



STATE OF ILLINOIS
OFFICE OF THE
AUDITOR GENERAL

Frank J. Mautino, Auditor General

REPORT DIGEST

**PERFORMANCE
AUDIT**

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Audit performed in
accordance with
**Senate Resolution
Number 403**

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EXECUTIVE SUMMARY

**Illinois Department of Children and Family Services
LGBTQ Youth In Care**

Senate Resolution Number 403, adopted May 31, 2019, directed the Auditor General to conduct a performance audit of the Department of Children and Family Services' (Department) compliance with its obligations to protect and affirm children and youth who are lesbian, gay, bisexual, transgender, questioning or queer.

Overall the audit found that there is a lack of reliable and consistent information regarding LGBTQ youth in the care of the Department. Further, although the Department has established policies and procedures to ensure the well-being of LGBTQ youth in care, the Department did not implement all of these procedures or the procedures were not implemented in a timely manner. We also found that there is a lack of monitoring and oversight of private agency compliance with these procedures.

In this audit, we also reported that:

- The Department does not have a formal process in place to identify youth in care that may identify as LGBTQ.
- The Department utilizes outdated, inadequate, or non-existent computer systems to track youth in care and particularly LGBTQ youth in care.
- The Department is not ensuring that caseworkers review the Foster Children's Bill of Rights with youth in care as is required.
- The Department did not implement training requirements in a timely manner.
- The Department failed to monitor the requirements of Appendix K including whether POS agencies have adopted policies that are at least as extensive as Appendix K.
- The Department does not require licensed foster parents to commit to provide care and homes that are affirming of all children and youth, regardless of sexual orientation or gender identity as part of the licensing process.
- LGBTQ status was taken into consideration for some placements. However, the Department is not utilizing its Child/Caregiver Matching Tool in most cases.
- The Department has taken some steps to recruit LGBTQ affirming foster parents by holding events specifically to recruit LGBTQ affirming parents. However, there was no evidence that these efforts have led to more LGBTQ affirming foster homes.
- The number of emergency shelter beds in Illinois decreased dramatically between FY15 and FY19, leaving some areas of the State with no beds for youth in crisis.
- The Department is not providing accurate and complete information to the General Assembly in the required Youth in Care Waiting for Placement annual reports.

The audit report contains a total of 16 recommendations to the Department.

AUDIT SUMMARY AND RESULTS

Senate Resolution Number 403, adopted May 31, 2019, directed the Auditor General to conduct a performance audit of the Department of Children and Family Services' compliance with its obligations to protect and affirm children and youth who are lesbian, gay, bisexual, transgender, questioning or queer. The Resolution specifically requires the audit to include an examination of the operations and management of the Department of Children and Family Services (Department) and its contractors to perform their duties in accordance with the Foster Children's Bill of Rights Act (20 ILCS 521/1) and Appendix K to Procedures 302 (Support and Well-Being of Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Children and Youth).

There is a lack of reliable and consistent information regarding LGBTQ youth in the care of the Department.

Overall the audit found that there is a lack of reliable and consistent information regarding LGBTQ youth in the care of the Department. Further, although the Department has established policies and procedures to ensure the well-being of LGBTQ youth in care, the Department did not implement all of these procedures or the procedures were not implemented in a timely manner. We also found that there is a lack of monitoring and oversight of private agency compliance with these procedures. (page 1)

Digest Exhibit 1 ASSESSMENT OF AUDIT DETERMINATIONS	
Determination from Audit Resolution	Auditor Assessment
1) <i>The Department of Children and Family Services' implementation of and adherence to Appendix K to Procedure 302 and the Foster Children's Bill of Rights.</i>	<ul style="list-style-type: none"> • The Department did not implement the requirements of Appendix K to Procedure 302 in a timely manner. (page 21) • The Department is not ensuring that Department caseworkers review the Foster Children's Bill of Rights Act with youth in care as is required by law and in accordance with Department procedures. (page 17)
2) <i>The Department of Children and Family Services' contractors' implementation of and adherence to Appendix K of Procedure 302 and the Foster Children's Bill of Rights.</i>	<ul style="list-style-type: none"> • The Department failed to monitor the requirements of Appendix K including whether POS agencies have adopted LGBTQ policies that are least as extensive as Appendix K. (pages 35-36) • The Department is not ensuring that private agency caseworkers review the Foster Children's Bill of Rights Act with youth in care as is required by law and in accordance with Department procedures. (page 17)
3) <i>How and with what frequency the Department of Children and Family Services and its contractors' employees are trained on sexual orientation, gender identity, and the requirements of Appendix K, and whether the training is sufficient to demonstrate appropriate application to fieldwork.</i>	<ul style="list-style-type: none"> • The Department did not implement the training requirements contained in the Foster Children's Bill of Rights Act and those of Appendix K to Procedures 302 in a timely manner. In addition, there are a large number of staff that have not received the training required by Appendix K. (page 28)
4) <i>How employee and contract oversight ensure accountability and corrective actions.</i>	<ul style="list-style-type: none"> • Employee and contractor oversight was inadequate to ensure accountability or corrective actions. • According to the Department's Office of Affirmative Action and the Office of Inspector General there have been no allegations reported alleging discrimination

	<p>against a youth in care on the basis of sexual orientation or gender identity. (page 33)</p>
<p>5) <i>The method by which the Department of Children and Family Services assesses, monitors, and acts to make certain its contracted providers have adopted LGBTQ-affirming, nondiscrimination policies that are at least as extensive as Appendix K, including policies providing for employee discipline up to and including termination and for conduct in violation of the non-discrimination policy.</i></p>	<ul style="list-style-type: none"> • The Department was not ensuring that agencies had established policies required by Appendix K and their contract agreements. (page 35)
<p>6) <i>The methods by which information about youth gender-identity is sought, the format and locations in which this information is maintained, and the practices utilized for privacy protections.</i></p>	<ul style="list-style-type: none"> • There is a lack of data regarding LGBTQ youth in care because the Department does not have a formal process in place to identify youth in care that may identify as LGBTQ. The Department does not actively solicit this information when youth come into the care of the Department and therefore, are unaware of the majority of youth in care that may identify as LGBTQ. (pages 57-59) • The LGBTQ Coordinator in the Division of Clinical Practice is the only office in DCFS that maintains a spreadsheet of LGBTQ youth in care. However, according to a Department official, clinical logs which may contain this information are also maintained in a shared file directory with access granted to staff who need to know the information. (page 58)
<p>7) <i>Actions taken by the Department of Children and Family Services and its contractors in licensing to require foster parents' commitment to provide care and homes that are affirming of all children and youth, regardless of sexual orientation or gender identity.</i></p>	<ul style="list-style-type: none"> • The Department does not require licensed foster parents to commit to provide care and homes that are affirming of all children and youth, regardless of sexual orientation or gender identity as part of the licensing process. The Department's foster home licensing rules and procedures do not discuss sexual orientation or gender identity as it relates to youth in care (89 Ill. Adm. Code 402 and Procedures 402). The administrative rules for foster home licensing also do not make reference to the requirements of Appendix K. (page 48)
<p>8) <i>The process by which the Department of Children and Family Services ensures that children or youth who identify as lesbian, gay, bisexual, transgender, questioning or queer are matched with placements that are affirming of those youths' sexual orientation and gender identity.</i></p>	<ul style="list-style-type: none"> • According to Department officials, if a youth discloses their LGBTQ status, it is taken into consideration in terms of making everyone aware that is involved in the placement. However, the matching process is the same. (page 43)
<p>9) <i>The current gap in placement and service capacity to meet needs and efforts made to recruit homes affirming of lesbian, gay, bisexual, transgender and questioning or queer children and youth.</i></p>	<ul style="list-style-type: none"> • Because the Department does not collect sufficient information regarding whether a youth in care is LGBTQ, auditors could not determine with any degree of accuracy any current gap in placement and service capacity to meet needs of lesbian, gay, bisexual, transgender and questioning or queer children and youth. The Department provided auditors with documentation of efforts made to recruit homes that would be affirming of LGBTQ youth in care. (page 48)

<i>The Resolution further requires that the audit include the following determinations as they pertain to children (up to the age of 21) in the care of the Department of Children and Family Services in calendar years 2017 and 2018:</i>	
<p>1) <i>Whether youth in care are made aware of their rights and know how to report violations of these rights, the experiences of youth who have reported violations, recommendations made by youth in care to improve their ability to meaningfully exercise their rights, and how the Department of Children and Family Services incorporates such recommendations in policy development.</i></p>	<ul style="list-style-type: none"> • The Department is not ensuring that Department and private agency caseworkers review the Foster Children’s Bill of Rights Act with youth in care as is required by law and in accordance with Department procedures. For 71 of 128 youth in care reviewed, auditors could not document that a CFS 496-1 (Illinois Foster Child and Youth Bill of Rights form) was ever reviewed with the youth during 2017-2018. Only 5 of 128 youth in care had all the required forms. (page 20) • The Advocacy Office does not track recommendations made by youth or the experiences of youth in care that have reported violations. Therefore, auditors were unable to identify a source that could provide information regarding recommendations made by youth in care. (page 39)
<p>2) <i>The number of youth in care identifying as (a) lesbian, (b) gay, (c) bisexual, (d) transgender, (e) questioning, (f) gender non-conforming, (g) another minority sexual orientation or gender identity, or (g) more than one of the aforementioned identifications during the review period.</i></p>	<ul style="list-style-type: none"> • The Department does not have a formal process in place to identify LGBTQ youth. Therefore, auditors could not determine with any accuracy the total number of LGBTQ youth in care. The data provided by the Department was not always accurate and included some youth who were not in the care of the Department but were referred to the Division of Clinical Practice because of an investigation or adoption involving an LGBTQ youth. After analyzing the information provided, auditors determined that there were 91 unique LGBTQ youth on the list provided by the Department. (pages 58-59)
<p>3) <i>For each youth in subsection (2), the length of stay in out-of-home care, case permanency goals, frequency of sibling visitation, as applicable.</i></p>	<ul style="list-style-type: none"> • The 26,971 youth in care during calendar years 2017 and 2018 spent between one day and 21.1 years in care. Most children (46.0%) spent between two and five years in care. The 91 LGBTQ youth in care provided by the Department spent similar amounts of time in care as the general population; most of the LGBTQ youth in care have spent between 2-5 years in care. (pages 70-71) • Auditors were unable to complete a permanency goals analysis for all youth in care due to the way placements are tracked. Permanency goals were included as part of sample testing. For cases sampled, there were between 1 and 11 permanency goals for the youth in care, with 2 being the most common. The most common initial permanency goal was return home within 12 months with 125 (67 LGBTQ) out of 159 youth in care. The most common current permanency goal was substitute care pending independence/independence (77 youth in care, 62 LGBTQ). (page 71) • For cases tested, 48 of 159 youth in care had a sibling visitation plan, including 19 of 68 youth in care and 29 of 91 LGBTQ youth in care. Of the 48 youth in care with a sibling visitation plan, 25 had documentation to show that the sibling visitation plans were being followed (13 LGBTQ). There were

<p>4) <i>For each youth in subsection (2), the number, type, and duration of each placement designated foster home, group home, residential treatment center, detention or correctional setting, psychiatric hospital, transitional living program, or shelter home; whether and how the youth in care participated in placement planning and determination; whether and how gender identity was considered for placement selection and whether the youth was placed according to their gender identity (as opposed to their sex assigned at birth as reflected on their birth certificate); reasons for placement disruptions, if applicable.</i></p>	<p>seven youth in care without a sibling visitation plan that should have had one (zero LGBTQ). (page 72)</p> <ul style="list-style-type: none"> • For the 159 youth in care tested, there were a total of 354 placements during 2017 and 2018 (243 LGBTQ), with the number of individual placements ranging from 1 to 8. Auditors were not able to accurately assess the type or duration of placements for the sampled youth in care due to the way they are tracked. Emergency shelter placements can be listed as different placement types, which makes it difficult to determine shelter placements, and also to know what type of placement is accurate. (pages 73-74) • The review of placement planning found that for 92 of 114 youth in care (72 LGBTQ) there was documentation that the youth participated in placement planning. Youth in care are not involved in permanency planning until 12 years of age; therefore 45 youth in care (6 LGBTQ) were unable to participate in placement planning. (pages 74-75) • Auditors found documentation that for 17 transgender youth, LGBTQ status was taken into consideration for placement. (pages 43-44) • Auditors found that 48 of 159 youth in care had at least one placement disruption during 2017-2018, and 38 of the 48 were LGBTQ youth in care. There were a variety of reasons for the disruptions, including: 1) youth running away; 2) psychiatric hospitalizations; 3) disruptive behaviors; and 4) abuse or neglect allegations/investigations against the foster parents. (page 74)
<p>5) <i>For each youth in subsection (2), the number of each incident categorized as running away, contact with police or the justice system, crisis hospitalization, hospitalization beyond medical necessity, reported victim of assault, school-related disciplinary infractions, school-related bullying or harassment, removal from a placement at the request of a provider or caregiver, removal from a placement at the request of the youth, subject of abuse or neglect allegations while in out-of-home care, detained in a correctional setting beyond release due to lack of identified placement.</i></p>	<ul style="list-style-type: none"> • For calendar years 2017-2018 there were 6,958 incidents of running away involving 1,470 youth. There were 170 incidents of running away involving 31 LGBTQ youth. There were 11,535 Whereabouts Unknown living arrangement codes for 1,803 youth in care. There were 110 Whereabouts Unknown living arrangement codes for 24 LGBTQ youth. (pages 77-78) • There were 4,785 incidents of contact with the police or justice system involving 1,648 youth in care. There were 126 incidents of contact with the police or justice system involving 34 LGBTQ youth in care. (page 77) • There were 2,629 incidents of crisis hospitalization involving 991 youth in care. There were 80 incidents of crisis hospitalization involving 28 LGBTQ youth in care. (page 77) • During testing auditors identified 23 youth in care (21 LGBTQ) who were hospitalized beyond medical necessity. (page 82) • There were 1,324 incidents of reported victim of assault involving 799 youth in care. There were 26 incidents of reported victim of assault involving 14 LGBTQ youth in care. (page 77) • There were 1,462 incidents of school-related disciplinary infractions involving 780 youth in care. There were 30 incidents of school-related disciplinary

	<p>infractions involving 16 LGBTQ youth in care. (page 77)</p> <ul style="list-style-type: none"> • Auditors could not obtain population data for incidents of school-related bullying or harassment; therefore it was included as part of audit sample testing. Thirty-one youth in care reported incidents of bullying or harassment during 2017-2018; of those, 27 were LGBTQ. (page 78) • Auditors were unable to conduct a population analysis for removal at the request of the provider or caregiver; therefore, it was included as part of audit sample testing. Auditors found that 33 of 159 youth in care (27 LGBTQ) were removed at the request of the provider or caregiver. (pages 74-75) • Auditors were unable to conduct a population analysis for removal at the request of the youth in care; therefore, it was included as part of audit sample testing. Auditors found that 14 of 159 youth in care (10 LGBTQ) were removed at the request of the youth in care. (pages 74-75) • During 2017-2018 there were 3,598 abuse or neglect investigations where a youth in care was an alleged victim, involving 3,079 youth in care. There were 41 investigations involving 21 LGBTQ youth in care. (pages 77-78) • During testing auditors identified two youth in care (one LGBTQ) who were detained beyond the release date. (page 82)
<p>6) <i>Whether the youth in subsection (2) were provided opportunities to engage in normalcy activities (e.g., participation in activities typical of their peer and age group) consistent with their gender identity.</i></p>	<ul style="list-style-type: none"> • During sample testing auditors found that for 75 youth in care, there was some evidence of normalcy activities, including 54 LGBTQ youth in care. For some youth in care reviewed, normalcy activities were not applicable for different reasons (i.e., age). There was a wide variety of normalcy activities, including: sports; military activities (i.e., JROTC); church; Boy Scouts/Girl Scouts; and musical instruments. (pages 78-79)
<p>7) <i>Whether the data findings for subsections (1), (3), (4), (5), (6) differ from that of the general population of youth in care or whether the data differs based on the geographic placement of the youth in care.</i></p>	<ul style="list-style-type: none"> • Auditors could not determine with any accuracy the total number of LGBTQ youth in care. The number of LGBTQ youth in care provided by the Department is only a fraction of the possible population as predicted using available literature. Therefore, any comparisons between these youth and all youth in care may be skewed and inaccurate. (pages 64-65) • Auditors could not compare data based on geography due to inaccuracies in the placement data. (page 65)
<p>8) <i>The number of providers designated as clinically appropriate to provide housing or services to youth who identify as lesbian, gay, bisexual, transgender, or questioning available to youth in care and the number of youth utilizing those providers for services or supports.</i></p>	<ul style="list-style-type: none"> • Auditors requested the Department provide the number of providers designated as clinically appropriate to provide housing or services to LGBTQ youth in care. The Department provided a list of all private agencies and a list of 34 transgender affirming/competent therapists. A Department official stated that all agencies are required by contract to be non-discriminatory. Because of the lack of information regarding LGBTQ youth in care, auditors could not determine the number of youth who utilized these services. (pages 23-24)

<p>9) <i>The number of transgender youth in care who have requested (whether formally or informally) transition-related hormone therapy or consultation services regarding this treatment; the number of youth the Department of Children and Family Services did not refer for treatment, the qualifications of staff making the determination, and justification; the number of youth who received their requested care and whether this was delivered by a qualified provider; and the length of time from the youth's request to a service referral being made to referral resulting in service delivery; and information regarding barriers to service access, bureaucratic hierarchy and hurdles, and efforts made to address these issues.</i></p>	<ul style="list-style-type: none"> • Auditors reviewed the clinical files for 39 possible transgender youth in care either identified by the Department or identified by auditors prior to testing to determine if they requested or received transition-related services during 2017 and 2018. For 31 youth, there was documentation that they identified as transgender. (page 63) • Seventeen youth requested hormone therapy, and 15 were referred for hormone therapy, plus an additional youth in care received hormones without DCFS consent. (page 63) • Fifteen received transition-related care. (page 63) • The youth in care who requested treatment were evaluated by a variety of professionals. DCFS clinical employees, the DCFS Guardian, and caseworkers worked with the youth, including making appointments. The transgender youth auditors reviewed received treatment at three different medical providers: Lurie Children’s Hospital, St. Louis Gender Clinic, and Howard Brown Health Center. (page 63) • Based on the available documentation, it was difficult to determine when a referral request was made or when services were delivered. Auditors were only able to determine both dates for six youth in care. For those six youth, the time between the request and services varied from around one month to over one year. (page 63) • Auditors were asked to examine any barriers to service access, bureaucratic hierarchy, and hurdles. Twenty-three youth in care were identified as having at least one possible barrier. These possible barriers included: communication issues between DCFS Clinical and caseworkers; DCFS Guardian; and youth in care not being cooperative or wanting to participate in services. (pages 63-64)
<p>10) <i>The number of youth in care in need of treatment for gender dysphoria and how this need is identified; the number of youth the Department of Children and Family Services did not refer for treatment, the qualifications of staff making the determination, and justification; the number of youth receiving this care and whether it was provided by a qualified clinician; the length of time from need being identified to service referral being made to referral resulting in service delivery; and information regarding barriers to service access, bureaucratic hierarchy and hurdles, and efforts made to address these issues.</i></p>	<ul style="list-style-type: none"> • During clinical file testing auditors identified 14 youth in care that were diagnosed with gender dysphoria. (page 63) • The 14 youth in care were included in the transgender testing discussed for Determination #9.
<p>Source: OAG assessment of the audit determinations contained in Senate Resolution Number 403.</p>	

DEPARTMENT COMPUTER SYSTEMS

Throughout this audit we found instances of outdated, inadequate, or non-existent computer systems to track youth in care and particularly LGBTQ youth in care. Specifically we found that:

- SACWIS (Statewide Automated Child Welfare Information System) does not contain information regarding sexual orientation or gender identity;
- The two case management systems that the Department utilizes, SACWIS & CYCIS (Child and Youth Centered Information System), did not always contain matching information (permanency goals).
- There is no computerized system that tracks clinical referrals. The Division of Clinical Practice utilizes a shared file directory and manually compiled spreadsheets maintained by individual employees to track referrals or services received by youth in care.
- In order to complete its annual report of Youth in Care Waiting for Placement, the Department manually collects information and creates a database to capture the required data. (pages 14-16)

YOUTH IN CARE RIGHTS

The Department of Children and Family Services is not ensuring that Department and private agency caseworkers review the Foster Children's Bill of Rights Act with youth in care as is required by law and in accordance with Department procedures. Each youth in care, by law, has the right to receive a copy of the Foster Children's Bill of Rights and have it fully explained when the youth is placed in the care of the Department (20 ILCS 521/5(28)). The Department utilizes a CFS 496-1 form (Illinois Foster Child and Youth Bill of Rights form) to document that each youth in care has been made aware of their rights. For 71 of 128 (55.5%) youth in care for which the Department could provide a file, we could not document that a CFS 496-1 form was ever reviewed with the youth in care during 2017-2018.

In addition to the initial review of the Foster Children's Bill of Rights Act, a CFS 496-1 form is also required to be completed with the youth every six months, prior to an ACR (Administrative Case Review) and annually during a regular in person contact. Only 5 of 128 (3.9%) youth in care files contained all the necessary CFS 496-1 forms. For 52 of 128 (40.6%), a signed form was in the file but there were also missing forms. (pages 17-21)

APPENDIX K

The Department did not implement the requirements of DCFS Procedures 302 Appendix K (Appendix K) in a timely manner. The position of LGBTQ Coordinator, discussed in Appendix K, was also vacant for more than a year (September 2017 - October 2018) during the audit period. In June 2020, the Department eliminated the LGBTQ Coordinator position and split the responsibilities between two offices. As of October 2020, Appendix K has not been amended to reflect these changes. Other Department procedures also have not been updated to reflect the requirements in Appendix K. (pages 21-26)

The Department of Children and Family Services is not ensuring that Department and private agency caseworkers review the Foster Children's Bill of Rights Act with youth in care as is required.

The Department did not implement the requirements of DCFS Procedures 302 Appendix K in a timely manner.

TRAINING

The Department did not implement the training requirements contained in the Foster Children’s Bill of Rights Act and those of Appendix K to Procedures 302 in a timely manner. Although Appendix K to Procedures 302 was updated in May 2017 to require training in LGBTQ competency, the Department did not begin training staff until more than two years later in June 2019.

In addition, there are a large number of staff that have not received the training required by Appendix K. For example, according to the Office of Learning and Professional Development, for FY18 there were 2,812 purchase of service (POS) agency staff that needed to receive ongoing training for their child welfare employee licenses alone and, as of January 22, 2020, only 1,390 POS agency employees had completed the training (49.4%). Further, the Department was not timely in updating training materials for certain populations that were required to receive training in LGBTQ competency. The Department also does not require staff at residential facilities to receive training in LGBTQ competency. (pages 28-32)

OVERSIGHT AND MONITORING

The Department failed to monitor the requirements of Appendix K including whether POS agencies have adopted required LGBTQ policies. Appendix K requires all agencies to adopt LGBTQ policies that are at least as extensive as Appendix K (including, without limitation, policies providing for employee discipline, up to and including termination, for conduct in violation of the non-discrimination policy). We conducted a survey of POS agencies and of the 51 agencies responding, 39 (76.5%) responded that they had implemented policies that were at least as extensive as Appendix K. However, only 14 agencies provided copies of their policies and some of these were either established after the survey was sent or did not discuss discrimination against youth in care.

We found that employee and contractor oversight was also inadequate to ensure accountability or corrective actions. According to the Department’s Office of Affirmative Action and the Department’s Office of Inspector General there have been no allegations reported alleging discrimination against a youth in care on the basis of sexual orientation or gender identity. We reviewed complaint data provided by the Department’s Advocacy Office and determined that there were at least 12 reports involving youth in care in which the complaint was related to their sexual orientation or gender identity.

The Department’s Advocacy Office does not track recommendations made by youth or the experiences of youth in care that have reported violations. Although the Advocacy Office was able to provide data for 2017 and 2018 complaints reported, the data had several shortcomings because the computer tracking system is outdated. (pages 33-39)

MATCHING AND PLACEMENT

According to Department officials, the matching and placement process for LGBTQ youth in care is the same as for other youth in care. However, there are several factors affecting the Department’s ability to match and place LGBTQ youth in care with affirming foster parents. The first is that the

The Department failed to monitor the requirements of Appendix K including whether POS agencies have adopted required LGBTQ policies.

Department does not collect information from youth when they come into care about their sexual orientation or gender identity and this information is not included as part of the child’s record in SACWIS. Another issue is that youth may not “come out” or identify as LGBTQ until after they come into the care of the Department and are already placed.

We reviewed case information for 91 youth the Department identified as LGBTQ. Of these 91, auditors identified 12 youth in care (13.2%) who were placed at least once with an LGBTQ foster parent/home, including at least one youth who was adopted by an LGBTQ couple. Additionally, auditors found documentation showing that for 22 youth in care, including 17 transgender youth, LGBTQ status was taken into consideration for placement.

Although Department procedures require the use of a Child/Caregiver Matching Tool (CFS 2017 form), the form has not been updated since 1999 and does not take into account or contain information regarding sexual orientation. Also, for the 97 youth files that auditors determined should have contained at least one Child/Caregiver Matching Tool for 2017-2018, the Department could only provide 7. The seven forms were completed between January 2017 and December 2018, with four completed in 2017 and three completed in 2018. According to the Department, the use of the CFS 2017 was suspended in February 2017 in the Lake County & Mt. Vernon Immersion Sites “in an effort to streamline work processes for direct service staff.” The practice of suspending the use of the CFS 2017 was also “informally” rolled out statewide. The CFS 2017 is the only form required by procedures to be used for assessing placements. (pages 41-46)

FOSTER HOME LICENSING, CAPACITY, AND RECRUITMENT

The Department does not require licensed foster parents to commit to provide care and homes that are affirming of all children and youth, regardless of sexual orientation or gender identity as part of the licensing process. The Department’s foster home licensing rules and procedures do not discuss sexual orientation or gender identity as it relates to youth in care (89 Ill. Adm. Code 402 and Procedures 402). The administrative rules for foster home licensing also do not make reference to the requirements of Appendix K.

Because the Department does not collect sufficient information regarding whether a youth in care is LGBTQ, we could not determine with any degree of accuracy any current gap in placement and service capacity to meet needs of LGBTQ youth. One factor that cannot be taken into account when looking at placement capacity is that many youth in care are placed with a relative or fictive kin (family friend) who are not required to become licensed. According to data from the Department as of June 30, 2018, only one-third of all youth in care were placed in foster homes. Thirty-nine percent of youth were placed with a relative and 5.9% were placed with fictive kin. The other youth in care were placed in institutions or group homes (7.5%), independent living (6.1%), residing with a parent (6.3%) or other placements (2.0%).

The Department does not require licensed foster parents to commit to provide care and homes that are affirming of all children and youth, regardless of sexual orientation or gender identity as part of the licensing process.

The number of emergency shelter beds in Illinois decreased dramatically between FY15 and FY19.

The number of emergency shelter beds in Illinois decreased dramatically between FY15 and FY19, leaving some areas of the State with no beds for youth in crisis. The Department provided us with the available number of shelter beds by region for the period FY15-FY19. The total number of shelter beds dropped from 163 in FY15 to 47 in FY19. Cook region shelter beds dropped from 109 in FY15 to 30 in FY18 and FY19. As of FY19, the Central and Northern regions had no shelter beds (see Digest Exhibit 2).

Digest Exhibit 2 SHELTER BEDS BY REGION FY15-FY19							
Region	FY15 ¹	FY16	FY17	FY18	FY19	FY15-19 Change	FY15-19 Percent Change ¹
Cook	109	92	56	30	30	-79	-72.5%
Central	11-13	11	11	8	0	-13	-100.0%
Northern	15-19	15	9	0	0	-19	-100.0%
Southern	22	26	20	20	17	-5	-22.7%
Total	157-163	144	96	58	47	-116	-71.2%

Note: ¹ For FY15, the Department provided a range of the number of beds during the period.
Source: OAG analysis of shelter beds provided by the Department.

The amount of expenditures for Youth Emergency Shelters decreased from \$12.9 million in FY17 to \$5.4 million in FY19. It is unclear where youth in crisis are taken when no shelter beds exist or when no shelter beds are available. Without an adequate number of shelter beds available, the Department may not always be able to initially place youth in care in an adequate setting. Further, when youth are not properly placed it can put their safety at risk.

The Department provided documentation to show that it has taken some steps to recruit LGBTQ affirming foster parents by holding events specifically to recruit LGBTQ affirming parents. However, there was no evidence that these efforts have led to more LGBTQ foster homes. We also surveyed 75 POS agencies to determine if any LGBTQ recruiting events were held. Of the 51 responding agencies, 15 responded that they had held recruiting events. (pages 48-53)

YOUTH IN CARE DATA

Senate Resolution Number 403 included several determinations that asked the Auditor General to determine certain information for the number of children (up to the age of 21) in the care of the Department of Children and Family Services in calendar years 2017 and 2018. For some determinations, data was not always available or the data that was provided contained deficiencies that did not allow us to accurately answer the determination. In addition to the population data, we reviewed a sample of 68 youth in care and 91 LGBTQ youth in care identified by the Department for a total of 159 youth in care cases.

According to data provided by the Department there were a total of 26,971 youth in care during calendar years 2017 and 2018.

According to data provided by the Department there were a total of 26,971 youth in care during calendar years 2017 and 2018.

- 23.7 percent of youth in care entered care under the age of 1;
- 9.2 percent of youth in care aged out of the system (left care at age 21);
- 8.8 percent of youth in care spent 12 months or less in the care of the Department; and
- 46 percent of youth in care spent between two and five years in the care of the Department. (pages 64-71)

Sexual Orientation and Gender Identity Information

There is a lack of data at the Department regarding LGBTQ youth in care because the Department does not have a formal process in place to identify youth in care that may identify as LGBTQ. The Department also does not actively solicit this information at intake/assessment when youth come into the care of the Department. The Department provided a list of 91 youth in care that it identified as LGBTQ during 2017-2018. Although the Department’s Division of Clinical Practice provided a list of youth that it identified as LGBTQ, the spreadsheet only included those that would have come to the attention of the Division or the LGBTQ Coordinator. Therefore, the 91 LGBTQ youth identified are likely not representative of all possible LGBTQ youth in care. As such, comparisons with the population of youth in care are limited.

There is a lack of data at the Department regarding LGBTQ youth in care because the Department does not have a formal process in place to identify youth in care that may identify as LGBTQ.

Based on published studies, we also concluded that 91 youth is likely a substantial underreporting of the actual number of LGBTQ youth in care. Using published studies, we estimated that between 522 and 2,624 youth in care may be LGBTQ. During the course of the audit, we identified 17 additional youth in care who may have identified as LGBTQ who were not on the list provided by the Department. (pages 57-64)

Permanency Goals

Although the Department provided permanency goal history for all youth in care during 2017 and 2018, we were unable to conduct a population analysis for permanency goals because the data had duplicate permanency goals, blank goal descriptions, and blank goal dates. The most common initial permanency goal was return home within 12 months (125 of 159 or 78.6%). Our review found that for 28 of 159 youth in care there was no documentation to support that they participated in permanency planning. (pages 71-72)

Sibling Visitation

Of the 159 youth in care reviewed, 48 (30.2%) had a sibling visitation plan. Of the 48, there was documentation that the visitation plan was being followed for 25 (52.1%). Additionally seven youth in care were missing a sibling visitation plan when there should have been one. Eight youth in care had a sibling visitation plan established more than 10 days after the temporary custody date. (page 72)

Placement

Auditors were unable to accurately report on the number, type, or duration of placements due to problems with the placement history data provided by the Department. Those problems included:

- Inaccurate data (i.e. multiple entries for the same placement);
- Missing placements not recorded in the placement data;
- Mislabeled placements; and
- Inconsistencies with how placements are listed.

Auditors also found that the population history can have a larger number of placements than is actually the case because of the inherent way that placements are tracked in the system. For instance, placements with the same caregiver may be listed multiple times due to changes in status or the occurrence of a significant incident (i.e. running away). (pages 73-75)

Significant Incidents

Running away was the most common significant incident examined, with 6,958 incidents involving 1,470 youth in care (see Digest Exhibit 3). There were also 11,535 whereabouts unknown living arrangements involving 1,803 youth in care. Eleven percent of youth in care were the alleged victims of abuse or neglect in investigations during 2017 and 2018.

Digest Exhibit 3 SIGNIFICANT INCIDENTS Calendar Years 2017-2018		
Significant Incident	Incidents	Youth
Running Away	6,958	1,470
Contact with Police or the Justice System	4,785	1,648
Crisis Hospitalization	2,629	991
Reported Victim of Assault	1,324	799
School-Related Disciplinary Infractions	1,462	780
Source: OAG analysis of Department data.		

Normalcy Activities

Caseworkers did not always document discussions of normalcy activities as required by Department Policy Guide 2017.07. During testing, we found that 82 of 95 youth in care (86.3%) who could participate in normalcy activities did not have consistent documentation of caseworkers discussing normalcy activities and recording the discussion in contact notes. However, of the 95 youth, we found that 75 had some evidence of normalcy activities, including 54 LGBTQ youth in care. (pages 75-79)

Waiting for Placement

The Department was unable to provide accurate population data for emergency shelter/emergency foster care placements, detained beyond release, or hospitalized beyond medical necessity. During testing of 159 youth in care, auditors identified 12 youth in care who were in a shelter longer than 30 days, 23 youth who were held beyond medical necessity, and

Caseworkers did not always document discussions of normalcy activities as required by Department policy.

2 youth who were in a detention facility beyond release date. Auditors also found instances of:

- Youth in care being placed in an emergency shelter after discharge from a psychiatric hospital in violation of Department procedures; and
- Youth in care not being taken into protective custody within 48 hours of a psychiatric lockout in violation of Department procedures and the rights of the youth in care (see Digest Exhibit 4).

The Department is not providing accurate and complete information to the General Assembly in the required Youth in Care Waiting for Placement annual report.

The Department is not providing accurate and complete information to the General Assembly in the required Youth in Care Waiting for Placement annual report. The report does not discuss the total length of time each youth remained beyond what is required and only reports on youth held beyond detention release date for more than 15 days. (pages 80-85)

Digest Exhibit 4 PSYCHIATRIC LOCKOUTS Calendar Years 2017-2018	
Length Until Protective Custody	Number (%)
3 Days or Less	19 (11.8%)
4-7 Days	10 (6.2%)
8-30 Days	60 (37.3%)
31-60 Days	54 (33.5%)
61+ Days	18 (11.2%)
Total	161
Source: OAG analysis of Department data.	

RECOMMENDATIONS

The audit report contains a total of 16 recommendations to the Department of Children and Family Services. The Department generally agreed with the recommendations in the report. Appendix D to the audit report contains the agency responses.

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

SIGNED ORIGINAL ON FILE

JOE BUTCHER
Division Director

This report is transmitted in accordance with Sections 3-14 and 3-15 of the Illinois State Auditing Act.

SIGNED ORIGINAL ON FILE

FRANK J. MAUTINO
Auditor General

FJM:MSP

