the impact of child/teacher and child/staff relationships?
- Summary should include historical documentation for a developmental disability, i.e., an early childhood or educational evaluation/assessment, an Individualized Education Plan, a psychological evaluation that would provide anecdotal facts regarding IQ, and an Adaptive Functioning Composite Score.
- Does this child excel (relative to his/her own performance) in any particular areas of school?
- How has the child's response to traumas and his/her capacity for relationships affected school performance? Describe behavioral and/or emotional disturbances impacting child's academic progress and the behavioral plan used to address these issues. What is the nature of the

behavioral disruptions and does this relate to the child's conflicts in relationships and responses to trauma? Does the behavioral plan continue in the child's placement/home? What individuals are involved in this plan and what are their responsibilities (school/home)?

XII. Discharge planning and recommendations

A. Recommended level of care and placement characteristics
Treatment Team's recommendations regarding discharge placement.

- What factors are significant in discharge placement resource?
- Is the Treatment Team recommending the child be placed with a new caregiver? If so, why?
- Recommendations may include placement in a two-parent family, no other children in the home, a psychiatrically-based residential milieu, a community where educational needs can be met, should the caregivers maintain a placement hold, etc.
- Are there geographical considerations for placement?

If Treatment Team's recommendation is foster care

- How does the caregiver plan to address the child's behavioral/emotional needs as well as support the child's strengths, and what additional training does the Team recommend for the caregiver? Is the caregiver fully committed to long-term care for the child or is he/she serving solely as an interim placement?
- Who specifically is going to work directly with the caregivers on an ongoing basis?
- Who specifically will have an ongoing relationship with the child to monitor child safety, the intervention strategies used by the caregiver and the relationship between the caregiver and child?
- How do we learn from what "went wrong" in prior placements to address these issues before they reach the point of crisis in the new home?
- Do the hospital psychiatrist and therapeutic providers have specific discharge recommendations regarding the reintegration of the child into a foster home and ongoing care of the child in the home?
- Are there recommendations by hospital professionals regarding when the child should resume full-time activities such as school, after-school programs, therapy, etc.?
- What specific skills should the foster parents have to meet the needs of this child? What particular training is recommended to support the child's emotional, physical or medical needs? Tasks and time frames for training can be added to the Summary Action Plan.

B. Describe the safety/crisis plan to support the caregiver and child, including their roles; responsibilities of the Treatment Team members and who will respond after hours

- This Section needs to consider these additional areas: Members should be clearly identified and specific tasks assigned.
- Is there a calling tree? Do the caregiver, school and others caring for the child understand when and how to call SASS and/or the CARES line?

C. Clinical recommendations to promote immediate and long-term stabilization (consider strengths that could be enhanced to support the child's well-being)

- Will the child and caregiver continue with the previous therapist? Who is the therapist?
- What is the treatment plan? What is the recommended frequency of sessions per week?
- Should specific treatment modalities continue for the child?
- Can the child identify issues he/she would like to address in therapy?
- Where should therapy occur? E.g., child's home/foster home, therapist's office?
- What issues should be addressed immediately after discharge to promote stabilization? Prioritization of these issues may be guided by the hospital psychiatrist and therapist.
- Can the child identify his/her own strengths? What additional strengths should be identified or enhanced by the Team to support child's well-being and stability?
- Would the child benefit from engaging in activities that support personal talent or self-expression? Martial arts, voice lessons, a cooking class or serving as a junior zookeeper are examples of this.
- Other Clinical observations and information to fully describe child's circumstances.

Section 301.120 Sharing Appropriate Information with the Caregiver

a) Children Coming Into the Custody of DCFS

Upon taking a child into DCFS custody, the investigation specialist is responsible for asking the parents/available caregivers and the child if the child has any medical/behavioral/mental health issues or medical conditions. As part of this process, the investigator shall:

- Ask if the child has had one or more previous psychiatric hospitalizations and/or serious mental health issues;
- ask if the child currently has any known allergies, asthma or respiratory problems or has ever had these conditions in the past;
- if any of these conditions exist, the investigator will request the name of the child's physician and an explanation of the current treatment regimen;
- the investigation specialist will also request the child's current prescription and over-the-counter medications, emergency/rescue medication (e.g., epinephrine), written health care plan, if any (e.g., Asthma Action Plan, Emergency Action Plan, etc.), and durable medical equipment (e.g., equipment for a child with asthma may include items such as an inhaler, spacer, nebulizer, humidifier, peak flow meter or oxygen);
- ensure that the child receives an initial health screening before placement and that the examining physician receives all behavioral and medical health information known up to that time. If prescriptions are needed for any of the child's current medications, the investigation specialist shall ensure that these are obtained at the Initial Health Screening; and
- ensure that the placement worker receives a copy of the Initial Health Screening (IHS) at case handoff. The placement worker shall record the IHS information as well as the child's current medications in the SACWIS Person Management Health Summary.

If the parent is not available or refuses to provide information about the child's medical/behavioral/mental health issues and/or conditions at the time of protective custody, the investigation specialist and placement worker shall pursue this information in later interviews. The investigation specialist and/or placement worker shall ensure that behavioral and medical/mental health information obtained at a later time is shared with the caregiver. The investigation specialist and/or placement worker shall document all information about the child's medical/behavioral/mental health issues and/or conditions in the child's case file and in SACWIS. The investigation specialist shall discuss information obtained about the child's medical/behavioral/mental health issues with the placement worker at case handoff.

Placement of Children With a History of Psychiatric Hospitalizations and/or Serious Mental Health issues

When a child is known to have one or more previous psychiatric hospitalizations and/or serious mental health issues, the investigations specialist or placement worker shall take these conditions into consideration when making a placement decision. The investigations specialist or placement worker shall immediately complete a full mental health assessment of the child and schedule a full psychiatric exam.

Placement of Children Diagnosed with Asthma and/or Allergies

When a child is known to have asthma and/or allergies, the investigation specialist or placement worker shall take these medical conditions into consideration when making a placement decision.

1) When selecting placement for a child with asthma and/or allergies, the caseworker shall rely on the environmental and treatment recommendations of the child's physician for eliminating known allergens, pollutants, or irritants (such as smoke, animals, or others) from the child's environment that the child may react to and that may compromise the child's life and well-being. These recommendations shall be documented in the SACWIS health information section and the child's case record and followed with the urgency indicated by the child's physician.

   Asthma and allergies can be life -threatening conditions. The child shall not be placed with, or be allowed to remain in a placement with, a caregiver who is unable or unwilling to adhere to the physician's environmental or treatment recommendations.

2) If available at the time of placement, the investigation specialist shall provide the substitute caregiver with the child's prescribed medication and equipment, and existing written health care plans (e.g., Asthma Action Plan) obtained from the parent(s)/caregiver(s) or at the IHS. The investigation specialist shall also:

   - review the content of the written health care plan with the caregiver;
   - reinforce, in the event of an emergency, the need to take the child to the emergency room;
   - give the caregiver the list of potential triggers or allergens and stimuli for the child;
   - reinforce the importance of keeping the written health care plan in a conspicuous, easily accessible place; and
   - instruct the caregiver to give copies of the written health care plan to any persons providing care for the child (e.g., babysitter, school, day care) and

ensure that emergency/rescue medications are available for the child in all settings.

3) Prior to leaving the child's placement, the investigation specialist shall ensure that the caregiver has the child's temporary medical card and remind the caregiver to contact the HealthWorks Lead Agency the next business day to enroll the child with a primary care physician and schedule the Comprehensive Health Evaluation as early as possible within the next 21 days.

4) The investigation specialist shall ensure that the placement worker receives a copy the written health care plan at case handoff. The placement worker shall enter the asthma and/or allergy diagnosis, medications and related information (e.g., triggers) in the SACWIS Person Management Health Summary, and shall place the written health care plan in the child's record.

b) Information Shared with Substitute Caregivers

1) Investigation specialists, child welfare workers and their supervisors are responsible for the following:

A) At the time the caseworker places a child with a prospective adoptive parent, foster parent or other caregiver, including placement in a group home, child care institution or relative home or prior to placement of the child, whenever possible, the worker shall provide available information in writing about the child necessary for the proper care of the child to the prospective adoptive parent, foster parent or other caregiver. The worker shall ensure that medical/behavioral/mental health information obtained at a later time is shared with the caregiver.

B) The information to be provided to the caregiver shall include:

i) The medical history of the child including known <u>medical/behavioral/mental health</u> problems or communicable diseases, information concerning the immunization status of the child, and insurance and medical card information;

ii) the educational history of the child, including any special educational needs and details of the child's individualized educational plan when the child is receiving special education services;

iii) a copy of the child's portion of the SACWIS Service Plan including any visitation arrangements and all amendments or revisions; case history of the child, including how the child came into care; the child's legal status; the permanency goal for the child; a history of the child's previous placements; and reasons for

placement changes, excluding information that identifies or reveals the location of any previous foster or relative home caregiver; and

iv) other relevant background information of the child, including any prior criminal history; information about any behavior problems including fire setting, perpetuation of sexual abuse, destructive behavior and substance abuse habits; and likes and dislikes, etc.

C) In the case of an emergency placement, when all of the above-referenced information may not be available, the investigation specialist or worker shall provide known information verbally as it becomes available and subsequently provide this information in writing.

D) In advance of a placement, the caseworker may provide the adoptive parent or other caregiver with a summary of the information listed in subsection (B).

E) Supervisory review and approval is required prior to providing any information to the prospective adoptive parent, foster parents, or other caregivers.

F) Within 10 working days of the placement, the worker shall obtain from the prospective adoptive parent, foster parents or other caregiver signed verification of receipt of the information described in subsection (B)(i-iv) on the **CFS 600-4, Sharing Information with the Caregiver**.

G) The worker shall forward a copy of the information to the child's guardian ad litem.

2) Medication Issues

The investigation specialist or caseworker shall ensure that the caregiver receives:

- all current medications for that child in the original containers;
- all durable medical equipment and supplies for the child, and instructions for their use;
- instruction on when and how to administer any prescribed emergency/rescue medications (e.g., albuterol, epinephrine, etc.) and the need to carry these medications at all times;
- the child's medical card and health passport;
- information (e.g., pharmacy handout) about each medication;

- written health care plan, if any (e.g., Asthma Action Plan, Emergency Action Plan, etc.);

- a supply of medication log forms (CFS 534);

- copies of written consents for psychotropic medications; and

- the names and phone numbers of the primary care physician and specialists as contacts in event there is a problem with medication.

The investigation specialist or caseworker shall ask the foster parent/relative caregiver if he/she believes he/she is capable of administering the child's medications, understands why the child is being given those medications, and understands potential adverse reactions. When necessary, the worker shall make arrangements for training by a physician, a nurse or a trained professional (e.g., medical equipment). For administration of medication by injection, gastric tube, nasal gastric tube, intravenously, by central line or other extraordinary circumstances, the worker shall require written proof that the foster parent/relative caregiver has obtained training to care for the child and is approved to do so by the child's physician. The worker may contact the Regional Nurse regarding a child's medications and when necessary shall make a referral to the Regional Nurse for follow-up services.

3) Caregiver's Access to Information in Children's Case Records

A) Prospective adoptive parents, foster parents and caregivers in other licensed child care facilities may review documents and reports in the child's case record that support the information the worker provided at the time of the child's placement or information that has been received or generated regarding the child since placement.

B) The information that will be available to caregivers for review will be limited to that which relates directly to a child in that person's care, specifically: education records; behavioral/medical health and insurance records; history of placements and reasons for changes (excluding identifying information about former caregivers); and the child's portion of the Integrated Assessment and SACWIS Service Plan including visitation arrangements and all amendments and revisions relating to the child; and any known social or behavioral information including but not limited to criminal background of the child, fire setting, perpetration of sexual abuse, destructive behavior and substance abuse. Personal information about the child's parents, siblings, relatives, previous caregivers or other individuals shall be removed or redacted from the case record prior to the caregiver's review.

C) The caregiver's review of the case record shall occur in the presence of casework staff. Once a caregiver has requested a review of a child's file, the agency shall provide the opportunity to do so timely, without undue delay.

D) The supervisor shall examine the redacted record for accuracy and approve its review by the prospective adoptive parents, foster parents or caregivers in other licensed facilities prior to the time the records are examined by the caregiver.

4) Change of Placement

The caseworker shall ensure that all current medications in their original containers, durable medical equipment and supplies, written health care plans, health passport and medical card accompany the child to the new placement. In planned moves, the caseworker shall ask the current foster parent to ensure that there is at least one week's worth of each medication at the time of the move.

The caseworker shall obtain from the current caregiver a complete list of past and current medications taken by the child during that placement, a list of any side effects or medication allergies the child experienced while taking any of those medications, and for discontinued medications, the reason each medication was discontinued. The caseworker shall place the list in the case record, and shall provide a copy of the list to the new caregiver.

The caseworker shall also obtain information about the child's current medications (e.g. pharmacy handouts) for the new caregiver.

The caseworker shall give the new caregiver the names and phone numbers of the child's primary care physician and specialists as contacts in event there is a problem with medications.

c) Information Shared with Interim Caregivers

1) Hospitalization, Detention, Residential Substance Abuse Programs, etc.

When a child is temporarily hospitalized, or placed in a detention center, or residential substance program or other temporary residential program, the caseworker shall ask the doctor or supervisory nursing/treatment staff whether the hospital, detention center or program will accept prescription medication provided by the foster parent/relative caregiver or will provide medication.

If medication is accepted, the caseworker shall give the hospital, detention center or program a sufficient amount of medications for that child in the original containers, or a signed prescription for each medication, the dosages and daily administration schedule. The caseworker shall document in the case record which

medications were provided and the staff person at the facility to whom these medications were given. The hospital, detention center or program shall be asked to return any unused medications when the child is discharged and provide a copy of the medication log.

If medication is not accepted, the caseworker shall provide a list of the child's prescription and over-the-counter medications, information about each prescription medication (including reason given and possible side effects), and the name and phone number of the child's primary care physician and specialists. If the child is taking one or more psychotropic medications, the worker shall immediately fax copies of all approved consents for those medications to the hospital, detention center or program.

The caseworker shall notify the Division of Guardian and Advocacy when a hospital, detention center or program does not administer all prescribed medications. The Division of Guardian and Advocacy shall facilitate a discussion between the prescribing physician and the facility's physician to discuss the medical basis for giving or withholding those medications.

The caseworker shall participate in any staffings conducted by the hospital, detention center or program. The caseworker shall be able to discuss information about the medications the child was taking prior to admission or provide contact information for the child's primary care physician or specialists. The caseworker shall obtain the name and contact information of the hospital, detention center or program physician responsible for medications prescribed at discharge.

Upon discharge, the caseworker, foster parent/relative caregiver or person returning the child to the foster home shall review written discharge instructions with appropriate hospital or other personnel including information about the medications currently administered to the child.

The caseworker or foster parent/relative caregiver shall contact the primary care physician or specialist to discuss the written discharge instructions and ask whether there are any contraindications for the child taking his/her prescribed medications.

Prior to discharge, the caseworker shall ensure that the child's next placement has all current prescribed medication for that child in the original containers.

2) Home Visits, Sibling Visits, Pre-Placement Visits, Respite Care and Activities Away From the Current Placement

The caseworker shall ask the parent (or responsible adult) if he/she believes he/she is capable of administering the child's medication, understands why the child is being given those medications, and understands potential adverse reactions. When necessary, the caseworker may make arrangements for training

by a physician, a nurse, or other trained professional (e.g., medical equipment) or may require written proof that the parent or adult has obtained such training.

The caseworker shall also provide to the parent:

- a medication log on which to record the medication given;
- the name and phone number of the child's primary care physician and specialists as a contact in event there is a problem with medications; and
- a copy of the child's medical card.

The caseworker shall require the parent to return the completed medication log and any unused medication.

When the child is participating in an activity that temporarily takes him/her away from the current caregiver and needs to have medication administered, the caseworker may make arrangements, when necessary, for a supervising adult to receive training to administer that medication or may require written proof that the adult has obtained such training.

Section 301.150 Identification Procedures for Children in Placement

It is essential that the assigned caseworker have accurate, current identifying information on children for whom the Department is legally responsible. This information will be used in the event of a child's absence from placement due to abduction or runaway (see Procedures 329, Locating and Returning Missing Runaway and Abducted Children) and/or there is otherwise a need to identify a child (e.g. a child is in an accident).

There are three (3) components to required child identification information:

- The **CFS 680, Child Identification Form**;
- A photograph of a child that is current within 1 year; and
- Fingerprints for all children.

Note: Photographs and fingerprints of children taken pursuant to these procedures shall be used SOLELY for the purpose of child identification.

a) Child Identification Form

1) Within 30 days of the Department becoming legally responsible for a child, regardless of the child's placement, the child's worker shall complete the applicable sections of the **CFS 680**

2) On or near a child's birthday, **the CFS 680,** is to be reviewed and updated as necessary;

3) A copy of the **CFS 680,** shall be filed in the child's section of the case record;

4) The caseworker shall also give a copy of the **CFS 680,** to the child's caregiver.

b) Child Photographs

1) Taking Photographs

All photographs required by these procedures shall be taken with a digital camera with a minimum of 5 mega-pixels and saved in jpeg format. The photo shall be a frontal view of the child's face, neck and shoulders only with a plain or solid background so it does not distract from the subject. No other people, animals or objects should be in the photo. The photo should be taken indoors and a flash should be used.

2) Initial Photographs

A) Children Taken into Protective Custody

For children for whom the Department becomes legally responsible as the result of protective custody, the child protective service worker shall take (1) one photograph of the child as the initial identification photograph. The photograph shall be taken after the child has been removed from the home and is in a setting that the investigator believes is most comfortable for the child. The photograph shall be taken BEFORE the temporary custody hearing. The child protective service worker shall upload a digital copy of the photograph to the SACWIS case member record and document the child's height, weight, scars, tattoos and any other distinguishing marks in the "photo description" section. The child protective service worker shall delete the photo from the camera/source immediately following upload to SACWIS.

B) Children Screened into Court

For children for whom the Department becomes legally responsible as the result of a court hearing but of whom protective custody was not taken, the caseworker screening the child into court shall take an initial photograph of the child and upload a digital copy of the photograph to the SACWIS case member record and document the child's height, weight, scars, tattoos and any other distinguishing marks in the "photo description" section. The caseworker shall delete the photo from the camera/source immediately following upload to SACWIS.

C) Children Placed Out-of-State

Fingerprints and photographs as required by these procedures of children in out-of-state placements will be arranged by the Office of the Interstate Compact on the Placement of Children.

3) Annually Updating Ward Photographs

The assigned caseworker shall update the child's photo annually or sooner if the child's appearance has significantly changed. The assigned caseworker shall upload a digital copy of the photo to the SACWIS case member record and document the child's height, weight, scars, tattoos and any other distinguishing marks in the "photo description" section. The caseworker shall delete the photo from the camera/source immediately following upload to SACWIS.

c) Child Fingerprints by Department Vendor

1) Fingerprints by Department Vendor

The assigned caseworker shall schedule the child to be fingerprinted by the Department's vendor within 30 days of the Department becoming legally responsible for the child. A link to the Department vendor's schedules for ward fingerprints is posted on the DCFS D-net resource links.

Some children may have a deformity of their hands that makes fingerprinting impossible. If the fingerprint vendor makes such a determination, the caseworker shall document in a SACWIS case note the fingerprint vendor's determination that a child cannot be successfully fingerprinted. The caseworker shall also explain to the child/youth in a developmentally appropriate manner why they are being fingerprinted.

The Department vendor will maintain on file a copy of the child's fingerprints and will send one (1) digital copy of the fingerprints to the Child Intake and Recovery Unit. The date the fingerprint was obtained by the Department vendor will be uploaded to the SACWIS case member record by the Child Intake and Recovery Unit.

2) Updating of Fingerprints by Department Vendor

Children 6 months of age and older only need to be fingerprinted once. If fingerprints were done prior to the child reaching 6 months of age, the child's fingerprints must again be done after the child reaches said age.

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SUBPART B: VISITATION SERVICES

Section 301.210 Family-Child Visiting

This Section of the procedures, as well as Appendixes A, B, and C, covers planning for both parent-child and sibling visitation. In most cases, when the permanency goal is "return home," visitation will occur between the child and family, which includes the child's parents and siblings, at the same time. In those instances when sibling visitation cannot occur at the same time as parental visitation, consult **Procedures 301.230** and **301.Appendixes A, B, and C.** However, the child's caseworker whenever possible shall schedule visits on days and during hours that will not cause a child(ren) or youth to miss school, pre-school, early intervention programs or other school activities in which the child(ren) may be participating.

a) Family Visiting

Family-child visiting is the Department's most valuable means of maintaining family relationships while a child is in substitute care and of promoting important family connections that can promote reunification when the child's permanency goal is Return Home. It allows clinical observation of the interaction among family members so that a worker may continually assess the permanency goal to ensure the correct plan has been chosen. Not only is it good child welfare practice to initiate these visits quickly, but the Department has a legal obligation to effect visits between children and their parents. In response to these legal and clinical obligations, Department policy requires that a visitation plan be developed, with parental and child's input, either:

- before placement, or
- within three (3) days after a planned placement, or
- within ten (10) days after an emergency placement.

The following exceptions exist to the above visitation requirements:

1) the court has specifically ordered that no visitations are to occur,
2) parental rights have been terminated, or
3) the child was voluntarily surrendered for adoption.

Any of the above reasons for not developing a visiting plan requires the worker to consider a permanency goal for the child other than "return home". Frequently this will take a shorter assessment time and the permanency goal can be developed early in the placement. This does not preclude contact with parents, since they must be given the opportunity to participate in developing the plan with the Department. Other reasons for making a permanency goal other than "return home" are:

1) parents refuse to visit a child, or

2) their identity and/or whereabouts are unknown to the Department and a diligent search to locate them is underway using the diligent search guidelines in **Procedures 300, Reports of Child Abuse and Neglect**. In this instance, a visiting plan can be established by the worker, without parental input, and the parent's failure to visit will be documented to support the change in the "return home" goal to an alternative permanency goal.

All efforts should be made to contact the parent prior to the change to an alternative permanency goal. Parents need to know what is happening with their children and, in some instances, the parents may voluntarily surrender a child for adoption, making the process easier on all concerned. The worker may then concentrate his or her efforts on the child and resolving the child's issues.

At the same time the plan for parent-child visits is initiated, a similar visitation plan for siblings will be established. If there are to be no parent-child visits, for reasons listed above, this does not preclude a visitation plan for siblings, unless sibling visits are contraindicated for one of the reasons listed in **Rule Section 301.220(a)(1) through (3)**. Those reasons must be clearly recorded. Both visiting plans will be entered on **Form CFS 497 II-A**. If the visits are contraindicated, or if either cannot occur or must occur at longer intervals than required by Rule, the applicable reason must be documented on the **CFS 497 II-A**.

While parent-child visits and sibling visits are a legal requirement, the clinical reasons for visitation must be considered. Children in placement have been removed from the most important contacts in their lives - their families. Just as adults remain close to family although not in direct proximity, so children need that continual link with people who are important to them. This must continue for their sense of being connected and belonging. When the worker is determining who will be included in the original visiting plan, the worker must not only think of parents and siblings but of family members and others who are important in the child's life. Even children who do not have a "return home" goal must have an opportunity to continue relationships that were meaningful to them through visitations with family members.

b) Parental and Child Preparation and Involvement in the Planning Process

Parents and children, depending on their age and comprehension level, should be prepared for their role and involvement both in the planning process and the visit itself. They should be advised of the importance of visits as means to preserving the relationship between children and families and of promoting the goal of reunification. The visiting process itself should be explained to them and the importance of their

involvement in planning should be stressed. Their involvement should begin with planning for the initial visit, as well as with the development of an ongoing visiting plan, including times, frequency, place, transportation needs, what occurs during the visits, who are the people approved to visit, and what level of supervision will be provided. The parents should be advised that the visiting plan can change depending on the progress being made by the parents and child toward meeting their established goals.

Other persons critical to the implementation of the visiting plan, such as foster parents, relative caregivers, or residential care providers, shall be consulted during the planning process as the individual conditions of a case make it appropriate.

When the final plan (or revised plan) is completed, a copy of the plan should be sent to parents, foster parents, caregivers for all children, visiting centers and any other private agencies involved. Other family members approved for visitation will be informed verbally about the time, place and purpose of the visits. A plan can only be successful if all major participants have involvement which makes them less likely to work at cross purposes. Changes must be made, in concert with the participants, as circumstances change. The on-going assessment and the service plan and visitation plan are all fluid processes and must change in tandem as progress or lack of progress occurs. All changed plans must also be sent to the participants listed above. Family members involved in the visitation will again be verbally informed of time, place and purpose of visits.

c) Initial Visit

The key to successful on-going visits between parent-child or siblings is to plan the initial visit quickly. The initial visit must be planned and take place within 14 days after protective custody is taken. This should be viewed as the maximum period of time. Clinically, it must be done as quickly as possible to re-establish the child's sense of connectedness with the meaningful persons in the child's life. Circumstances may preclude the 14 day rule and, if this is the case, documentation is needed by entering the reason on the **CFS 497 II-A (Visiting Plan)**. The same is true if sibling visits are unable to take place within a designated time. Reasons why sibling visits should be limited or not scheduled at all are found in **Rule Section 301.220, Sibling Visitation**, subsection (a).

1) Who Plans the Initial Visit

A) **Follow-up Worker**

If a worker has been assigned follow-up service responsibility for the child's case prior to the shelter care hearing and is present at the hearing, the worker shall plan the initial visit and assure that it takes place within 14 days after protective custody is taken. Parental and

child participation in the planning process shall be encouraged in accordance with subsection (b) of these procedures. The worker shall record the plan on a **CFS 497 II-A**. It shall include the date, time, place of the visit, transportation arrangements, supervision issues, and the participants, including siblings, whether in placement or not. For those siblings who are still in the home of the parent(s), workers shall counsel parents on the importance of the children maintaining or developing ties with one another and encourage parents to permit them to participate in the visit. In these situations, however, workers cannot force visits between siblings living at home and those in Department custody. The plan shall also take into account the child protection issues leading to the child's placement, as well as the overall family situation.

B) **Child Protection Worker**

If a follow-up worker has not yet been assigned or is not present at the shelter care hearing, the child protection worker who represents DCFS at the hearing shall fill out the asterisked sections of the **CFS 497 II-A** to indicate the parent's availability (if the parents are present and cooperative). In all cases, the child protection worker must fill out the section of the **Visiting Plan** form related to child protection issues which must be considered in developing the plan and forward it within 24 hours of the shelter care hearing to the follow-up worker or, if one has not yet been assigned, to the DCFS regional unit that assigns a worker or delegates the case to a private agency. The child protection worker shall include as part of the child protection issues any information if one sibling may physically, mentally, or emotionally harm another during the visit, and supervision would be inadequate to eliminate the risk of harm as determined by prior observation or documentation of their interaction as recorded in the child's case file.

If there is a currently open case on the child or the child's family, the child protection worker must immediately forward the information recorded on a **CFS 497 II-A** to the follow-up worker carrying the case.

C) **Children Placed on a Non-emergency Basis**

If a child has been placed on a non-emergency basis, the worker to whom the case has been assigned shall develop a plan for the initial visit within three days of the placement. If a worker has not been assigned, the supervisor of the unit to which the case was assigned shall develop the plan.

2) Who Supervises the Initial Visit

A) Follow-up Worker

It is the responsibility of the follow-up worker to whom the case has been assigned to supervise the initial visit between the parent(s) and child(ren) based on the plan developed above either by the child protection worker or follow-up worker, if a follow-up worker has been assigned by the time of the shelter care hearing. The initial visit must be held within 14 days after protective custody is taken because of the need for a child and his or her parent(s) to have as little interruption in their relationship as possible if reunification is to occur quickly and be as of little trauma as possible to the child.

B) Child Protection Worker

Case assignment to follow-up should be an immediate process (preferably within five calendar days after the protective custody hearing) and should be assigned to teams and to team members on a rotating basis. If the case cannot be sent to the follow-up team with five calendar days, it will become the child protection worker's responsibility to plan and supervise the initial visit of parent(s) and child(ren). The visit must be supervised in the most natural environment possible, considering the safety of the child. This will allow for the initiation of the comprehensive assessment and will provide more accurate details for the benefit of the follow-up worker. Subsequent to this first supervised visit by child protection staff, a recheck of all information for contacting the parent(s) will be done and verified for the receiving follow-up worker. The write-up of the initial assessment and the information on contacting the parent(s) must be completed and sent to the follow-up worker within five calendar days after the initial visit. Until the materials can be sent to follow-up within five calendar days of the last visit, child protection staff will continue to carry responsibility for planning and supervising the on-going visits.

C) Purchase of Service Worker

If lead service responsibility for the case has been delegated to a private agency, the private agency worker assigned to the case shall plan the initial visit and assure that it takes place within 14 days after protective custody is taken and in accordance with this procedure. Again, the

preference for a five calendar day transfer applies. If the case cannot be transferred to the private agency within five calendar days after the protective custody hearing or within five calendar days of the last parent/child visit, the next visit will remain the responsibility of the person who is transferring the case. Supervision of the visit will continue to be the responsibility of that person until the case transfer is complete.

3) Initial Visit Does Not Occur

If the initial visit between parent(s) and child(ren) or siblings does not take place according to the plan, the worker responsible for the case shall document the reasons why either or both did not occur on the **CFS 502, Visiting Record.** This will be an indication to the worker to contact parent(s), child and siblings to try to insure that there are no more missed visits or will be an indication that "return home" might not be the correct goal. No matter what decision is initiated by these findings about parent and child, the worker should continue to work toward encouraging and facilitating visitation between siblings, unless there are extenuating circumstances to the contrary.

d) Ongoing Visiting Plan

A family's caseworker shall develop the ongoing visiting plan and revise the visiting plan in conjunction with the family's case service plan. It shall take into consideration all child protection and other issues identified at the onset of the case, as well as case goals and case dynamics and issues which have been identified in the interim. Sites and times of the visits, as well as the persons to participate in them, shall be detailed on the **CFS 497 II-A**. Parental involvement in the planning process shall be encouraged in accordance with subsection (b) of these procedures. The plan shall be recorded on a **CFS 497 II-A**, approved and initialed by the worker's supervisor, and made a part of the family's case file. It shall then be reviewed at the first quarterly supervisory review. In cases where the permanency goal is Return Home, a child's second parental visit shall take place no later than seven working days after the Initial Visit unless reasons to the contrary are documented on the **CFS 497 II-A**. Subsequent visits must take place weekly unless extenuating circumstances are documented in the plan. Sibling visits shall take place at least twice per month unless extenuating circumstances, as described in **Rule Section 301.220(b)**, are present. Such circumstances shall be documented on the **CFS 497 II-A.** The requirement of two visits per month for siblings is met by the siblings participation in parental visits. However, more frequent visitation shall be encouraged and actively promoted when siblings express a desire to visit more frequently. (Refer to **Appendix C** of these procedures).

The family's caseworker at the time for which any visit is scheduled shall be responsible for ongoing compliance with the plan. The plan must be modified or revised as case goals and changing case conditions suggest. Such changes shall be developed by the family's worker of record, logged and explained on a **CFS 497 II-A**, approved and initialed by the worker's supervisor and made a part of the child's case file. Parental participation in the amendatory process shall be encouraged in accordance with subsection (b) of these procedures. The amending of a plan, as well as its development, is a critical decision. As such, it should be made in accordance with yellow page **Procedures 305.30(b), Critical Decisions** . All persons, as described previously, involved with the visitation process must be sent the revised copy of the visitation plan and verbally advised of changes in time, location or purpose of visits.

e) Supervision of Visits

The follow-up worker assigned to the case will have the responsibility of deciding with supervisory approval what level and type of visit supervision is required. Supervision should be required for the initial visit until an accurate and reliable assessment of the family dynamics can be made. Supervised visits should continue to be required until the assessment is completed and a determination is made based upon the assessment.

Purpose of Supervision

The level and frequency of supervision required for visitation and how the supervision is done will depend on the purposes for which supervision is required. Supervision of visits shall be consistent with identified case issues and supportive of case goals. Some of the major purposes of supervision are:

1) Protective

- The worker has reason to believe that the parents, siblings, or other persons are likely to physically or emotionally harm the child during the visit; or

- The worker has reason to believe that the parents or other persons are likely to flee from the visit with the child.

If the child's worker has reason to believe based on a risk assessment (**CFS 1440, Family Assessment Factor Worksheet** and **CFS 1441, Safety Determination Form**) that a child is likely to be harmed by the persons visiting or that the parents are likely to flee with the child, the supervisor of the visit must be in the same room during the entire visit. In other instances, the visit supervisor must be able to see or hear the children during the visit and have ready access to the visiting area. If the visit is held outdoors, the children must be within eyesight of the supervisor. Because of the more open situations of

visits which are held outdoors, the visit supervisor in such situations should exercise special caution in keeping with the level of supervision which has been predetermined.

2) Assessment

The purpose of supervision may be to allow workers to observe interactions between parents and children. This is necessary for developing the service plan, evaluating progress in meeting goals and objectives, modifying the service plan, and determining if or when a child can return home. Through supervision workers can assess a parent's motivation and willingness to cooperate with the visiting plan. How does the parent relate to the child and does the worker notice an improvement in how they relate? Do they keep scheduled visiting times? Can they plan appropriate activities for their children? Can they care for and protect their children during visits?

3) Support and Treatment

Another important purpose of supervision is to support the building of a mutually satisfying relationship between parent and child. Supervised visits can also play a role in family treatment, especially when it involves teaching skills to parents. During visits, caseworkers, homemakers, therapists, and foster parents can teach child care and demonstrate ways of setting and enforcing limits. They can help parents and children develop better ways of interacting and communicating.

4) Court Related Supervision

Supervision may be necessary due to a court order that the visits be supervised. In such instances, the court may have ordered supervision for some of the same reasons as described above in (1) through (3), as well as other reasons.

Supervised visits may be necessary prior to a court hearing at which the child may have to testify when the worker has reason to believe that the parents may attempt to influence the child's testimony.

Frequency of Supervision

In many cases supervision will be needed for all of the purposes described above and will need to be adjusted as the needs change. If the purpose of supervision is to assess interaction between parent and child and to support relationship building and teach parenting and communication skills, the degree and frequency of supervision may not

need to be as high as it would be if there were significant protective service concerns. Therefore, the need for every visit to be supervised shall be continually assessed and decreased as soon as safely possible.

If the follow-up worker is having visitation supervised for assessment purposes and discovers through the assessment process, that the case has none of the obvious reasons for making supervision a requirement (i.e. no risk to child's safety, support and treatment) then the worker may schedule periodic supervision of visits for purposes of:

- o updating the assessment and determining if the visitation and/or treatment plan must be revised;

- o including a homemaker or other "teacher" to instruct and do "hands-on" training of parent for particular skill building or provide additional support necessary to consider reunification, if those needs become apparent;

The periodic requirement of supervision gives the worker the freedom to allow extended unsupervised visits as the interaction between parent(s) and child(ren) improves and as reunification becomes a more realistic option.

Who May Supervise Visits

A child's worker of record at the time for which a visit is scheduled shall be responsible for assuring proper supervision of the visit. Relatives, foster parents, residential care providers, homemakers or other service providers may be appropriate to supervise the visit. The worker shall determine who is appropriate to supervise the visit. Parental involvement in the determination of who shall supervise the visit shall be encouraged in accordance with subsection (b) of these procedures if a relative is being considered as supervisor. No volunteer shall be designated as supervisor of a visit without first being consulted or approved by the worker or the worker's supervisor. In all instances, the supervisor for a visit must be specified in the **Visiting Objective** of the **CFS 497 Part II-A**.

f) Requirement of Follow-up Worker's Attendance at Visits

If the follow-up worker does not supervise the visit routinely, but the supervision is done by another person (i.e. through a visitation center, or by a relative or other caregiver) or if visits are conducted primarily as unsupervised, there is a requirement that the follow-up worker observe the visitation process between parent(s) and child(ren) ***at least once every other month*** for purposed of continual assessment of parent and child interaction. This enables the responsible worker to observe progress and whether or not the behavior of the parent or child, that led to the original reason for placement, has improved to the point that the child is no longer at risk. It further

allows the worker an opportunity to assess what further skills the parent(s) needs to make reunification possible. With this first hand knowledge, the worker can arrange for the "hands-on" training of another person (i.e. homemaker) for a prescribed number of future visits. It is with this kind of observation that the worker can consider progressively longer visitation periods that are unsupervised so the parent can re-assume the responsibilities of being a parent again.

For visits supervised by a person other than the worker, visiting records shall be completed. The worker shall consult with the person supervising the visit and review the visiting records to determine progress.

g) Time Frames

- The initial Visitation Plan must be completed before placement or no later than three (3) days after a planned placement or ten (10) days after an emergency placement.

- The initial visit must occur within 14 days.

- The Service Plan (which involves the Visitation Plan) must be completed within 30 days after the case is opened.

- The Service Plan (which involves the Visitation Plan) must be reviewed every six months to consider and/or make possible revisions. Obviously, changes may be called for earlier than a six month period. This requirement, as with all others is to be considered a maximum period and a worker should change any aspect of the plan at any time that change is necessary.

- When the goal is return home parent(s) and child(ren) visits shall be scheduled at least weekly. If this frequency is impossible, the reason must be entered into the Visitation Plan. Refer to Appendix A of these procedures for a discussion of those factors that may require a frequency of less than weekly visits between parent and child.

- Sibling visits shall be scheduled at least every other week for no less than two hours. If this frequency and length of time is impossible, the reason must be entered into the Visitation Plan. Refer to **Rule 301.220(a) and (b)** for the only acceptable reasons for reducing the frequency of sibling visits.

h) Selecting the Place, Frequency, Length, and Participants of the Visit

The Place, Frequency, Length of Visits and Names of Participants in the visit must be entered in the Visitation Plan and should be reviewed by the worker monthly and changed as warranted.

The **PLACE OF VISITS**: The location should be made as comfortable as possible for the child. In most instances, that location would be in the parent's home. Where the safety of the child might require a more protective environment, visits may occur elsewhere such as in a relative's home, the foster parent's home, in the parent's neighborhood, or a visitation center. If safety of the child precludes any of those choices, the CFS or private agency office might offer the most protection during the visit and should then be the final choice. As the circumstances of the case change, the location of the visits should be changed to fit the changing case circumstances, either to a less restrictive place or to a more restrictive place.

The **FREQUENCY OF VISITS** should be increased as parents progress in meeting the objectives and tasks of the client service plan. This will be the first opportunity to "test" the process of reunification by possibly including a second hourly visit each week for purposes of attending to the child(rens) (i.e. helping to purchase clothes, picking the child up from school, etc.) The frequency should be reviewed at least monthly and changed, if warranted.

The **LENGTH OF VISITS** should similarly increase as visits progress and the relationship between parent(s) and child(runs) improve. This, too, is an opportunity for the parent to practice the ability to parent and the length should be progressively increased over a period of time to allow the parent and child time to adjust. With each increase, the parent must be asked what his or her wishes are for the future of his or her children in placement and for his or her own future. In this manner the worker can gauge any ambivalence the parent may have with regard to reunification.

At least monthly, length of visits should be reviewed and changed, if warranted.

The list of **PARTICIPANTS** in the visitation process should also be reviewed at least monthly for possible inclusions of family members, friends or other persons who have meaning for the child. If initially, the goal is building and improving interactions between parent(s) and child(runs), the worker might consider if the addition of a family member might help that process or whether it would be best to have only parent-child visits during a period of time until that goal is reached. At any time the worker believes it is correct to add other family members who, for any reason, were not added initially, these review intervals are the natural periods to revise. This process should continue and changes made, when necessary.

i) Documentation of Visits

Documentation of all visits is required, regardless of the permanency goal and whether or not the visit is supervised. The child's worker of record at the time a visit is scheduled to take place shall be responsible for such documentation and its placement in the family's case file.

1) Return Home

If a visit is not supervised, the child's worker shall assure that information regarding the visit's date, time and persons present is logged on a **CFS 502, Visiting Record**. If visits are supervised, proper documentation of the frequency and duration of the visits, of the parents' demonstration of interest in the children during the visits, and of the children's anticipation of and reactions to the visits are of great importance. The worker or the supervisor of each supervised visit shall log as accurately and as completely as possible on the **CFS 502, Visiting Record** the following specifics:

- the date, time and place of a visit and the names of the persons in attendance;
- detailed examples of the parents' behavior--positive, negative or neutral--during the visit;
- detailed examples of the children's behavior--positive, negative or neutral--before, during and after the visit;
- detailed descriptions of any incident which occurs during a visit. Include explanations of the incident by the parents, children, foster parents and other visitors, as well as an assessment of its impact on the children;
- whether or not the visit took place in accordance with the visitation plan and, if not, why. For example, if a parent missed a visit, it should be noted if the parent notified the worker or other person designated in the Visiting Plan in advance that they would be unable to attend. Use direct quotes whenever possible;
- whether sibling visitation took place in the event the parent missed a visit; and
- any preparation of the parent(s) by the worker or visit supervisor prior to the visit and any debriefing of the parent(s) after the visit.

The visit supervisor shall complete and forward the Visiting Record to the child's worker on a weekly basis.

2) **All Other Permanency Goals**

If a visit is supervised, the worker or supervisor of a visit shall log the date, time, persons present during the visit, interaction during the visit and documentation that it did or did not occur in accordance with the visitation plan on the **CFS 502, Visiting Record**. If a visit is not supervised, the worker shall still log the date and time of the visit, persons who were present, and whether or not the visit took place in accordance with the visitation plan.

3) **Instructions for Filling Out the CFS 502, Visiting Record**

1) Fill out the first section on Family Name and CYCIS ID Number.

2) Check the type of visit (The definition for "initial parent", "ongoing parent", and "sibling" visits are specified in Department Rule/Procedure. The visit may be both an initial visit and a sibling visit. However, the category of "sibling only" is to be used when only siblings are visiting.

3) Check the appropriate category to designate the reason a visit did not occur. If the visit did not occur, please document via this category and do not fill out any further portion of the form. If a child did not attend the visit, check the reason and fill in the child's name. Complete the rest of the form for those children who did visit.

4) Document the persons attending the visit via the "Persons Present" section. The person to be documented should be listed on the Visiting Plan form. Please write the respective child's name and the initials of the person the child visited with (i.e., if mother, Suzie Jones, visited with her son, James, "SJ" would be included in the "mother" category and James Jones would be included in the child category. The inclusion of the child CYCIS ID is optional. If additional space is needed to include all children in the family, please utilize another form and fill out the "Persons Present" section.

5) Designate the length of the time of the visit in hours and quarter hour increments. Length includes the actual visiting time, not any transportation time.

6) Fill out the sections on "Visitation Supervision" and "Visit Termination" as needed.

7) The person completing the form should sign and date it on the back. The worker should also sign and date the form on the back. Parents shall also sign the form to acknowledge that the visit took place.

4) Instructions for Filling Out Narrative Description of Visit

1) The "Purpose of Today's Visit" portion of the narrative section is meant to define the goal of the visit for both the child(ren) and the parents; i.e., to maintain positive contact between parent and child, to assist the parent in trying out a newly learned parenting technique, to have the child demonstrate his/her ability to control a behavior, etc. Obviously, these objectives of the visit are designed with the input and consultation of the parent/child.

2) The "Observation of Visit" section is meant to record the process of the visit. Record the positive and negative interaction of the visit participants and their reaction to each other. Record any other incidents occurring during the visit. If the visit has to be terminated prematurely, for any reason, record the reason.

3) The "Comment" section is to be used to provide any directions or suggestions on this or future visits.

j) Transportation To and From Visits

The worker responsible for a case at the time a visit is scheduled has the lead responsibility for resolving transportation or other problems which make it difficult for a child to visit with parents, siblings or grandparents. The worker shall first consult with and explore the use of relatives, friends of the family, and unpaid volunteers. If these resources are exhausted and the child will be unable to visit according to the visiting plan unless transportation is provided, or if the means or cost of transportation would cause the child's family undue hardship, the most reasonable means of local transportation can be paid for in accordance with **Procedures 359.76**.

For unusual transportation costs (i.e. for out of state) the supervisor will approve and enter the approval on a case note with verbal approval from the DCFS Regional Administrator. Special consideration for transportation assistance shall be given to parents who are at or below the poverty level, who have physical or mental disabilities, who have large numbers of children to transport, or who can present other extenuating circumstances. Parental involvement in the planning of transportation shall be encouraged in accordance with subsection (b) of this procedure.

The worker responsible for the child's case shall ensure that any person (including foster parents, relatives, friends, or volunteers) transporting a child under age 6 has the use of or is provided with a child restraint system that meets federal standards and is a properly licensed and insured driver. Refer to yellow page **Procedures 301.30 (f)**.

k) Case Transfers

When a case transfers from one worker to another, the supervisor of the worker from whom it is transferring, will have the responsibility of notifying all persons involved in the visitations about the change in worker and give them the name and phone number of the new worker or his or her supervisor. The supervisor shall also be responsible for assuring that no scheduled visit shall be canceled or more than briefly delayed as a result. To facilitate this, the supervisor shall assure when the case file is transferred that it is flagged on a **CFS 1425, Change of Status** form.

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DEPARTMENT OF CHILDREN AND FAMILY SERVICES

POLICY GUIDE 2016.01

PROCEDURES 300 REPORTS OF CHILD ABUSE AND NEGLECT
PROCEDURES 301 PLACEMENT AND VISITATION SERVICES

DATE: February 8, 2016

TO: Child Protection Specialists/Supervisors and Permanency Workers/Supervisors

FROM: George H. Sheldon, Director

EFFECTIVE: Immediately

I. PURPOSE

The purpose of this Policy Guide is to provide Child Protection and Permanency staff with information and instruction regarding OIG Report #13-1567, Recommendation #2. This recommendation addresses the responsibilities of Child Protection and Permanency staff in the temporary custody screening process for high risk cases where a parent has demonstrated such dangerous behaviors as abduction; torture; threats to kill with a plan; taking a child hostage; and severe mental illness, and the Department has made the Critical Decision to substantially restrict visitation. This recommendation will be added in a pending revision of **Procedures 300.120**, **Taking Children into Protective Custody**, **Procedures 301.210**, **Family-Child Visiting** and **Procedures 301 Appendix A**, **Family Visit Planning-Critical Decisions and Documentation Protocol.**

This Policy Guide is effective immediately.

II. PRIMARY USERS

Primary users of this Policy Guide are Child Protection Specialists/Supervisors and Permanency Workers/Supervisors.

III. SUMMARY

OIG recommendation #2 of report #13-1567 seeks to ensure that for such high risk cases as when a parent has demonstrated dangerous behavior and the Department has made the Critical Decision to substantially restrict visitation, that the Visitation Plan be filed with the court and parties within 10 days of the Department being named Temporary Custodian; that the Visitation Plan clearly state the reasons for such restriction; that the Visitation Plan include all supporting documentation; and that the Department intends to share information regarding the restriction with necessary persons.

V. INSTRUCTIONS

As part of the temporary custody screening process for such high risk cases as when a parent has demonstrated dangerous behavior, such as abduction; torture; threats to kill with plan; taking children hostage; and cases involving severe mental illness, and the Department has made the Critical Decision to substantially restrict visitation, the Child Protection Specialist or the assigned Permanency Worker shall be responsible for filing a Visitation Plan with the Court and Parties within 10 days of the Department being named Temporary Custodian in accordance with 705 ILCS 405/2-10(2). The Visitation Plan must comply with the requirements of **Procedures 301, Appendix A, Family Visit Planning-Critical Decisions and Documentation Protocol** and shall include:

1. Supporting documentation such as police reports, psychological or psychiatric reports or case notes documenting observations; and
2. A statement that the Department intends to share information on the restriction with necessary persons, such as school or daycare staff and the child's pediatrician.

VI. FILING INSTRUCTIONS

File this Policy Guide immediately after **Procedures 300.120, Taking Children into Protective Custody**, after **Procedures 301.210, Family-Child Visiting** and after **Procedures 301 Appendix A, Family Visit Planning-Critical Decisions and Documentation Protocol**.

VII. QUESTIONS

Questions concerning these revisions may be directed to the Office of Child and Family Policy at 217/524-1983 or e-mail through Outlook at OCFP-Mailbox or for non-Outlook users at cfpolicy@idcfs.state.il.us

Section 301.220 Sibling Visitation

Appendix C of these procedures provides practice guidelines for arranging sibling visits.

a) Permanency Goal of Return Home

Procedures for implementing sibling visitation policy will generally follow the procedures outlined in **Procedures 301.210, Family-Child Visiting** and the guidelines established in **Procedures 301.Appendices A, B, and C**, especially when sibling visits are being coordinated with parental visits.

Coordination with parental visits will usually occur when the permanency goal is "return home." When the goal is return home, parents are expected to visit weekly. Permanency workers are allowed to consolidate sibling visits with return home parent/child visits. **However, the sibling visit will be deemed to have occurred only if all siblings are present at the parent-child visit.** (Siblings in parental custody who depend on the parent for transportation shall not be required to be present for these visits.)

This does not mean that more frequent sibling visitation should not be encouraged. The parents and children shall be involved in the planning process and given the opportunity to express their wishes regarding how often visits between siblings should take place. If parents are not able to attend the parental visits, sibling visits should still be held as planned.

In no case should the frequency of sibling visitation fall below twice per month except for reasons stated in **Rule 301.220**. Permanency workers encountering difficulties or barriers from parents should seek immediate consultation from their supervisor or clinical manager. Visits shall be scheduled whenever possible on days and during hours that will not cause children or youth to miss school, pre-school, early intervention program, or other school activities in which the children may be participating.

b) Other Permanency Goals

1) Substitute Care Pending Court Determination or Continuing Foster Care

Parent visits may decrease in frequency, if consistent with the child's best interests, when either of these goals is selected. The permanency worker can still coordinate sibling visits with parent visits, but **in no case should the frequency of sibling visitation fall below twice per month** except for reasons stated in **Rule 301.220**.

2) Adoption or Guardianship

When the permanency goal for a child is adoption or subsidized guardianship and the child's siblings are not being adopted by the same adoptive parents or placed in guardianship with the same persons, the subsidy worker or placing worker shall encourage the parties to recognize the importance to a child of developing/maintaining a relationship with his/her siblings, including siblings with

whom the child does not yet have a relationship, and the value of preserving family ties between the child and his/her siblings. The child may still have a strong desire to maintain a bond with his/her siblings and maintaining that bond can have a very positive effect on his/her life. It may still be possible for visits and contact to continue, even though one or more of the siblings may be living apart from other siblings in a permanent living arrangement.

The subsidy worker or permanency worker shall convene a meeting with the prospective adoptive parents/legal guardians, and the caseworker and foster parents for the siblings in substitute care.

The children should participate when developmentally appropriate. The permanency worker may invite others, such as therapists and mentors, to participate as appropriate. At the meeting, the adoption specialist **and** permanency worker shall encourage the parties to discuss **post permanency sibling contact**. The subsidy worker and permanency worker may assist the parties in drafting a **CFS 1800-SC, Post Permanency Sibling Contact Agreement**. (For more information about Post Permanency Sibling Contact Agreements, see **Rules and Procedures 309.135, Post Permanency Sibling Contact Agreement**)

The willingness of the adoptive parent/legal guardian to be actively involved in visits and contact among siblings shall be a factor when selecting adoption or private guardianship if a clinical assessment indicates that the absence of visitation and contact would be harmful to the well-being and best interests of the children.

3) **Independence**

When a youth's permanency goal is independence, it is especially important that the youth's wishes regarding contact and visitation with siblings be considered. Youth in ILO/TLP, when developmentally and clinically appropriate, shall be included in meetings to develop or modify the Visitation and Contact Plan of his/her siblings in substitute care. The permanency worker shall also assist the youth in connecting and developing Visitation and Contact Plans or **CFS 1800-SC, Post Permanency Sibling Contact Agreements** with siblings who are no longer in DCFS care.

The caseworker shall ensure that the youth has received the DCFS publication **CFS 1050-95**, ***How to Connect With Your Brothers and Sisters***.

Youth in independent or transitional living shall be assisted by the ILO/TLP worker if transportation or other expenses associated with visitation are needed. The ILO/TLP worker shall cooperate with the permanency worker for the other siblings in developing and implementing the Visitation and Contact Plan.

If a youth whose goal is independence does not wish to visit with his/her siblings, the permanency worker shall ensure that the youth is counseled regarding the importance of maintaining ties with family members. The permanency worker shall ensure that a youth who expresses a wish not to visit is informed of the desire of his/her siblings to maintain contact or stay connected.

4) **Cannot Be Provided for in a Home Environment**

When the child's permanency goal is "cannot be provided for in a home environment", sibling visits shall occur at least twice per month except for reasons stated in **Rule 301.220.** Visits with a sibling in a group home or institution, hospital or nursing facility may present special difficulties due to the child's special needs or disabilities. In these cases, it is especially important for the permanency worker to establish a plan that takes the child's needs into consideration and involves the participation of facility staff, medical professionals when necessary, the caregivers of the other siblings who will be visiting, and the other siblings. The other siblings should be made aware of the special needs of the child. When siblings in foster/relative care have a sibling in a long term care facility, the permanency worker of those in foster/relative care and the permanency worker of the child in the facility share responsibility for jointly planning and implementing sibling visits and contact.

Visits may be arranged in the facility itself with the assistance of facility staff or outside the facility if the child is able to be moved. Overnight visits in the foster or relative homes of the other siblings may be arranged and paid for in accordance with **Procedures 359. 40(k) (10)(E), Sibling Visitation Special Service Fees**. Transportation needed to bring the siblings to the child in the institution (or vice versa) shall be arranged by the permanency worker of the child who is being transported.

c) **Children in Parental Custody**

Parental permission is needed prior to visits with a sibling in the parent's custody when one or more of the siblings are in the parent's custody. Authorized visitation and contact between children in parental custody and children in substitute care shall be documented on the Visitation and Contact Plan.

d) **Adult or Emancipated Siblings**

The permanency worker shall also facilitate visitation and contact between children in substitute care and their adult or emancipated siblings. Authorized visitation and contact with adult or emancipated siblings shall be documented on the child's Visitation and Contact Plan. The permanency worker shall ensure that each adult or emancipated sibling has received the DCFS publication **CFS 1050-95**, ***How to Connect With Your Brothers and Sisters***

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Section 301.230 Contact Among Siblings Placed Apart

Appendix C of these procedures provides practice guidelines for arranging sibling visits and contacts.

When a sibling group enters substitute care and the siblings are not in joint placement, the assigned permanency worker shall complete and file a Visitation and Contact Plan for the siblings with the juvenile court within 10 days. The permanency worker shall ensure that each member of the sibling group has received the DCFS publication **CFS 1050-95**, ***How to Connect With Your Brothers and Sisters.***

After completion of each child's Individualized Assessment, the permanency worker and supervisor shall review the Visitation and Contact Plan to ensure the plan addresses the individualized needs of each child.

The Visitation and Contact Plan shall be reviewed on an ongoing basis to determine whether it is possible to allow increased contact and visitation among the siblings. The Visitation and Contact Plan shall be reviewed and revised (minimally):

- in conjunction with review of the Family Service Plan;
- at each monthly contact with the child, foster parent and birth family;
- at each Child and Family Team Meeting;
- when there is a clinical indication that a change in format or frequency of visits or contact may be needed;
- when there is a change of placement or permanency goal for any one of the siblings; or
- when there is a court order affecting visitation.

Any time contact and visitation can be increased, the worker should ensure it is done.

Caregivers shall be encouraged to consider how they can ensure that siblings are able to visit each other at holidays, milestones (birthdays, graduations, etc). When siblings are unable to visit at those events, they should be encouraged to contact each other. Holidays should include nationally recognized holidays as well as holidays recognized by the culture of the family of origin.

The permanency worker shall discuss how sibling visitation and contact is progressing during monthly supervision. The supervisor shall document this discussion in a supervisory note.

Decrease in sibling visitation is a Critical Decision!

In no instance shall withholding sibling contact be used as a form of punishment or discipline.

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Section 301.240 Grandparents Visitation

It is generally recognized that most children have established ties with grandparents and great-grandparents. Therefore in accordance with the Illinois Marriage and Dissolution of Marriage Act, the maternal or parental grandparents or great-grandparents may petition the divorce court for visiting privileges when a child is removed from the custody or the home of a parent. The divorce court may grant visiting rights under the Marriage and Dissolution of Marriage Act if the court determines that visitation would be in the child's best interest.

If a court order is issued under any of the following circumstances, the order is invalid and staff are to refer such orders to Regional legal staff for advice and counsel.

The divorce court may not be petitioned for visiting privileges:

- by the parent(s) or grandparent(s) of a putative father if the putative father's paternity has not been legally established,
- by the grandparents or great-grandparents when the child was voluntarily surrendered by the parent(s) to anyone other than the Department or a foster care agency, or
- when the child has been adopted (or an adoption is pending) by an individual who is unrelated to the child's biological parents.

When the Department is presented with a court order from a divorce court for visits by the grandparents or great-grandparents of a child placed in substitute care, staff shall arrange for visits unless there is a concern about the child's safety and well-being. If there is concern about the child's safety during visits, the visits are to be supervised. Whenever staff question the validity of a court order for visits or have concerns about the child's safety during such visits, contact Regional legal staff for guidance.

Note: *Not later than* February 11, 2016, *and every 5 years thereafter, the Department shall review the rules on granting visitation privileges to a non-custodial grandparent of a child who is in the care and custody of the Department.* [20 ILCS 505/35.8]

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Section 301.250 Sibling Visitation and Contact with Adopted Siblings and Siblings in Subsidized Guardianship

a) Adoptees, youth under guardianship, or adoptive parents and guardians of a minor may request the Department to help them contact their (the adoptee's/youth's) siblings. A post adoption worker or, if there is an open DCFS case, the siblings' permanency worker shall contact the siblings or their caregivers (if minors) to invite them to develop a **Post Adoption Sibling Contact Agreement**.

b) The post adoption worker or permanency worker shall explain the purpose of the Post Permanency Sibling Contact Agreement, advise the parties that it is a non-binding document that sets forth future contact and visits between the siblings, and emphasize the importance of maintaining contact in developing or preserving, and nurturing the siblings' relationships. The post adoption or permanency worker shall give each sibling and/or their caregiver the DCFS publication **CFS 1050-95**, ***How to Connect With Your Brothers and Sisters***, and document in a contact note that this information was provided and the names of the persons to whom it was provided.

c) When the parties agree to explore developing a Post Permanency Sibling Contact Agreement, the post adoption worker shall convene a meeting to develop the Agreement. The meeting shall include, at a minimum, the permanency workers for each of the siblings, their foster parents/relative caregivers, prospective adoptive parents/private guardians, other care providers (if a child is in a non-foster home placement), and the children (when developmentally and clinically appropriate). The post adoption worker shall ensure that there are persons present who have information about the children and their placement history. (Most often, the person with the most information will be the permanency worker.)

The post adoption and permanency workers shall strongly encourage participation by the foster parents/relative caregivers and prospective adoptive parents/legal guardians. The post adoption worker and permanency workers may invite other persons or service providers (e.g., therapists and mentors) who may be helpful in developing the Agreement or obtaining cooperation of the caregivers, as appropriate.

d) The **CFS 1800-SC, Post Permanency Sibling Contact Agreement** shall be used to document the Agreement. The subsidy worker shall prepare the **CFS 1800-SC**, and include the completed document in the subsidy packet. The **CFS 1800-SC** shall identify each party to the Agreement, by name. Parties to the Agreement shall include:

- each sibling, regardless of age;
- the foster parents/relative caregivers for siblings in substitute care;
- the adoptive parents/legal guardians for each sibling placed for adoption or guardianship;
- the permanency worker for each sibling in substitute care; and
- the post adoption or subsidy worker.

The **CFS 1800-SC** shall identify the frequency (including days and times when possible) and locations of visits, the intended purpose of the visits, and whether visits are supervised or unsupervised. If visits are supervised, the Agreement will identify the person who will supervise the visit and indicate their role in the visit.

Transportation arrangements for all siblings shall be outlined in the plan. If an emancipated or adult sibling is having trouble obtaining transportation, the permanency worker shall help that sibling identify services in the community that may provide assistance in resolving transportation issues, or consider changing the location of visits to make it easier for the sibling to attend.

The **CFS 1800-SC** shall state whether other modes of communication or contact between the siblings is allowed (e.g., telephone/cell phone, letter writing, email, video conferencing, etc.) between visits.

The **CFS 1800-SC** shall also specify the role of the foster parents/relative caregivers, prospective adoptive parents/legal guardians in implementing the Agreement.

When the **CFS 1800-SC** identifies a person who is not a party to the Agreement to assist in supervising visitation or transporting a child currently in DCFS custody or guardianship, the permanency worker shall contact that person to confirm the person's willingness to provide that assistance and request authorization to conduct a person search for prior child abuse/neglect history. The worker shall document the contact and results of the person search in a contact or case note.

The **CFS 1800-SC** shall recommend that the parties the Agreement reconvene from time to time as the children mature to consider any modifications necessary to reflect basic child development (e.g., relaxing supervision; electronic communication, etc).

e) When a sibling has an open DCFS case, the permanency worker shall note in that child's Visitation and Contact Plan when a Post Permanency Sibling Contact Agreement exists, and integrate the terms of the Agreement in the Visitation and Contact Plan.

f) The **CFS 1800-SC** shall be placed in the child's post adoption record. When there is an open case involving a sibling, the **CFS 1800-SC** shall be placed in that sibling's case record and shall be reviewed at each Child and Family Team Meeting. The permanency worker or supervisor may review the **CFS 1800-SC** at any other time when is may be necessary to do so to meet the needs of the children.

g) *The written consent of a child age 14 and over to the terms and conditions of the Post Permanency Sibling Contact Agreement and subsequent modifications is required.* [20 ILCS 505/7.4(i)]

Section 301.255 Sibling Visitation With and Among Adult Siblings

a) Adult or emancipated youth may request the Department to help them contact their siblings who are in DCFS custody or guardianship, or who were adopted or placed in subsidized guardianship from DCFS custody or guardianship.

b) A post adoption worker or, if there is an open DCFS case, the siblings' permanency worker shall contact the siblings and their caregivers to inform them of the request and invite them to meet with the adult sibling to discuss future visitation and contact. The post adoption worker or permanency worker shall ensure that each requesting sibling, and each sibling in care and/or their caregivers, adoptive parents or legal guardians (if minors) receive the DCFS publication **CFS 1050-95**, ***How to Connect With Your Brothers and Sisters.***

c) When there is an open service case, this meeting may occur in conjunction with a Child and Family Team meeting to allow input from the Team. The permanency worker shall document the following information on the Visitation and Contact Plan:

- The name of each sibling, regardless of age, and his/her living arrangement;
- the days, times and locations of visits;
- the intended purpose of the visits;
- whether visits are supervised or unsupervised. If visits are supervised, the name of the person who will supervise the visit that person's role in the visit;
- whether other modes of communication or contact between the siblings is allowed (e.g., telephone/cell phone, letter writing, email, video conferencing, etc.) between visits and any limitations regarding frequency of contact (e.g., on non-school nights, etc.); and
- transportation to and from the visit location for the siblings, including the emancipated or adult siblings shall be outlined in the Visitation and Contact Plan.

d) For post adoption/subsidized guardianship cases, the subsidy/post adoption worker shall explain the purpose of the Post Permanency Sibling Contact Agreement, advise the parties that the Agreement is a non-binding document that sets forth future contact and visits between the siblings, and emphasize the importance of maintaining contact in developing or preserving, and nurturing the siblings' relationships. The subsidy/post adoption worker shall document in a contact note that this information was provided and the names of the persons to whom it was provided.

When the parties agree to enter into a Post Permanency Sibling Contact Agreement, the subsidy/post adoption worker shall convene a meeting to develop the Agreement. The meeting shall include, at a minimum:

- the adoptive parents/private guardians;
- birth parent or other care providers (if a child is in "home of parent" or a non-foster home placement); and
- the children (when developmentally and clinically appropriate).

The subsidy/post adoption worker shall ensure that there are persons present who have information about the children and their placement history.

The subsidy/post adoption worker and/or permanency worker may invite other persons or service providers (e.g., therapists and mentors) who may be helpful in development of the Agreement or obtaining cooperation of the caregivers, as appropriate.

The subsidy worker shall document the agreed-upon visitation or contact on the **CFS 1800-SC, Post Permanency Sibling Contact Agreement** and include the completed document in the subsidy packet. The subsidy worker shall document the following information on the **CFS 1800-SC**:

- The name of each sibling, regardless of age, and his/her living arrangement;
- the days, times and locations of visits;
- the intended purpose of the visits;
- whether visits are supervised or unsupervised. If visits are supervised, the name of the person who will supervise the visit that person's role in the visit;
- whether other modes of communication or contact between the siblings is allowed (e.g., telephone/cell phone, letter writing, email, video conferencing, etc.) between visits and any limitations regarding frequency of contact (e.g., on non-school nights, etc.); and
- transportation to and from the visit location for the siblings, including the emancipated or adult siblings shall be outlined in the Agreement.

Subsidy, post adoption and permanency workers shall strongly encourage participation by the child's caregivers.

When the **CFS 1800-SC** identifies a person who is not a party to the Agreement to assist in supervising visitation or transporting a child currently in DCFS custody or guardianship, the permanency worker shall contact that person to confirm the person's willingness to provide that assistance and request authorization to conduct a person search for prior child abuse/neglect history. The permanency worker shall document the contact and results of the person search in a contact or case note.

The Agreement shall be reviewed at each annual subsidy re-certification.

e) If an emancipated or adult sibling is having trouble obtaining transportation, the post adoption or permanency worker shall help that sibling identify services in the community that may provide assistance in resolving transportation issues, or consider changing the location of visits to make it easier for that sibling to attend.

APPENDIX A
FAMILY VISIT PLANNING
CRITICAL DECISIONS AND DOCUMENTATION
PROTOCOL

The factors that should influence the worker's decisions about visit planning have been outlined in the Family Visiting Guide included as **Appendix B** of these procedures and in **Appendix C**, **Sibling Placement and Visitation - Special Considerations**. Workers should refer to the Guides as they develop Visiting Plans.

However, certain decisions must be appropriately documented on the Visiting Plan. In particular, decisions to decrease the frequency or duration of visits are Critical Decisions (**Rule and Procedure 305.3 (d)**) and therefore require appropriate documentation and supervisory approval.

In addition, for children whose **permanency goal is to return home**, Rule sections 301.210, Family - Child Visitation and 301.220, Sibling Visitation, set out certain expectations of the visiting plans and requires documentation if those expectations will not hold for a particular case, namely: visits should begin immediately after placement; visits should occur weekly for parent-child visits, twice per month at a minimum for sibling visitation; visits should increase in length; and visits should occur in the parent's home. If Visiting Plans specify provisions different from these expectations, the reason for the variation should be documented in the Plan. The specific documentation necessary for each decision is outlined below.

Decisions Affecting Visit Frequency

Delaying Initial Visit for Children with a Permanency Goal of Return Home:

The Department requires that an initial visit take place within 14 days of protective custody. However, certain circumstances dictate that the initial visit should be delayed.

For example, such a case may be one where, despite supervision, a parent or perpetrator alleged to have physically or sexually abused the child is likely to intimidate the child and therefore affect the Court process. Based on the specific people, the actual threats, and the other details of the case, the worker should try to arrange the location and supervision to prevent such intimidation. If this cannot be done, then the worker might decide the initial visit should be delayed beyond the first 14 days.

If the worker decides the initial visit should not take place within 14 days of protective custody, the worker should:

1) **make the request** at the shelter care hearing if the decision is made before the hearing. If the decision to delay the initial visit is made after the shelter care hearing, the worker should have a specific justification for delaying the initial visit.

2) **document the decision** on the Visiting Plan (in the "Reason for Plan Modifications" section), including an explanation of the circumstances that led the worker to recommend the delay and any external documentation that supports the decision, and obtain supervisory approval.

3) **specify** on the Visiting Plan when **the initial visit** will be scheduled.

Scheduling On-Going Visits Less Often Than Weekly forChildren with a Permanency Goal of Return Home:

The Department expects that parents should visit their children weekly, unless the case record contains documentation to justify a different frequency. Visits may be scheduled more often than weekly and this can be especially helpful as children move closer to returning home.

If the worker believes a less-than-weekly frequency for parent-child visitation or less than twice per month for sibling visitation is justified, either as the first Visiting Plan is developed or subsequently as the Plan needs to be modified, the Plan **MUST** contain the following:

1) the reason for having less than weekly visits or less than twice per month for sibling visitation (include in the "Reason for Plan Modifications" section);

2) the modified visit frequency (include in the "Date or frequency of visits" section);

3) the change or activities required by the parents or child(ren) before the visits will be increased (include in the "Role of Parent/Additional Instructions for Visit" section);

4) the time period that the plan for less frequent visits will be in effect (include in the "Period of Time Plan To Be Modified" section); and

5) documentation in support of the worker's decision. The worker must be able to justify a less-than-weekly visit frequency for parent-child visitation and less than twice per month for sibling visitation. The types of documents listed below can provide information that helps explain the worker's rationale. The documents alone, without an interpretation from the worker, will not support

less-than-weekly visit for parent-child or less than twice per month for siblings. At least one of the following must be attached to the Visiting Plan as documentation for less than the required frequency of visitation:

a) **Court Order**

b) **Psychiatric or Psychological Evaluation**, completed by a skilled professional qualified to make such determinations and documenting the reasons for the determination.

c) **Medical Evaluation**, completed by a pediatrician or other medical professional who determines and documents that weekly or twice per month visits are detrimental to the child's health.

d) **Police Report**, concerning the parents' behavior that documents a threat to the child's or other's safety.

e) **Administrator's Decree**, for example, an agency director's determination that visits occurring in the agency office would endanger agency staff.

f) **Detailed Description** if the worker and supervisor believe that good social work practice dictates that the visits be less often than required by rule. In particular, such a determination should be based on

-- worker's observation of detrimental parent-child or sibling visits; or,

-- other direct observation or concrete information; or,

-- the parent's urging or the express desires of siblings.[1]

The decision should be consistent with the family's overall service needs and should be considered in the context of the case plan.

The worker should also include documentation of attempts to resolve the problems, if any attempts were appropriate, before reducing the visit frequency.

[1] Workers should explain to parents the importance of frequent visits with their children. If the parents and the worker agree that less frequent visits are consistent with the case plan and can appropriately meet the parents' and children's needs, this should be documented on the Visiting Plan. Where possible, parents should also sign these Visiting Plans. Such an arrangement should not be made solely for the convenience of the Department or agency serving the case.

At the end of the time period specified for the less than weekly visits for parent-child visitation or less than twice per month for sibling visitation, the worker should **reevaluate the Visiting Plan** to determine if the frequency should be increased. If the Plan still needs to include less than the required amount of visits, the evaluation of the previous plan, the reason for the continuation, and a new time period should be included on a new Visiting Plan.

Decreasing the Frequency of Parent-Child or Sibling Visits For AlPermanency Goals:

For all cases, no matter what the permanency goal, the decision to decrease the frequency of parent-child or sibling visits is a Critical Decision that requires supervisory approval and appropriate documentation. However, if visit frequency is decreased to less-than-weekly visits for parent-child visitation and the permanency goal is return home, the Visiting Plan **must** contain the documentation described above in the section, "Scheduling On-Going Visits Less Often Than Weekly for Children with a Permanency Goal of Return Home." The requirement of a minimum of twice per month visits for siblings is required for all cases regardless of the permanency goal, thus any change in the frequency requires documentation on the Visiting Plan. (See **Procedure 301.220, Sibling Visitation**, for a discussion of sibling visitation as related to permanency goals.)

Parents and children have a right to appeal Critical Decisions.

Decisions Affecting Supervision of Visits

Visits may require supervision for a number of reasons. As with other aspects of visit planning, the decision to supervise a visit should be consistent with the current circumstances and should consider the context and progress of the case. However, depending on the reason for supervision, only occasional visits may need to be supervised. In addition, for children who will return home, visits should become increasingly less supervised as the return approaches.

Supervision of a visit may be required to:

- **Evaluate early parent/child interaction.** At the early stages of a case, the worker may feel a supervisor is needed for some visits to observe how the parent and child interact. The specifics that need to be observed should be identified; the choice of supervisor for such visits should be consistent with the purpose and nature of the observation needed.

- **Protect the child.** A decision that supervision is needed to protect the child should be based on risk to the child, either the reason for custody, subsequent risk, or risk from a sibling. In addition, supervision may be needed because a parent or sibling is likely to flee with the child if left unsupervised.

- **Periodically assess a specific aspect ofthe parent/child or sibling interaction.** If supervision is needed for such an assessment, supervision will be intermittent. The specific purpose of the supervision should be identified and related to the case plan, the reason for custody, or risk to the child.

- **Provide therapeutic or other intervention.** A visit supervisor may be needed to provide hands-on instruction to the family for some or all of the visits. The intervention should relate to the area that led to the child's removal or to the barriers that prevent the child's return to his/her parent's home. The focus should be on helping the parent reach the minimum parenting standards that can facilitate the child's return.

- **Comply with a Court Order.**

If the decision is made to supervise visits, the reasons for the decision must be included in the Visiting Plan. In particular, the Plan must:

1) **Include the reason** for supervision (in the "Reason for Plan Modifications" section);

2) **Identify a supervisor** that is appropriate based on the reason for supervision (include in the "Who will supervise?" section); and

3) **List the specific changes** or outcomes that will enable the family to have less supervised visits (include in the "Role of Parent/Additional Instructions for Visit" section).

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DEPARTMENT OF CHILDREN AND FAMILY SERVICES

POLICY GUIDE 2016.01

PROCEDURES 300 REPORTS OF CHILD ABUSE AND NEGLECT
PROCEDURES 301 PLACEMENT AND VISITATION SERVICES

DATE: February 8, 2016

TO: Child Protection Specialists/Supervisors and Permanency Workers/Supervisors

FROM: George H. Sheldon, Director

EFFECTIVE: Immediately

I. PURPOSE

The purpose of this Policy Guide is to provide Child Protection and Permanency staff with information and instruction regarding OIG Report #13-1567, Recommendation #2. This recommendation addresses the responsibilities of Child Protection and Permanency staff in the temporary custody screening process for high risk cases where a parent has demonstrated such dangerous behaviors as abduction; torture; threats to kill with a plan; taking a child hostage; and severe mental illness, and the Department has made the Critical Decision to substantially restrict visitation. This recommendation will be added in a pending revision of **Procedures 300.120**, **Taking Children into Protective Custody**, **Procedures 301.210**, **Family-Child Visiting** and **Procedures 301 Appendix A**, **Family Visit Planning-Critical Decisions and Documentation Protocol.**

This Policy Guide is effective immediately.

II. PRIMARY USERS

Primary users of this Policy Guide are Child Protection Specialists/Supervisors and Permanency Workers/Supervisors.

III. SUMMARY

OIG recommendation #2 of report #13-1567 seeks to ensure that for such high risk cases as when a parent has demonstrated dangerous behavior and the Department has made the Critical Decision to substantially restrict visitation, that the Visitation Plan be filed with the court and parties within 10 days of the Department being named Temporary Custodian; that the Visitation Plan clearly state the reasons for such restriction; that the Visitation Plan include all supporting documentation; and that the Department intends to share information regarding the restriction with necessary persons.

V. INSTRUCTIONS

As part of the temporary custody screening process for such high risk cases as when a parent has demonstrated dangerous behavior, such as abduction; torture; threats to kill with plan; taking children hostage; and cases involving severe mental illness, and the Department has made the Critical Decision to substantially restrict visitation, the Child Protection Specialist or the assigned Permanency Worker shall be responsible for filing a Visitation Plan with the Court and Parties within 10 days of the Department being named Temporary Custodian in accordance with 705 ILCS 405/2-10(2). The Visitation Plan must comply with the requirements of **Procedures 301, Appendix A, Family Visit Planning-Critical Decisions and Documentation Protocol** and shall include:

1. Supporting documentation such as police reports, psychological or psychiatric reports or case notes documenting observations; and
2. A statement that the Department intends to share information on the restriction with necessary persons, such as school or daycare staff and the child's pediatrician.

VI. FILING INSTRUCTIONS

File this Policy Guide immediately after **Procedures 300.120, Taking Children into Protective Custody**, after **Procedures 301.210, Family-Child Visiting** and after **Procedures 301 Appendix A, Family Visit Planning-Critical Decisions and Documentation Protocol**.

VII. QUESTIONS

Questions concerning these revisions may be directed to the Office of Child and Family Policy at 217/524-1983 or e-mail through Outlook at OCFP-Mailbox or for non-Outlook users at cfpolicy@idcfs.state.il.us

APPENDIX B
FAMILY VISIT PLANNING
GUIDE TO PRACTICE

Philosophy: Planning for parent-child and sibling visits is an integral part of overall service planning for families with children in placement. Regular visits are essential to ensure that family relationships are maintained or strengthened when the case goal is to return the child home. However, for children who will not return home, visits can help redefine the family relationship as the child moves toward another permanency plan. In all cases the visiting plan is developed as part of the overall case plan and may be modified as the case goal changes or as the child moves closer to permanency.

Principles: The visiting plan must be built on a series of underlying principles. A good visiting plan will:

- ensure the **safety** of the child;
- be **sensitive** to the needs and goals of all parties, including the child in placement; parents, siblings, and other family members; and the substitute caretaker;
- be a **thoughtful** and **integrated** tool to assist in the family's service plan and the child's move toward a permanent home;
- be **continuously evaluated** and **responsive** to changes needed based on an evaluation of the visits;
- **develop** and **change** as the case progresses;
- appropriately respond to the **logistical and resource constraints** without unduly restricting parents' and children's right to visit;
- **explain** and **justify** the components of the plan.

Components: The written plan for parent-child and/or sibling visits should identify at least the following and should contain the rationale for the choice or decision made:

- dates or frequency of visits,
- time and length of visits,
- location of visits,

- supervision required, who is to provide, reason for supervision, and role of supervisor,
- transportation arrangements for parent and child,
- contact allowed other than visits,
- others involved in the visits,
- visit cancellation and rescheduling instructions,
- role of substitute caretaker.

The plan should also explain how it contributes to the overall service goals and is consistent with the current status of the case. This should, where appropriate, include a description of objectives for the parents to accomplish through the visits or changes that need to occur in order to increase visits or decrease restrictiveness. The plan for sibling visits should provide for twice monthly visits for siblings in foster care. If a sibling is placed in a residential facility and

a) it is documented in the child's case file that the child is at risk of physical harm if sibling visitation occurs, or

b) a qualified mental health professional has determined that the child is at risk of mental or emotional harm if sibling visitation occurs, or

c) the residential facility is more than 150 miles away from the placement of the other siblings, visitation may occur less frequently than twice a month. However, children in residential care are entitled to visits every other month (preferably overnight) sibling visits at a minimum.

Considerations: Making decisions about the location, frequency, supervision, and other components of the visiting plan requires the worker to consider the needs of the child(ren), parents and other family members, and the substitute care provider, as well as logistical or resource limits. These considerations, discussed below, will vary in their relative importance from case to case. Some relate only to cases in which the service plan goal is to return the child home. Others relate more directly to cases with other goals. For example, in cases in which the goal of the case plan is to return the child home, the caseworker, in developing a plan for visits, may focus more on the parents' progress. By contrast, in cases in which the goal is long term foster care, the caseworker may decide to place the most emphasis on the child's requests and maintaining relationships between siblings.

In all cases, however, the worker must determine the weight to assign these considerations based on the facts and circumstances of the individual case. Once the caseworker does this,

the questions outlined below will assist him or her in making decisions regarding the contents of the visiting plan[1].

Children's Considerations

Child's Age:

- **What is the child's sense of time?**

  Visits should be scheduled so that they minimize the impact of separation and loss for the child. For example:

  - If a child is feeling acute grief, more frequent visits may be scheduled (for example, up to daily);
  - More frequent visits (for example, up to daily) may be needed for a small child or infant who will have trouble remembering parents or siblings, if the visits are far apart;
  - A visit longer in length may help establish the parents or siblings as a significant part of the child's life, in contrast to the myriad of others the child may come in contact with.

- **Can the child protect himself/herself?**

  If case circumstances warrant concern about the child's safety and the child is too young to call for help, the location, supervision, or duration of visits might may be affected.

Child's Requests: Children should be involved in planning visits whenever possible. The worker should explore the reasons underlying the child's specific requests.

- **What are the reasons underlying the requests?**

  Looking at the reason will help determine how to respond to the requests, for example, how to respond when a child says she wants to visit every day or when she never wants to visit again. Age or other individual characteristics of the child might help in evaluating the reason and the appropriate response. For

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1
The next three sections are adapted from Peg Hess and Kathleen Proch, Family Visiting in Out-of-Home Care: A Guide to Practice, Child Welfare League of America, Washington, D.C., 1988.

example, a child who says she never wants to visits again may have strong reasons (such as abuse during a visit) or may give less serious reasons (such as parents denied child's request to buy toys or siblings ignored or teased the child during the visit).

What are the child's expectations of the visit and relationship with the parent and/or siblings?

What the child hopes to happen in the course of the visits, and her perceptions and expectations should be considered and discussed with the child in planning visits. These expectations should be communicated to people involved in the visits, as appropriate.

Child's Reaction: The child's reaction might indicate that frequent visits with the parents and/or siblings are extremely beneficial and would warrant increasing the frequency or length. Alternatively, the child's reaction after visiting might seem to suggest that visits are actually detrimental to the child and that the frequency or length of visits should be modified in the plan.

o **Is the reaction based on the stress of pl acement or is there evidence that the child is truly being harmed?**

When the child reacts adversely to visits, the worker should continue to work with the child to determine the reason for the reaction and to help the child deal with the stress. As part of this process, the worker should evaluate the child's behavior before and after the visit to determine what is different from the norm. Visits are often stressful, but they are not necessarily detrimental to the child. Only if there is evidence that the visits are detrimental to the child should a decrease in frequency or length be considered. Before decreasing the frequency of visits or length, however, workers should be careful to document their decision, as described in the Protocol, **"Family Visit Planning: Critical Decisions and Documentation Protocol."**

Child's Schedule:

o **How can visits involve parents and/or siblings in the child's routine?**

Visits that are planned to correspond to the child's daily routine or routine medical care can help ensure that parents remain significant in the child's life. For example, for a child where the goal is to return home, parents can be involved in the child's activities (school activities, for example) or can be involved in an aspect of the child's daily routine so that the parent and child

can prepare for when the parent is responsible for such care. The child's wishes to involve parents and siblings should be respected whenever possible. When the child is in a long-term placement, visits should be scheduled consistent with the child's need for security and stability. These considerations will help determine the appropriate location, length of visits and others who might be involved.

Child's Needs: The child's developmental stage as well as therapeutic needs can influence visit planning components as well as activities during visits.[2]

- **How might the child's developmental stage guide the visits?**

  Visits should be planned to reflect the child's developmental needs. This is particularly important when the parents need to practice the skills that will enable them to take care of a child who will return home. In that context workers should consider what parents and children do at each of the child's developmental stages. For example, visits for very young children should be planned around the parent's nurturing the child: feeding, holding, etc. Similarly, depending on the age of the child, appropriate activities may be playing with blocks, reading books, or supervising homework. Visits should be scheduled, with the time, location, and possibly frequency, taking these activities into account. Similarly, siblings should be involved in activities appropriate to their respective ages. Older siblings should not have to take on a parenting role during sibling visitation.

- **What components of the visiting plan should be guided by the child's therapeutic tasks?**

  Depending on the issues the child is trying to address, the requirements for supervision, presence of others at the visit, etc. might be influenced.

- **What is the child's tolerance for parental or sibling visits?**

  For example, the child may feel comfortable only if he is around his parent for a long period of time, or alternatively, because of the dynamics of the family situation, a short visit may be all that a child can tolerate. Similarly, tolerance can guide the frequency, supervision, or location of visits.

2
Peg Hess, "Parent-Child Attachment Concept: Crucial for Permanency Planning," Social Casework, January, 1982, p. 51.

- **What are the child's other needs and abilities?**

  Special needs of the child such as mental illness, developmental disability or medical complication, or the ability of the child to structure his/her own time if a parent is distracted, etc. can influence the location, supervision, frequency, or duration of visits. For example, a child who is hospitalized may need more frequent contact than otherwise.

Other Family Members: In order for the child to maintain or build relationships with his family, other family members might be included in the parent-child visits.

- **Who are significant members of the child's "family"?**

  Siblings and other close relatives are the most obvious members to include. However, "family" in this context might be more broadly defined. For example, a more distant relative or other person who has a significant role in the child's life might be appropriate to include periodically in the visits. Including them in parent-child visits may be particularly important for children who are not going to return home.

  In addition, family-child visits may also incorporate visits with those who have a court-ordered or other legal right to visit, such as grandparents in some cases or siblings in substitute care, if all parties agree.

- **What stress or tensions exist within the family that might affect the visit?**

  If other members of the child's "family" will be included in the visits, the worker must consider the family dynamic and its impact on the visit. The visit might require supervision or a neutral location to minimize conflict that might occur. However, family members present at parent-child visits should support the parents' and child's interaction, not serve to distract the parents or child.

Parents' Considerations

Parents' Progress[3]: In cases where the child is to be returned home, family reunification will depend on the parents' ability to modify the behavior that led to or now requires the child's placement. Visiting plans should be developed based on the parents' current behavior and designed to support their efforts at change.

3
Peg Hess, "Case and Context: Determinants of Planned Visit Frequency in Foster Family Care," Child Welfare, July-August, 1988, p. 317.

Modification of plans may be based on the progress of the parent in making those changes. Even for the child who is not going to return home, the parents' behavior will influence the visiting plan.

- **What parental behaviors led to or currently require the child's placement?**

  The nature of the visiting plan, including frequency and location, will vary depending on whether the child was placed because of neglect, physical abuse, sexual abuse, lockout, or lack of supervision, for example.

- **What is each parent's current behavior and how might this affect the child during a visit?**

  The parents' behavior and its effect on the child can help determine the visit frequency, need for supervision, or other visit arrangements. The plan should be reevaluated as the parents' behavior changes or as the case progresses. For example, for children who are to return home, parents' behavior changes can suggest that supervised visits move toward less supervision or that visits can increase in frequency. Or, for example, reasonable restrictions in a sexual abuse case might be inappropriate if applied in a medical neglect case.

Parents' Participation: Parents' abilities, past behaviors during visits, and their cooperation with visiting plans and conditions can influence visit planning.

- **What is each parent's skill level or developmental stage?**

  The frequency, length, location, and supervision requirements of visits may be guided by the parents' skill levels or developmental stages. For example, a parent may still be developing certain parenting skills which require that the visit be supervised, but a longer visit might be helpful to allow the parent time to practice those skills. Similarly, the parents' tolerance for coping with their child's behavior might only allow for shorter visits. Or, the parents' skill level may require supervision that provides therapeutic intervention (see p. 12). As the parents' skill level changes, the plan may have to be reevaluated.

- **What factors might impact each parent's ability to participate in visits?**

  The location, frequency, or length of visits should be sensitive to the needs of parents with disabilities. Similarly, visiting plans should consider the needs of parents who are limited/non-English speaking, including the use of bilingual staff or interpreters. In other cases, a parent's mental illness may impact the visits and the visiting plan may have to accommodate this.

- **Are there past behaviors that should influence the visiting plan?**

  For example, behaviors in previous visits that could have harmed the child can influence the frequency, duration, location, supervision, and other visit arrangements, and the plan may have to include specific prohibition of those behaviors. Additional intervention may be needed to help the parent overcome problematic behavior. Alternatively, parents may be progressing rapidly. For example, if a parent has dramatically improved their parenting skills, increased frequency, less supervision, or use of the parents' home for visits may be warranted, especially if the plan is to return the child home.

- **Is a parent not cooperating with a visiting plan?**

  The non-cooperation may include a range of things, including failing to show up or showing up intoxicated. Explore the reasons behind the behavior and work to overcome any barriers that might exist. Alternatively, steps can be taken to make the plan workable: for example, if parents cannot attend scheduled visits, a more convenient time or location should be explored. If a parents fail to provide advance notice of cancellation of a visit, they might be asked to confirm visits a day in advance.

- **Who might the parents wish to bring to the visit for support?**

  If parents, for their own support, wish to bring family members or others to the visit, the worker should consider the role these others may play in the parents' and child's lives. In addition, the worker should ensure that the family members are supporting the parent-child interaction. Participants who distract the parents so that they do not focus on the child may limit the quality of the visit. However, siblings should not necessarily be excluded solely because they may distract the parent from the child; the sibling relationship and family interaction is important to maintain.

Parents' Requests: Parents should be actively involved in developing the visiting plan. If they make specific requests, workers should explore the reasons behind the requests. To the extent possible, reasonable parental requests should be honored.

- **What is the reason behind the request?**

  As when children make a request, the parent might have a specific issue or concern that is implicit in the request. By finding out what motivated the request, the worker can address the underlying concern.

- **What are each parent's expectations and perceptions?**

  This would include an evaluation of the parents' expectations and perceptions of the child, the parent-child relationship, their own role, etc. The location, frequency, supervision, and length of visits may be guided by such an evaluation.

Parents' Reaction: Because visits may be stressful for parents as well as children, visiting arrangements should be sensitive to parents. Strong reactions that could affect the child or the parent-child relationship need to be explored. The issues that surface might then influence the visiting plan.

- **What is each parent's reaction to the visit and what seem to be the underlying reasons? What impact does the reaction have on the child?**

  Depending on the reaction, the underlying reasons, and the impact on the child, the visiting arrangements might need to be modified. For example, the parent of a child who is to return home might have responded enthusiastically to visits and worked very hard to improve parenting skills. The frequency, length, or location of visits might need to be modified so that the parent can practice these new skills.

Parents' Schedules: Again, parents should be actively involved in developing the visiting plans, and the plans should reasonably try to accommodate the parents' needs. Additionally, assistance should be provided to the parent to overcome barriers that might prevent the visit.

- **What, if any, barriers does each parent face in visiting the child in placement?**

  Assistance in overcoming the identified barriers should be provided to the extent possible. For example, assistance in providing transportation or scheduling visits during evening hours when the parents are not working does help facilitate visits.

Substitute Caregivers' Considerations

The role caregivers can play in facilitating visits can vary. At a minimum they should prepare the child for the visit and accommodate the visiting plan. Where possible, foster parents should be encouraged to play a constructive role in facilitating visits.

Foster Parents' Resources: Foster parents may receive different degrees of support, have varying ability and skills to support visits, and differ in their willingness to facilitate visits.

- **Do the foster parents have the skills to provide additional support for visits?**

  The foster parents may be well equipped to teach or demonstrate parenting skills, provide appropriate supervision, or provide other support during visits. Foster parents who are willing to use these skills are a tremendous resource for visits. Their support can help shape the arrangements included in the plan.

- **What role do the foster parents want to play?**

  Foster parents may wish to take an active role and so may agree to assist with transportation or to host visits, especially sibling visits, in their home. Again, this contribution will be factored in the visiting plan. The impact of visits on other children in the home should be included in the assessment of the foster parent's role.

Relative Caregivers' Considerations: The visiting arrangements for a child placed in a relative's home are likely to be less formal than if the child is placed with non-relatives. Visits might occur more frequently, especially between siblings who are placed among related caregivers, less systematically and without the worker's involvement. The formal structure imposed by visiting plans might be seen as alien, but some planning will certainly be needed.

- **What is the reason for the parents' visit to the relative's home?**

  To meet their own needs, biological parents often visit members of their extended family who reside in the relative caregiver's home. In these visits the parent may not be directly relating to their children, except in a very general sense. At other times the parents may visit specifically to see their child. In all, the parent may be in the caregiver's home from daily to infrequently. Only visits with the intended purpose of interaction between the parents and their child should be considered as parent-child visits.

- **What is the relationship between the relative caregiver and the natural parents?**

  When the relationship between parents and caregiver is positive, the visiting pattern may have less structure, with open, unobstructed parent-child contact. In visits of this type, the date, time and length of visit may be less formally defined.

When the relationship is strained but mutual goals are understood and accepted, visits will require more structure as to date, time, and length. This type of visit may occur when visits by the parent have been infrequent in the past and consistent follow through is needed.

When the relationship is characterized by mistrust, the caregiver may not be comfortable having the parent in the home in an open-ended, unconstricted manner. Visits may still remain in the caregiver's home but with added supervision by another relative or an agency staff person. In some situations, the visits will need to be arranged outside the caregiver's home. In some conflictual situations the parents' behavior may present an unsafe situation for the child and/or caregiver. These visits will need close supervision.

Logistical and Resource Considerations

While an ideal visiting plan will be based on a comprehensive evaluation of the specifics of the individual case, in reality, planning for visits is limited by time constraints, difficulty in coordinating schedules, lack of transportation, individual parent or child requests, etc. In developing visiting plans, these constraints and limitations must be considered but without unduly restricting the parents' and children's right to visit.

What constraints preclude the visiting plan from fully reflecting the overall service needs of the child and/or parent?

The barriers must be identified before they can be addressed (individually or systemically). In addition, it should be clear what impact the constraints have so that their influence can be considered as visits are evaluated.

- **What barriers can be addressed and what is the priority?**

  Visiting plans that accommodate the priorities for meeting service needs may reasonably limit other accommodations. For example, ensuring that visits occur frequently may be essential for some children in placement. If those visits must be supervised, the worker may not be able to provide that supervision alone. Because frequency is a priority for these visits, the worker, parents, and foster parents may agree that the visits will be in the foster parents' home. Thus, at least for a time, visit location will be set to accommodate more frequent visits.

Evaluation: Visit planning is a continuous process, with visiting plans requiring modification as a case matures and the various considerations change. Key to ensuring that the evaluation is complete is recording the details of visits as they occur.

From this record and other information, the worker can evaluate the visits in the context of the case and use the evaluation to further inform subsequent planning.

Records of family-child visits should include:

- date of visit;
- location;
- if visit did not occur, reason;
- length of visit;
- persons present;
- whether supervised, and if so, by whom;
- if visit terminated before planned time, reason;
- if visit supervised, narrative description of visit, including purpose of visit, observation notes, and comments;
- confirmation of the date, time, and location of the next visit.

Appendix C - Sibling Placement and Visitation; Special Considerations

I. Importance of Sibling Relationships

This Appendix addresess the importance of encouraging and maintaining relationships among siblings, whether or not all of the siblings are now or have ever been involved with the Department.

The members of a sibling group may be in several different living arrangements. The permanency worker shall include all siblings in the Visitation and Contact Plan, regardless of their living arrangements. Living arrangements may include children/youth:

- living in intact families;
- living in substitute care, including out of state placements;
- in an ILO/TLP, Youth in College, or Placement Alternative Contract living arrangement;
- who are hospitalized;
- residing in group homes or residential placements;
- who have been adopted, even when birth siblings are not adopted together or when one or more siblings remain in care (see **Section 301.250, Sibling Visitation and Contact with Adopted Siblings and Siblings in Subsidized Guardianship**;
- who are under legal guardianship, even when birth siblings are not adopted together or when one or more siblings remain in care (see **Section 301.250, Sibling Visitation and Contact with Adopted Siblings and Siblings in Subsidized Guardianship**;
- who are emancipated;
- who have attained adulthood (see Section 301.255, Visitation With Adult Siblings); or
- who are step-siblings, when the children enter into substitute care together and have a positive relationship.

The Department recognizes the importance of maintaining sibling relationships in those situations when children must be placed away from their parents. For many children, separation from their siblings may cause stress, separation anxiety and loss comparable to that caused by separation from parents. In families where parental functioning has broken down, siblings often compensate by relying on one another, meeting each other's dependency needs and providing emotional support. Sometimes, a child's principal attachment can be to an older sibling who has assumed the role of the absent or neglectful parent. The older sibling, in turn, may have developed not only a strong nurturing relationship with the younger brother or sister, but may derive a sense of his or her own identity from the power and status inherent in the role. Separation can be stressful for both. When placed together or, at the minimum, allowed frequent contact, siblings can provide at least one predictable element in a stressful situation, as well as providing an important link with the past.

In order to preserve and strengthen sibling relationships, the Department shall:

- **Place siblings together whenever possible.** This applies to initial placement in substitute care, whenever a placement change becomes necessary, and selecting a permanent placement for siblings who are placed apart.

- **Require frequent visitation and contact among siblings** who are placed apart from one another. Visits shall occur at least twice monthly, with a goal being to have siblings visit and have contact with each other as frequently as possible.

- **Seek placements with caregivers who will promote contact between siblings** who are placed apart.

- **Recruit, support and train foster parents/relative caregivers** to promote both temporary and permanent placements of sibling groups together, and who may serve as placement resources for siblings who may come into substitute care at a later date ("add-ons").

- **When siblings must be placed apart, support and train foster parents/relative caregivers to promote frequent visitation and contact among the siblings.**

II. Placement Selection and Permanency Planning

The initial placement decision can prove to be critical in the life of a case. When a sibling group must be removed from their home, the Department should do everything in its power to place the children in the same substitute care setting. **Rules and Procedures 301.70, Sibling Placement**, describe what efforts the Department shall make to find a joint placement for siblings.

When selecting a permanency goal for a child, the selection must take into account the child's relationship with his or her brothers and sisters. When the permanency goal is adoption or permanent family placement, a placement resource that will accept the entire sibling group must be diligently sought and given preference, unless it can be clearly shown that the best interests of a child require placement apart from his or her siblings. **Rules 301.70(a) and (b)** describe circumstances under which a child may be placed apart from his or siblings. Those circumstances include the inability to find a joint placement despite a diligent search for one, a court order requiring separate placements, or when the best interests of a child require placement apart from his/her siblings. Of the circumstances listed, it is "best interests" that will be the most difficult for the placing worker to assess. The guidelines below are intended to help the placing worker decide when it is in the best interests of a child to be placed apart from his/her siblings.

a) When the Child's Best Interests Require Placement Apart from Siblings

Rule 301.70 lists the circumstances under which it shall be in the best interests of the child to be placed apart from siblings.

1) Special medical, educational, behavioral, or emotional needs

In determining whether the child has special medical, educational, behavioral or emotional needs requiring placement apart from his or her siblings, the worker shall rely on:

- the findings of the Integrated Assessment, including the social history, **the Health Passport**, and the special screens such as the **Education Assessment Guide, the Mental Health Screen, the Substance Abuse Screen**; and

- the recommendations of other professionals in the fields of medicine, education, psychotherapy, and substance abuse who have had a prior history of involvement with the child or have examined the child recently to determine a treatment plan.

2) Risk of physical, mental, or emotional harm

If risk of harm is the reason why the child must be placed apart from his/her siblings, the specific risk and the basis for assessing the risk must be documented in the child's record. The **CFS 1440, Family Assessment Factor Worksheet** or the **CFS 1440-1, Family Assessment Factor Worksheet Summary** may be used as documentation. If the risk to the child ceases to exist and there are no other reasons why a separate placement is in the child's best interests, the permanency worker shall make a diligent search to find a foster/relative home where the child and his/her siblings can be placed together.

3) Removal from current foster/relative home is contrary to the child's best interests

When weighing whether it is in the child's best interests to remain in his/her current foster/relative home or move to a joint placement with his/her siblings, the child's permanency worker shall consider:

A) The length of time the child has been in the foster home;

B) The attachment and bonding established between the child and foster parents/relative caregivers;

C) The likelihood that the child will be adopted by the foster parents/relative caregivers;

D) The strength of the relationship between the child and his/her siblings;

E) The wishes of the child. In addition to separation from the current foster family, the change may necessitate removal from friends, school, and other social and community attachments the child may have formed. The permanency worker should try to determine the child's true feelings to be sure the child is not merely expressing what he/she thinks those with power over him/her want to hear. In these instances, indirect evidence may be of help to the worker, for example, the child may have shown indifference or resistance to visiting with or contacting siblings in the past or the child's expressed plan for the future may include persons he or she has grown accustomed to in the placement; and

F) The child may have special needs that are being met in the current caregiver's home and cannot easily be met in another placement. These needs could include special health care or developmental needs for which the caregivers have been specially trained, special communication needs, such as sign language for a deaf child, or other supports that the current foster parents/relative caregivers are uniquely equipped to provide.

b) Helping Siblings Deal With Separation

When siblings must be placed apart, the worker must be sensitive to the effects of separation on the sibling group. Separation of a child from his or her brothers and sisters can be traumatic. Some techniques the permanency worker can use are:

- Depending on their age, involve the siblings in the decision for placement. Talk with the sibling group about the placement of one or more of their members and elicit their ideas and feelings. Deal with any guilt feelings siblings might have, if they think they are responsible or could have prevented the placement. They may think the placement is a punishment.

- Listen carefully to the anxieties and fears of sibling members regarding the placement of one of their members.

- Help the siblings recognize and label feelings they are experiencing such as anger, love, confusion, jealousy, sadness, etc.

- Discuss how each child might function without the other. If one child provides a unique role or meets a particular need for another or for the group, how will that need now be met?

- Review previous separations. How did they handle those? Reinforce appropriate coping mechanisms they may have used in those situations.

- If possible and with the permission of the new caregiver, allow the siblings to see where the children to be separated will be placed. If an in person visit is not possible, at least give them a photograph or description of the new placement. When possible, provide photographs of the children in their bedrooms, and/or other rooms in the new placement. This will help dispel any misconceptions and fears they may have regarding where their brothers or sisters are going.

- Discuss the Visitation and Contact Plan with the children and ensure each child has received the DCFS publication **CFS 1050-95**, ***How to Connect With Your Brothers and Sisters.*** Knowledge that they will still be able to see and contact each other frequently may help ease their anxiety and sense of loss.

Additional guidelines for helping children deal with the effects of separation and loss are available in **Procedures 300.Appendix F, Casework Responsibilities in Minimizing the Effects of Separation and Loss in Substitute Care**.

c) Permanency Planning

There are many factors the worker must consider before recommending that a child's permanency plan should be achieved independently of his or her siblings.

1) Adoption or Permanent Family Placement

When the goal of adoption or permanent family placement is established, some of the same considerations described in subsections (a)(1) through (3) above may be evident to demonstrate best interests for selecting the goal. Another may be that termination of parental rights is achievable for one or more of the children in a sibling group, but not all. This occurs primarily in those instances when the siblings have only one common parent and termination of parental rights or surrenders can be obtained from both parents for one child but not for the others.

Note: An unrelated foster home that will accept the entire sibling group shall be given higher priority over a relative who wants to care for only part of the sibling group, unless extraordinary circumstances exist. For example, if prior to entering care the sibling group had informally been cared for by two maternal aunts and the children had regular and frequent contact at family functions, church, etc., it may be in the children's best interest to continue living with those two aunts than to be moved to a non-relative home.

2) Long Term Care in a Residential Facility

When a child has special needs that can only be met in a long term residential facility, the worker has little choice but to place the child apart from his or her siblings. The child in a residential facility shall be included in the sibling's Visitation and Contact Plan, and every effort shall be made to encourage visitation and contact between the child and his/her siblings. The facility staff and the permanency worker shall work together to ensure development of the plan. **In no instance shall the facility withhold sibling contact or visitation as a form of punishment or discipline**.

3) Independence

When independence is the goal for a youth, the permanency worker has little choice but to separate siblings (unless more than one of the siblings has a goal of independence and they wish to share a living arrangement). The youth shall be included in the sibling's Visitation and Contact Plan and every effort shall be made to encourage visitation and contact between the child and his/her siblings. The ILO/TLP and family caseworkers shall work together to ensure development of the plan. ILO/TLP staff shall actively encourage the youth to attend these visits and help the youth obtain transportation to attend visitation with his/her siblings. **In no instance shall withholding sibling visitation or contact be used as a form of punishment or discipline.**

4) Youth in a Detention, DJJ or DOC Facility

The permanency worker for the youth (if a DCFS ward) and siblings shall work collaboratively with staff at these facilities to develop a Visitation and Contact Plan that allows the siblings to visit when permitted by the facility, and keep in contact. **In no instance shall DCFS or POS staff withhold visitation with a sibling in these facilities as a form of punishment or discipline.**

III. Visitation and Contact

When siblings are placed apart, the permanency worker and caregivers must often address logistical issues to help implement the Visitation and Contact Plan, including issues such as:

- transportation;
- location of visits;
- structure of visits and contact;
- frequency of visits and contact;
- length of visits and contact;
- unexpected scheduling changes; and
- supervision of visits and contact.

Other issues that may have to be addressed include behavioral, developmental, emotional, psychological, and sometimes physical factors, such as:

- resistance to visitation or contact on the part of any one of the parties involved (siblings, parents, foster parents or relative caregivers, etc.);
- behavioral problem on the part of one or more of the siblings that may be disruptive to the visitation or contact;
- the need for meaningful interaction during visits and contact;
- significant age differences between siblings (e.g., when planning activities); or
- developmental disability of one or more of the siblings that may pose a perceived impediment to the visit or contact.

The problems and issues described above are solvable. However, the process might often be difficult and time consuming, testing the patience of the most experienced workers. **The most effective way to avoid the problems and difficulties with visitation and contact is to ensure that siblings are placed together, unless it is in their best interests to be placed apart.** The permanency worker (or placing worker) should exhaust all means at the Department's disposal to find a joint placement for a sibling group.

a) Strategies to Meet the Challenges of Sibling Visitation and Contact

1) Involving Siblings in the Planning Process

The permanency worker shall actively solicit and encourage the children to be involved in planning visits and contact. This should start with the initial visit, continue with development of the Visitation and Contact Plan, and discussions about supervision, transportation and the any modifications to the plan. The permanency worker should consider the child and siblings' convenience when establishing the time and location of visits, as well as their views of how the visits should be set up, what occurs during the visits, and what other persons might be involved. Transportation for visits should also be specified and addressed. Any concerns the worker has regarding the visits (e.g., supervision) should be discussed. If necessary, the permanency worker shall arrange to meet with the siblings to discuss the Visitation and Contact Plan and finalize any details.

A copy of the Visitation and Contact Plan and any modifications to it shall be provided to the siblings and their caregivers. Other persons critical to the implementation of a plan, such as the children's caregivers or residential care providers, shall also be consulted during the planning process.

2) Addressing Issues that Arise

When conflicts or misunderstandings arise between the siblings' caregivers regarding the frequency, length, or manner of sibling visitation or contact and the caseworkers are unable to resolve these conflicts/misunderstandings, the workers shall seek assistance from the one of the following:

- the Child and Family Team;
- the permanency achievement specialist;
- the APT liaison;
- the DCFS Area Administrator; or
- when necessary, the Regional Administrator.

When an adoptive parent refuses to permit contact with siblings, the permanency worker for the siblings in substitute care shall contact the adoptive parent and encourage him/her to allow contact with the adopted child.

b) Selecting the Placement

1) **Close Proximity**

When children must be placed apart from their siblings, many of the problems cited above can more easily be solved if siblings are placed in close proximity to one another. Close proximity promotes more frequent, informal, and natural contact between the siblings. Problems such as distance, travel, location, structure, frequency and length of visitation can become almost non-existent when children are able to see each other frequently, and in some instances a daily basis. Factors that contribute to frequent contact include:

- same school;
- same church;
- same neighborhood (city), or town (rural);
- shared youth activities and organizations such as Scouting, YMCA, YWCA, Boys Clubs, 4-H, and the many sport organizations available to children, such as Little League, soccer leagues, etc. (Some fees for these activities may be payable by the Department - See Procedures 359.74);
- music, dance, other artistic lessons (Some lessons may be payable by the Department - See Procedures 359.74); or
- community activities that bring families and children together. Many public and private community organizations offer activities that promote the well being of the local community.

2) **Relative Placements**

Siblings placed apart are more likely to have frequent contact with one another if they are placed among relatives. (Placing siblings with foster parents who are related to one another can also be an effective strategy.)

Family members generally tend to meet frequently on an informal basis - family dinners, birthday parties, cookouts, fishing trips, baby sitting, and just visiting. Parents are more likely to visit a child placed with relatives, and siblings are more likely to maintain telephone and other contact with each other when living with relatives.

c) Logistical Problems

1) Using Technology to Enhance Sibling Contact

The permanency worker shall encourage the caregivers to allow the child to use available modes communication (e.g., telephone/cell phone, letter writing, email, video conferencing, etc.) to contact siblings between visits. The permissible modes of contact shall be noted in Visitation and Contact Plan.

2) Transportation

The permanency worker and caregivers shall explore how transportation for sibling visitation can be arranged. Older youth (e.g., in ILO/TLP) shall be included in that discussion when appropriate.

Transportation options include, but are not limited to:

- Parents may provide transportation if they have the means, sibling visitation is being combined with parental visitation, and the visits are not required to be supervised;
- Foster parents or relative caregivers should be encouraged to provide the transportation whenever possible, as a way of getting to know and developing a relationship with their child's siblings;
- Volunteers, friends of the family, or relatives (non-caregivers) may provide the transportation;
- Homemakers may provide the transportation (through homemaker contracts that include transportation for visitation as an element of the contract); or
- Public transportation may be used for youth old enough to travel alone.
- The permanency worker shall help older youth (e.g., youth in ILO/TLP, SEYS, etc.) obtain transportation to attend sibling visits.

3) Location and Structure of Visits

Some of the considerations regarding location of visit are discussed in **Procedures 301.Appendix B, Family Visit Planning - Guide to Practice**. Included in that discussion are Children's Considerations, Parent's Considerations, Substitute Caregivers' Consideration, and Relative Caregivers' Considerations.

When all siblings have a permanency goal of return home, visits in the parent's home may be the most appropriate location unless there are circumstances that indicate otherwise. When visits in the parent's home are not appropriate or when one or more child has a permanency goal other than return home, the permanency worker should encourage foster parents or relative caregivers to allow visits in their homes provided they have the resources and are willing to host the visits, in a visiting center that has a contract with the Department. For a child in a residential placement, the visits may have to take place at the facility if the child is unable to leave the facility because of physical or other limitations.

Visits may also be arranged in locations that provide recreation, entertainment and community volunteer opportunities for the siblings to share (e.g. sporting events, parks, zoos, restaurants, amusement parks, etc.) In these situations, depending on each child's age and developmental stage, time should be allowed for the siblings to interact in meaningful ways and not just be engaged in parallel activities with no interaction among themselves.

Involving siblings in the planning process is especially appropriate when selecting the location and structure of the visits. Regardless of where the visits are to take place, the goal of each visit is to maintain and strengthen sibling ties and provide meaningful interaction and mutual satisfaction.

4) Frequency and Length of Visits

Siblings who are placed apart shall be given the opportunity to visit at least **twice per month** unless a reason for less frequent visiting is documented in the case record. Visits should be at least **two hours** long. These standards for frequency and length of visitation are **minimum standards**. (If the guidelines above regarding placement selection (proximity and relative placement), location and structure are followed, siblings will have the opportunity for more frequent and longer contact.)

Decreasing sibling visitation is a Critical Decision!

5) **Celebrations of Milestones and Occasions.** Caregivers shall be encouraged to include the child's siblings when planning birthday and other celebrations for their foster child. When a child cannot be physically present for another sibling's event, the child should be encouraged to send a card and contact the sibling.

In no instance shall withholding sibling visits or contact be used as a form of punishment or discipline.

6) **Scheduling Changes**

From time to time, unforeseen events will cause cancellation of scheduled visits between siblings. Cancellations may be due to the siblings themselves, the caregiver, or the person providing transportation or supervision.

When cancellations occur, the sibling visit shall be rescheduled for the earliest possible opportunity. Children should be helped to cope with any disappointments they may experience due to the cancellation of the visit and reassured that the visit will be rescheduled.

The permanency worker should examine the reasons for the cancellation to determine whether the cancellation is a one time occurrence or could present ongoing problems. If there are problems, the Visitation and Contact Plan shall be reevaluated and modifications made to avoid similar problems in the future.

Note: **When a sibling visit is coordinated with parental visitation and the parents cancel, the sibling visit shall still occur as planned**. Failure of the parents to visit shall not be cause for canceling a sibling visit. However, siblings in parental custody who depend on the parent for transportation shall not be required to be present for these visits.

7) **Supervision**

Sibling visits are to be supervised when:

- one sibling may physically, mentally, or emotionally harm another during the visit as determined by prior observation or documentation of their interaction;
- the children are too young to be left unsupervised;
- the purpose of the visit is to assess the interaction between the siblings; or
- a court has ordered that visits be supervised.

8) Respite Care

Foster parents and relative caregivers of siblings placed apart shall be encouraged to provide respite care for one another, such as by allowing the siblings to have weekend visits and participate in joint activities.

APPENDIX D
UNRELATED, UNLICENSED HOMES

A. DEFINITIONS

"Court-ordered placements" means that a judge has ordered the child's placement with a specific person or in a specific place.

"Relative", for purposes of placement of children for whom the Department is legally responsible, *means any person, 21 years of age or over, other than the parent, who:*

– *is currently related to the child in any of the following ways by blood or adoption: grandparent, sibling, great-grandparent, uncle, aunt, nephew, niece, first cousin, great-uncle, or great-aunt, or*

– *is the spouse of such a relative, or*

– *is the child's step-father, step-mother, or adult step-brother or step-sister.*

Relative also includes a person related in any of the foregoing ways to a sibling .of a child, even though the person is not related to the child, when the child and its sibling are placed together with that person. [20 ILCS 50517(b)] (from 89 III. Adm. Code 301, Placement and Visitation Services)

"Unrelated, unlicensed placement" means the placement of a child under age 18 for whom DCFS is legally responsible with a person who is not a licensed foster parent and who is not a relative of the child, as defined above. This includes persons who were never licensed as foster parents and persons who once held a foster family home license but the license was revoked, the Department refused to renew the license, or the license expired and the foster family did not file a timely, complete application for license renewal.

B. GENERAL REQUIREMENTS

1. Removing Unrelated Children Under Age 18 from Unlicensed Homes

It is against Department policy to place children under age 18 in homes that are not licensed if the children are not related to the caregivers, as a relative is defined in 89 III. Adm. Code 301, Placement and Visitation Services (repeated above). Any child under age 18 who is placed in an unlicensed home must be removed from that home unless the child is related to the caregiver, as defined above, or unless the home can be licensed within 30 days. All such removals shall follow DCFS policy and procedures, including providing the **CFS 151-A, Notice of Decision to Remove Unrelated Children**.

When an unrelated child is removed from an unlicensed home, casework staff shall follow the guidelines set forth in Procedures 300, Appendix F -*"Casework Responsibilities in Minimizing the Effects of Separation and Loss in Substitute Care"* to ease the transition for the child. This shall include an assessment of any language or communication needs that must be considered when locating another placement for the child.

2. Requirements for Staffings

The 30 day staffings required in these procedures shall include:

- the caseworker,
- the casework supervisor,
- the appropriate licensing worker, and
- the foster parent(s), whenever possible.

3. Consequences of Placing Children in Unlicensed Foster Homes or Leaving Children in Foster Homes When the License Has Expired

DCFS workers who place children in unlicensed homes where the caregivers are not related to the child or who leave children in foster homes when the license has expired will be subject to progressive disciplinary action, up to and including discharge. (Note: This applies to supervisors, as well, if the supervisor was involved in or approved the unlicensed placement.) If the worker or supervisor notified the DCFS regional counsel of the court ordered placement as required in item 4 below, no disciplinary action will result from the placement.

If private agency staff place children in unlicensed homes where the caregivers are not related to the child or who leave children' in foster homes when the license has expired, the matter will be noted, tracked, and handled through the performance contracting and Agency Performance Team monitoring processes. If an agency's performance in this area deviates from the norm significantly, the Department may require a corrective plan and/or place a "hold" on future referrals to the agency. If the private agency worker or supervisor notified the DCFS regional counsel of the court ordered placement as required in item 4 below, the placement will not be considered in determining whether the agency has deviated from the norm.

4. Court Ordered Placements

If the placement was court-ordered, the placing worker shall notify the DCFS regional counsel so that legal staff can move to vacate the order. Such notification shall be documented in writing in the case file.

C. PROCESS FOR RESOLVING PLACEMENTS OF UNRELATED CHILDREN IN HOMES THAT ARE UNLICENSED AT TIME OF PLACEMENT

The following process applies in situations where the unrelated child was placed in a home that ***was not licensed at the time the placement was made***.

1. Notification of Caregiver

Immediately upon receiving a report that an unrelated child has been placed in an unlicensed home , the Central Payment (CPU – formerly the Home of Relative Payment Unit or HPU) shall immediately send to the unlicensed caregiver a letter which spells out the consequences if the caregiver fails to become licensed within 30 day. The CPU shall send a copy of the cover letter to the caseworker for each unrelated child in the home.

The CPU shall determine if the unlicensed caregiver has already filed an application for a foster family home license. If the unlicensed caregiver has not already filed an application for a foster family home licensed, the CPU shall include with the letter to the caregiver, an application packet for a foster family home license.

2. Notification to Caseworker

Each month, the Information Services Division shall send to Department and private agency caseworkers an **"Unrelated/Unlicensed Monitoring Report"** which shows, among other things, the child(ren) who were placed in unlicensed homes during the previous month where the caregivers are not related to the child. (Note: this report has been in production since February, 1998.)

Immediately upon receiving the report, the caseworker for each unrelated child shall notify his/her supervisor of each child in an unrelated, unlicensed placement.

3. Staffing

Within **two business days after receiving the report**, the child's caseworker and the casework supervisor shall hold a staffing with the appropriate licensing worker to:

- determine if it is appropriate and achievable to get the home licensed **within 30 days after the date on which the caseworker received the report** (if this date is later than the date on the notification to the caregiver, the date on which the caseworker received the report takes precedence); and/or

- make plans to move the unrelated child from the home if licensure within 30 days is not appropriate or achievable.

Whenever possible, the child's caregiver should attend the staffing.

The caseworker shall note in the child's case record:

- Date and time the staffing was held
- Name(s) of child(ren) discussed
- Names and titles of persons attending
- Details of the plan to license the home (if applicable)
- Details of the plan to move the child(ren) if home is not licensed within 30 days
  - when
  - where
  - who will move the children
  - how to minimize any trauma to the child caused by the move

4. Notify Regional Administrator of Plans

Within **two business days after the staffing**, the casework supervisor shall notify the Regional Administrator of the decisions that were reached and the plans that were developed during the staffing.

5. Court-Ordered Placements

If the placement was court-ordered, the placing worker shall notify the DCFS regional counsel so that legal staff can move to vacate the order. Such notification shall be documented in the case file.

6. No Additional Placements of Unrelated Children in the Home

The caseworker, the casework supervisor, and all other appropriate staff (DCFS and private agency) shall ensure that no additional unrelated children are placed in the home until the home becomes licensed.

7. Removal of Unrelated Children

A. Licensure Not Part of Plan -Noti ce to Caregiver of Intent to Remove Unrelated Child(ren)

If the participants in the staffing determine that achieving licensure within the 30 days is not appropriate or achievable, the caseworker for the child

shall send to the caregiver, **within two business days after the staffing**, a CFS 151-A, Notice of Decision to Remove Unrelated Children.

B. Licensure Part of Plan but License Not Issued Within 30 Days -Notice to Caregiver of Intent to Remove Unrelated Child{ren)

If the participants in the staffing determine that achieving licensure within the 30 days is appropriate and achievable, but the home is not licensed within that time frame, the caseworker shall, on the **first business day following the 30th day (the licensing deadline)** , contact the licensing worker to determine if the caregiver has been licensed. If the caregiver is not licensed, the caseworker shall send to the caregiver, **within two business days after the deadline to get the home licens ed** (i.e., the 30th day), a CFS 151-A, Notice of Decision to Remove Unrelated Children.

8. Requirements for CF S 151-A, Notice of Decision to Remove Unrelated Children

The caseworker shall:

- Ensure that the removal date specified in the CFS 151-A is at least 14 days after the date of the notice; and
- Send the CFS 151-A at least 14 calendar days prior to the removal date specified in the notice.

The caseworker shall send a copy of the CFS 151-A to:

- the guardian ad litem;
- the child's attorney;
- the Administrative Hearings Unit; and
- the Regional Administrator.

D CAREGIVER FILES APPEAL OF REMOVAL OF UNRELATED CHILDREN

1. Dismissal of Appeal

If the Administrator of the Administrative Hearings Unit {AHU Administrator) determines that the home is unlicensed **and** that the caregiver is not related to the child under age 18, the AHU Administrator shall dismiss the appeal. The AHU Administrator shall, as quickly as possible, send a copy of the dismissal to the caseworker for each unrelated child under age 18 in the home.

Immediately upon receiving a copy of the dismissal, the caseworker for each unrelated child shall remove the unrelated child under age 18 from the home in accord with the plan developed during the previous staffing.

2. Schedule Appeal Hearing

If the AHU Administrator determines that the home is licensed **or** that the caregiver is related to the child(ren) under age 18, the AHU Administrator shall schedule the appeal hearing and inform the caregiver and the caseworker for each unrelated child under age 18 in the home that the appeal process shall go forward and that the child(ren) under age 18 shall remain in the home until the appeal process is completed.

PLACEMENT AND VISITATION SERVICES
June 1, 1998 – P.T. 98.9

[Letter sent by CPU when a new placement of a child
in an unlicensed, unrelated home is discovered]

Date: xxxxxxxx

Dear Caregiver:

Illinois law does not allow unlicensed caregivers to care for unrelated DCFS wards. Illinois law also permits only licensed foster homes to receive the full foster care payment rate.

To be eligible to continue to care for unrelated children under age 18 and to be paid at the foster care board rate, you must get a foster family home license within the next **30 days**.

You should contact your licensing worker or caseworker immediately to complete the licensing process. If you have not already filed an application for a foster family home license, an application packet, which includes all of the documents and forms which you must complete .in order to apply for a license, are enclosed with this letter. Make sure that you follow the instructions, that you complete all of the forms, and that you provide all of the required information to your licensing worker or caseworker immediately.

You and all other adults (age 18 and above) living in your home must be fingerprinted so that the Department can conduct a comprehensive background check. If you were previously fingerprinted for purposes of licensing with DCFS and if your fingerprints are on file with the Illinois State Police, you will not need to be fingerprinted again. If you are not sure whether you need to be fingerprinted, call 2171785-2688 immediately. Anyone who needs to be fingerprinted should call 1-800-377-2080 to make an appointment to be fingerprinted.

You and every person age 13 and above living in your home (except DCFS wards) must also complete an Authorization for Background Check form so that the Department can check the Illinois Child Abuse and Neglect Tracking System (CANTS) and the Illinois Sex Offender Registry. Make sure that everyone completes and signs the Authorization form.

Getting licensed depends on your working closely and cooperatively with your licensing worker to fulfill all requirements for licensure.

If you have questions regarding this notice and the application materials, please contact your licensing worker or caseworker for assistance.

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301. APPENDIX E - PLACEMENT CLEARANCE PROCESS

I. INTRODUCTION

The **Placement Clearance Process** has been created to ensure that children are placed in homes that are safe and that protect their lives and health. The **Placement Clearance Process** establishes a central place where DCFS and private agency placement staff can obtain information about **unlicensed relatives** and **licensed foster homes**. Specific information that is available through the Placement Clearance Desk (PCD) is information about a foster home's license status, maximum license capacity, pending child abuse/neglect investigations, placement restrictions for children and youth who have behavior problems, and voluntary and involuntary placement holds.

Placement clearance from the Placement Clearance Desk is required before a child for whom the Department is legally responsible can be placed in a licensed foster home or in the unlicensed home of a relative. Placement clearance requirements also apply to respite placements in licensed foster homes, pre-placement visits, and the return of a child to a foster home after a stay outside the home that exceeds 24 hours.

The Placement Clearance Process does not supersede or replace any other requirements or processes relevant to selecting a placement and obtaining supervisory approval for the placement. (Workers can refer to 89 Ill. Adm. Code 301, Placement and Visitation Services)

The DCFS or POS worker is responsible for determining that the best interests and special needs of the child are taken into consideration in the placement decision as required by Rules and Procedures 301.60 and 301.70.

a) How to Contact the Placement Clearance Desk

The Placement Clearance Desk can be contacted by phone at:
217-785-3202 or **1-800-847-2152.**

Workers who encounter problems in attempting to contact the Placement Clearance Desk can contact the Call Floor Supervisor at **217-782-6533**.

Placement checks will not be conducted and information will not be disclosed to any caller without a valid Worker ID#.

DCFS and POS workers shall not give the foster parent or relative caregiver the telephone number for the Placement Clearance Desk or the PCD worker's name.

b) Time Frame for Clearances

A clearance is valid for only 24 hours. A child cannot be placed in the foster or relative home if the clearance for the placement was granted more than 24 hours prior to the actual placement.

II. PLACEMENT CLEARANCE PROCESS

a) Required Prior Contact with Caregivers

1) Licensed Foster Homes: Placement, Pre-placement Visitation, or Respite Care

A) If the DCFS or purchase of service (POS) agency worker is employed by the same agency/region that supervises the foster home, the worker shall contact the foster parent before contacting the Placement Clearance Desk to complete the **CFS 2012, P re-placement Questionnaire (Licensed Foster Homes and Unlicensed Relative Homes)** (Attachment II). Completion of the **CFS 2012** should be based on an on-site visit to the foster home. For purposes of these procedures, the private agency or DCFS region that monitors the foster home license is the "supervising agency or region."

B) If the DCFS or POS worker plans to place a child in a foster home that is **not supervised** by the same agency/region for which the DCFS or POS worker is an employee, the DCFS or POS worker shall contact the licensing worker for the foster home. The licensing worker is responsible for contacting the foster parent and completing the **CFS 2012, Pre-placement Questionnaire (Licensed Foster Homes & Unlicensed Relative Homes).** To ensure that the home can meet the needs of the child, the **CFS 2012** is completed when the licensing worker and the placing worker conduct a joint site visit at the foster home. An authorized person from the supervising agency/region must notify PCD that they have approved the placement in the home. Authorized person includes the DCFS Regional Administrator, POS Executive Director or licensing representative or approved designee. The supervising agency or region can send the approval to the Placement Clearance Desk by fax **217-524-0359**, by email to the PCD mailbox (PCDmail@idcfs.state.il.us) or call the Placement Clearance Desk at **217-785-3202** or **1-800-847-2152**.

C) Emergency/After Hours telephone numbers of DCFS regions and POS agencies can be obtained by calling the State Central Register at **217-782-6533**.

D) It is imperative for the worker completing the **CFS 2012** to understand the needs of the child. If the placing worker is not completing the **CFS 2012**, he or she shall provide the licensing worker responsible for contacting the foster parent(s) with sufficient information about the child so that a reasonable determination can be

made of whether or not the home can meet the child's needs. The placing worker shall provide all pertinent case file information to the licensing worker prior to conducting the joint site visit to complete the **CFS 2012**.

E) Upon being contacted, the Placement Clearance Desk will require the worker to provide information from the **CFS 2012**. The completed **CFS 2012** shall be kept in the foster home file of the supervising agency or region. If the agency placing the child is not the supervising agency, the licensing worker sends a copy of the **CFS 2012** to the placing agency and it is filed in the child's case record.

F) When a child has been out of the home for more than 24 hours, the Placement Clearance Desk must be contacted before the child returns to the home. Workers must review the previously completed **CFS 2012** with the provider to determine if there have been any significant changes in the home since the child's departure. If there have been no significant changes, the worker is not required to complete a new **CFS 2012**.

G) If the interview with the foster parent results in a determination by the worker that the proposed placement would result in a violation of licensing standards and/or the conditions of a written supervision plan, the DCFS or POS worker shall find an alternative placement.

2) Unlicensed Relative Homes: Placement and Pre-placement Visitation

A) *"Relative"*, for purposes of placement of children for whom the Department is legally responsible, *means any person, 21 years of age or over, other than the parent, who:*

- *is currently related to the child in any of the following ways by blood or adoption: grandparent, sibling, great-grandparent, uncle, aunt, nephew, niece, first cousin,* first cousin once removed (children of one's first cousin to oneself), *second cousin* (children of first cousins are second cousins to each other), *godparent, great-uncle, or great-aunt, or*

- *is the spouse,* or party to a civil union, *of such a relative, or*

- *is the child's step-father, step-mother, step-grandfather, step-grandmother or adult step-brother or step-sister; or*

- is the partner, or adult child of a partner, in a civil union with the child's mother or father, or

- *is a fictive kin* (see Procedures 301.80, Relative Home Placement).

Relative also includes a person related in any of the foregoing ways to a sibling of a child, even though the person is not related to the child, when the child and its sibling are placed together with that person. For children who have been in the guardianship of the Department, have been adopted, and are subsequently returned to the temporary custody or guardianship of the Department, a "relative" may also include any person who would have qualified as a relative under this definition prior to the adoption, but only if the Department determines that it would be in the best interests of the child to consider this person a relative. [20 ILCS 505/7(b)]

B) When making a placement with an unlicensed relative, the Placing Worker shall complete the **CFS 458-A, Statement of Relationship**, indicating with which relative the child or children will be placed. The Placing Worker and relative shall sign the **CFS 458-A**. The Placing Worker shall file the completed **CFS 458-A** in the case record.

C) If the DCFS or Purchase of Service (POS) agency worker plans to place a child in an unlicensed relative home, the Placing Worker shall contact the relative and complete the **CFS 2012, Pre-placement Questionnaire (Licensed Foster Homes & Unlicensed Relative Homes)** (Attachment II) before contacting the Placement Clearance Desk**.** Upon contact, the Placement Clearance Desk will require the worker requesting placement authorization to provide information from the **CFS 2012.** The completed **CFS 2012** shall be placed in the child's file.

The DCFS or POS worker shall also complete the **CFS 454, Placement Safety Checklist** and review the **CFS 458, Relative Caregiver Placement Agreement** with the relative.

D) If the interview with the relative caregiver results in a determination by the worker that the proposed placement would violate the conditions of a written supervision plan or other protective plan or result in the caregiver caring for more children than allowed as outlined in Section V of this Appendix, the DCFS or POS worker shall find an alternative placement.

3) Self-Selected Placements / Placement Alternative Contract (PAC)

A) When a youth, 18 years old or older, chooses to live with an unlicensed caregiver who is not related to the youth and placement clearance is requested, the DCFS or POS worker is required to:

- Conduct a safety check as described in Department **Rules 301.80, Relative Home Placement**;
- Obtain the names including any AKA's, maiden or other names, Social Security numbers and dates of birth for all persons living in the home; and
- Contact the Placement Clearance Desk **at 217-785-3202** or **800-847-2152**

B) If the youth is living on his/her own without a caregiver, placement clearance requirements are not applicable. The Placement Clearance Desk will not issue an authorization and should not be contacted. See Procedures 301.60(d), Placement Alternative Contract.

4) Out-of-State Placements

To obtain authorization from the Placement Clearance Desk to place an Illinois child in an out-of-state placement, the DCFS or POS worker must:

A) Fax an approved **CFS 490, Interstate Compact Placement Request** to the PCD.

The date the **CFS 490, Interstate Compact Placement Request** is signed by the receiving Interstate Compact Coordinator (or designee) is the approval date. The approval date shall be no more than 6 months before the planned date of placement with the exception of a pre-adoptive placement. For pre- adoptive placements, the approval date shall be no more than one year before the placement.

If the worker is unable to provide a copy of the **CFS 490**, the PCD will need authorization from the Interstate Compact or DCFS Director's Office documenting that the placement has been approved.

B) Obtain the names (including any AKA's, maiden or other names), Social Security numbers and dates of birth for all persons living in the household; and

C) Contact the Placement Clearance Desk at **217-785-3202** or **800-847-2152** for placement clearance authorization.

Out-of-state placements must adhere to the capacity limitations in Section V of this Appendix.

b) Information Required by the Placement Clearance Desk

After the DCFS or POS worker has contacted the placement resource and has determined that the proposed placement would not violate the maximum number of children allowed or the conditions of a written supervision plan, the Placing Worker shall contact the PCD to secure clearance for the placement.

In order to begin the Placement Clearance Process, the PCD will need the pending SCR number, open child or family case ID, or Intake Evaluation number. After obtaining and verifying worker information, staff of the Placement Clearance Desk will also require the following information from the worker requesting placement authorization:

1) Names, Social Security Numbers and Birth Dates

The PCD worker shall ask the DCFS or POS worker for the name and date of birth of each child to be placed and all other children already in the home. If the DCFS or POS worker does not have the date of birth for each child under 13 years of age, the worker shall give the PCD worker his/her best estimate of each child's age.

The PCD worker shall ask the DCFS or POS worker for the names, Social Security numbers and dates of birth for all individuals living in the home who are 13 years of age or older. The PCD worker shall inquire about any AKA's, maiden or other names for all individuals over the age of 13. The DCFS or POS worker shall have this information documented within the **CFS 2012** or **CFS 454**. The PCD worker shall also document any AKA's, maiden or other names identified and searched. This information is required in order to obtain the most accurate LEADS and CANTS results.

2) Specialized Needs

Specialized needs refer to significant developmental, behavioral, or medical problems that require additional care or supervision from the caregiver(s). In determining the number of children with specialized needs in a home, biological, adopted, and/or foster children as well as those under guardianship of the caregiver are counted.

The PCD worker will ask if any of the children currently in the home or who will be placed in the home have specialized needs. The number of children permitted in the home will depend, in part, on the number of children with specialized needs. (See chart in Section V.)

Workers who have questions about a child's needs shall consult their supervisor or clinical staff in the child's region. PCD staff cannot make a determination about whether a child's needs are considered specialized.

3) Unrelated Children

The PCD worker will require information from the worker regarding the number of unrelated children in a home to ensure that no more than three unrelated children are placed in the same foster home. The Placement Clearance Desk uses the following criteria to determine the number of unrelated children in a foster home:

A) Sibling groups are counted as one, regardless of the number of siblings in the group.

B) Although other members of the household (including adopted and biological relatives) under the age of 18 count toward a home's foster care capacity, they DO NOT count towards the maximum capacity of three unrelated children.

C) Children under subsidized guardianship DO count towards the number of unrelated children.

D) Any person 18 and over, including DCFS wards, DO NOT count toward the maximum capacity of three unrelated children.

Exceptions to this policy require the Director's waiver. Director's waivers are described in detail in Procedures 402, Licensing Standards for Foster Family Homes.

4) License Status and Capacity

For licensed foster homes, the PCD worker shall determine if the home holds a valid license, the license capacity and verify that licensing is aware of all household members 13 years of age or older. The PCD worker will deny the clearance if:

A) a non-relative home is not currently licensed;

B) the number of children under age 18 reported by the worker for a foster home exceeds the home's license capacity; or

C) the age of the child(ren) to be placed is not within the age range approved on the home's license.

D) the Central Office of Licensing has not completed background checks on all household members 13 years of age or older.

5) Law Enforcement Agency Data System (LEADS)

A) **Relative, Self-Selected and Out-of- State Placements**

A LEADS check will be completed on all members of the household who are 13 years old or older. If the result of the LEADS check is a finding that a member of the household has a criminal conviction or charges pending listed in Rule 301.Appendix A, Criminal Convictions which Prevent Placement of Relatives, the PCD worker will deny the placement clearance unless a waiver has been issued in accordance with Rule 301.Appendix A.

If a member of the household has been convicted of one of the serious crimes identified by an asterisk (*) in Rule 301.Appendix A, the placement will not be approved without written waiver signed by the Director on **CFS 301-80, Waiver of Criminal Record of a Relative for Placement of a Related Child**.

For the less serious crimes listed in Rule 301.Appendix A, the Director shall have the discretion to grant a waiver on a **CFS 301-80**. However for after-hour requests or emergency placements, a 24-hour conditional approval may be granted by the DCFS Regional Administrator or the placing agency Program Director or designee until a waiver is received from the Director on the **CFS 301-80**.

The PCD will approve the placement upon receiving ~~a~~ written approval from the Director on a **CFS 301-80** or a conditional approval contingent on a Director's waiver (via fax at **217-524-0359** or email to PCD Mailbox on Outlook).

If the caller plans to request a waiver for the placement, the PCD worker will provide the caller with a list of the household members' arrests, convictions/adjudications and pending criminal charges.

B) **Licensed Foster Care Placements**

A LEADS check will be completed for all household members who are 13 years old or older. If the results of the LEADS check are a finding that a member of the household has been convicted of a crime or has charges pending since cleared by the Central Office of Licensing, the PCD worker will notify the Licensing Unit. Depending on the seriousness of the crime based on those crimes listed in Rule 301, Appendix A, the Placement Clearance Desk may deny placement clearance authorization until Licensing has completed a review.

C) **Children Being Placed & Other Wards in the Home 13 Years Old or Older**

A LEADS check will be completed for wards in the home and those children who are being placed when they are 13 years old or older. If the child has been adjudicated for or has charges pending which would bar placement if committed by an adult, the PCD will not approve the placement without the written approval of the placing worker's supervisor. The supervisor's written approval must be submitted to the PCD. Written approval is not required if there are no other children in the home.

Any time adjudication is waived for a child 13 years old or older, the child's worker is required to notify the foster parent of the charges or adjudication immediately. The worker is also required to notify caseworkers for other children placed in the home by the end of the next business day.

6) SACWIS/Child Abuse/Neglect Background Check (CANTS)

The PCD worker shall check the SACWIS/CANTS system for all placements to determine if any member of the household or any child being placed in the foster or relative home who is 13 years old or older is alleged to be the perpetrator in a pending CA/N investigation or has previously been indicated in a report of abuse and/or neglect.

A) **Pending CA/N Investigation**

If there is a pending CA/N investigation that identifies any member of the household age 13 or older as an alleged perpetrator, the Placement Clearance Desk will **deny the placement clearance**. If a member of the household is named in a pending investigation as a non-involved subject, placement clearance will only be approved with a statement from the Regional or Area Administrator confirming that this person has been identified as a non-involved subject and is unlikely to be indicated.

B) **Child being placed**

If there is a pending CA/N investigation in which the child is alleged to be the perpetrator or the child being placed has previously been indicated in a CA/N report, PCD will deny the placement unless the placing worker's supervisor sends written approval of the placement (via telefax to 217-524-0359) to the Placement Clearance Desk. Written approval is not required if there are no other children in the home.

C) **Indicated Reports of Child Abuse and Neglect**

If any member of the household who is 13 years old or older has been indicated as the perpetrator in a previous CA/N investigation, the PCD worker will **deny the placement** unless cleared by the Central Office of Licensing for placement in a licensed foster home

The Placement Clearance Desk shall provide the DCFS or POS worker:

- Date of the report of child abuse/neglect.
- Name(s) of person indicated for child abuse or neglect.
- Allegations for which the person was indicated.
- Names of victims.

D) **Waivers**

An indicated finding against any person 13 years old or older requires the following before placement can be approved in an unlicensed home:

- For allegations with a 5-year retention, the placing worker's supervisor must send written approval of the placement (via telefax to **217-524-0359**) to the Placement Clearance Desk.
- For allegations with a 20 or more year retention, the Regional Administrator or his designee must send written approval of the placement.

Anytime a waiver is granted for a member of the household who has been indicated for child abuse and/or neglect, the placing worker must immediately notify the foster parent of the indicated report and notify the caseworkers for any of the other foster children in the home by the end of the next business day.

If a household member of a LICENSED foster home has been indicated of Child Abuse/Neglect, the indicated finding must be approved by the Central Office of Licensing before placement can be cleared. The Placement Clearance Desk shall notify the Central Office of Licensing designee via e-mail of any indicated findings revealed during the placement clearance process not cleared by Licensing.

7) Placement Clearance Database

A) The PCD worker shall check the Placement Clearance Database for "holds" and any placement restrictions on a written supervision plan:

- **Current "Hold"** - If there is a current "hold" on the relative or foster home, the PCD worker will **deny the placement clearance**.

- **Current Supervision Plan Allowing Additional Placements** - If there is a current supervision plan for a child in the home that allows additional placements, but the placement of these child(ren) would violate the conditions of the supervision plan (i.e., ages and gender of additional children), the PCD worker will **deny the clearance**.

B) The Placement Clearance Database will track the ages and gender of children who may be placed in the home when a supervision plan is in effect that does not prohibit all additional placements.

8) Other Documentation that the Placement Clearance Desk may Require:

The Placement Clearance Desk may require the worker to submit documentation before authorizing a placement when any of the following have occurred:

A) A change in license regarding the home's capacity or the ages of children that can be placed in the home was recently recommended by the supervising agency and it is not yet reflected in SACWIS.

A copy of the Individual Licensing Summary (ILS) may be faxed to the PCD at 217-524-0359. The PCD supervisor may then approve a placement based on the receipt of an ILS that indicates that the placement would not exceed the license capacity.

B) Required capacity waivers have been granted.

C) A change has recently occurred in the number of children who are placed in the home and the change is not yet reflected in SACWIS or a child who was previously in the home had a supervision plan has moved or the child remains in the home but the supervision plan has been revised or discontinued and the change has not yet been reflected.

The worker must document in writing that a move has occurred which changes the current number or composition of children in the home and fax or email the documentation to the PCD.

D) A child is returning to a foster or relative home placement after a brief placement away from that home (i.e., psychiatric hospitalization, substance abuse treatment, CA/N investigation, etc.). If the home is over license capacity, the following applies.

i) Written verification is required that there have been no significant changes in the home composition or situation that would negatively impact the foster parent's ability to care for the child.

ii) If the child has been out of the home for **30 or fewer days**, written verification is required from the placing worker's supervisor.

iii) If the child has been out of the home for **more than 30 days**, written verification is required from the DCFS Regional Administrator for DCFS and POS Placements.

c) Clearance Issued

If the placement complies with Department requirements, the PCD worker shall issue the DCFS or POS worker a Placement Clearance Confirmation Number, including the date and time of the clearance. If the cleared licensed foster care or home of relative foster home also possesses a valid daycare license, the PCD worker shall notify the Department designee for Daycare Licensing via e-mail that a child has been placed in that home and will document the notification.

The clearance is valid for up to 24 hours from the date and time it is issued by the PCD worker.

The 906 Payment Units will not enter a 906/906-1 for any child without a valid Placement Clearance Confirmation Number. The Placement Clearance Confirmation Number, date and time shall be written under the eight-digit sequence number (Region/Site/Field number) on the **CFS 906/906-1**.

d) When Placement Clearance Authorization will be Denied

The Placement Clearance Desk will deny a placement clearance under the following conditions:

1) The placing worker is not employed by the agency or DCFS region that supervises the home and the PCD has not received approval of the supervising agency in accordance with Section II a) 1) B) of this appendix.

2) The placing worker has not made prior contact with the foster parent or relative with whom the placement is being made.

3) The caregiver is not related to the child and the home does not hold a valid foster home license.

4) The proposed placement would result in having more than three unrelated children in the home.

5) There is an indicated child abuse or neglect report identifying:

   A) the child being placed as the perpetrator; or

   B) a member of the household as the perpetrator

   unless a waiver has been secured in accordance with Section II. b) 6) of this Appendix.

6) A check of the Law Enforcement Agency Data System (LEADS) reveals a criminal conviction or pending charge against a member of the household which is a bar to placement (unless a waiver has been secured in accordance with Section II. b) 5) of this appendix).

7) The home is involved in a pending CA/N investigation.

8) There is a voluntary or involuntary "hold" on the home.

9) The proposed placement would result in the home being out of compliance with Part 402, Licensing Standards for Foster Family Homes, Section 402.15, Number and Ages of Children Served or the home's license capacity.

10) The proposed placement would violate the conditions of a written supervision plan for a child/youth who has behavior problems.

When placement clearance is denied for any of the reasons listed above in d) 1) – 10), with the exception of 5) A), and there are other foster children in the home, the worker who requested placement clearance shall inform workers for all other foster children in the home of the reason for the denied clearance. The other children's worker(s) shall then determine if the children in the home should be removed.

III. PLACEMENT CLEARANCE AGREEMENT

When the child is placed, (no longer than 24 hours after the Placement Clearance Desk has issued the clearance) the DCFS or POS worker and the foster parent or relative caregiver shall sign and date the **CFS 2010, Placement Clearance Agreement** or the **CFS 458, Relative Caregiver Placement Agreement**. The DCFS or POS worker shall include the **Placement Clearance Number** and the date and time of the placement on the form.

If a child is returning to a foster home following a brief period outside the home (30 days or less) and no significant changes have occurred in the home since the child's departure, completion of a new placement agreement is not required.

IV. "HOLDS" ON FOSTER HOMES AND RELATIVE HOMES

When a "hold" is placed on a home, PCD will not approve placement in the home or will approve only the placements that meet the requirements of a written supervision plan. A "hold" may either be a voluntary (placed at the request of the foster parent or relative caregiver) or an involuntary "hold". A "Non-Active" status is another type of voluntary hold; however, the licensed home is not monitored while on "Non-Active" status.

a) Persons Authorized to Place a "Hold" on a Home

Type of Home	Persons Authorized to Place a "Hold"
DCFS Foster Home (Individual home)	DCFS Director Deputy Director, Placement/Permanency or Designee Deputy Director, Field Operations or Designee Deputy Director, Clinical Services or Designee Deputy Director, Monitoring/Quality Assurance or Designee Associate Deputy Director, Clinical Division Regional Administrator or Designee * Sexual Abuse Program or Services Coordinator Licensing Administrator or designee Licensing Administrator for Background Checks Licensing Supervisors Foster Parent – through the Licensing Representative (Voluntary Hold)

Type of Home	Persons Authorized to Place a "Hold"
Private Agency Foster Home (individual home)	DCFS Director Deputy Director, Placement/Permanency or Designee Deputy Director, Field Operations or Designee Deputy Director, Clinical Services or Designee Deputy Director, Monitoring/Quality Assurance or Designee Associate Deputy Director, Clinical Division Regional Administrator/designee * Sexual Abuse Program or Services Coordinator Exec. Director of Supervising Child Welfare Agency or designee Licensing Administrator Licensing Supervisors Licensing Administrator for Background Checks Foster Parent – through the Licensing Representative (Voluntary Hold)
All Foster Homes Licensed Through/Supervised by a Specific Child Welfare Agency	DCFS Director Deputy Director, Placement/Permanency or Designee Deputy Director, Field Operations or Designee Deputy Director, Clinical Services or Designee Deputy Director, Monitoring/Quality Assurance Executive Director of Supervising Private Child Welfare Agency or Designee
Unlicensed Relative Home	DCFS Director Deputy Director, Placement/Permanency or Designee Deputy Director, Field Operations or Designee Deputy Director, Clinical Services or Designee Associate Deputy Director, Clinical Division Deputy Director, Monitoring/Quality Assurance or Designee Regional Administrator or Designee * Sexual Abuse Program or Services Coordinator

* - If the foster home or relative is physically located in the Regional Administrator's Region.

b) Reasons for Placing a "Hold" on a Home

1) A voluntary "hold" may be placed on a home when the foster parent or relative determines it is not be in the best interest of the home to accept additional children for placement at the present time.

2) A voluntary non-active status may be placed on the licensed foster home under the provisions of Section 402.7 of the Licensing Standards for Foster Family Homes.

3) An involuntary "hold" may be placed on a relative or foster home for any number of reasons, including, but not limited to, the following:

A) An authorized person (see Section IV.a.) has determined that it would be unsafe to allow any or more children to be placed in the home or, due to the needs of the children currently in the home, it would be difficult for the caregiver(s) to meet the needs of any additional children.

B) There is a pending licensing complaint investigation that involves health and safety issues and the Regional Administrator (or designee) or the Executive Director of the supervising child welfare agency (or designee) has placed a hold on future placements, and/or licensing enforcement action is in process (e.g., revocation, refusal to renew license, conditional license, protective or corrective action plan, or administrative order of closure).

C) There is a written supervision plan in effect that stipulates no additional children should be placed in the home.

D) There is a court order prohibiting placement in the home.

c) Referral of Home for a "Hold"

When a person residing in the home is indicated for child abuse or neglect or whenever there is a licensing complaint investigation involving health and safety issues and/or licensing enforcement action is in process, the case manager or Licensing Representative shall request that the home be placed on "hold". Requests shall be made to a person authorized to place a hold on a home (e.g. Regional Administrator). The authorized person shall determine whether the home should be prohibited from taking further placements. In order for PCD staff to enter a hold, the person requesting the hold must be authorized per the "Worker Certified Status" in SACWIS.

d) How to Place an Involuntary "Hold"

1) The Placement Clearance Desk shall not be responsible for applying a hold on a foster home or relative home unless the Placement Clearance Desk has received notice of the hold.

2) The person authorized to place a Hold shall notify the Placement Clearance Desk of the 'hold' via e-mail or telefax of the **CFS 2011, Placement Hold Request** (Attachment III).

E-mail (via Outlook) – Send to PCD Mailbox
Fax – 217-524-0359

3) When an authorized DCFS person places a hold on a private agency supervised foster home or relative home, the person placing the hold shall notify the Executive Director or the licensing office of the supervising agency no later than the next business day after placing the hold. Initial notification by phone or e-mail must be followed by written notification addressed to the Executive Director or the foster care licensing office of the supervising agency.

e) Notification When a Hold is Placed

1) **Foster Parent Notification -** When an involuntary hold has been placed on a foster home or relative home, the person who placed the hold shall send a written notice of the action to the foster parent(s) or relative(s) no later than the next business day after the hold has been placed. The notice shall indicate the reason for the hold. Placement holds cannot be appealed.

2) **Director's Hold** - When a foster parent is under criminal investigation for a crime which, if true, would jeopardize the health, safety or welfare of children to be placed in the home, the Director may place an involuntary hold on the home for up to 60 days without notice to the foster parent.

3) **Notification of Workers** - Whenever a hold is placed on a home, the supervising agency (DCFS or private child welfare agency) shall notify all workers of children placed in the home of the hold no later than the next business day after the hold has been placed. Initial notification by phone or e-mail shall be followed by written notice addressed to the Executive Director or the foster care licensing office of the supervising office.

f) How to Place a Voluntary "Hold"

The authorized person shall e-mail to PCD Mailbox or fax (217-524-0359) or mail the request for a voluntary "hold" to the Placement Clearance Desk the request to:

Placement Clearance Desk
DCFS
406 E. Monroe St., Station #30
Springfield, Illinois 62701-1498.

The request for the hold may be submitted on the **CFS 2011, Placement Hold Request**, or may be a written request that includes the following information:

- Name of home to be placed on hold.
- Current location (address) of home - street and city.
- Provider ID.
- Hold start date.
- Reason(s) for the hold.
- Name/phone number of authorized person (must be authorized per "Worker certified" status in SACWIS).

g) How to Place a Licensed Foster Home on Non-Active Status

The Department may place a foster family home license in non-active status when the licensee agrees in writing that the home has no foster placements and will not accept foster placements while in non-active status; to maintain compliance with current and on gong licensing standards as they are put into effect; and to have the license moved to non-active status (see **Section 402.7 of the Licensing Standards for Foster Family Home**). The authorized person shall fax the completed and signed **Non-Active Status Request (CFS 452-B)** to PCD at 217-524-0359

h) Supervision Plans for Children and Youth who have Behavior Problems

For children who have sexual behavior problems, the Sexual Abuse Services Coordinator shall notify the Placement Clearance Desk when a written supervision plan has placement restrictions regarding the ages / gender of children who can be placed with those children.

The notice shall be made by e-mail (PCD Mailbox) or Fax 217-524-0359 with a copy forwarded to the Regional Administrator (or designee) for the region in which the home is located and shall contain the following information:

- Name, MARSCYSIS ID and birth date of the child who has a written supervision plan.
- Name of current placement (Provider Name and ID).
- Current location (address) of home - street and city.
- Start date of placement restrictions.
- Gender & ages of children who may be placed with the child while plan is in place.
- Name/phone number of Sexual Abuse Services Coordinator.

The Sexual Abuse Services Coordinator shall notify the Placement Clearance Desk if the placement restrictions are modified or discontinued.

i) Removing a Hold

1) A hold" on a foster or relative home must be removed as soon as the conditions that led to the "hold" no longer exist. Holds on foster or relative homes must be removed when:

   - a licensing investigation is completed and it is determined that there are no health or safety issues present in the home;

- an authorized person has determined that there are no longer any issues which present any safety reasons to stop placement in the home;

- a written supervision plan prohibiting additional placements is no longer in effect; or

- the Director waives the presumption that an indicated CANTS report renders the home unsuitable.

- The criminal investigation that resulted in a Director's hold has been resolved and there are no longer concerns about the health, safety or welfare of children placed in the home.

A hold on a home is not removed solely on the basis of the license being closed.

2) To remove a "hold" from the Placement Clearance Desk database, the person who placed the "hold" shall send the **CFS 2011 Placement Hold Request** that includes the Remove Hold information by e-mail notice via Outlook at PCD or fax to the Placement Clearance Desk at 217-524-0359. A "Non-Active" status may be removed by faxing a completed and signed **CFS 452-C, Re-Activation Status Agreement,** to the PCD at 217-524-0359.

j) Listing of Foster or Relative Homes That Are on Hold

The Placement Clearance Desk maintains a hold listing that is available to DCFS and POS staff members who are authorized to place a hold on a foster or relative home.

Authorized individuals who do not have access to the Hold Listing in SACWIS may contact PCD at 217-785-3202 and request a listing.

V. NUMBER AND AG ES OF CHILDREN ALLOWED IN LICENSED FOSTER FAMILY HOMES AND UNLICENSED RELATIVE HOMES

a) When No Child Requires Specialized Care

Number and Ages of Children Under Age 18 in a Foster Family Home and Unlicensed Relative Homes (includes family's own children under age 18)			
Ages of Children	**Regular Foster Home License and Unlicensed Relative Home Number of Children**	**Expanded Capacity License[1] (Licensed Foster Homes Only) Number of Children[2]**	**Unlicensed Relative Care Requiring approval**
Total number	6	8[1]	6[2]
Under age six	4[3]	4[3]	4[3]
Under age two	2[4]	2[4]	2[4]

1 Approved only to allow placements of sibling groups, foster children with children, respite care, and for purposes of adoption or Director's approval. To exceed eight children requires personal approval by the Director of DCFS.

2 May exceed six children (no more than eight) with the approval of the placing worker's supervisor. To exceed eight children requires personal approval by the Director of DCFS.

3 May exceed four children under age six in order to keep siblings together with the approval of clinical services and licensing when all foster children have the same mother or same father.

4 May exceed two children under age two to accommodate a sibling group with the approval of placing supervisor (all children under two must be siblings).

b) When a Child or Children Require Specialized Care

Number and Ages of Children Under Age 18 In a Regular Foster Family Home, Licensed Relative Homes and Unlicensed Relative Homes (includes family's own children under age 18) Children Require Specialized Care				
Ages of Children	**One Child Requires Specialized Care**	**Two Children Require Specialized Care**	**Three Children Require Specialized Care**	**Four Children Require Specialized Care**
Total number	5	4	4[1]	4[1]
Under age six	4	3	3[1]	2[1,2]
Under age two	2	2	2[1]	1[1,2]

1 Requires approval of the manager of clinical services and the licensing supervisor.

2 May allow one more child if approved via a staffing held in the foster parent's home which includes licensing, clinical services, the child welfare workers for all involved children, and the foster parents.

PLACEMENT AND VISITATION SERVICES
July 24, 2006 – P.T. 2006.07

FREQUENTLY ASKED QUESTIONS
Placement Clearance Process

Are there any circumstances under which a clearance can be extended beyond the 24-hour period?

No. It is always necessary to call PCD within the 24-hour period prior to placing a child in a relative or licensed foster home.

If a child leaves a relative or foster home temporarily (i.e. respite, preplacement visit, brief hospitalization, etc.) is it necessary to call PCD?

PCD must be contacted if the child's temporary placement is in a relative or foster home and is expected to exceed 24 hours. This requirement includes informal respite that is arranged without completion of a 906 form.

If a child has left a foster home temporarily, is it necessary to contact PCD when he/she returns?

Yes. If a child has been out of a foster home for more than 24 hours, PCD must be contacted prior to the child's return. This includes overnight sibling visitation that exceeds 24 hours. This process informs the worker if something happened while the child was away that would affect the child going back into the home, e.g. a child abuse or neglect report on the caregiver. However, workers do not need to complete the Pre-placement Questionnaire or the Placement Clearance Agreement if there have been no significant changes in the home since the child's departure.

Does PCD need to be contacted to approve a weekend, overnight sibling visit in a licensed foster home or unlicensed relative home?

No. PCD does not have to be contacted to approve the visit unless it is a preplacement visit. However, PCD must be contacted before the child returns to the foster or relative caregiver home if the child is out of the home for more than 24 hours.

If a foster parent or relative is at capacity, can a foster parent still host an overnight sibling visit?

Yes. A foster parent can host an overnight visit even if the visit would put the foster home over capacity during the visit unless it is a preplacement visit.

Is it necessary to call the PCD when a child goes on an informal visit with a relative or friend if the purpose of that visit is not for placement (i.e. child visits with a grandparent one weekend per month; child attends a slumber party overnight at a friend's home; child goes to summer camp; etc.)?

If the purpose of the visit is not for placement, preplacement, or respite, PCD clearance is not necessary. However, workers should regularly check CANTS and LEADS on such adult caregivers. If the child is out of the home for more than 24 hours, PCD must be called when the child returns to the home.

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APPENDIX F
CFS 680, Child Identification Form

a) PURPOSE

The purpose of this form is to establish a standardized format for the recording of critical child-specific information that may be used by law enforcement, national agencies, and caseworkers to locate and expedite the return of Department wards who are absent from Department authorized placement.

b) WHO COMPLETES IT

Department and purchase of service agency caseworkers complete the form as a component of the child's placement package and case file. The form is reviewed and updated annually or when there is a change in the child's placement or identifying information. The child's current photograph shall be attached to the form, updated annually and as needed.

c) INSTRUCTIONS

The **CFS 680, Child Identification Form**, included at the end of this Appendix, must be completed within 30 days of initial placement, reviewed annually and updated as necessary.

SECTION I CASEWORKER AND PLACEMENT INFORMATION

1-4) Enter the caseworker's name, office address, office telephone number, and after hours telephone number.

5-9) Enter the type of placement (e.g., foster care, group home, etc.), provider name, address, telephone and emergency telephone numbers.

SECTION II CHILD'S INFORMATION

1) Enter the child's name.

2-3) Enter the child's sex and date of birth.

4) Enter other names used by the child.

5-9) Enter the child's race, hair color, eye color, weight and height.

10) Enter and describe any visible birthmarks, scars, and/or tattoos.

11) Enter the child's social security number.

12) Enter the child's drivers license number, if applicable.

13) Enter any medical conditions the child may have.

14) Enter the names of the medications the child is taking.

15-17) Enter the name, address and telephone number of the child's school.

18) Describe the child's interests.

19) Enter child's special communication needs/language preference.

20-22) Enter employer's name, address and telephone number, if applicable.

SECTION III BIRTH PARENT INFORMATION

1-3) Enter the father's name, address and telephone number.

4-6) Enter the mother's name, address and telephone number.

7) Enter parents' special communication needs/language preference.

SECTION IV FRIENDS AND RELATIVES INFORMATION

Enter the names, addresses and telephone numbers of the child's friends and relatives.

SECTION V VEHICLE INFORMATION

This section is completed if the youth owns or has access to a vehicle.

1-5) Enter the model, make, year, color, and license plate number of the youth's vehicle.

6) If the vehicle is not registered in the youth's name, enter the name and address to which the vehicle is registered.

SECTION VI SIGNATURES

The child's caseworker shall sign and date the form after completing reporting and documentation requirements. The worker's supervisor shall review the form and provide any required case consultation prior to affixing his or her signature.