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**STATE OF ILLINOIS**

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**OFFICE OF THE AUDITOR GENERAL**

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**PERFORMANCE AUDIT**

**DEPARTMENT OF  
CHILDREN AND FAMILY SERVICES  
LGBTQ YOUTH IN CARE**

**FEBRUARY 2021**

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**FRANK J. MAUTINO**

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**AUDITOR GENERAL**

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OFFICE OF THE AUDITOR GENERAL  
FRANK J. MAUTINO

*To the Legislative Audit Commission, the Speaker  
and Minority Leader of the House of Representatives,  
the President and Minority Leader of the Senate, the  
members of the General Assembly, and the  
Governor:*

This is our report of the Performance Audit of the Department of Children and Family Services LGBTQ Youth in Care.

The audit was conducted pursuant to Senate Resolution Number 403. This audit was conducted in accordance with generally accepted government auditing standards and the audit standards promulgated by the Office of the Auditor General at 74 Ill. Adm. Code 420.310.

The audit report is transmitted in conformance with Sections 3-14 and 3-15 of the Illinois State Auditing Act.

**SIGNED ORIGINAL ON FILE**

FRANK J. MAUTINO  
Auditor General

Springfield, Illinois  
February 2021





STATE OF ILLINOIS  
OFFICE OF THE  
**AUDITOR GENERAL**

Frank J. Mautino, Auditor General

**REPORT DIGEST**

**PERFORMANCE  
AUDIT**

**Release Date:  
February 2021**

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 <b>ASSESSMENT OF AUDIT DETERMINATIONS</b>	
<b>Determination from Audit Resolution</b>	<b>Auditor Assessment</b>
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"> <li>• The Department did not implement the requirements of Appendix K to Procedure 302 in a timely manner. (page 21)</li> <li>• 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)</li> </ul>
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"> <li>• 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)</li> <li>• 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)</li> </ul>
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"> <li>• 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)</li> </ul>
4) <i>How employee and contract oversight ensure accountability and corrective actions.</i>	<ul style="list-style-type: none"> <li>• Employee and contractor oversight was inadequate to ensure accountability or corrective actions.</li> <li>• According to the Department's Office of Affirmative Action and the Office of Inspector General there have been no allegations reported alleging discrimination</li> </ul>

	<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"> <li>• The Department was not ensuring that agencies had established policies required by Appendix K and their contract agreements. (page 35)</li> </ul>
<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"> <li>• 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)</li> <li>• 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)</li> </ul>
<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"> <li>• 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)</li> </ul>
<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"> <li>• 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)</li> </ul>
<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"> <li>• 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)</li> </ul>

<b><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></b>	
<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"> <li>• 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)</li> <li>• 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)</li> </ul>
<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"> <li>• 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)</li> </ul>
<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"> <li>• 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)</li> <li>• 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)</li> <li>• 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</li> </ul>

<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"> <li>• 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)</li> <li>• 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)</li> <li>• Auditors found documentation that for 17 transgender youth, LGBTQ status was taken into consideration for placement. (pages 43-44)</li> <li>• 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)</li> </ul>
<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"> <li>• 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)</li> <li>• 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)</li> <li>• 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)</li> <li>• During testing auditors identified 23 youth in care (21 LGBTQ) who were hospitalized beyond medical necessity. (page 82)</li> <li>• 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)</li> <li>• There were 1,462 incidents of school-related disciplinary infractions involving 780 youth in care. There were 30 incidents of school-related disciplinary</li> </ul>

	<p>infractions involving 16 LGBTQ youth in care. (page 77)</p> <ul style="list-style-type: none"> <li>• 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)</li> <li>• 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)</li> <li>• 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)</li> <li>• 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)</li> <li>• During testing auditors identified two youth in care (one LGBTQ) who were detained beyond the release date. (page 82)</li> </ul>
<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"> <li>• 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)</li> </ul>
<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"> <li>• 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)</li> <li>• Auditors could not compare data based on geography due to inaccuracies in the placement data. (page 65)</li> </ul>
<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"> <li>• 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)</li> </ul>

<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"> <li>• 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)</li> <li>• 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)</li> <li>• Fifteen received transition-related care. (page 63)</li> <li>• 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)</li> <li>• 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)</li> <li>• 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)</li> </ul>
<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"> <li>• During clinical file testing auditors identified 14 youth in care that were diagnosed with gender dysphoria. (page 63)</li> <li>• The 14 youth in care were included in the transgender testing discussed for Determination #9.</li> </ul>
<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.

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

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

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%).

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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 <b>SHELTER BEDS BY REGION</b> FY15-FY19							
Region	FY15 <sup>1</sup>	FY16	FY17	FY18	FY19	FY15-19 Change	FY15-19 Percent Change <sup>1</sup>
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: <sup>1</sup> 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.**

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- 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.

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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 <b>SIGNIFICANT INCIDENTS</b> 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 <b>PSYCHIATRIC LOCKOUTS</b> Calendar Years 2017-2018	
<b>Length Until Protective Custody</b>	<b>Number (%)</b>
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%)
<b>Total</b>	<b>161</b>
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



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## GLOSSARY OF TERMS

*Note: Definitions presented below are taken from Department rules and procedures.*

**Affirming:** Acknowledge and support the individual's rights to self-determination of gender and sexual orientation.

**Bisexual:** A person who is emotionally, romantically, and sexually attracted to both men and women.

**Closeted:** Keeping one's sexual orientation or gender identity a secret.

**Coming-out:** There may be a gradual process of becoming aware of one's sexual orientation and gender identity that includes a personal sense of when to safely disclose this information to others. There is also a gradual coming out process for family, friends, and caregivers as they learn to understand and accept the LGBTQ children and youth. Not all people who identify as LGBTQ choose to or are able to come out.

**Congregate Care:** Is defined as an entity which consists of 'group living', i.e. Residential Treatment Facility, Group Homes, Transitional Living Programs and Emergency Shelters. These facilities must also be licensed as a child care institution by DCFS.

**Fictive Kin:** An individual, unrelated by birth or marriage, who is shown to have significant and close personal or emotional ties with the child or the child's family prior to the child's placement with the individual.

**Foster Family Home:** A facility for child care in residences of families who receive no more than eight children unrelated or related to them, unless all the children are of common parentage, or residences of relatives who receive no more than eight related or unrelated children placed by the Department, unless the children are of common parentage, for the purpose of providing family care and training for the children on a full-time basis.

**Gay:** A person whose emotional, romantic, and sexual attractions are primarily for individuals of the same sex, typically in reference to men. In some contexts, the term is used as a general term for gay men and lesbians.

**Gender Dysphoria** (Replaces the obsolete diagnosis of gender identity disorder): Gender Dysphoria emphasizes distress, not disagreement, between birth-assigned gender and gender identity. Disagreement between birth-assigned gender and gender identity is not pathological and does not need diagnosis. Gender Dysphoria may be diagnosed when a transgender/gender expansive person is seeking medical intervention such as hormones and/or surgery. Not all transgender people experience Gender Dysphoria.

**Gender Identity:** An internal understanding of one's own gender. One's gender identity can be the same or different than the sex assigned at birth. Gender Identity is distinct from sexual orientation. For example, a transgendered girl (identified as male at birth but whose identity is female) may identify as heterosexual, meaning she is attracted to boys.

**Heterosexual:** A person whose emotional, romantic, and sexual attractions are primarily for individuals of a different sex. Sometimes this is referred to as straight.

**Homosexual:** This is an outdated term used to refer to a person based on their same-sex sexual orientation, identity or behavior. Many LGBTQ individuals prefer not to use this term, especially as a noun, because of its historically negative use.

**Lesbian:** A woman whose emotional, romantic, and sexual attractions are primarily for other women. Some women prefer to call themselves gay.

**LGBTQ:** This is a general term used to describe people who are lesbian, gay, bisexual, transgender, or questioning their gender identity or sexual orientation. LGBTQ is sometimes written to include “I” for intersex, and/or “A” for ally. It is also written LGBTQ+ to identify the many possible additions to the basic “LGBTQ”.

**Queer:** Historically, this was a derogatory slang term used to identify LGBTQ+ people but is now a term that has been embraced and reclaimed by the LGBTQ community and academia as a symbol of pride, representing individuals who may fall out of “norms” for gender and sexuality.

**Questioning:** Some identify as questioning when they start to realize they may be part of the LGBTQ community; this does not mean gender identity or sexual orientation is a choice. People may need time to process what being LGBT means for them. This time may be used to decide how they should identify themselves as lesbian, gay, bisexual, or transgender to others.

**Sex Assigned at Birth:** Birth-assigned male or female sex typically based on reproductive anatomy (external and internal genitalia, e.g. penis, vagina, gonads, reproductive tracts, and so forth).

**Sexual Orientation:** Sexual behavior does not necessarily determine sexual orientation. Sexual orientation refers to one’s enduring emotional, romantic, and/or sexual feelings to another person.

**Specialized Foster Care Services:** Care provided to a child in the custody or guardianship of the Department who requires such services due to emotional, behavioral, developmental or medical needs, or any combination thereof, or any other needs that require special intervention services, the primary goal being to maintain the child in foster care or in a permanency setting.

**Transgender:** A broad term describing the state of a person’s gender identity/expression, when their identity/presentation does not necessarily match those characteristics associated with sex assigned at birth. Associated terms may include female to male (FTM), male to female (MTF), transsexual, and gender queer.

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## Chapter One

# INTRODUCTION AND BACKGROUND

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## REPORT CONCLUSIONS

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). The resolution contained 19 determinations (see Appendix A).

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.

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.

### **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.

### **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.

### **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.

### **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 (OIG) 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.

### **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 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.

### **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.

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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%).

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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.

### **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 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.

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.

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## **INTRODUCTION**

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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 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 Procedure 302 ("Support and Well-Being of Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Children and Youth") as follows:

1. 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;
2. 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;
3. 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;
4. How employee and contract oversight ensure accountability and corrective actions;

5. 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 for conduct in violation of the non-discrimination policy;
6. 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;
7. 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;
8. 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; and
9. 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.

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:

1. 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;
2. 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;
3. For each youth in subsection (2), the length of stay in out-of-home care, case permanency goals, frequency of sibling visitation, as applicable;
4. 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;

5. 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;
6. 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;
7. 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;
8. 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;
9. 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; and
10. 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.

The audit resolution contained a total of **19 determinations** which, when broken down, included **63 individual objectives** or questions that must be answered (see Appendices A and B).

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## BACKGROUND

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The Department of Children and Family Services (Department) is responsible for protecting children and strengthening families through the investigation and intervention of suspected child abuse or neglect by parents or other caregivers. Children who are placed in the care of the Department have been removed from their families for a variety of reasons, including

abuse or neglect. Once the State takes legal custody of children to protect them from future harm, the child welfare system has a responsibility to provide them with safe and stable substitute living arrangements that ensure they maintain connections with their family members and siblings in care. According to data provided by the Department, there were 26,971 youth in the care of the Department during 2017-2018.

According to the Human Rights Campaign, LGBTQ youth enter the foster care system for many of the same reasons as non-LGBTQ youth in care, such as abuse, neglect, and parental substance abuse. However, many LGBTQ youth have the added layer of trauma that comes with being rejected or mistreated because of their sexual orientation, gender identity, or gender expression. Research has shown that LGBTQ youth are over-represented in the foster care system. This means that the percentage of youth in foster care who are LGBTQ-identified is larger than the percentage of LGBTQ youth in the general youth population. LGBTQ youth in foster care can also face differences in experiences in care or treatment by the system<sup>1</sup>.

Out-of-home care means removing youth from the custody of their parents when their safety or welfare cannot be adequately safeguarded without removal. One study found that 15.5 percent of youth in care ages 11-17.5 identified as LGB (lesbian, gay, and bisexual)<sup>2</sup>. A large-scale study (“The Midwest Study”) on the economic health and demographic characteristics, including sexual orientation, among young adults who were previously in foster care found that 11-15 percent of respondents identified as LGB<sup>3</sup>. Some studies estimate that LGBTQ youth could make up as much as 30 percent of the total number of youth in care<sup>4</sup>.

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<sup>1</sup> Human Rights Campaign, LGBTQ Youth in the Foster Care System, <https://www.hrc.org/resources/lgbt-youth-in-the-foster-care-system>.

<sup>2</sup> Dettlaff, A., Washburn, M., Carr, C., & Vogel, A. Lesbian, gay, and bisexual (LGB) youth within in welfare: Prevalence, risk and outcomes. *Child Abuse & Neglect*. 2018;80.

<sup>3</sup> Dworsky, Amy (2013). *The Economic Well-Being of Lesbian, Gay, and Bisexual Youth Transitioning Out of Foster Care*, OPRE Report #2012-41, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

<sup>4</sup> Baams L, Wilson BDM, Russell ST. LGBTQ Youth in Unstable Housing and Foster Care. *Pediatrics*. 2019;143(3).

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## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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The Children and Family Services Act created the Department of Children and Family Services to provide social services to children and their families, to operate children’s institutions, and to provide certain other rehabilitative and residential services (20 ILCS 505). The Department has promulgated rules and developed policies to implement the Act. These include rules and policies related to placement and services provided by the Department and its contractual agencies when it is in the best interests of children to be placed apart from their parents or guardians.

### Agency Organization

The Department contracts with Purchase of Service (POS) agencies, also known as private agencies, to provide much of the day to day operations of the Department including case management services, family preservation and support services, family foster care, kinship care, adoption, respite care, institutional care, group care, independent living skills, and transitional living skills. This arrangement allows agencies to assume the traditional responsibilities of the State; however, the ultimate responsibility and oversight remains with the Department. According to data provided by the Department for the youth who were in care during calendar years 2017 and 2018, POS agencies managed the cases for 20,686 youth in care (76.7%) and DCFS managed 6,227 (23.1%). For 58 youth in care (0.2%), the case was managed by both DCFS and POS agencies. While heavily dependent on POS agencies, the Department still had approximately 2,600 total employees during 2018, including about 600 in child welfare and nearly 1,000 in child protection.

**The mission of DCFS is to:**

- Protect children who are reported to be abused or neglected and to increase their families' capacity to safely care for them;
- Provide for the well-being of children in DCFS care;
- Provide appropriate, permanent families as quickly as possible for those children who cannot safely return home;
- Support early intervention and child abuse prevention activities; and
- Work in partnerships with communities to fulfill this mission.

In addition to the involvement of a private POS agency, there are several different divisions and units within the Department that may also be involved in the case of a youth in care. They may include Child Protection, Placement, Licensing, the Guardian, Clinical Practice, Monitoring, and Advocacy, as well as others.

**Advocacy Office** – The Advocacy Office responds to inquiries and concerns from parents, foster parents, youth, relatives, and child advocates regarding specific cases and about the child welfare system as a whole. Older youth in particular rely on the Advocacy Office to provide support and information regarding the child welfare system and information on its services and supports available in their communities. The office ensures that complaints, systemic issues, or agency structural concerns are brought to the attention of appropriate Departmental leadership who work to resolve those issues.

**Affirmative Action** – The Office of Affirmative Action is charged with the overall responsibility of ensuring that the Department complies with civil rights rules and regulations and that the rights of all Department employees, applicants, and service recipients are protected against unlawful discrimination. This includes sexual orientation and gender identity. Part of its responsibilities involve investigating complaints of discrimination filed internally with the Office

of Affirmative Action, and maintaining records of complaints filed externally with other agencies, such as the Illinois Department of Human Rights, the Equal Employment Opportunity Commission, or any other appropriate government agency.

**Child Protection** – The Division of Child Protection includes a variety of line staff such as investigators and caseworkers. Child protective services responsibilities include the child abuse hotline (State Central Register), investigations of abuse and neglect, and working with families and caseworkers (usually from private agencies).

**Clinical Practice** – The Division of Clinical Practice’s Specialty Services Programs is responsible for supporting the field through the provision of expert clinical consultations on specialty service issues. Consultation is a supportive clinical activity where cases are reviewed and analyzed to provide guidance and insight. This may include the consideration of various practice alternatives that will enhance the determination of a course of action. This includes consultations for LGBTQ youth with the LGBTQ Coordinator.

**Contract Administration** – The Office of Contract Administration (OCA) is made up of two related sub-units: Central Office-Office of Contract Administration and Regional Contract Administration. The Regional staff provide support services to field operations to ensure adequate contracted services are available to meet the needs of the children and families served by the Department. The primary purpose of Central Office OCA is to create, issue and execute the documents necessary to establish proper (legally correct) obligations for DCFS that are in compliance with all applicable laws, rules, regulations, policies and procedures and to ensure that these obligations are both affordable and appropriate.

**Foster Care Services** – Caseworkers and other direct service staff support foster homes where DCFS supervises the license. The foster care programs ensure that youth under DCFS custody are maintained in nurturing foster homes as their cases progress toward permanency goals set by the juvenile court. For DCFS foster homes, the department has a team of foster parent support specialists who are foster parents that work directly with other foster parents to provide various types of information and support.

**Guardian** – The DCFS Guardian serves as the legal guardian of youth placed in the care of DCFS. This function is responsible for securing appropriate legal services to protect the rights of children. The Guardian’s office can also represent children in civil actions when they need to be defended or aided in judicial matters or financial matters concerning trusts. In addition, the DCFS Guardian exercises the consent-giving function regarding medical treatment decisions, admission to psychiatric hospital programs, administration of psychotropic medication, and the many legal decisions that parents would normally make involving the day-to-day life, care, and well-being of minors.

**Inspector General** – The Office of the Inspector General provides accountability for services to children and families. In accordance with State law, the office investigates allegations of misconduct, misfeasance, malfeasance, and violations of rules, procedures or laws by an employee, foster parent, or contractor of the Department. The office also investigates allegations pertaining to child welfare employee licenses (CWELs) issued to both Department and private agency direct child welfare workers, provides technical assistance regarding CWEL applicants, and serves on the Emergency License Review Team. In addition, the office serves as the Department representative in all administrative hearings concerning child welfare employee licenses.

**Licensing** – The Licensing Division is responsible for issuing and reissuing several different types of licenses related to youth in care. In addition to licensing foster homes supervised by DCFS regional foster care programs, it licenses POS agencies and monitors their compliance with various aspects of child welfare cases, including child endangerment risk assessment protocol, court proceedings and service delivery. The Department also licenses child welfare agencies (which may license private agency foster homes), group homes and emergency shelters.

**Monitoring** – The Monitoring Unit is located within the Division of Strategy and Performance Execution. The APT (Agency Performance Team) monitors DCFS Intact Family Services (IFS) and placement staff at POS agencies. However, it does not monitor contracts or review specifically for POS agency policies. According to a Department official, prior to July 2019, each of the four DCFS regions was responsible for its own POS agency monitoring. In July 2019, the APT was moved to the Monitoring Unit.

**Placement/Permanency Services** – When out-of-home options for care need to be considered, DCFS provides placement and permanency services to address safety, permanency and well-being goals in the least restrictive, most home-like environment that meets the needs for the child. These options include transitional/independent living, residential placement, psychiatric hospitalization, or service through screening, assessment, and support. These placements may include foster care licensed foster home, home of relatives, and home of fictive kin. Permanency planning identifies a permanency goal for a child in substitute care, beginning from the earliest contacts with the child and family, continuing through service provision and ending when services are terminated.

**Professional Development (Training)** – The training function supports the educational needs of staff and caregivers. Training tracks the child welfare employee licensure credits for professional development. It also develops and presents curriculum for foster care preservice training (PRIDE) and courses for specific developmental/situational needs children may have after a caregiver becomes licensed. Training is presented in person and on-line. Caregivers can register for courses and track their credit hours through the Web-based Virtual Training Center (VTC).

### **POS Agency Contractors and Service Providers**

Foster care in Illinois is largely provided by private agencies. Foster care in Illinois is a public/private partnership. Although some cases are overseen by caseworkers who are DCFS employees, most foster care services provided to youth in care are provided through a network of contractors and service providers.

According to data provided by the Department for the youth who were in care during calendar years 2017 and 2018, POS agencies managed the cases for 20,686 youth in care (76.7%) and DCFS managed 6,227 (23.1%). Fifty-eight youth in care (0.2%) had both DCFS and a POS agency listed as the case provider.

Private agencies, often referred to as POS (Purchase of Service) agencies, are contracted by DCFS to operate foster care programs. These agencies:

- Receive foster care cases from DCFS;
- Work directly with the children and families in these cases;
- Meet each child’s individual needs;

- Report and document a family’s progress and a child’s health, safety and well-being or needs to the juvenile court;
- Recruit, train, and recommend licensure of agency foster parents to DCFS;
- Implement the Foster Parent Law, which defines the roles and responsibilities of the parties involved in foster care; and
- Supervise and support agency foster homes.

Each private agency develops and enforces its own policy about operating procedures and unique agency supports available to foster families and children, such as camp, after school care, and support groups.

As shown in *Exhibit 1-1* there were a total of 51 POS agencies who provided foster care services during fiscal year 2017 through fiscal year 2019 with total foster care expenditures of \$687.9 million. For the 49 agencies providing services during fiscal year 2019, 10 provided traditional foster care services, 8 provided specialized foster care services and 31 provided both traditional and specialized services.

Exhibit 1-1 POS AGENCY FOSTER CARE EXPENDITURES Fiscal Years 2017-2019		
Fiscal Year	Number of Agencies	Foster Care Expenditures
2017	51	\$228,625,709.43
2018	50	\$229,275,453.27
2019	49	\$230,015,362.32
<b>Total</b>		<b>\$687,916,525.02</b>
Source: OAG analysis of Department data.		

POS agencies serve all regions in Illinois. During fiscal year 2019, 42 agencies only served one region, 3 agencies served two regions, 1 agency served three regions, and 3 agencies operated Statewide. The Cook region was served by the most agencies at 28, followed by the Central and Northern regions with 14 each and the Southern region with 7. Appendix C contains a list of all POS agencies that provided foster care services for fiscal years 2017-2019.

### Caseworkers

Caseworkers (also called permanency workers or case managers) provide direct services to children in foster care, their parents and extended family, the foster caregivers, and the juvenile court by:

- Determining the placement of children in DCFS care;
- Recommending a permanency plan and goal for each child in foster care including termination of parental rights, if necessary;
- Developing a Client Service Plan for the child and family, based on their strengths and needs, the permanency plan and goal for the child;
- Developing treatment plans;
- Developing the Visitation and Contact Plan and the Post Permanency Sibling Contact Plan to support the relationships between children and their siblings;
- Participating in Administrative Case Reviews (ACRs);
- Monitoring parent(s) progress in following the service plan and agreements made during the ACR;
- Providing direct service interventions to accomplish the permanency plans;
- Completing required forms documenting delivery of service;
- Preparing court reports and testifying in court; and

- Supporting foster caregivers.

Also, as is discussed in Chapter Two of this report, caseworkers have specific responsibilities related to LGBTQ youth in care.

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## **DEPARTMENT COMPUTER SYSTEMS**

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The Department is reliant on outdated, inadequate, and sometimes nonexistent computer systems for tracking and maintaining data and files for youth in care. Having outdated, and in some cases non-existent, electronic systems to track data for youth in care made it difficult to collect and analyze information related to certain aspects of the audit resolution. It also makes it difficult for the Department to track and produce relevant information. In some cases information must be continuously manually manipulated in order to produce the information that is available.

The Department utilizes multiple computer systems, primarily SACWIS (Statewide Automated Child Welfare Information System) and CYCIS (Child and Youth Centered Information System). SACWIS and CYCIS are the case management systems used to record family and child cases. CYCIS records data for any person or family who is receiving or ever has received services through the Department. CYCIS also tracks the placement and permanency goal information for all children for whom the Department is legally responsible. SACWIS is the primary child welfare information and case management system. It is the entry point into other Department computer reporting systems for investigative, child and family case information. The Department utilized other computer systems to track data used for the audit. As discussed in Chapter Six, due to the problems with the Department's computer systems auditors were unable to answer some of the audit objectives.

### **SACWIS/CYCIS**

The Department utilizes two case management systems, SACWIS and CYCIS. Data for cases can be entered into both systems. For example, permanency goals are in both SACWIS and CYCIS. According to officials, caseworkers enter permanency goals into SACWIS and the permanency goals as determined by the court are entered into CYCIS, and those can only be changed by certain people. Auditors requested permanency goals for all youth in care. The data received did not contain all youth in care and it included duplicate goals.

Officials maintain a separate database for youth in care that is populated with data from both SACWIS and CYCIS. Maintaining two case management systems that require data to be pulled from both and combined increases the risk that inaccurate data may be produced. For example, in data provided by the Department, the field denoting whether the youth in care speaks Spanish as the primary language did not contain information in the initial data run. Officials explained that the reason the field was empty might be due to issues with the data transfer.

Having two case management systems can lead to data not matching between the two systems. As discussed above, permanency goals are listed in both SACWIS and CYCIS. There are different SACWIS and CYCIS codes for the permanency goals and the language might not match between the two sources. This can lead to confusion about the accuracy of the permanency goal. During testing, auditors found two youth in care where there were no permanency goals listed in SACWIS during the audit period. One youth in care had a SACWIS

permanency goal dated prior to coming into care but there was a CYCIS permanency goal from the time the youth came into care.

Prior audits of the Department have discussed problems with SACWIS data reliability. The same types of problems were found with this audit. As will be discussed in more detail in Chapter Six, auditors found:

- Inaccurate placement location data;
- Duplicate permanency goals, blank permanency goal descriptions and goal dates; and
- Mislabeled or inconsistent placement descriptions.

A lack of data entry controls in SACWIS causes inaccurate or inconsistent data. Many of the same types of issues that were found in the previous audit of Investigations of Abuse and Neglect (released May 2019) were found in the youth in care data in SACWIS. Department officials stated that the “substantial reliance on human data entry” was a factor in the inaccurate Investigations data. The same could be said about the youth in care data. Because SACWIS lacks controls on data entry, including checks to ensure city names are spelled correctly, or internal consistency checks to ensure that town names match the proper zip code or county, human data entry errors are not caught and corrected.

### **Division of Clinical Practice**

The Division of Clinical Practice cannot effectively track LGBTQ youth in care because there is no computer system that tracks clinical referrals. During the audit period the LGBTQ Coordinator was located in the Division of Clinical Practice. Because there are no fields in SACWIS that capture LGBTQ data, the only way LGBTQ youth in care are tracked is through referrals to the Division of Clinical Practice. Referrals are received in a variety of ways, including through faxed or emailed referral forms, phone calls, or emails. Information on youth in care with referrals is tracked through a shared file directory with access limited to clinical staff who need to know the information. The file directory contains folders for each youth in care. Electronic files for each youth in care are contained in their folders. However, sometimes files may not be added to the folder. Additionally, the LGBTQ Coordinator and the Deputy Director of Behavioral Health each maintain separate spreadsheets of the LGBTQ youth in care that have been referred to the Division of Clinical Practice.

The use of a shared file directory and spreadsheets maintained by individual employees means that referrals or services received by youth in care cannot be effectively tracked, particularly over a length of time. According to a Department official, sometimes referrals weren't properly documented. During testing of clinical files for 39 transgender youth in care, auditors found two instances where documents were filed under the wrong youth in care name. Additionally, the LGBTQ Coordinator position was vacant for over a year between August 2017 and September 2018. If the Department lacks an effective tracking system and employees leave, it can be difficult to replace the lost knowledge, particularly if referrals were not formally documented. Only having a shared file directory and no tracking database increases the risk that the Department is unaware of LGBTQ youth in care because there is no way to search for LGBTQ referrals. If there was a tracking database that listed the reason(s) for the referral, it would make it possible to search by referral criteria. These issues are also further discussed in Chapter Six of this audit.

### Youth in Care Waiting for Placement

The Department is required to produce and submit an annual report on youth in care waiting for placement to the General Assembly. This report is required to include the number of youth in emergency placements (shelters, foster homes) for longer than 30 days, in psychiatric hospitals beyond medical necessity (BMN), or in a detention center or Department of Juvenile Justice (DJJ) facility beyond the release date. For each of these areas the Department is required to report the gender, ages, recommended placement type, total length of time in emergency care, barriers to timely placement, and whether the youth was placed into the recommended placement type and if not what type of placement was made. In order to complete this report, DCFS is forced to manually collect information and create a database to capture the required data. The problems with this data are discussed in more detail in Chapter Six.

<b>COMPUTER SYSTEMS AND TRACKING</b>	
<p><b>RECOMMENDATION</b></p> <p><b>1</b></p>	<p><i>The Department of Children and Family Services should ensure that it is accurately capturing youth in care data. Additionally the Department should consider:</i></p> <ul style="list-style-type: none"> <li>• <i>Implementing a single case management system for all youth in care; and</i></li> <li>• <i>Electronically tracking clinical referrals, which would include LGBTQ referrals.</i></li> </ul>
<p><b>DEPARTMENT OF CHILDREN AND FAMILY SERVICES RESPONSE</b></p>	<p><i>Implementing a single case management system for all youth in care:</i> The Department is currently engaged in a multi-year Request for Purchase (RFP) for the creation and implementation of a new Comprehensive Child Welfare Information System (CCWIS) that will replace multiple legacy systems used to track and support department function and establish systems for units and divisions that currently rely largely on paper-based processes. The current schedule has the CCWIS program starting July 2021. This date is reliant on several variables that could impact the start. The RFP requires multiple deliveries over the life of the program to provide DCFS with value early in the program.</p> <p><i>Electronically tracking clinical referrals, which would include LGBTQ referrals:</i> DCFS has created an Enterprise Service Request (ESR) to implement an electronic workflow. This ESR includes integrating the workflow with the Enterprise Content Management System to retain the clinical referral documentation. Electronic signature will be evaluated for applicability to improve the workflow as well.</p>

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## Chapter Two

# YOUTH IN CARE RIGHTS

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## CHAPTER CONCLUSIONS

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.

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.

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## FOSTER CHILDREN’S BILL OF RIGHTS

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Senate Resolution Number 403 asks the Auditor General to determine the Department of Children and Family Services’ and its contractors’ implementation of and adherence to the Foster Children’s Bill of 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 by the Department when they are placed in the care of the Department (20 ILCS 521/5(28)).

### Foster Children’s Bill of Rights Act

The Foster Children’s Bill of Rights Act (20 ILCS 521), effective January 1, 2016, states that it is the policy of the State that every child and adult in the care of the Department who is placed in foster care shall have certain rights that are outlined in the Act. As is shown in *Exhibit 2-1*, the Act lists 29 individual rights for every person placed in the care of the Department.

Exhibit 2-1  
**FOSTER CHILDREN'S BILL OF RIGHTS ACT**

Every child and adult in the care of the Department of Children and Family Services who is placed in foster care shall have the following rights:

1. To live in a safe, healthy, and comfortable home where he or she is treated with respect.
2. To be free from physical, sexual, emotional, or other abuse, or corporal punishment.
3. To receive adequate and healthy food, adequate clothing, and, for youth in group homes, residential treatment facilities, and foster homes, an allowance.
4. To receive medical, dental, vision, and mental health services.
5. To be free of the administration of medication or chemical substances, unless authorized by a physician.
6. To contact family members, unless prohibited by court order, and social workers, attorneys, foster youth advocates and supporters, Court Appointed Special Advocates (CASAs), and probation officers.
7. To visit and contact brothers and sisters, unless prohibited by court order.
8. To contact the Advocacy Office for Children and Families established under the Children and Family Services Act or the Department of Children and Family Services' Office of the Inspector General regarding violations of rights, to speak to representatives of these offices confidentially, and to be free from threats or punishment for making complaints.
9. To make and receive confidential telephone calls and send and receive unopened mail, unless prohibited by court order.
10. To attend religious services and activities of his or her choice.
11. To maintain an emancipation bank account and manage personal income, consistent with the child's age and developmental level, unless prohibited by the case plan.
12. To not be locked in a room, building, or facility premises, unless placed in a secure child care facility licensed by the Department of Children and Family Services under the Child Care Act of 1969 and placed pursuant to Section 2-27.1 of the Juvenile Court Act of 1987.
13. To attend school and participate in extracurricular, cultural, and personal enrichment activities, consistent with the child's age and developmental level, with minimal disruptions to school attendance and educational stability.
14. To work and develop job skills at an age-appropriate level, consistent with State law.
15. To have social contacts with people outside of the foster care system, including teachers, church members, mentors, and friends.
16. If he or she meets age requirements, to attend services and programs operated by the Department of Children and Family Services or any other appropriate State agency that aim to help current and former foster youth achieve self-sufficiency prior to and after leaving foster care.

Exhibit 2-1 (Continued)  
**FOSTER CHILDREN'S BILL OF RIGHTS ACT**

17. To attend court hearings and speak to the judge.
18. To have storage space for private use.
19. To be involved in the development of his or her own case plan and plan for permanent placement.
20. To review his or her own case plan and plan for permanent placement, if he or she is 12 years of age or older and in a permanent placement, and to receive information about his or her out-of-home placement and case plan, including being told of changes to the case plan.
21. To be free from unreasonable searches of personal belongings.
22. To the confidentiality of all juvenile court records consistent with existing law.
23. To have fair and equal access to all available services, placement, care, treatment, and benefits, and to not be subjected to discrimination or harassment on the basis of actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, sex, sexual orientation, gender identity, mental or physical disability, or HIV status.
24. To have caregivers and child welfare personnel who have received sensitivity training and instruction on matters concerning race, ethnicity, national origin, color, ancestry, religion, mental and physical disability, and HIV status.
25. To have caregivers and child welfare personnel who have received instruction on cultural competency and sensitivity relating to, and best practices for, providing adequate care to lesbian, gay, bisexual, and transgender youth in out-of-home care.
26. At 16 years of age or older, to have access to existing information regarding the educational options available, including, but not limited to, the coursework necessary for vocational and postsecondary educational programs, and information regarding financial aid for postsecondary education.
27. To have access to age-appropriate, medically accurate information about reproductive health care, the prevention of unplanned pregnancy, and the prevention and treatment of sexually transmitted infections at 12 years of age or older.
28. To receive a copy of this Act from and have it fully explained by the Department of Children and Family Services when the child or adult is placed in the care of the Department of Children and Family Services.
29. To be placed in the least restrictive and most family-like setting available and in close proximity to his or her parent's home consistent with his or her health, safety, best interests, and special needs.

Source: Foster Children's Bill of Rights Act (20 ILCS 521).

### **Foster Children Bill of Rights Testing**

In order to document the review of the Foster Children's Bill of Rights with the youth in care, the Department utilizes the CFS 496-1 form. The Department's CFS 496-1 form lists all of the rights afforded to children in care under the Act and provides for additional rights. After the document is reviewed, the signatures of the child, caseworker, supervisor, parent(s)/guardian(s) and, if applicable, foster parent(s), pre-adoptive parent(s) or relative caregiver(s) should be obtained. If the child is unable to sign the document, the individual who is acting on behalf of the child (parent/guardian; foster parent; and/or Guardian Ad Litem) may sign in place of the child. After the forms are reviewed and signed, the caseworker is required to provide all participants with a signed copy of the Bill of Rights and place a copy in the child's case record.

Department procedures require that caseworkers review the Foster Child and Youth Bill of Rights with children and youth in substitute care within the first 30 days after the child's initial placement, during an in person casework contact (Procedure 315.135(a)). The caseworker is required to:

- Provide a copy of the Foster Child and Youth Bill of Rights to the child; and
- Read aloud to and review the Foster Child and Youth Bill of Rights with a child under age 12 or a child unable to read independently. (The caregiver or an older child can also be asked to help read aloud to a younger child.) Children under 5 years of age and children who are unable understand the Foster Child and Youth Bill of Rights must have a caregiver present when the Bill of Rights is read and reviewed.

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.

To determine if a CFS 496-1 form (Illinois Foster Child and Youth Bill of Rights form) was being completed for each youth in accordance with applicable statutes and Department procedures, we requested the files for a random sample of 68 youth that were in the care of the Department during 2017-2018. We also requested the files of 91 youth in care that the Department identified as LGBTQ. We received 132 of the 159 files requested. Four youth in care did not require a 496-1 form during 2017-2018.

- For 71 of 128 (55.5%) youth in care, we could not document that a CFS 496-1 form was ever reviewed with the youth in care during 2017-2018.
- For 52 of 128 (40.6%), a signed form was in the file but there were also missing forms. Only 5 of 128 (3.9%) files had all the required CFS 496-1 forms.

Failing to review the CFS 496-1 forms with youth in care means that youth in care and/or their caregivers might be unaware of the youth's rights and where to seek help for addressing potential violations of those rights.

<b>REVIEWING RIGHTS WITH YOUTH IN CARE</b>	
<b>RECOMMENDATION 2</b>	<i>The Department of Children and Family Services should ensure that all Department and private agency caseworkers review the CFS 496-1 form (Illinois Foster Child and Youth Bill of Rights form) with all youth in care within the first 30 days of coming into care, every six months prior to the administrative case review, and annually as is required by statute and Department procedures.</i>
<b>DEPARTMENT OF CHILDREN AND FAMILY SERVICES RESPONSE</b>	<p>Staff will be instructed to review the CFS 496-1 with youth and obtain signatures at the following junctures:</p> <ul style="list-style-type: none"> <li>• When an investigator determines that a youth should be placed in protective custody and enter substitute care.</li> <li>• At the time of transition from investigations to a permanency staff.</li> <li>• Every 6 months, prior to the Administrative Case Review (ACR). The ACR Reviewer will discuss the document with staff and participants.</li> </ul> <p>The purpose and importance of the review of the Youth Bill of Rights and any updates to the required process will be reviewed with investigative staff/supervisors and permanency staff/supervisors during Foundations training. As we revise the Agency Performance Team (Foster Care) monitoring role and expectations, we will include the review of the CFS 496-1 document among the compliance items that will be reviewed on a triannual basis beginning FY22.</p> <p>Independent Living Organization (ILO)/Transitional Living Program (TLP) Monitoring will make sure that agencies are aware of the process and required Youth Bill of Rights forms and track and monitor their completion. Monitors also will be given direction to make sure that the agencies are continuing to provide these forms at intake and will be added to the ILO/TLP Training Agenda.</p>

## PROCEDURES 302 APPENDIX K

Senate Resolution Number 403 asks the Auditor General to determine the Department of Children and Family Services’ and its contractors’ implementation of and adherence to Appendix K to Procedures 302.

The Department did not implement the requirements of DCFS Procedures 302 Appendix K (Appendix K) in a timely manner, including those for training. Further, the Department failed to monitor the requirements of Appendix K including whether purchase of service (POS) agencies have adopted LGBTQ policies that are at least as extensive as Appendix K. Other Department procedures also have not been updated to reflect the requirements in Appendix K. 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. Appendix K was last updated effective May 2017.

Appendix K provides Department staff, POS agency staff, and foster parents with direction and information that sets mandatory minimum standards to promote the safety, adjustment and well-being of lesbian, gay, bisexual, transgender and queer/questioning (LGBTQ) children and youth in the Department’s care. Appendix K was updated and the requirements contained in the Appendix have been in effect since May 2017. Appendix K requires:

- All LGBTQ and/or transgendered youth in care must be placed in safe housing, receive LGBTQ competent mental and medical health services and have equal access to care.
- That the Department not contract with private agencies unless they 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).
- Mandatory training in LGBTQ competency.
- Caseworkers to notify their supervisors and contact the DCFS Clinical Specialty Services LGBTQ Coordinator immediately when there are concerns regarding the youth’s safety or well-being.
- In no instance should LGBTQ children/youth be placed with a non-affirming caregiver who is opposed to sexual orientations that differ from the caregiver’s own.
- If a caregiver is found to be non-affirming or is otherwise in violation of the nondiscrimination requirements in Appendix K, the youth’s DCFS caseworker must take immediate action to intervene and take appropriate corrective action and contact the LGBTQ Coordinator.
- There should be no explicit reference to LGBTQ services without the permission of the child/youth.
- Service plans incorporate recommendations as they relate to specific daily living, emotional or behavioral concerns.

**DCFS LGBTQ Coordinator**

The Department has established one position that is responsible for service for all LGBTQ youth in care statewide. Throughout Appendix K the position of DCFS LGBTQ Coordinator is referenced as a resource for information and guidance. Concerns or questions regarding conduct in violation of Appendix K or otherwise discriminatory or harmful to LGBTQ children, youth and their families can also be

**DCFS Procedures 302  
Appendix K**

“The Department’s policy is to maintain and promote a safe and affirming environment for LGBTQ children and youth in DCFS care, including children/youth who are in DCFS contracted residential facilities and programs, foster care and any other substitute care settings.”

**Expectations of the DCFS LGBTQ  
Coordinator**

- Consult about the Department’s LGBTQ policy;
- Educate staff, caregivers, and child/youth about LGBTQ legal rights and matters;
- Raise self-awareness about attitudes or bias through consultation and training;
- Participate in meetings and staffings;
- Identify LGBTQ-sensitive resources and placements;
- Help with the preparation of a new placement;
- Consult about the preservation of the current placement;
- Distinguish problematic behaviors from identity development;
- Consult with children and youth about legal rights process, and resources;
- Advocate respect for diversity.

Source: Department Procedures 302, Appendix K.

reported to the Coordinator. Appendix K establishes expectations of the DCFS LGBTQ Coordinator and states that the Coordinator can help workers and supervisors in addressing the sensitive matters of sexuality and gender expression or emerging sexuality of children and youth for whom the Department is responsible.

Appendix K describes the duties of the DCFS LGBTQ Coordinator. The LGBTQ Coordinator should be notified when a DCFS child/youth is identified as LGBTQ. When there are acknowledged or suggested concerns regarding the sexual orientation, gender identity and/or gender expression with a child or youth for whom the Department is responsible the LGBTQ Coordinator must be contacted immediately. Any recommendations made by the LGBTQ Coordinator should be implemented within five working days of the contact.

The position of LGBTQ Coordinator was vacant for more than a year (September 2017-October 2018) during the audit period. The person serving as the Department's LGBTQ Coordinator vacated the position August 31, 2017. According to the Department's Associate Deputy Director of Clinical Practice, during the interim period in which there was no LGBTQ Coordinator, she assumed the Coordinator's responsibilities in addition to her ongoing responsibilities. According to this official, the Department had difficulty finding someone who met the requirements to fill the position.

During the audit we met with the individual serving as the DCFS Statewide LGBTQI Specialist. This individual was functioning as the LGBTQ Coordinator. In November 2018, this individual was hired as an LGBTQI Diversity Trainer through a contract with the University of Illinois. According to the LGBTQI Diversity Trainer job description, the primary purpose/function of the position is to direct, coordinate, and manage statewide Illinois Department of Children and Family Services programs, initiatives, and training to ensure that appropriate services are provided to LGBTQI youth.

According to a Department internal announcement during the audit, in June 2020, the Department eliminated the LGBTQ Coordinator position and split the responsibilities outlined in Appendix K between two offices. The person who was the Statewide LGBTQI Specialist became part of the Office of Affirmative Action's LGBTQI+ Services team. The LGBTQI+ Services team will address service competency training needs, build resources for LGBTQI+ youth and families and help recruit caregivers for LGBTQI+ youth and families. According to a Department official, LGBTQ clinical referrals will be managed by Regional Clinical Coordinators and the Associate Deputy Director of Clinical Practice will work closely with the coordinators. **As of October 2020, Appendix K has not been amended to reflect these changes.**

### **Health Care Requirements**

Senate Resolution Number 403 asks the Auditor General to determine 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.

Appendix K requires that LGBTQ appropriate and culturally competent medical care and sexual health education and resources shall be provided to all DCFS children/youth. All DCFS children/youth receive a comprehensive health assessment at case opening which includes identification of existing medications being taken by the child/youth. If the child/youth reports

being prescribed hormone therapy medications by a licensed provider, these must be continued. A referral to DCFS Nursing Services should be made.

If a child/youth makes a request to begin puberty/blocking hormone therapy while in care, they should be referred to medical professionals who are recognized as medically competent. The LGBTQ Coordinator should be contacted when transgender medical care is being considered, along with the DCFS Guardian's office. DCFS and POS staff must consult with the LGBTQ Coordinator when an LGBTQ child or youth is demonstrating signs of stress or anxiety and must be referred to a mental health professional experienced in serving LGBTQ youth. 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. However, some youth may be in a placement or treatment center for a significant amount of time before coming out. In these cases the Department would need to work with that agency to make sure the clinical needs of the youth can be met. Because of the lack of information regarding LGBTQ youth in care, we could not determine the number of youth who utilized these services.

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## **IMPLEMENTATION OF APPENDIX K**

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Although Appendix K was updated in May 2017, the Department did not implement some requirements in a timely manner and others had not been fully implemented as of December 31, 2018.

As early as March 2009, the Department had adopted Appendix K (Support and Well-Being of Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Youths). The 2009 procedures required that the caseworker notify her/his supervisor and contact an LGBTQ Clinical Consultant immediately to address a youth's safety and well-being. Caseworkers were also responsible for ensuring that any recommendations from the consultation were implemented within five working days to protect the safety and well-being of the youth. The 2009 procedures also required that service plans incorporate recommendations as they relate to specific daily living, emotional or behavioral concerns.

The updates to Appendix K in 2017 enhanced the current procedures and increased LGBTQ training for anyone involved with youth in care. It also clarified protections for transgender/gender expansive children and youth. Specifically, it added requirements that private agencies adopt LGBTQ policies that are at least as extensive as Appendix K and a requirement for mandatory training in LGBTQ competency.

### **Other Department Policies and Forms**

The Department does not have consistent policies for the treatment of LGBTQ youth in care. The requirements of Appendix K have not been incorporated into other procedures such as those for licensing foster homes, permanency planning, and placement and visitation services.

There are no mentions of sexual orientation or gender identity in the Children and Family Services Act (20 ILCS 505/1) nor is the treatment of LGBTQ youth in care incorporated into administrative rules. The Foster Children's Bill of Rights Act states that youth in care have the right to be free from discrimination on the basis of sexual orientation and gender identity and to have the right to have caregivers and child welfare personnel who have received instruction on

cultural competency and sensitivity relating to, and best practices for, providing adequate care to lesbian, gay, bisexual, and transgender youth in out-of-home care (20 ILCS 521/5(23 & 25)).

There are multiple examples of Department rules and procedures not being updated to reflect the requirements outlined in Procedures 302 and thus being in conflict with Appendix K. As shown in *Exhibit 2-2*, Department administrative rules and procedures either do not mention LGBTQ youth in care or have requirements that are in conflict with Appendix K.

Exhibit 2-2 DEPARTMENT LGBTQ RULES AND PROCEDURES		
Requirement	Appendix K	Other Rules/Procedures
Affirming Placements	DCFS requires that all LGBTQ youth in care be placed in affirming safe housing. All DCFS/POS staff, providers, and foster parents shall treat LGBTQ youth in care in an affirming manner.	There are no explicit requirements in foster family homes licensing standards for foster parents to be affirming of LGBTQ youth in care (89 Ill. Adm. Code 402 & Procedures 402).
Placement Considerations	The caseworker is responsible for determining, prior to placement, the caregiver's attitudes and beliefs regarding sexual orientation, gender identity/gender expression. LGBTQ youth in care should not be placed with a non-affirming caregiver.	The Children and Family Services Act (20 ILCS 505/7), DCFS administrative rules (89 Ill. Adm. Code 301.60) & Procedure 301.60 do not mention sexual orientation or gender identity as one of the placement considerations that have to be taken into account when placing a youth in care.
Transgender/Gender Expansive Sleeping Arrangements	Placement consistent with gender identity should be the presumptive placement. A youth's perception of where they should be placed and would feel safest should be the primary factor informing housing decisions.	DCFS administrative rules (89 Ill. Adm. Code 402.9) and Procedure 402.9 discuss children of the same sex sharing a bedroom under the age of six. There is no mention of gender identity being taken into consideration.
Source: OAG analysis of Department rules and procedures.		

Forms utilized by the Department have not been updated to align with the requirements in Appendix K. Auditors reviewed forms used for the licensing of foster parents and found that none of the licensing forms reviewed had any mention of the requirement for foster parents to be affirming of LGBTQ youth in care.

<b>LGBTQ PROCEDURES</b>	
<p><b>RECOMMENDATION</b></p> <p><b>3</b></p>	<p><i>The Department of Children and Family Services should conduct a review of all statutes, administrative rules, Department procedures, and forms to ensure a consistent LGBTQ policy throughout the Department and to eliminate any conflicts within existing procedures.</i></p>
<p><b>DEPARTMENT OF CHILDREN AND FAMILY SERVICES RESPONSE</b></p>	<p>The department initiated a review of state law and department procedure to assess for conflict and will continue to review all forms and procedures, including Procedure 302 Appendix K, Rule and Procedure 402, and Rule and Procedure 301.60 to ensure they are LGBTQI+ affirming.</p> <p>Rule 429 (Equal Employment Opportunity Through the Department of Children and Family Services) was released for review and comment on 12-30-20, in concert with review of its cross-referenced Rule 308. On 01-06-21, the department released for review proposed SOGIE and preferred name changes to Procedures 315 Appendix H, Illinois Foster Child and Youth Bill of Rights and Administrative Procedures 30, Youth Concerns. The CFS 496 Client Rights and Responsibilities; CFS 496-1 Illinois Foster Child and Youth Bill of Rights; and CFS 496-2 Youth Issues and Concerns were updated to reflect inclusive language recognizing the client’s right to be identified by their sexual orientation, gender identity and gender expression. The proposed changes add the youth’s preferred name when referring to the youth.</p>

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## Chapter Three

# TRAINING, OVERSIGHT, AND MONITORING

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## CHAPTER CONCLUSIONS

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 License 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.

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 (OIG) 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 a 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.

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## TRAINING

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Senate Resolution Number 403 asks the Auditor General to determine 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.

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 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.

Our assessment of the frequency on which employees were trained on sexual orientation, gender identity, and the requirements of Appendix K and whether the training was sufficient was complicated by the fact that during the course of the audit the Office of Learning and Professional Development was updating and making changes to the trainings offered. These trainings included those for foundation training and intact family services training. According to information provided by the Department, LGBTQ training for foster caregivers was not deployed until April 8, 2020. Additionally, not everybody has received the required training.

### Training Requirements

The Foster Children's Bill of Rights Act, effective January 1, 2016, requires that youth in care have caregivers and child welfare personnel who have received instruction on cultural competency and sensitivity relating to, and best practices for, providing adequate care to lesbian, gay, bisexual, and transgender youth in out-of-home care.

In May 2017, Appendix K to Procedures 302, was updated to require that any person who is involved with children/youth in the care of the Department will complete mandatory training in LGBTQ competency. This includes Department staff, POS agency staff, and foster parents. Specifically, Appendix K requires that LGBTQ training will be part of the **retraining for Child Welfare licenses**, will be included as part of Parent Resources for Information, Development, and Education (**PRIDE**) **training**, and will be included in **DCFS core training**. In addition:

- DCFS and POS agency staff must complete additional, mandatory standalone LGBTQ training **at least once per year**;
- POS agencies must include LGBTQ training in their training of volunteers; and
- Annual training in LGBTQ competent care is required for all child welfare providers, whether or not they believe they have cared for or currently care for any LGBTQ child/youth.

## **Appendix K Implementation**

The Department's Office of Learning and Professional Development is responsible for offering training to employees, POS agency staff, and foster parents. Additionally, POS agencies may also offer their own in-service training as well. According to a Department official, the core training was revised in fall 2018 to include LGBTQ issues, including sexual orientation and gender identity, with one module specifically regarding Appendix K. The official stated that the training was developed with the input of content experts, who provided comments and suggestions.

According to officials, training on Appendix K updates and best practices working with LGBTQ youths in the beginning was being delivered by clinical staff. However, experience completing these trainings and feedback showed the effort would not reach the number of individuals who needed the training in a reasonable amount of time. In late 2018/early 2019, the Department arranged for webinars developed by the Human Rights Campaign (HRC) to provide baseline training. The three-part webinar series is required for all direct care staff and supervisors. However, the three-part webinar series was not offered to staff until June 2019, more than two years after the Department implemented Appendix K. A separate HRC webinar was developed as required training, and may be re-taken at a later date as in-service training that counts toward the licensure requirement.

The Office of Learning and Professional Development tracks training of DCFS employees and POS agency employees through its Virtual Training Center. According to Department officials when individuals are identified that have not completed required training, a letter is sent to them and to their supervisor notifying them that they need to complete the training. However, there is no written policy regarding the requirements or what happens if training is not completed.

### **Training Populations**

There are several different populations that are required specifically by Appendix K to receive training in LGBTQ competency. These include caseworkers, licensed foster parents, DCFS and POS agency staff, and POS agency volunteers.

Although Appendix K requires that any person who is involved with DCFS children/youth will complete mandatory training in LGBTQ competency, some are not receiving the training. According to Department officials, residential facility staff were not part of the originally targeted population as they are not direct service staff. However, it is highly recommended that these individuals participate in this training.

We also surveyed POS agencies to determine if they are conducting in house training related to sexual orientation, gender identity, and/or Appendix K. Of the 51 agencies that responded to our survey, 34 (66.7%) responded that they conduct in-house LGBTQ training.

### **Core Training**

Appendix K requires that LGBTQ training be included in DCFS core training. According to Department officials, staff in Investigations, Intact, Permanency, Foster Care Licensing, and Adoptions staff and supervisors are required to complete Foundations core training. Appendix K also requires that DCFS and POS agency staff must complete additional, mandatory standalone LGBTQ training at least once per year. According to a Department official, the core training was revised in fall 2018 to include culture and identity, which includes

sexual orientation and gender identity and expression, with one module specifically regarding Appendix K. The official stated that the training was developed with the input of content experts, who provided comments and suggestions. This is required training for all newly hired staff at the Department and POS agencies.

### **Child Welfare License Training**

Appendix K requires annual training in LGBTQ competent care for all child welfare providers whether or not they believe they have cared for or currently care for any LGBTQ child/youth. It also requires that LGBTQ training will be part of the retraining for child welfare licensees.

According to the Department's Office of Learning and Professional Development, for FY17, there were 2,368 POS agency staff that needed to receive ongoing training to maintain their Child Welfare Employee License. For FY18, there were 2,812 POS agency staff that needed to receive ongoing training for their Child Welfare Employee Licenses. There were also 1,107 Department staff in FY17 and 1,387 in FY18 that needed this training for their Child Welfare Employee License.

### **Foster Parents Training**

Appendix K requires that LGBTQ training be included as part of PRIDE training (training for foster care licensing). According to foster home licensing information provided, for the period FY17-FY19, there were 4,986 foster homes that received an initial license.

We reviewed PRIDE (Parent Resources for Information, Development, and Education) training information provided by the Office of Learning and Professional Development and the only item listed on the Department's LGBTQ curricula for foster parents is the Webinar for Caregivers required for all staff. This webinar was not made available to foster parents until August 2019, more than two years after Appendix K was implemented. According to information provided by the Department, training for foster caregivers related to caring for LGBTQ youth was not deployed until April 8, 2020.

We asked training officials why the Appendix K required LGBTQ training was not included within the PRIDE materials provided. According to officials, PRIDE in-service trainings are included in the curriculum and offered to caregivers. However, these trainings are self-directed and voluntary. PRIDE staff communicate the available in-service training offerings to licensing staff at their quarterly meetings, who in turn share this information with caregivers.

On April 8, 2020, training officials provided auditors with a report listing all foster caregivers that had completed the training *Working With LGBTQ Youth In Care: HRC Webinar Series*. The report contained a total of 192 individuals that had attempted to complete the training. Of these 192, 139 (72.4%) were foster caregivers. Of the 139 caregivers, 113 had completed the training.

### **Volunteers**

POS agency volunteers are also required to receive Appendix K training. According to training officials, Appendix K stipulates that "Agencies must include LGBTQ training in their training of volunteers." The reference to "agencies" here speaks to those contracted with the Department to provide services to youth in care. Courses listed on the curricula document are

made available, but are optional for volunteers of said agencies as there exists no licensure or certification requirements for individual volunteers of all contracted agencies.

We surveyed POS agencies and asked if they had volunteers and if so, whether they provide LGBTQ training to them. Of the 51 survey respondents, 24 replied that they have volunteers. Of those 24 agencies that replied they have volunteers, 11 (45.8%) replied that they provide LGBTQ training to those volunteers.

### **Residential Facilities and LGBTQ Training**

Appendix K requires mandatory training in LGBTQ competency for **any person** who is involved with DCFS children/youth. According to Department officials, residential facility staff were not part of the originally targeted population as they are not direct service staff. However, it is highly recommended that these individuals participate in this training. According to Department data, as of June 30, 2018, 7.5 percent of youth in care were placed in shelters, psychiatric facilities, and other residential facilities. During fieldwork testing auditors found that LGBTQ youth in care could spend a significant amount of time in shelters, psychiatric facilities, and other residential facilities. However, the Department does not specifically require these employees to receive LGBTQ training.

### **Tracking Training**

The Office of Learning and Professional Development tracks training of DCFS employees and POS agency employees through its Virtual Training Center (VTC). According to Department officials, all staff and caregivers are required to have a VTC account in order to register for any training. Caregivers and direct care staff register for the pre-service training (core for direct care staff and PRIDE for foster parents) and the system shows credit when the training is completed.

Officials noted when individuals are identified that have not completed required training, a letter is sent to them and to their supervisor notifying them that they need to complete the training. Officials stated that specifically for the LGBTQ training, notifications are sent weekly until training is completed. However, there is no written policy regarding the requirements or what happens if training is not completed.

Department training officials provided auditors with a download of all individuals that had completed LGBTQ youth in care training. The data provided showed that between June 13, 2019, and January 22, 2020, 3,097 individuals had completed at least one LGBTQ training. Of these 3,097, 1,653 were Department employees and 1,390 were POS agency employees. An additional 50 were categorized as “University” and in 4 instances the employer was unknown.

There are a large number of staff that have not received the training required by Appendix K. According to the Office of Learning and Professional Development, for FY18 there were 2,812 POS agency staff that needed to receive ongoing training for their child welfare employee licenses alone and only 1,390 POS agency employees completed the training (49.4%).

### **Webinar Training Agreement**

An agreement between the Department and a vendor to provide access to a three module web-based training limited the training to a total of 4,700 individuals (2,400 DCFS staff and 2,300 private agency staff) between March 6, 2019, and February 28, 2020. According to data from the Department, 2,255 employees were considered direct care staff and supervisors. The

training was originally three webinars on the vendor’s website that were then combined into one training on the VTC. According to training information provided by the Department, the combined training was first completed in late September 2019. As of January 22, 2020, 3,097 total individuals had received at least one module of the training (1,653 DCFS and 1,444 POS and other agencies), so 73.3 percent of Department employees had completed the training by January 22, 2020. Our analysis showed that 2,176 individuals were listed as only completing one module of the three webinar series and 858 individuals completed the VTC one part training.

The agreement between the Department and a vendor to provide access to the LGBTQ web-based training expired on February 28, 2020. We followed up with the Department to determine if they planned to sign another agreement or extend the current agreement to provide this training. According to officials, the Department continues to provide this training. However, as of December 2020, the Department could only provide a draft new agreement.

<b>LGBTQ TRAINING</b>	
<p><b>RECOMMENDATION</b></p> <p><b>4</b></p>	<p><i>The Department of Children and Family Services should fully implement and provide the training required by Appendix K. This would include:</i></p> <ul style="list-style-type: none"> <li>• <i>Ensuring that all required individuals have completed training;</i></li> <li>• <i>Ensuring that annual training is given as required to all child welfare workers, including those at POS agencies;</i></li> <li>• <i>Continuing to work to revise PRIDE training for foster parents to include training for LGBTQ competency; and</i></li> <li>• <i>Requiring employees of residential facilities that serve youth in care of the Department to complete LGBTQ competency training.</i></li> </ul>
<p><b>DEPARTMENT OF CHILDREN AND FAMILY SERVICES RESPONSE</b></p> <p><b>(Continued on next page)</b></p>	<p><b>Ensuring that all required individuals have completed training:</b> The LGBTQI+ training is embedded in the department’s Foundations training. The Office of Learning and Professional Development (OLPD) is currently reviewing recommended enhancements. OLPD will ensure that any changes to the content of the LGBTQI+ Foundations Training are in alignment with the requirements in Appendix K.</p> <p>Effective July 2020, the department requires any direct service Foundations participant, both new hires and staff transferring to a new specialty, to complete the stand-alone LGBTQI+ training within the first 90 days following completion of Foundations. OLPD’s Virtual Training Center (VTC) sends automated notices to the participant and their listed supervisor reminding them of the mandatory completion of the LGBTQI+ course. Department administrators can also request lists of all staff and caregivers who have completed any OLPD training on the VTC, including the LGBTQI+ competency training.</p> <p><b>Ensuring that annual training is given as required to all child welfare workers, including those at POS agencies:</b> Department divisions will work together to determine mechanisms to streamline tracking training of POS staff to ensure the agencies are held accountable for annual training requirements. OLPD will continue to ensure that the Human Right Campaign LGBTQI+ online/self-</p>

	<p>directed training is accessible on the VTC to all department and POS direct service staff and supervisors until it is phased out and replaced with the department’s LGBTQI+ online/self-directed training developed by OLPD with input from LGBTQ Roundtable. The newly designed curriculum developed by OLPD as a standalone online/self-directed learning is expected to be completed in February 2021.</p> <p>The department does not require re-training as part of the Child Welfare Employee License (CWEL) process. However, child welfare employees are required to complete a specific number of training clock hours every two years to maintain their license. OLPD maintains transcripts that are accessible to staff so direct services supervisors can monitor their staff’s completion of required trainings to ensure they meet CWEL clock hour requirements.</p> <p><b>Continuing to work to revise PRIDE training for foster parents to include training for LGBTQ competency:</b> OLPD is currently revising the content of the PRIDE curriculum to include enhanced LGBTQI+ competency training, which is expected to be completed in April 2021. OLPD will continue to provide reports of trainings taken by foster caregivers to the department’s licensing staff upon request. Licensing staff can also independently review OLPD transcripts via the VTC of any foster caregiver they are assigned to license or monitor.</p> <p><b>Requiring employees of residential facilities that serve youth in care of the Department to complete LGBTQ competency training:</b> OLPD is collaborating with the Office of Affirmative Action, Operations, Agency Performance Team and Residential Monitoring to provide all residential facility employees who provide services to department youth in care access to the LGBTQI+ competency training via the VTC. Residential facility staff will be able to create a VTC profile, which will provide them access to both the staff and caregiver versions of the LGBTQI+ training. OLPD can then provide reports reflecting the names and roles of participants from residential facilities who complete the LGBTQI+ training via the VTC to department administrators in Operations, Agency Performance Team and Residential Monitoring for follow-up to ensure enrollment and completion. Administrators will also be able to review transcripts for their staff directly via the VTC.</p>
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## OVERSIGHT AND MONITORING

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Senate Resolution Number 403 asks the Auditor General to determine how employee and contract oversight ensure accountability and corrective actions. It also asks the Auditor General to determine 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.

We found that employee and contractor oversight was inadequate to ensure accountability or corrective actions. We contacted the Department’s Office of Affirmative Action and the Office of the Inspector General (OIG) to discuss any investigations or actions taken involving LGBTQ discrimination by an employee. According to the Department’s Office of Affirmative Action and the OIG there have been no allegations reported alleging discrimination against a youth in care on the basis of sexual orientation or gender identity.

We also found the Department's oversight and monitoring of POS agencies in general and specifically in regards to Appendix K was insufficient and that the Department was not ensuring that agencies had established policies required by Appendix K and their contract agreements. 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). Contract agreements for FY18 and FY19 required that all children and youth be treated in a manner consistent with the Department's non-discrimination guidelines as outlined in the Department's rules and procedures, including but not limited to Appendix K.

We conducted a survey of POS agencies and received survey responses from 51 of those agencies. Of these 51 agencies responding, 39 (76.5%) responded that they had implemented policies that were at least as extensive as Appendix K. Only 14 agencies provided copies of their policies and several of these were either established after the survey was sent or did not discuss discrimination against youth in care.

Appendix K requires that **all staff are prohibited from engaging in any form of discrimination, bias or harassment against LGBTQ children, youth and their families.** Staff may not impose personal, organizational or religious beliefs on LGBTQ children, youth and families, and in no way should personal beliefs impact the way individual needs of children/youth or families are met. DCFS staff can be disciplined for violating this policy up to and including discharge, per the Employee Handbook and CMS Personnel Rules.

### **DCFS Employee Oversight**

For Department employees, the Office of Affirmative Action is charged with the overall responsibility of ensuring that DCFS complies with civil rights rules and regulations and that the rights of all DCFS employees, applicants, and service recipients are protected against unlawful discrimination. Unlawful areas of discrimination include those related to sexual orientation and gender identity among others. The Office of Affirmative Action investigates complaints of discrimination filed internally with the Office of Affirmative Action, and maintains records of complaints filed externally with other agencies, such as the Illinois Department of Human Rights, the Equal Employment Opportunity Commission, or any other appropriate government agency. The Office of Affirmative Action is also responsible for monitoring POS agencies' compliance with contract civil rights requirements. If an employee, applicant for employment, or service recipient believes discrimination has occurred, the person can file a complaint with the Office of Affirmative Action. Discrimination complaints may allege violations of law based on factors including gender, gender identification, and sexual orientation. **According to Office of Affirmative Action officials, they have not had an allegation reported alleging discrimination against a youth in care on the basis of sexual orientation or gender identity.**

A youth in care with the Department may also contact the Department's Advocacy Office or the Department's Office of the Inspector General regarding a violation of rights and to speak with representatives of these offices confidentially without threat of retaliation for making a complaint. **We contacted the OIG and officials stated that they had not conducted any investigations related to violations of the Foster Children's Bill of Rights including 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 a youth in care in which the complaint

was related to their sexual orientation or gender identity. Several of these involved allegations of discrimination. The Advocacy Office and complaints are discussed in detail later in this chapter.

In all, we contacted the Department’s Office of Affirmative Action, Office of Inspector General, and the Advocacy Office to attempt to identify any instances in which there was a complaint or investigation of a Department employee. The Department was unable to provide any examples of an investigation of a Department employee related to discrimination or a violation of the rights of a youth in care related to their sexual orientation or gender identity. Since the Department reported no investigations, auditors were unable to assess any actions taken.

### **POS Agency Employees**

We surveyed 75 POS agencies and asked whether the agency had ever received a complaint regarding discrimination against an LGBTQ youth in care during 2017-2018. Only 1 of the 51 agencies that responded to our survey said they had received such a complaint. However, when asked if an employee had been disciplined because of a complaint alleging discrimination based on Appendix K, 4 of 51 responded yes.

### **POS Agency Oversight and Monitoring**

Appendix K states that the Department will not contract with agencies who fail 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 reviewed boilerplate language for POS agency contracts and found that they contain provisions regarding unlawful discrimination. Beginning with FY18 contracts, the agreements required that all children and youth shall be treated in a manner consistent with the Department’s non-discrimination guidelines as outlined in the Department’s rules and procedures, including but not limited to Appendix K, Support and Well-Being of Lesbian, Gay, Bisexual, Transgender and Questioning Youth to Procedures 302, Services Delivered by the Department. All contracts also state that services delivered by the agencies shall comply with all Department laws, rules, regulations, procedures, protocols, and policy guides, which are incorporated by reference and made a part of the agreement.

We met with Department officials responsible for monitoring and asked if they monitored POS agencies and residential providers for compliance with Appendix K. According to officials, the Agency Performance Team (APT) addresses this any time they become aware that a POS agency may not be following policy regarding a youth or family. Residential Monitoring does so on an individual basis with respect to the youth’s engagement and treatment. When asked for documentation of any monitoring, officials responded that the only documentation would be contained within staffing reports. Department officials provided examples of APT and residential monitoring reports that review staffing and performance goals. However, none of the reports contained a specific reference to LGBTQ youth in care or Appendix K. Further, according to Department officials reviews are not conducted at the APT level for Appendix K.

### **POS Agency Policies**

The Department does not monitor whether POS agencies are adhering to the requirements of Appendix K. The Department is also not ensuring that POS agencies have established policies required by Appendix K. We surveyed 75 POS agencies to determine if they had policies in

place that were 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 received survey responses from 51 POS agencies. Of these 51 agencies responding, 39 (76.5%) responded that they had implemented policies that were at least as extensive as Appendix K.

Our survey also asked POS agencies to provide copies of their policies. Only 14 agencies provided copies of their policies and some of these policies were dated after our survey was sent to the agencies. Of the 14 agencies providing further information about their policies:

- Two agencies provided policies that did not discuss discrimination against youth in care, such as personnel policies that only discuss employee discrimination against another employee.
- One agency sent policies that were effective 1/28/20, after the survey was sent.
- One agency provided a policy that consisted of a cover memo page discussing non-discrimination attached to pages 7-17 of Appendix K (missing the first 6 pages of Appendix K).
- One agency attached Appendix K to its policies stating staff will comply with Appendix K. This was done effective 2/1/20, after the survey was sent out.
- One agency that initially informed us that it did not have policies for LGBTQ rights but was planning to draft policies, later sent undated draft policies in March 2020, after the survey was completed.
- One agency simply provided a copy of Appendix K with no policy number or date.

Agencies are required to establish policies at least as extensive as those required by Appendix K. Having clear written policies can provide a framework for decision making and clearly communicates appropriate behavior for employees. It can also establish consequences for those that do not follow the established policies. Because the Department does not actively monitor whether POS agencies are complying with the requirements contained in Appendix K, it cannot ensure that agencies have established required policies. By not ensuring that all POS agencies have established policies required by Appendix K, the Department risks that youth in care are being discriminated against based on their sexual orientation or gender identity.

<b>OVERSIGHT AND MONITORING OF APPENDIX K</b>	
<b>RECOMMENDATION 5</b>	<i>The Department of Children and Family Services should provide oversight and monitoring of POS agencies for compliance with Appendix K and ensure that all agencies have established policies at least as extensive as those required by their contract and Appendix K.</i>
<b>DEPARTMENT OF CHILDREN AND FAMILY SERVICES RESPONSE</b>	<ul style="list-style-type: none"> <li>• The department developed training materials for Appendix K. Divisions will work collaboratively to create necessary updates.</li> <li>• We will send out a communication reminder of Appendix K to all DCFS and POS leadership by 03-31-21.</li> <li>• We will provide a training opportunity for all POS and DCFS Foster Care leadership by 09-30-21.</li> <li>• The Residential Monitoring unit will identify key stakeholders per agency and provide a training opportunity for existing staff. New hire staff will be trained as well.</li> </ul>

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## **REPORTING AND TRACKING VIOLATIONS**

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Senate Resolution Number 403 asks the Auditor General to determine 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.

The Advocacy Office computer system is outdated and needs to be improved. Although complaint information was provided for 2017-2018, it had to be compiled manually. The current system also does not allow for case tracking to ensure that the desired outcome is achieved. The Advocacy Office also does not track recommendations made by youth or the experiences of youth in care that have reported violations. The CFS 496-1 form is used to inform youth of care of their rights and how to report violations of those rights. As reported in Chapter Two, the Department could not document that youth in care are reviewing the 496-1 form as frequently as required. The Department does not document any recommendations from youth in care nor are there any requirements for the Department to track recommendations.

### **Advocacy Office**

The Foster Children’s Bill of Rights Act (20 ILCS 521) provides that youth in the care of the Department have the right to contact the Department’s Advocacy Office or the Department’s Office of the Inspector General regarding violations of rights, to speak to representatives of these offices confidentially, and to be free from threats or punishment for making complaints.

The Foster Children’s Bill of Rights Act codifies 29 specific rights of every child and adult in the care of the Department. Procedure 315.135(a) requires that permanency workers review the Foster Child and Youth Bill of Rights Form (CFS 496-1) with children and youth in substitute care within the first 30 days after the child’s initial placement, during an in person casework contact. One of the rights discussed in the Foster Children’s Bill of Rights Act is the right to contact the Department’s Advocacy Office or the Office of the Inspector General regarding violation of rights and to speak with representatives of these offices confidentially without threat of retaliation for making a complaint.

The Advocacy Office responds to complaints, concerns, inquiries and suggestions about the Department. The staff provides referrals to appropriate Department staff and suggestions to executive staff for improvements and changes. The Youth Hotline is available to handle complaints, concerns, inquiries and suggestions made by youth served by the Department. Anyone can contact the Advocacy Office including foster parents, biological parents, adoptive parents, service providers, children and adolescents, and DCFS staff.

**Examples of Advocacy Office Complaints:**

- Clothing – Either cannot wear what they want to wear or do not want to wear certain provided clothing.
- Placement – Want to move to a different placement or want to be sent home.
- Seeking more support for being LGBTQ.
- Clinical/LGBTQ issues including desire for hormone therapy.
- Issues With Staff – Staff chokes, pinches, knees, or disrespects them.
- Safety – Seeking help securing safety from harassment and discrimination.

Source: Advocacy Office complaints.

**Youth Advisory Board**

The Department also has a Youth Advisory Board. Youth between the ages of 14 and 21 who have been adopted, are currently in care or formerly in care are eligible to join the Youth Advisory Board. Youth come together to discuss ways to make the Department a better place for all youth in care, create policies and laws, work on individual issues and concerns and receive beneficial resources from the Department. The Youth Advisory Board is committed to youth empowerment, development, leadership and achievement across the State.

During each Youth Advisory Board meeting, youth have time to discuss their issues and concerns. When issues are not being addressed by the youth’s assigned caseworker and caseworker’s supervisor, the youth may complete a form requesting that an advocate contact them to discuss their concerns. Youth at Youth Advisory Board meetings may utilize a Youth Issues and Concerns Form (CFS 496-2) for reporting incidents and violations. These reports are reviewed by the Advocacy Office.

**Complaints and Resolutions**

We met with officials from the Advocacy Office to discuss the process of filing a complaint and the resolution of complaints. According to the Advocacy Office officials, youth can call or email complaints. Forms can also be filled out at Youth Advisory Board meetings. If the issue can be resolved immediately, there may be no record of the complaint. For others that need more investigation, the complaint is entered into an outdated database, according to officials. The current system does not allow data runs to be completed or fields to be changed. For example, “wards” cannot be changed to “youth in care.” We requested:

- A download of complaints filed for CY17-CY18 including the name of the youth, person ID, date filed, the general complaint, and resolution/recommendations;
- Any summaries or reports on complaints received by the Advocacy Office;
- Any information regarding recommendations made by youth in care and how they were implemented; and
- Any information regarding the experience of the youth that have reported a violation.

Although the Advocacy Office was able to provide data for 2017 and 2018 complaints reported, the data had several shortcomings. These include:

- Some of the data was manually compiled from the Advocacy Office’s Youth Feedback report.
- Complaints are not categorized by the type of issue such as physical violence or discrimination.
- The data contained duplicates because the computer tracking system is very old.
- Sometimes complaints/reports are completely lost or the computer system skips several hundred digits in the order when assigning new calls a complaint number.

Data provided by the Advocacy Office showed that there were 673 unique reports/complaints for 2017-2018, of which 627 involved a youth in care. By reviewing information related to the issues and outcomes in the data provided, we were able to identify 12 reports involving youth in care in which the complaint was related to their sexual orientation or gender identity.

The Advocacy Office also provided a list of 312 suggestions reported by residential monitors. These are compiled from suggestion boxes that are located at youth in care facilities around the State after being collected by the residential monitor. These suggestions may not always identify the youth by name. Nearly half of the 312 suggestions (146) were related to staff interactions. Only two were related to placements.

The Advocacy Office does not track recommendations made by youth or the experiences of youth in care that have reported violations. Therefore, we were unable to identify a source that could provide this information.

### **Office of the Inspector General**

The Office of the Inspector General provides accountability for services to children and families. In accordance with State law, the office investigates allegations of misconduct, misfeasance, malfeasance, and violations of rules, procedures or laws by an employee, foster parent, or contractor of the Department. The Inspector General also investigates allegations pertaining to child welfare employee licenses issued to both Department and private agency direct child welfare workers, provides technical assistance regarding Child Welfare Employee License applicants, and serves on the Emergency License Review Team. In addition, the office serves as the Department representative in all administrative hearings concerning Child Welfare Employee Licenses.

We asked the Department’s Inspector General if her office had received any complaints directly from youth in care during 2017-2018. According to the Inspector General, it had not received any complaints from youth in care regarding any violations of their rights. The

Inspector General also said that the office would establish in its tracking system a mechanism to ensure they are tracked going forward.

COMPLAINTS	
<b>RECOMMENDATION</b>  <b>6</b>	<p><i>The Department of Children and Family Services should:</i></p> <ul style="list-style-type: none"> <li>• <i>Update the computer system used by the Advocacy Office to log and track complaints; and</i></li> <li>• <i>Track recommendations made by youth and the experiences of youth in care that have reported violations.</i></li> </ul>
<b>DEPARTMENT OF CHILDREN AND FAMILY SERVICES RESPONSE</b>	<p>The department has a project underway to build and implement a new system to track Advocacy Office complaints and cases. This system is scheduled to be completed and ready for use in February 2021.</p>

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## Chapter Four

# MATCHING AND PLACEMENT

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## CHAPTER CONCLUSIONS

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 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 form 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 form was also "informally" rolled out statewide. The CFS 2017 is the only form required by procedures to be used for assessing placements.

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## MATCHING AND PLACEMENT

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Senate Resolution Number 403 asks the Auditor General to determine 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.

Overall, matching and placement is a caseworker driven process. Major decisions regarding the placement of a child in care are made by the caseworker and the supervisor. Further, once cases are assigned to a POS agency, the agency is ultimately responsible for case management and placement of the youth. Given that approximately 77 percent of the foster care caseloads are handled by POS agencies, the role of the Department is diminished in this process as a whole. This highlights the need for strong policies at the POS agency level and strong oversight by the Department in order to ensure that LGBTQ youth in care are matched with affirming homes.

The Department may become legally responsible for children for a variety of reasons including temporary protective custody, custody or guardianship via court order, or children whose parents signed an adoptive surrender or voluntary placement agreement with the Department. Temporary protective custody is taken in accordance with the Abused and Neglected Child Reporting Act (325 ILCS 5/) and may involve placing youth in an emergency shelter.

When the court names the Department as the guardian for a child, the Department then has the right to place the child in a foster home or with a relative caretaker. The child may be placed directly by the Department or through a private agency. For a child in Department guardianship, placement with a relative can occur in the following cases:

- The relative can be a licensed foster parent. A foster parent must follow Department regulations before and after placement of a child; or
- A relative can become a “relative caretaker.” Relative caretakers do not need to be licensed. They must meet certain safety requirements and follow Department rules.

Exhibit 4-1 YOUTH IN CARE PLACEMENT CRITERIA			
Placement Criteria	Statute (20 ILCS 505/7)	Rules (89 Ill. Adm. Code 301.60)	Procedures (Procedure 301.60)
Child’s Health, Safety and Best Interests	Yes	Yes	Yes
Religion	Yes	No	Yes
Sibling Placement	Yes	Yes	Yes
Relative Placement	Yes	No	Yes
May Not Discriminate on the Basis of Race	Yes	No	No
Least Restrictive Setting	No	Yes	Yes
Proximity to Home/School District	No	Yes	Yes
Ability of Foster or Adoptive Parents to Meet the Needs of the Child	No	Yes	Yes
American Indian Heritage	No	Yes	Yes
Race, Ethnicity and National Origin	No	No	Yes
Communication Requirements	No	No	Yes
Children of Hispanic or Latino Origin in Spanish-Speaking or Bilingual Foster Home	No	No	Yes
Foster Parent Preference as Possible Adoptive Family	No	No	Yes

Source: Children and Family Services Act; 89 Ill. Adm. Code 301.60, & Department Procedures 301.60.

Placement may also include congregate care, group homes, shelters, transitional living, and residential treatment. Residential treatment centers are licensed settings that provide 24-hour care to children in a group home or institution.

When a youth in care is placed, the Department has to take into account a multitude of factors. The Children and Family Services Act (20 ILCS 505/7), Department rules 301 (89 Ill. Adm. Code 301.60), and Department Procedures 301.60 all cover the placement of youth and each contains a list of criteria to be considered. *Exhibit 4-1* lists the placement criteria for each

and whether they are included in statute, rules, or procedures. As can be seen in the exhibit, none of these sources specifically discuss sexual orientation or gender identity as a criteria for placement.

All three sources list the child’s best interest as a consideration. The Juvenile Court Act of 1987 defines “best interest” as considering the following factors in the context of the child’s age and developmental needs:

- Physical safety and welfare of the child;
- Development of the child’s identity;
- The child’s background and ties, including familial, cultural, and religious;
- The child’s sense of attachments;
- The child’s wishes and long-term goals;
- The child’s community ties;
- The child’s need for permanence;
- 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. (705 ILCS 405/1-3(4.05))

### **Matching and Placing LGBTQ Youth in Care**

The Illinois Foster Children’s Bill of Rights Act states that youth in care are to have fair and equal access to all available services, placement, care, treatment and benefits, and to not be subjected to discrimination or harassment on the basis of actual or perceived race, ethnicity, ancestry, national origin, color, religion, sex, sexual orientation, gender identity, mental or physical disability, or HIV status (20 ILCS 521/5(23)). The Illinois Foster Child and Youth Bill of Rights form (CFS 496-1) contains language that the youth in care be placed in out-of-home care according to their gender identity, regardless of the gender or sex listed in their court or child welfare records.

According to Department officials, if youth disclose 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. Auditors reviewed forms that are utilized in the placement process and only one, the CFS 2017 Child/Caregiver Matching Tool, has any reference to sexual orientation or gender identity. The CFS 2017 is discussed in more detail below.

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 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. Also, as discussed above, there are multiple factors that come into consideration during the matching process. For example, a youth in care might be placed in a residential facility or have expressed a desire to be placed close to biological family.

During fieldwork testing of 91 youth the Department identified as LGBTQ, 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 that for 22 youth in care, including 17 transgender youth, LGBTQ

status was taken into consideration for placement. Some examples of placement matching include:

- Being matched with an LGBTQ foster parent after a youth in care expressed a desire to be placed in an LGBTQ home;
- Discussing with a youth in care whether the youth was more comfortable in a girls' unit or a boys' unit at a residential facility; and
- A youth in care being recommended for an LGBTQ transitional living program.

#### **Child/Caregiver Matching Tool (CFS 2017 Form)**

The Department did not follow its own procedures and complete required forms for matching youth with placements. Our review of youth in care files for 2017-2018 showed that the required Child/Caregiver Matching Tool was rarely utilized to match youth with caregivers that were willing and capable to provide a stable placement.

Department procedures for permanency planning require the use of the Child/Caregiver Matching Tool (CFS 2017 form) for every placement. Procedure 315.75 states that:

*The Permanency Worker shall complete the CFS 2017, Child/Caregiver Matching Tool prior to making a placement decision to ensure that the selected caregiver is able to meet all of the child's identified needs. The CFS 2017 must be completed for all placements, whether related or unrelated. When CAPU [Case Assignment and Placement Unit] identifies an agency with an available placement, the Placing Worker must ensure the identified placement can meet the child's needs as outlined in the CFS 2017. If services or supports are needed to allow the caregiver to meet the child's needs, the Placing Worker and/or Permanency Worker must arrange for those services. The Permanency Worker shall include all identified needs as Outcomes and Action Steps for the child in the Service Plan.*

The use of the CFS 2017 form is discussed in Procedure 301.60(b) which states that:

*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**. (emphasis in original)*

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/Caregiver Matching Tool (CFS 2017 form) covers issues including family visitation, language, religion/spirituality requirements, physical health, psychological health, behavioral issues, social development, and education.

This 11 page form was last updated in 1999 and does not discuss or take into account the sexual orientation of the youth in care. **The matching tool includes one general question about gender identity, in a section entitled Sexual Behaviors.** However, the question is vague and does not include detail regarding the specific issue. *Exhibit 4-2* shows this section and includes columns to assess the caregiver's ability to parent and willingness to parent a youth with certain sexual issues. It also shows that the Department has lumped gender identity issues into

the same category as inappropriate sexual behavior, sexual abuse, and excessive and/or public masturbation.

According to the form, when a placing worker must select an initial or subsequent placement for a child, the worker is required to use the Department’s CFS 2017 form, Child/Caregiver Matching Tool, to document the criteria for assessing the child’s individual needs and the ability of the caregiver to meet those documented individual needs. The placing worker’s supervisor must also approve the form.

Exhibit 4-2 CHILD/CAREGIVER MATCHING TOOL (CFS 2017 FORM) SECTION DISCUSSING GENDER IDENTITY			
<b>Behavior Characteristics</b>			
<b>Sexual Behaviors</b>	Successfully Parented in the Past	Willing but needs Help	Not Willing to Parent
<b>Sexually abused</b> <input type="checkbox"/> N/A <input type="checkbox"/> Within 6 months <input type="checkbox"/> Once/month <input type="checkbox"/> Once/Week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Inappropriate sexual behavior</b> <input type="checkbox"/> N/A <input type="checkbox"/> Within 6 months <input type="checkbox"/> Once/month <input type="checkbox"/> Once/Week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Early sexual experimentation</b> <input type="checkbox"/> N/A <input type="checkbox"/> Within 6 months <input type="checkbox"/> Once/month <input type="checkbox"/> Once/Week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Sexually abused another child</b> <input type="checkbox"/> N/A <input type="checkbox"/> Within 6 months <input type="checkbox"/> Once/month <input type="checkbox"/> Once/Week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Excessive and/or Public Masturbation</b> <input type="checkbox"/> N/A <input type="checkbox"/> Within 6 months <input type="checkbox"/> Once/month <input type="checkbox"/> Once/Week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Gender Identity Issues</b> <input type="checkbox"/> N/A <input type="checkbox"/> Within 6 months <input type="checkbox"/> Once/month <input type="checkbox"/> Once/Week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Vulnerable to Further Victimization</b> <input type="checkbox"/> N/A <input type="checkbox"/> Within 6 months <input type="checkbox"/> Once/month <input type="checkbox"/> Once/Week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Explicit Sexual Language</b> <input type="checkbox"/> N/A <input type="checkbox"/> Within 6 months <input type="checkbox"/> Once/month <input type="checkbox"/> Once/Week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Sexual Victimization of Children and/or Pets</b> <input type="checkbox"/> N/A <input type="checkbox"/> Within 6 months <input type="checkbox"/> Once/month <input type="checkbox"/> Once/Week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Source: DCFS CFS 2017 Child/Caregiver Matching Tool.			

For initial placements, the worker or investigator must complete as much of the child’s portion of the CFS 2017 form as possible with the information available. The child’s follow-up worker must complete the entire form within 60 days of placement. For changes of placement or placement from an intact family case, the form must be completed in full. A new form must be completed each time the placement changes. All completed CFS 2017 forms, are to be filed in the child’s section of the case record.

### Child/Caregiver Matching Tool Testing Results

We sampled a total of 159 youth in care case files for youth that were in the care of the Department during 2017 and 2018. This included a random sample of 68 youth in care as well as 91 youth in care that the Department identified as LGBTQ. We received 132 of 159 files requested. As part of that review we checked to see if there was documentation that the Child/Caregiver Matching Tool (CFS 2017) was being utilized as is required and whether the youth’s sexual orientation or gender identity was taken into account during the matching and placement process. File testing showed that the form was used very rarely. We determined there were 97 youth that had a new placement during 2017-2018. 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 (7.2%). The seven forms were completed between January 2017 and December 2018, with four completed in 2017 and three completed in 2018.

- For our general sample of 68 youth in care, auditors determined that 30 files that were received should have contained a Child/Caregiver Matching Tool. For these 30 youth files only 5 contained a completed form.
- For our review of 91 LGBTQ youth in care identified by the Department, auditors determined that 67 files that were received should have contained a Child/Caregiver Matching Tool. For these 67 youth files only 2 contained a completed form.

We followed up with the Department on the issues of missing Child/Caregiver Matching Tool forms. According to the Department, the use of the CFS 2017 form was suspended in February 2017 in the Lake County and 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 form was also “informally” rolled out statewide. **However, the CFS 2017 is the only form required by procedures to be used for assessing placements.** Without following Department procedures and utilizing the Child/Caregiver Matching Tool it is unclear how the Department is assessing whether caregivers are capable and willing to provide a stable placement for the youth.

<b>CHILD/CAREGIVER MATCHING PROCESS</b>	
<b>RECOMMENDATION</b>  <b>7</b>	<i>The Department of Children and Family Services should follow its matching procedures and ensure that a formal and documented matching process is being utilized for all placements. That process should include an assessment of any sexual orientation or gender identity needs for the youth in care.</i>
<b>DEPARTMENT OF CHILDREN AND FAMILY SERVICES RESPONSE</b>	<p>The Operations Division (Intact, Child Protection and Permanency – which includes Agency Performance Monitoring) will ensure that DCFS and POS staff review established matching procedures and that they document a formal matching process for youth in the case record. This will include consideration of Sexual Orientation, Gender Identity, and Gender Expression (SOGIE) when matching a youth to a placement. The Clinical and Child Services Division will also review established procedures, ensuring SOGIE consideration when asked to match a youth to a placement.</p> <p>Concurrently, a multi-divisional/multi-agency policy review workgroup will be established by the Office of Affirmative Action to:</p> <ul style="list-style-type: none"> <li>• Initiate an Information Transmittal to eliminate the CFS 2017 (Child Caregiver Matching Tool).</li> <li>• Review existing tools that can be used to address factors for consideration during the matching process.</li> <li>• Update current activities to formally include SOGIE consideration when matching a youth to a placement.</li> <li>• Consider other steps to enhance the matching process.</li> </ul>

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## Chapter Five

# FOSTER HOME LICENSING, CAPACITY, AND RECRUITMENT

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## CHAPTER CONCLUSIONS

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 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. 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.

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## **FOSTER HOME LICENSING**

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Senate Resolution Number 403 asks the Auditor General to determine 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.

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 at all 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.

### **Foster Home Licensing Requirements**

We reviewed foster home licensing rules and procedures as well as forms used for licensing and found that there are no requirements that licensed foster parents commit to be affirming of LGBTQ youth in care. We also asked Department licensing officials if there is any discussion in the licensing rules or procedures regarding discrimination, sexual orientation and/or gender. Licensing officials could not provide any cites which discuss sexual orientation and or gender.

The Illinois Foster Children's Bill of Rights Act contains language that requires caregivers and child welfare personnel to have received instruction on cultural competency and sensitivity relating to, and best practices for, providing adequate care to lesbian, gay, bisexual, and transgender youth in out-of-home care (20 ILCS 521/5(25)). This right is also listed on the Illinois Foster Child and Youth Bill of Rights form (CFS 496-1) that contains signature blocks for the youth in care, parent/guardian, foster parent (if applicable), guardian ad litem (if applicable), caseworker, and supervisor. Although the CFS 496-1 requires that instruction is received, it does not require a commitment to be affirming of LGBTQ youth in care.

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## **FOSTER HOMES AND CAPACITY**

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Senate Resolution Number 403 asks the Auditor General to determine 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. 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 lesbian, gay, bisexual, transgender and questioning or queer children and youth. The Department provided us with documentation of efforts made to recruit homes that would be affirming of LGBTQ youth in care.

According to data provided by the Department, as of the end of FY19 there were 7,642 licensed foster homes with a total capacity of 19,426 youth. As is shown in *Exhibit 5-1*, the number of licensed foster homes and capacity varies widely by area of the State. Because capacity represents the number of youth that a licensed foster home may care for at any one time and due to the fact that youth may be placed for short periods of time (i.e. weeks or months), accurately calculating the percentage of capacity for FY19 was not possible. *Exhibit 5-1* shows

that overall 55 percent of providers had at least one placement during the fiscal year. Southern Illinois had the highest percent of foster homes with a placement at 68 percent.

One factor that cannot be taken into account when looking at capacity for placements 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%).

Exhibit 5-1 LICENSED FOSTER HOME CAPACITY AND PLACEMENTS Fiscal Year 2019					
Region	Licenses	Capacity <sup>1</sup>	Providers With a Placement	Total Placements <sup>2</sup>	Percent of Providers With a Placement
Central	1,680	4,344	1,010	1,646	60.1%
Cook Admin.	2,263	6,119	984	1,615	43.5%
Cook Central	664	1,587	381	599	57.4%
Cook North	628	1,520	399	622	63.5%
Cook South	632	1,612	345	549	54.6%
No Region <sup>3</sup>	47	122	20	41	42.6%
Northern	862	2,194	502	794	58.2%
Southern	866	1,928	590	958	68.1%
<b>Grand Total</b>	<b>7,642</b>	<b>19,426</b>	<b>4,231</b>	<b>6,824</b>	<b>55.4%</b>

Notes:  
<sup>1</sup> Capacity is the number of youth who may be cared for at any one time.  
<sup>2</sup> Total placements are over the course of the entire fiscal year.  
<sup>3</sup> No region was listed in the data provided for these foster homes.

Source: OAG analysis of Department data.

### Department and POS Agency Licensing of Foster Homes

The supervising agency plays a critical role in the foster home licensing process. The decisions for licensing foster homes as well as oversight are the responsibility of the supervising agency (DCFS or POS agency). The supervising agency is responsible for studying each foster home under its supervision before recommending issuance of a license. The supervising agency is also responsible for critical decisions including whether the applicant is qualified. The supervising agency also maintains the licensing file.

With foster home data provided by the Department, we analyzed the number of licensees and capacity in which POS agencies are the supervising agency. The analysis showed that POS agencies were the supervising agency for 81 percent of licensed foster homes for FY17-FY19. Further, POS agencies were the supervising agency for 85 percent of the total capacity for the three year period.

Auditors surveyed POS agencies to determine if they require foster homes to be affirming. Responses were received from 43 agencies that provide foster care services. Of those

43 agencies, 35 (81.4%) reported requiring all foster parents to be affirming. Also, 21 agencies (48.8%) designate if foster parents are affirming.

**Emergency Shelter Beds**

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 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 contracts with private agencies across the State 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. An emergency shelter is intended to serve as a temporary, short-term placement for children/youth and is not considered a long term placement. According to Procedure 301.55, placement in an emergency shelter should not exceed 30 calendar days and Child Protection Specialists and assigned DCFS/POS permanency workers should only place children/youth in an emergency shelter as a last resort. Therefore, all other placement alternatives currently available should have been exhausted as possibilities.

Exhibit 5-2 SHELTER BEDS BY REGION FY15-FY19							
Region	FY15 <sup>1</sup>	FY16	FY17	FY18	FY19	FY15-19 Change	FY15-19 Percent Change <sup>1</sup>
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%

Notes:  
<sup>1</sup> For FY15, the Department provided a range of the number of beds during the period. The highest number of beds was used when calculating percentage change.  
 Source: OAG analysis of shelter beds provided by the Department.

DCFS provided us with the available number of shelter beds by region for the period FY15-FY19. As can be seen in *Exhibit 5-2*, 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. 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. Auditors reviewed the placements at a shelter in Mt. Vernon. During 2017 and 2018 there were 36 placements at the shelter from the Central,

Northern, and Cook regions. There were placements where youth in care were transported from Freeport or Lake Villa to Mt. Vernon, a five-hour trip.

The Foster Children’s Bill of Rights Act states that youth have the right to be placed in the least restrictive and most family-like setting available and in **close proximity** to their parent’s home consistent with his or her health, safety, best interests, and special needs. Not having an adequate number of shelter beds may cause youth in care of the Department to be placed significantly further from family in violation of their rights.

<b>SHELTER BED AVAILABILITY</b>	
<b>RECOMMENDATION</b>  <b>8</b>	<i>The Department of Children and Family Services should take steps to increase the available number of shelter beds throughout the State.</i>
<b>DEPARTMENT OF CHILDREN AND FAMILY SERVICES RESPONSE</b>	The department continues to work with providers who have submitted proposals to develop shelter contracts. Additionally, we continue to use data to identify regional needs related to shelter resources.

## RECRUITMENT

Although the Department has taken some steps to recruit foster homes that are affirming of LGBTQ youth in care, these efforts have not been successful in leading to licensure. The Department provided documentation of events held to specifically recruit LGBTQ affirming foster parents, but documentation provided showed that none of these resulted in a foster parent obtaining a license. We reviewed the overall foster parent success rate by comparing the number that enrolled and completed training to become a licensed foster home. We found that nearly 68 percent of those that enrolled completed the training.

<b>Exhibit 5-3 FOSTER PARENT TRAINING INITIAL LICENSES AND PLACEMENTS FY17-FY19</b>			
<b>Fiscal Year</b>	<b>Foster Homes with Initial Licenses</b>	<b>Foster Homes with Initial Licenses and a placement</b>	<b>Percent with Placements</b>
FY17	1,740	1,212	69.7%
FY18	1,643	1,219	74.2%
FY19	1,603	1,208	75.4%
<b>Total</b>	<b>4,986</b>	<b>3,639</b>	<b>73.0%</b>
Source: OAG analysis of Department data.			

### Foster Home Initial Licensees

Foster home initial licensees have a higher rate of placement than the overall population of licensees. We analyzed data provided by the Department regarding foster homes that initially received their licenses during FY17-FY19. Although the number of homes receiving an initial license dropped slightly during the three year period, the percentage with at least one placement increased to 75 percent in FY19. This is compared to the overall licensing population with a placement of 55 percent during FY19 (see *Exhibits 5-1 and 5-3*).

### PRIDE Training Enrollment and Completion

Department rules (89 Ill. Adm. Code 402.12) require, as a condition of initial foster home licensure, all non-relative foster parents to complete the 27-hour PRIDE (Parent Resources for Information, Development, and Education) pre-service training and 12 hours of supplemental training. As a condition of license renewal, each foster parent is also required to complete 16 hours of approved in-service training. As discussed in Chapter Three, we reviewed PRIDE training materials for foster parents and found there is no discussion of LGBTQ youth or Appendix K in those materials. About two-thirds of those enrolling to become foster parents complete the process. The Department provided data for the number of specific individuals who began (enrolled) in the first module of PRIDE pre-service training and the number of individuals who completed the full nine module series for PRIDE pre-service.

In FY18 the Office of Learning and Professional Development (OLPD) implemented the online digital version of PRIDE pre-service training. OLPD was unsuccessful in pulling together reliable data for the portion of FY18 when the digital PRIDE version was first implemented, but was able to provide the numbers for the digital PRIDE training for the full FY19.

According to data provided by the Department, for FY17, 3,030 potential foster parents enrolled in in the first module of PRIDE training and 1,988 completed the training or approximately 66 percent. For FY19, a total of 3,090 enrolled and 2,097 completed the training or about 68 percent (*see Exhibit 5-4*). In FY18, the Department implemented online digital training for PRIDE preservice training and could not provide reliable data for the digital portion for FY18. Over half of those that completed the training in FY19 did so by utilizing the digital version of the training.

Exhibit 5-4 FOSTER PARENT TRAINING INITIAL ENROLLMENT AND COMPLETION FY17-FY19			
	FY17	FY18 <sup>1</sup>	FY19
Enrolled	3,030	1,648	3,090
Completed	1,988	1,044	2,097
% Completion	65.6%	63.3%	67.9%
Notes: <sup>1</sup> In FY18 the Department implemented online digital training for PRIDE preservice training and could not provide reliable data for the digital portion for FY18. Source: OAG analysis of Department data.			

### LGBTQ Foster Home Recruitment Activities

The Department provided documentation to show that it has taken some steps to recruit LGBTQ affirming foster parents. In 2016, the Department, in collaboration with Pride Action Tank (a project of the AIDS Foundation of Chicago), began a special campaign to recruit foster homes for LGBTQ youth in care. The campaign involved developing videos to provide LGBTQ youth in care the opportunity to tell their stories for the purpose of recruitment of families for fostering, adoption, and mentoring. The Department has also held/participated in events specifically to recruit LGBTQ affirming parents. These included:

- July 6, 2016 – Call to Action – Foster and Adopt Our Children at the Center on Halsted in Chicago.
- June 29, 2018 – Call to Action – Foster and Adopt Our Children at the Center on Halsted in Chicago.

The Department provided sign-in sheets for the recruitment event held on June 29, 2018, containing the names of potential foster parents that would be affirming to LGBTQ youth in

care. We reviewed this information, compared it to licensing data provided by the Department and found that of the 31 individuals listed, 6 were already licensed during 2017-2018. None of the others became licensed during 2018.

POS agencies are also allowed to recruit and license their own foster parents, so individual agencies could have recruiting efforts targeted towards LGBTQ affirming parents. We 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.

<b>FOSTER HOME RECRUITMENT</b>	
<b>RECOMMENDATION 9</b>	<i>The Department of Children and Family Services should continue its efforts to recruit foster homes that are affirming of LGBTQ youth in care.</i>
<b>DEPARTMENT OF CHILDREN AND FAMILY SERVICES RESPONSE</b>	Our Foster Parent Recruitment Plan currently references the department's goal (with timeframes) of recruiting foster homes that are affirming of LGBTQI+ youth in care. Our resource and recruitment staff continue to engage this plan in their day to day recruitment efforts and are working closely with the Office of Communications. Agency Performance Teams recently established that they will monitor the submission of foster home recruitment plans for all purchase of service agencies.



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## Chapter Six

# YOUTH IN CARE DATA

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## CHAPTER CONCLUSIONS

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.

- 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.

### **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.**

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.

### **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.

### **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.

### **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).

### **Significant Incidents**

Running away was the most common significant incident examined, with 6,958 incidents involving 1,470 youth in care. 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.

### **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.

### **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 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.

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.

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## **SEXUAL ORIENTATION AND GENDER IDENTITY INFORMATION**

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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 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. Because of the Department’s inability to identify these youth, gender identity information may not be initially utilized during the foster home matching process. In addition, the Department may not be providing needed services to these youth.

The collection of information regarding sexual orientation and gender identity is not required by statute, administrative rule, or Department policy. Appendix K states **the caseworker should notify the LGBTQ Coordinator when a youth self-identifies as LGBTQ. The caseworkers are also required to contact their supervisor and the DCFS LGBTQ Coordinator immediately when there are concerns regarding the child/youth’s safety and well-being.** Although the Department’s Division of Clinical Practice provided auditors with a list of 91 youth that had been identified as LGBTQ, it only included those that would have come to the attention of the Division or the LGBTQ Coordinator. According to other studies, we estimated that the number of LGBTQ youth in care is potentially between 522 and 2,624 youth in care.

### **Appendix K**

According to Appendix K, a child or youth may self-identify as having questions surrounding sexual orientation or gender identity, or may be identified as LGBTQ by child protection or child welfare staff, school personnel, a birth or foster family member, a therapist, or others from within the community. The caseworker and supervisor are responsible for respecting the youth’s sexual orientation, gender identity and expression; informing all children and youth about their legal rights; and protecting the child/youth’s privacy in the coming out process.

Appendix K also states that anyone working with DCFS involved LGBTQ children and youth should contact the DCFS LGBTQ Coordinator by phone through the Office of Specialty Services under the Division of Clinical Practice for information and guidance or to report concerns or questions regarding conduct in violation of Appendix K or otherwise discriminatory or harmful to LGBTQ children, youth and their families. Contact can also be made by completing a CFS 399-1 Clinical Referral Form.

## LGBTQ Data

Senate Resolution Number 403 asks the Auditor General to review the format, location, and privacy protection for information maintained regarding the LGBTQ status of youth in care. As part of our initial documents request we asked for any data reports generated related to LGBTQ youth in care. DCFS officials responded that, **“There are no fields within our system that capture information on LGBTQ, either for youth, clients or providers. As such, there are no reports that provide information on this data.”**

According to Department officials, 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.

The Department’s Division of Clinical Practice provided auditors with a spreadsheet of LGBTQ youth. Our analysis showed that the spreadsheet included a total of 91 youth in care that were identified as LGBTQ. Of those 91 youth in care, 31 were identified as transgender. Although the Department’s Division of Clinical Practice provided the list of youths that had been 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.**

Appendix K outlines how caseworkers should document and disclose LGBTQ status and the actions that should be taken to protect a youth in care’s right to privacy. Most references should be limited to case notes and permission to include explicit LGBTQ references in assessments should be sought from the youth in care. We reviewed applicable statutes, administrative rules, and policies but could not identify any requirements for the Department to collect information regarding the sexual orientation or gender identity of youth in care.

### Identifying LGBTQ Youth in Care

Senate Resolution Number 403 asks the Auditor General to determine 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. The resolution also asks us to determine 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 (h) more than one of the aforementioned identifications during the review period (2017-2018).

The Department does not have a formal process in place to identify LGBTQ youth. **Therefore, we could not determine with any accuracy the total number of LGBTQ youth in care.** We asked Department officials responsible for LGBTQ coordination during the audit period to provide us with a list of LGBTQ youth in care for 2017 and 2018. A Department official provided a list that included a broad sweep of the referrals received within the Division of Clinical Practice with LGBTQ circumstances. This manual process was used by the Department to identify LGBTQ youth in care since data regarding sexual orientation and gender identity are not captured in SACWIS. 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, we determined that there were **91 unique LGBTQ youth** on the list provided by the Department.

However, the 91 LGBTQ youth on the Department’s list is not a complete and accurate number. During fieldwork testing we identified eight youth who were listed as LGBTQ by the Department but there was no documentation they actually identified as LGBTQ. We also identified 17 additional youth in care who may have identified as LGBTQ who were not on the list provided by the Department. These youth were identified during fieldwork testing and in information received from the Department’s Monitoring Unit and the Advocacy Office. Further, as part of our survey, POS agencies were asked if they were aware of any LGBTQ youth in care and how many. Thirty-four agencies that provided case management services responded with a total of approximately 200 youth in care.

Exhibit 6-1 DCFS LGBTQ YOUTH IN CARE POPULATION Calendar Years 2017 & 2018	
Source	Number
DCFS LGBTQ List	91
No Documentation	-8
DCFS LGBTQ List with Documentation of Being LGBTQ	83
Additional LGBTQ Identified by Auditors	+17
<b>Total LGBTQ Youth in Care Identified</b>	<b>100</b>
<b>Approximate Number of LGBTQ Youth Reported in Survey of POS Agencies</b>	<b>200</b>
Source: Department data and fieldwork testing.	

As discussed in Chapter One, data is received in a variety of ways, including through faxed or emailed referral forms. Information regarding LGBTQ youth in care is also received informally through phone calls or emails. Additionally, according to a Department official, some referrals may have not been properly documented and therefore those youth would not be on any list from the Department. The lack of a formal referral process may lead to LGBTQ youth in care falling through the cracks and not getting needed services.

As discussed above, 34 POS agencies reported that they had approximately 200 LGBTQ youth in care. Either POS agencies are not reporting LGBTQ youth in care to the Department as required by Appendix K or the Department is not able to track the LGBTQ youth in care that are reported to the Department.

Appendix K outlines how caseworkers should document and disclose LGBTQ status and the actions that should be taken to protect a youth in care’s right to privacy. Most references should be limited to case notes and permission to include explicit LGBTQ references in assessments should be sought from the youth in care.

Exhibit 6-2 DCFS LGBTQ YOUTH IN CARE POPULATION ESTIMATES Calendar Years 2017 & 2018			
Study	Population	Percent	Estimated Population
National Risk Behavior Survey <sup>1</sup>	Lesbian, Gay & Bisexual (LGB) youth grades 9-12	11.2%	522
"Midwest Study" age 21 <sup>2</sup>	LGB youth in care	11.3%	1,008
"Midwest Study" age 19 <sup>2</sup>	LGB youth in care	12.0%	865
National Survey of Child and Adolescent Well-Being (NSCAW-II) <sup>3</sup>	LGB youth in care ages 11-17.5	15.5%	1,165
Sexual and Gender Minority Youth in Foster Care ("Los Angeles Study") <sup>4</sup>	Lesbian, Gay, Bisexual, Transgender & Questioning (LGBTQ) youth in care ages 12-21	19.1%	1,704
LGBTQ Youth in Unstable Housing & Foster Care <sup>5</sup>	LGBTQ youth in care ages 10-18	30.4%	2,624

Note: The population estimates calculation is based on the number of youth in care during the audit period for the same age population used for each study (i.e., between 10 & 18 years of age).

Source: OAG analysis of studies cited below and youth in care data provided by the Department.

<sup>1</sup> Kann L, Olsen EO, McManus T, et al. Sexual identity, sex of sexual contacts, and health-related behaviors among students in grades 9-12 - United States and selected sites, 2015. *MMWR Surveill Summ.* 2016;65(9).

<sup>2</sup> Dworsky, Amy (2013). *The Economic Well-Being of Lesbian, Gay, and Bisexual Youth Transitioning Out of Foster Care*, OPRE Report #2012-41, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

<sup>3</sup> Dettlaff, A., Washburn, M., Carr, C., & Vogel, A. Lesbian, gay, and bisexual (LGB) youth within in welfare: Prevalence, risk and outcomes. *Child Abuse & Neglect.* 2018;80.

<sup>4</sup> Wilson, B.D.M., Cooper, K., Kastanis, A., & Nezhad, S. (2014). *Sexual and Gender Minority Youth in Foster Care: Assessing Disproportionality and Disparities in Los Angeles*. Los Angeles: The Williams Institute, UCLA School of Law.

<sup>5</sup> Baams L, Wilson B.D.M., Russell ST. LGBTQ Youth in Unstable Housing and Foster Care. *Pediatrics.* 2019;143(3).

According to published studies, the percentage of LGBTQ youth in care is higher than that of the general population. Gallup found that 8.2 percent of millennials (born between 1980 and 1999) identify as LGBTQ. Another study found that 11.2 percent of youth identified as LGB (the study only asked about sexual orientation, not gender identity). Other studies have found that somewhere between 11.3 percent and 30.4 percent of youth in foster care identify as LGBTQ. According to youth in care data provided by the Department, during the audit period (2017-2018) there were 26,971 total youth in care in with the Department. Based on the projections for each of the populations contained in the literature we reviewed, we estimate there may have been anywhere from 522 to as many as 2,624 youth in care with the Department that identified as LGBTQ during the period 2017-2018 (*see Exhibit 6-2*).

Because the Department does not actively solicit information regarding sexual orientation and gender identity when youth come into the care of the Department, it is unaware of the majority of youth in care that identify as LGBTQ. This lack of a formal process for gathering information regarding sexual orientation and gender identity may lead to LGBTQ youth in care falling through the cracks and not receiving necessary services. According to a Department official, the Department is in the process of developing a new form for SACWIS that will

capture information about gender identity among other things and this information will be entered into new fields in the system. The form will be completed for all youth.

<b>LGBTQ YOUTH IN CARE INFORMATION</b>	
<b>RECOMMENDATION 10</b>	<i>The Department of Children and Family Services should solicit information from youth in care willing to provide it regarding their sexual orientation and gender identity for purposes of placement as well as identifying and offering any necessary services.</i>
<b>DEPARTMENT OF CHILDREN AND FAMILY SERVICES RESPONSE</b>	<p>The Sexual Orientation, Gender Identity, Gender Expression (SOGIE) workgroup was developed by the DCFS Clinical Division in March 2019 and meetings continued through early 2020. The focus of the workgroup was to develop SOGIE questions staff would ask youth during investigations and throughout the life of permanency cases. This information could then be recorded in SACWIS.</p> <p>The SOGIE workgroup reconvened in August 2020. The larger workgroup is separated into four smaller workgroups – Research, Questions, Applications and Training and Data Utilization. Decision-makers from DCFS and private agencies were invited to participate in this project, and each smaller workgroup is led by staff from both DCFS and private agencies.</p> <p>SOGIE Collection (ESR 138) has been recorded and is in progress. This enhancement to SACWIS will provide field staff the ability to record SOGIE data in the Case/Investigation to support requirements listed in Appendix K of Procedures 302.</p>

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### **TRANSGENDER YOUTH AND GENDER DYSPHORIA**

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Senate Resolution Number 403 asks the Auditor General to determine 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 Resolution also asks the Auditor General to determine the number of youth in care in need of treatment for gender dysphoria and how this need is identified. For these two groups the Resolution asked the Auditor General to determine:

- 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;
- 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.

The Department could not provide auditors with a list of youth in care that were diagnosed as having gender dysphoria. The Human Rights Campaign defines gender dysphoria as “the distress that a person may experience when perceived as a gender that does not match their gender identity, or from physical characteristics that don’t match their gender identity.”

According to the Human Rights Campaign, when these feelings rise to clinically significant levels, a person may be suffering from gender dysphoria, a diagnosable medical condition. In the most recent version of the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders (“the DSM”), gender dysphoria is also the formal diagnosis applied to transgender people seeking mental health support for their transition. Appendix K states that gender dysphoria may be diagnosed when a transgender/gender expansive person is seeking medical interventions such as hormones and/or surgery.

According to the Human Rights Campaign, treatment of gender dysphoria is focused on providing support, not changing a person’s gender identity. It may include services like individual and family counseling and such medical care as hormone therapy and surgery to align the physical body with the internal sense of self as male or female. **Not all transgender people experience gender dysphoria.**

Department officials provided auditors with a list of youth who identify as LGBTQ for 2017 and 2018. This list was compiled by using referrals to the Clinical Division. One list primarily consisted of youth who identify as transgender. The list of transgender youth contained 31 youth, only one of which was designated as having gender dysphoria. Information regarding youth in care that identify as LGBTQ is not collected by the Department. Therefore, the Department could not provide auditors with a list of youth in care that may have gender dysphoria. Auditors identified 12 additional transgender youth in care during the course of the audit. This included 7 youth in care whom the Department identified as LGBTQ, but were not on the list of transgender youth in care provided by the Department. Additionally, auditors could not always find documentation to support that all of the 31 youth in care listed by the Department identified as transgender.

Exhibit 6-3 TRANSGENER YOUTH IN CARE Calendar Years 2017-2018	
Source	Number
DCFS Identified as Transgender	31
Additional Transgender Identified	+12
<b>Total Transgender Youth in Care Identified</b>	<b>43</b>
Source: OAG analysis of Department data.	

### Transition-Related Hormone Therapy

The Department has developed procedures for the initiation of puberty blocking/hormone therapy (Procedure 327.5 Medical Consents Section (a)(6)). When a youth in care requests to begin puberty blocking/hormone therapy, the caseworker shall refer the youth in care to medical professionals who are recognized as culturally competent in the care of transgender youth. Additionally the caseworker shall contact both the Statewide LGBTQ Coordinator and the DCFS Guardian’s office when transgender medical care is being considered.

The procedures require that two physicians or a physician and another licensed health care provider such as a licensed psychologist, LCPC (Licensed Clinical Professional Counselor), or LCSW (Licensed Clinical Social Worker) who is culturally competent in transgender health care, must agree that the child/youth is appropriate for the initiation of hormone therapy. The procedures also require that if the child/youth’s permanency goal is to return home, and if the parent’s whereabouts are known, the parent should be informed of the initiation of puberty blocking/hormone therapy.

Medical consents for youth in care under the age of 18 must be approved by the DCFS Guardian or an authorized agent. According to the Guardian, the consent unit is responsible for approximately 40,000 consents per year, which range from ordinary and routine care like regular doctor and/or dental visits to transplants and surgeries. Because there could be as many as 80,000 consents for the period 2017 and 2018, we requested the Guardian provide copies of any medical consents related to transition-related hormone therapy for the period. According to the Guardian's Office, there were no consents in the files for hormones prior to the current Guardian's arrival in late 2017. According to the DCFS Guardian only the approved medical consent forms are maintained. Therefore, there will be no consent forms for those that are denied.

According to the Guardian, assessments are performed at either Lurie Children's Hospital or St. Louis Children's Hospital. Youth go through a medical and psychological assessment to determine whether the youth is ready to transition. Then the youth meets with the Guardian's office to discuss goals and support to additionally determine readiness for transition.

Auditors reviewed the clinical files and consents 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 thirty-one youth, there was documentation that they identified as transgender, and of those, there was documentation that 14 were diagnosed with gender dysphoria. Of the 31 transgender youth in care, during 2017 & 2018:

- 26 had a clinical consultation;
- 5 had a readiness assessment to determine if they could receive hormone therapy;
- 17 requested hormone therapy, and 15 were referred for hormone therapy, plus an additional youth in care received hormones without DCFS consent; and
- 15 received transition-related care.

The youth in care who requested treatment were evaluated by a variety of professionals. DCFS and POS agency employees are involved in the care of transgender youth. DCFS clinical employees, the DCFS Guardian, and caseworkers worked with the youth, including making appointments. The transgender youth we reviewed received treatment at three different medical providers: Lurie Children's Hospital, St. Louis Gender Clinic, and Howard Brown Health Center. 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, the time between the request and services varied from around one month to over one year.

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. There were multiple possible barriers to youth in care receiving transgender care. These possible barriers included:

- Communication issues between caseworkers & DCFS Clinical;
- Caseworkers;
- DCFS Guardian;
- Youth in care being psychiatrically hospitalized or on the run;
- Youth in care having cognitive issues or being unsure about transitioning; and

- Youth in care not being cooperative or wanting to participate in services.

Auditors found two examples of caseworkers not complying with Procedure 327.5(a)(5) by not notifying the LGBTQ Coordinator when a youth in care was considering transgender medical care.

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## YOUTH IN CARE STATISTICS

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Senate Resolution Number 403 contained several determinations that asked the Auditor General to compare LGBTQ youth in care to the general population of youth in care of the Department. Auditors had to determine, for both populations:

- The length of stay in out-of-home care (**see Length of Stay In Care Section**);
- Case permanency goals (**see Permanency Goals Section**);
- Frequency of sibling visitation (**see Sibling Visitation Section**);
- 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 (**see Placement Section**);
- Whether and how the youth in care participated in placement planning and determination (**see Placement Section**);
- 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 (**see Chapter Four**);
- Reasons for placement disruptions (**see Placement Section**);
- 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 in out-of-home care, detained in a correctional setting beyond release due to lack of identified placement (**see Significant Incidents Section and Waiting for Placement Section**); and
- Whether the youth were provided opportunities to engage in normalcy activities consistent with their gender identity (**see Normalcy Activities Section**).

As previously discussed, there is a lack of data regarding the number of LGBTQ youth in the care of the Department. Information for LGBTQ youth in care for calendar years 2017-2018 provided by the Department only listed 91 youth in care. These youth most likely will not be representative of the population of LGBTQ youth in care with the Department as a whole. The age of the 91 LGBTQ youth in care is significantly higher than the general youth in care population. About 70 percent of **all youth in care** were 12 years of age or younger at the end of the audit period and of those, 40.8 percent were age 5 or younger. By comparison, 96.9 percent of the **LGBTQ youth in care** were age 13 or older. Older youth in care can have significant challenges that can make drawing conclusions between the two groups problematic, such as mental health challenges. The 2017 Illinois Child Well-Being Study conducted by the Children and Family Research Center at the University of Illinois sampled 700 children. According to the study, 17.8 percent of youth in care ages 3-5 were either in the clinical range or borderline on the Child Behavior Checklist. That number jumps to 41.5 percent of youth ages 6-18. Forty percent

of 12-14 year olds and 66.7 percent of 15-17 year olds reported receiving specialty behavioral health services (i.e. psychiatric hospitalization, residential treatment center, or community mental health center) versus 17.2 percent of 6-8 year olds and 32.1 percent of 9-11 year olds<sup>1</sup>. As discussed later in this chapter, being psychiatrically hospitalized or being placed in a residential facility can make it difficult for youth in care to participate in normalcy activities. It also makes it more likely that older youth will have more significant incidents, such as crisis hospitalizations.

Also, as shown in *Exhibit 6-2* the number of LGBTQ youth in care is only a fraction of possible population as predicted using available literature. **Therefore, any comparisons we could conduct between these youth and all youth in care may be skewed and inaccurate.** Although comparisons will not be possible, auditors did collect and analyze data for the 26,971 youth in care during 2017 and 2018.

Auditors could not compare data based on geography due to data reliability issues. Senate Resolution Number 403 asked auditors to compare data based on the geographic placement of the youth in care. However, there were inaccuracies in the placement data. For the living arrangements listed in Illinois, only 96,055 out of 103,491 (92.8%) had the city match the zip code. This could be due to multiple reasons, including the wrong zip code, or a misspelled city name. For example:

- Mount Sterling was also listed as “Mt Sterling” and “Mr Sterling;”
- Chicago, Decatur and Springfield were all spelled five different ways;
- Springfield had blank zip codes and zip codes that were for seven different cities including DeKalb, Chicago and East St. Louis; and
- For 52 placements the city was “HAP” which is a living arrangement code for “Home Adoptive Parent.”

Additionally, the counties were not always correct. For example, the city of Chicago had 18 different county codes and Springfield had 19 county codes. Finally, during testing auditors identified one example where the location data was wrong. The placement address was out of state but there was no evidence in case notes that the youth in care ever lived outside of Illinois.

Auditors were asked to collect data on a variety of youth in care data, such as permanency goals, placement history, and normalcy activities. The determinations that auditors could conduct population analysis on were done for all 26,971 youth in care. However, for those where population data was not available auditors sampled 68 youth in care and reviewed SACWIS and hard copy case files to answer those determinations. Auditors conducted a random sample of the 26,971 youth in care and selected a 90/10 sample to test. Auditors also conducted testing on the 91 youth in care identified as LGBTQ by the Department. The 159 youth in care reviewed (68+91=159) will be generally referred to as cases sampled throughout this chapter. For the 68 youth in care sampled, 40 (58.8%) were under the age of 12 at the end of the audit

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<sup>1</sup> Cross, T.P., Tran, S., Hernandez, A., & Rhodes, E. (2019). *The 2017 Illinois Child Well-Being Study Final Report*. Urbana, IL: Children and Family Research Center, University of Illinois at Urbana-Champaign.  
Cross, T.P., Tran, S., & Kwon, S. (2020). *Behavioral Health Services for Children in DCFS Care. Findings from the 2017 Illinois Child Well-Being Study*. Urbana, IL: Children and Family Research Center, University of Illinois at Urbana-Champaign.

period. **Because the age of the sampled 68 youth in care is younger than the 91 LGBTQ youth in care, it is difficult to compare the two populations.**

The Department was unable to provide all requested youth in care files. Auditors requested the hard copy files for the 68 sampled youth in care and 91 LGBTQ youth in care. The list was initially sent to the Department on April 29, 2020, and the first files were received June 19, 2020. Files continued to be received through August 13, 2020. The Department had to obtain the files from Department and POS agency field offices in all four regions across the State. The Department was provided the list of files that were not provided on September 15, 2020, and the Department requested time to provide more files. The Department was able to provide 26 additional files. Auditors received 132 of the 159 total requested files (83.0%). Auditors did not receive 10 of 91 (11.0%) of the LGBTQ files and 17 of 68 (25.0%) of the general population sample. Of the 27 files that were not received, 24 were closed cases. The Department had five months to provide the files yet could not provide 17.0 percent of the files.

All youth in care files, whether open or closed, should be maintained in an easily accessible location. During testing auditors found examples of youth in care coming back into care after failed adoptions or coming into care multiple times. In these instances it is necessary to have the old files available to caseworkers to learn the history of the youth in care.

FOSTER CARE FILES	
<b>RECOMMENDATION</b>  <b>11</b>	<i>The Department of Children and Family Services should ensure that all foster care files are properly maintained.</i>
<b>DEPARTMENT OF CHILDREN AND FAMILY SERVICES RESPONSE</b>	<p>There is currently comprehensive guidance in Procedure 436, Record Management, that governs case record storage. Procedure 436 will be routed to all purchase of service program directors and DCFS leadership by 03-31-21 as a reminder of case record storage policies.</p> <p>The department’s Independent Living Organization (ILO)/Transitional Living Program (TLP) and Agency Performance Monitoring staff will conduct a review of a small sample of the file storage practices of provider agencies and DCFS offices by 06-30-21 and respond accordingly.</p>

### Youth in Care Population

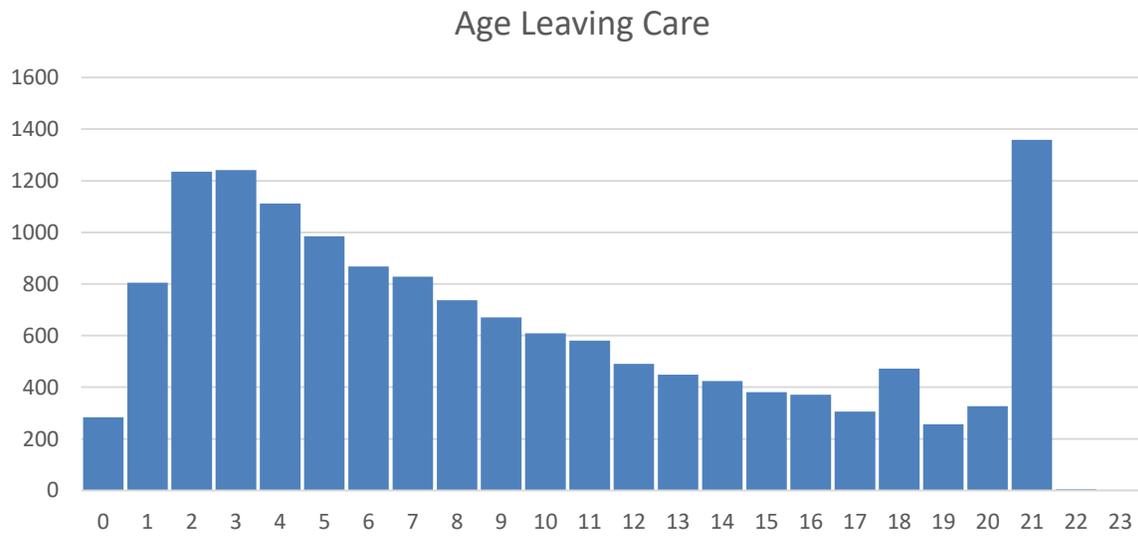
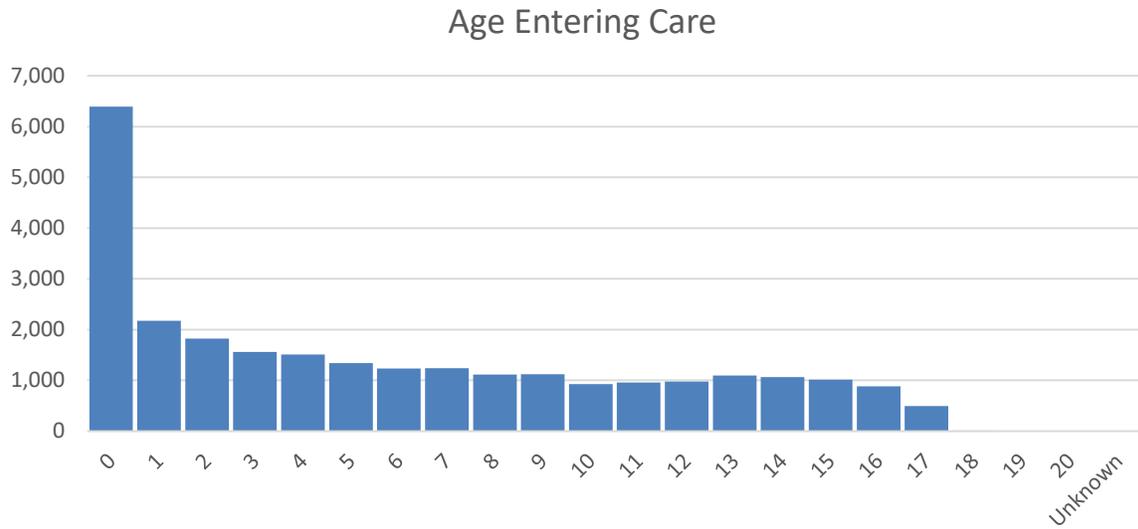
According to data provided by the Department there were 26,971 youth in care at any point during calendar years 2017 and 2018. Of those youth in care, 12,173 were still in care as of December 31, 2019. As shown in *Exhibit 6-4*, the most common age for entering care was under the age of one (23.7%) and the most common age for leaving care was to age out of care at age 21 (9.2%).

Exhibit 6-4 AGE OF YOUTH IN CARE Calendar Years 2017-2018				
Age	Entering Care	Entering Care Percent	Leaving Care <sup>1</sup>	Leaving Care Percent <sup>2</sup>
0	6,393	23.70%	284	1.92%
1	2,176	8.07%	805	5.44%
2	1,821	6.75%	1,235	8.35%
3	1,563	5.80%	1,242	8.39%
4	1,511	5.60%	1,112	7.51%
5	1,343	4.98%	985	6.66%
6	1,234	4.58%	868	5.87%
7	1,243	4.61%	829	5.60%
8	1,117	4.14%	737	4.98%
9	1,122	4.16%	671	4.53%
10	929	3.44%	609	4.12%
11	959	3.56%	581	3.93%
12	976	3.62%	491	3.32%
13	1,097	4.07%	448	3.03%
14	1,066	3.95%	424	2.87%
15	1,017	3.77%	381	2.57%
16	883	3.27%	371	2.51%
17	494	1.83%	305	2.06%
18	14	0.05%	472	3.19%
19	9	0.03%	256	1.73%
20	2	0.01%	327	2.21%
21	N/A	N/A	1,358	9.18%
22	N/A	N/A	5	0.03%
23	N/A	N/A	2	0.01%
Unknown <sup>3</sup>	2	0.01%	N/A	N/A
Total <sup>4</sup>	26,971		14,798	

Notes:  
<sup>1</sup> Leaving care as of December 31, 2019.  
<sup>2</sup> Percentage is calculated as of the youth who left care.  
<sup>3</sup> Cases where the listed care date was prior to the listed birthdate.  
<sup>4</sup> The total for leaving care does not include the 12,173 youth in care who were still in care.

Source: OAG analysis of Department data.

Exhibit 6-5  
**AGE OF YOUTH IN CARE CHARTS**  
 Calendar Years 2017-2018



Source: OAG analysis of Department data.

The 91 LGBTQ youth in care provided by the Department skewed older than the general youth in care population. As shown in *Exhibit 6-6* most of the 91 did not come into the Department’s care until they were teenagers and the overwhelming majority were still in care as of December 31, 2019.

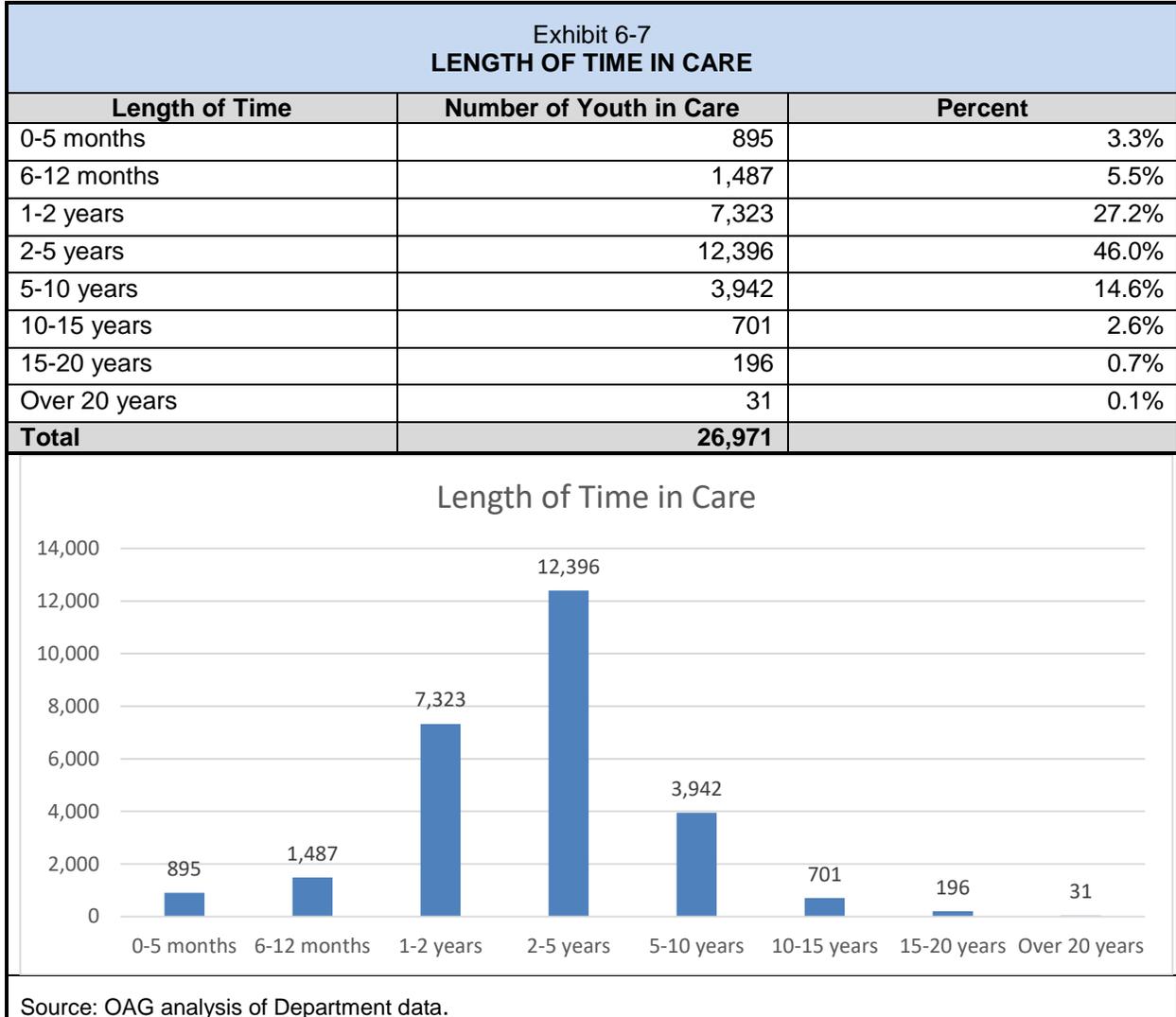
Exhibit 6-6 AGE OF LGBTQ YOUTH IN CARE Calendar Years 2017-2018				
Age	Entering Care	Entering Care Percent	Leaving Care <sup>1</sup>	Leaving Care Percent <sup>2</sup>
0	2	2.20%	0	0.00%
1	1	1.10%	0	0.00%
2	1	1.10%	0	0.00%
3	0	0.00%	0	0.00%
4	0	0.00%	0	0.00%
5	1	1.10%	0	0.00%
6	4	4.40%	0	0.00%
7	2	2.20%	0	0.00%
8	1	1.10%	1	3.85%
9	3	3.30%	0	0.00%
10	4	4.40%	1	3.85%
11	4	4.40%	0	0.00%
12	9	9.89%	1	3.85%
13	15	16.48%	0	0.00%
14	17	18.68%	2	7.69%
15	9	9.89%	1	3.85%
16	7	7.69%	2	7.69%
17	11	12.09%	8	30.77%
18	0	0.00%	3	11.54%
19	0	0.00%	2	7.69%
20	0	0.00%	1	3.85%
21	0	0.00%	4	15.38%
Total <sup>3</sup>	91		26	

Notes:  
<sup>1</sup> Leaving care as of December 31, 2019.  
<sup>2</sup> Percentage is calculated as of the youth who left care.  
<sup>3</sup> The total for leaving care does not include the 65 LGBTQ youth in care who were still in care.

Source: OAG analysis of Department data.

### Length of Stay in Care

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. *Exhibit 6-7* shows the length of time that youth in care spent in care.



The 91 LGBTQ youth in care provided by the Department spent similar amounts of time in care as the general population. As shown in *Exhibit 6-8* most of the LGBTQ youth in care have spent between 2-5 years in care.

Exhibit 6-8 LENGTH OF TIME IN CARE FOR LGBTQ YOUTH IN CARE		
Length of Time	Number of Youth in Care	Percent
0-5 months	2	2.2%
6-12 months	6	6.6%
1-2 years	12	13.2%
2-5 years	41	45.1%
5-10 years	25	27.5%
10-15 years	2	2.2%
15-20 years	3	3.3%
Over 20 years	0	0.0%
<b>Total</b>	<b>91</b>	

Source: OAG analysis of Department data.

### Permanency Goals

Youth in care are assigned case permanency goals. These goals are governed by the Juvenile Court Act of 1987 (705 ILCS 405/2-28(2)), 89 Ill. Adm. Code 315, and Department Procedures 315. The Department defines permanency goals as “the desired outcome of intervention and service that is determined to be consistent with the health, safety, well-being, and best interests of the child. A permanent legal status is usually a component of the permanency goal” (89 Ill. Adm. Code 315.20). The permanency goals for the first 12 months are selected by the Department. After the initial permanency goals are set, a judge, with recommendations from the Department, sets the permanency goals.

Auditors obtained the permanency goal history for all youth in care during 2017 and 2018. As is also discussed in Chapter One, the data provided did not include all youth in care. Additionally, even after the data was re-run, the second dataset had duplicate permanency goals, empty goal descriptions and blank goal dates. Therefore, auditors were unable to complete a permanency goals analysis for all youth in care. Permanency goals were included in the sample testing. 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 (78.6%), and the most common current permanency goal was substitute care pending independence/independence (77 youth in care, 62 LGBTQ).

Seventy-three youth in care (56 LGBTQ) participated in permanency planning. There was no documentation of permanency planning participation for 28 youth in care (20 LGBTQ). Only two youth in care that could have participated in permanency planning (one LGBTQ) did not participate. There were 56 youth in care (14 LGBTQ) who could not participate in

permanency planning, primarily due to age. According to Department officials, the Department begins involving a youth in care in decisions related to permanency planning or placement at 12 years of age. Forty of the 68 youth in care sampled were under the age of 12 at the end of the audit period.

### Sibling Visitation

The Department did not always create sibling visitation plans in a timely manner. Data provided by the Department showed that there were 6,189 sibling visitation plans involving 8,703 youth in care that were in effect during 2017 and 2018. Most plans were in effect for one year. Whether the sibling visitation plans were being followed was included as part of sample testing. Forty-eight of 159 youth in care (30.2%) 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 seven youth in care without a sibling visitation plan that should have had one (zero LGBTQ).

The Juvenile Court Act of 1987 requires that when a child comes into care and the child has siblings in care, the Department shall file with the court a sibling placement and contact plan within 10 days, excluding weekends and holidays (705 ILCS 405/2-10(2)). Department rules (89 Ill. Adm. Code 301.220(c)) and Department Procedure 301.230 require that when siblings enter care and are not in joint placement, the caseworker shall complete and file a Visitation and Contact Plan with the juvenile court within 10 days. The timeliness requirements between the statute and administrative rules/procedures do not match. The statute requires 10 **business days** (excluding weekends and holidays) whereas the administrative rules require 10 **calendar days**.

There were 14 cases sampled where a youth or sibling came into care during 2017-2018 and needed a sibling visitation plan (6 LGBTQ). Of those 14 cases, 8 (4 LGBTQ) had a plan established more than 10 calendar days after the temporary custody date. Failing to create sibling visitation plans in a timely manner can lead to youth in care not maintaining familial ties with their siblings.

#### Common Permanency Goal Definitions:

- **Return Home within 12 Months** – short term care with a continued goal to return home within a period not to exceed one year;
- **Substitute Care Pending Independence** – Youth over age 15 in substitute care pending independence;
- **Adoption** – An adoptive home will be sought for the youth;
- **Guardianship** – Guardianship of the youth will be transferred to an individual or couple on a permanent basis; and
- **Substitute Care Pending Court Determination on Termination of Parental Rights** – Youth will be in substitute care pending a court’s determination on termination of the parental rights of the youth’s parents.

Source: 89 Ill. Adm. Code 315.

<b>SIBLING VISITATION PLANS</b>	
<b>RECOMMENDATION 12</b>	<p><i>The Department of Children and Family Services should:</i></p> <ul style="list-style-type: none"> <li>• <i>Ensure that sibling visitation plans are created for all youth in care who require one;</i></li> <li>• <i>Ensure that all sibling visitation plans are completed in a timely manner; and</i></li> <li>• <i>Clarify the timeliness requirement between the Juvenile Court Act of 1987, the Illinois Administrative Code, and Department Procedures.</i></li> </ul>
<b>DEPARTMENT OF CHILDREN AND FAMILY SERVICES RESPONSE</b>	<p>The department will issue an Information Transmittal to reinforce staff responsibilities to prepare timely and up to date Visitation and Contact Plans as well as the importance of these plans.</p> <p>The department will clarify the Sibling Visitation Plan timeliness requirement between the Juvenile Court Act of 1987, the Illinois Administrative Code and department procedures.</p>

### Placement

Youth in care can be placed in a variety of different placements during their time in care. Auditors received placement history data for all youth in care for calendar years 2017-2018. Auditors reviewed the placement history of youth in care and found that the population data can be inaccurate due to the way placements are tracked. For example, according to data provided by the Department, 17,630 of 120,037 placements (14.7%) had a placement termination reason of “HMR Pay Unit Conver” or “Other Payment Conver.” “HMR Pay Unit Conver” is used when the Department does a placement entry for payment or for tracking changes. “Other Payment Conver” is used when there is a payment change without a new contract. The youth in care is with the same provider, but there are multiple entries in the SACWIS placement history for that provider.

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 example, if a youth in care was residing in a residential facility, ran away for a few days, and then returned to the facility, in the population data that would be listed as three placements, even though the youth was only residing in one facility. Therefore, our discussion here only presents the sampled youth in care.

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. The number of placements does not include

Exhibit 6-9 <b>NUMBER OF PLACEMENTS For Youth in Care Sampled 2017-2018</b>			
Number of Placements	Sample YIC	LGBTQ YIC	Total
1	41	23	64
2	16	30	46
3	7	19	26
4	3	7	10
5	1	3	4
6	0	5	5
7	0	2	2
8	0	2	2
<b>Total</b>	<b>68</b>	<b>91</b>	<b>159</b>

Source: OAG analysis of Department data.

short-term or temporary placements listed in the SACWIS placement history, such as emergency placements or psychiatric hospitalizations. As shown in *Exhibit 6-9*, 110 of 159 youth in care, including 53 of 91 LGBTQ youth in care had 1 or 2 placements.

Placements are not always being included in the SACWIS placement history. During testing auditors identified seven youth in care who had placements that **were not listed** in SACWIS. These included youth in care who ran away, were in an emergency placement, or were psychiatrically hospitalized. These missing placements were identified through case notes in SACWIS. However, it is unknown if there were other temporary placements that were not mentioned in notes.

Auditors were not able to accurately assess the type or duration of placements for the sampled youth in care. As is discussed in the Emergency Placements section, 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. In addition to missing placements, some other difficulties were:

- Inaccurate dates making the length of placements incorrect; and
- Mislabeled placements.

Psychiatric hospital placements were among the types of placements that auditors were asked to examine; however, it was difficult to track psychiatric hospitalizations. For example, one psychiatric hospital was listed as four different placement types: 1) Hospital Facility Medical or Psychiatric; 2) Hospital/Healthcare Facility; 3) Institution DMH and 4) Other.

The placement termination codes included in the population data provided by the Department do not provide a complete explanation for the reason the placement was terminated. Therefore, the reasons for placement disruptions were included as part of sample testing. Neither the statutes, administrative rules, nor Department procedures contain a definition for placement disruption. For purposes of our review, we defined a disruption as a youth having a sudden change in placement provider. Auditors found that 48 of 159 youth in care (30.2%) had at least one placement disruption during 2017-2018, and 38 of the 48 were LGBTQ youth in care. Four of 48 youth in care had cases where the reason(s) for the placement disruptions were not well documented in either SACWIS or provided youth files. There were a variety of reasons for the disruptions, including:

- youth running away;
- psychiatric hospitalizations;
- disruptive behaviors; and
- abuse or neglect allegations/investigations against the foster parents.

Senate Resolution Number 403 asked auditors to determine whether and how the youth in care participated in placement planning and determination, the number of removals at the request of a provider or caregiver, and removal from placement at the request of the youth. Auditors were unable to conduct a population analysis for these determinations; therefore, they were included as part of sample testing. Auditors found that:

- 33 of 159 (20.8%) youth in care (27 LGBTQ) were removed at the request of the provider or caregiver; and

- 14 of 159 (8.8%) youth in care (10 LGBTQ) were removed at the request of the youth in care.

Our review of placement planning found that for 92 of 114 (80.7%) youth in care (72 LGBTQ) there was documentation that the youth participated in placement planning. As discussed in permanency 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.

### Significant Incidents

Auditors requested significant incident reporting data for 2017-2018. This data contained incidents that could answer some of the specific requests from Senate Resolution Number 403, including running away, contact with the police and justice system, reported victim of assault, and school-related disciplinary infractions. Significant incident reporting is the best available data on the population for those categories; however, there are data limitations. According to Procedure 331.70, various contributing circumstances may be involved. For example, an incident may consist of multiple actions or behaviors (contributing circumstances) that occur within one particular incident. These circumstances all comprise one incident and may be recorded as such in SACWIS.

#### Incident vs. Circumstance

- **Incident** – Significant, sometimes traumatic occurrences that impact youth in care; and
- **Circumstance** – Multiple actions or behaviors that occur within the particular incident.

We reviewed the 10 incidents with the most circumstances. These 10 incidents contained a total of 86 circumstances. Of the 86 circumstances, 20 did not appear to match the incident narrative. For instance, in one case the incident involved a male youth in care in a classroom argument with a peer. However, for the same incident one of the circumstances was “Pregnant Youth.” Some of the circumstances appeared to be related to earlier incidents instead of the current specific incident as required by procedures. *Exhibit 6-10* shows which circumstances were used to address the audit objectives.

Exhibit 6-10 SIGNIFICANT INCIDENT DEFINITIONS		
Significant Incident	Circumstance	Definition
Running Away	Threatening or Attempting Elopement	A child or youth in care has attempted or threatened to run from his/her home or placement location.
Contact with Police or Justice System	Arrested – Specific Offenses Listed	A child or youth in care has recently been arrested as defined in the Illinois Criminal Code of 2012.
	Arrested, Charged with, or Convicted of a Crime	A child or youth in care has recently been arrested, charged with a crime, or convicted of a crime as defined in the Illinois Criminal Code of 2012.
	Charged – Specific Offenses Listed	A child or youth in care has recently been charged with committing a crime as defined in the Illinois Criminal Code of 2012.
	Convicted – Specific Offenses Listed	A child or youth in care has recently been convicted of committing a criminal act as defined in the Illinois Criminal Code of 2012.
	Encounter with Law Enforcement - No Arrest	A child or youth in care has recently had an encounter with law enforcement that did not result in an arrest, charge or conviction. Examples: traffic violations/citations or verbal warnings.
	Violation of a Court Order	Incident in which a court finds that a child or youth in care or a parent or caregiver has violated a previously issued court order and the violation impacts or endangers the safety, permanency or well-being of the child or youth.
Crisis Hospitalization	Hospitalization - Psychiatric Admission	An incident or episode has occurred where a child or youth in care has been admitted to a hospital or psychiatric facility for examination, observation or treatment.
	Psychiatric Emergency	An incident or episode has occurred where a child or youth in care has received emergency psychiatric treatment or assessment.
Reported Victim of Assault	Alleged Victim of Physical Abuse / Assault by a Non-Caregiver	A child or youth in care is alleged to have been physically abused.
	Victimized - Physical / Bodily Harm	A child or youth in care has been the victim of peer to peer violence resulting in injury, including physical/bodily harm.
School-Related Disciplinary Infractions	Expelled from School	A child or youth in care has been barred from educational classes and the use of school facilities for up to 2 calendar years.
	Suspended from School	A child or youth in care has been temporarily barred from attending educational classes and access to school facilities or school bus.
Source: OAG analysis of significant incident reports and Procedure 331.70.		

Auditors found that during 2017 and 2018 there were 15,129 unique significant incidents involving 2,963 unique youth in care. *Exhibit 6-11* shows the number of incidents and the number of youth for running away, contact with police or the justice system, crisis hospitalizations, reported victim of assault, and school-related disciplinary infractions.

## Running Away

It was difficult to determine the number of youth in care who ran away during calendar years 2017 and 2018. “Threatening or Attempting Elopement” is a significant incident circumstance. However, that is for youth in care who attempted or threatened to run from his/her home or placement location (Procedure 331.70(d)). There is also a living arrangement code for Runaway (RNY), but there were no placements with that code during 2017-2018. Therefore auditors used two different metrics as a way of measuring the number of youth who ran away. There are living arrangement codes for WUK (Whereabouts Unknown) and WCC (Whereabouts Unknown, Periodic Contact with Caseworker). WUK and WCC are defined as:

- WUK: the child’s whereabouts are unknown and the child is not known or believed abducted; and
- WCC: the child’s whereabouts are unknown, but the child periodically initiates contact with his or her assigned caseworker.

Auditors found 11,535 examples of WUK or WCC living arrangements involving 1,803 youth in care. The average length of time for WUK was 17.6 days and for WCC it was 6.1 days.

## LGBTQ Significant Incidents

For the 91 LGBTQ youth in care, there were 384 significant incidents involving 47 youth. There were:

- 170 incidents of running away involving 31 youth;
- 126 incidents of contact with the police involving 34 youth;
- 80 incidents of crisis hospitalization involving 28 youth;
- 26 incidents of reported assault with 14 youth;
- 30 incidents of school-related disciplinary infractions involving 16 youth; and
- There were 110 WUK or WCC living arrangements involving 24 LGBTQ youth in care. The average length of time for the LGBTQ WUK was 9.5 days and 6.0 for WCC.

## Abuse and Neglect Investigation

During 2017 and 2018 there were 3,598 abuse or neglect investigations where a youth in care was an alleged victim. Those investigations involved 3,079 youth in care (11.4% of all youth in care). Of those 3,598 investigations, 2,935 (81.6%) were unfounded and 661 (18.4%) were indicated. The remaining two investigations were pending as of February 2020. There

Exhibit 6-11 SIGNIFICANT INCIDENTS Calendar Years 2017-2018		
Significant Incident	Incidents <sup>1</sup>	Youth <sup>1</sup>
Running Away	6,958	1,470
Contact with Police or 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
Note: <sup>1</sup> Not a unique count of incidents or youth because some incidents involve multiple circumstances and some youth have more than one incident. Source: OAG analysis of Department data.		

were 41 investigations involving 21 LGBTQ youth in care. Six of these investigations were indicated (14.6%) and 35 were unfounded (85.4%).

### **School-Related Bullying and Non-Affirming Behavior**

Auditors could not obtain population data for incidents of school-related bullying or harassment, so that 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. Auditors also identified 17 of 91 LGBTQ youth in care (18.7%) who experienced non-affirming behavior or possible discrimination. Of the 17, 8 were prior to coming into DCFS care, 8 were related to DCFS placements, and 1 was while attempting to find a placement.

### **Normalcy Activities**

Caseworkers are not documenting discussions of normalcy activities as required by Department Policy Guide 2017.07. The Department defines normalcy as “allowing youth in care the opportunity to participate in age-appropriate enrichment, extra-curricular and social activities.” According to the Children and Family Services Act, each child who comes into the custody of the Department is fully entitled to participate in appropriate extracurricular, enrichment, cultural, and social activities in a manner that allows the child to participate in his or her community to the fullest extent possible (20 ILCS 505/7.3a(c)(1)). Some examples of normalcy activities in Department procedures include:

- Athletics;
- Dating;
- Sleepovers;
- School field trips; and
- School social events.

According to Department Policy Guide 2017.07, effective June 9, 2017, caregivers no longer had to seek consent from the Department or a caseworker for the children/youths’ participation in normalcy activities such as extracurricular activities, social or cultural activities. However, caseworkers should discuss normalcy parenting with the caregiver at each monthly home visit, and those discussions should be documented in contact notes. Because caregivers are not required to obtain Department approval before a youth in care participates in a normalcy activity, participation is not tracked, and therefore, it was not possible to conduct an analysis on the population.

For youth in care sampled, it was sometimes difficult to track normalcy activities due to several factors, including whether a youth in care could participate. Not all youth in care could participate in normalcy activities, either due to age or being in psychiatric hospitals or detention facilities. Policy Guide 2017.07 lays out five factors caregivers should consider when deciding normalcy activities for a youth in care. These factors are:

- The child’s age, maturity, and developmental level to promote the overall health, safety, and best interests of the child;
- The best interest of the child based on information known by the caregiver;
- The importance and fundamental value of encouraging the child’s emotional and developmental growth gained through participation in activities in his or her community;

- The importance and fundamental value of providing the child with the most family-like living experience possible; and
- The behavioral history of the child and the child’s ability to safely participate in the proposed activity.

Auditors reviewed SACWIS contact notes and case files for any mention of normalcy activities. These covered a wide range of activities, such as:

- Sports (baseball, basketball, volleyball, softball, cross country, track, wrestling, bowling, swimming, boxing, karate, tae kwon do);
- School activities (Prom/Homecoming, clubs/groups, band, choir, FFA);
- LGBTQ activities or groups at school;
- Military (Civil Air Patrol, Young Marines, Navy ROTC, JROTC);
- Church (choir/praise team, VBS, Bible camp);
- Boys & Girls Club, Big Brothers Big Sisters, & YMCA;
- Boy Scouts & Girl Scouts;
- Musical instruments (violin, trumpet, piano, guitar);
- Summer camps; and
- DCFS Youth Summits.

Caseworkers are not documenting discussions of normalcy activities as required by Department Policy Guide 2017.07. Caseworkers should discuss normalcy parenting with the caregiver at each monthly home visit, and those discussions should be documented in contact notes. Auditors found that for 75 youth in care sampled, there was some evidence of normalcy activities, including 54 LGBTQ youth in care. However, auditors also found that 82 of 95 (86.3%) youth in care did not have consistent documentation of caseworkers discussing normalcy activities and recording the discussion in contact notes. For some youth in care reviewed, normalcy activities were not applicable for reasons mentioned above (i.e., age).

<b>NORMALCY ACTIVITY DOCUMENTATION</b>	
<b>RECOMMENDATION 13</b>	<i>The Department of Children and Family Services should ensure that discussions of normalcy activities are documented in case contact notes, as required by Department Policy Guide 2017.07.</i>
<b>DEPARTMENT OF CHILDREN AND FAMILY SERVICES RESPONSE</b>	<p>Agency Performance Monitoring staff for foster care will add to their reviews a question regarding documentation of a demonstration of normalcy activities as defined by Policy Guide 2017.07 to enhance contact note documentation.</p> <p>Independent Living Organization (ILO)/Transitional Living Program (TLP) Monitoring staff will ensure that during monthly administrative meetings with ILO/TLP providers, conversation regarding documentation of a demonstration of normalcy activities, as defined by Policy Guide 2017.07, is documented in a contact note.</p> <p>Training on the importance of documenting Normalcy discussions with youth and caregivers will be enhanced for Foundations training.</p>

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## WAITING FOR PLACEMENT

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The Department was unable to provide accurate population data for emergency shelter/emergency foster care placements, detained beyond release, or hospitalized beyond medical necessity. As part of fieldwork testing auditors gathered data on the number of youth in care who were in shelters or emergency placements longer than 30 days, psychiatric hospitalizations beyond medical necessity, and remaining in a detention or correctional facility beyond release due to a lack of identified placement. Of the 159 youth in care we reviewed, there were 12 youth in care who were in a shelter longer than 30 days, 23 youth who were held beyond medical necessity, and 2 youth who were in a detention facility beyond release date.

### Emergency Placements

Youth in care are remaining in emergency shelters and emergency foster care placements for more than 30 days. Department Procedure 301.55(b) states that placement in an emergency shelter should not exceed 30 days. The Children and Family Services Act (20 ILCS 505/2.2) requires the Department to report on the number of youth in care who remained in emergency placements, including shelters and emergency foster homes, for more than 30 days. Therefore, both types of placements are included in our analysis. Of the 159 youth in care we reviewed, there were 23, including 22 LGBTQ youth, who had an emergency placement. Twelve of 22 LGBTQ youth in care (54.5%) remained in an emergency placement for more than 30 days. Nine of the youth in care were in shelters, two in emergency foster care, and one youth in care had placements in both a shelter and emergency foster care that were longer than 30 days.

Children were placed in shelters after being discharged from psychiatric hospitalizations in violation of Department procedures. Procedure 301.55(c)(3) states that, “children/youth shall not be placed into an emergency shelter directly from a stay in a psychiatric inpatient unit.” During testing we identified 1 placement where a youth in care was placed in an emergency shelter after discharge from a psychiatric hospital out of 23 shelter placements. While reviewing other shelter placements, auditors identified an additional two youth in care who were placed in a shelter after a psychiatric hospitalization discharge.

### Emergency Placement Tracking

The Department is not accurately recording emergency placements. During fieldwork testing auditors noticed inconsistencies in how the Department listed emergency placements. Auditors found that youth were placed in emergency shelters, but the placements were not listed as shelters. For example:

- Youth Service Bureau was listed as a Group Home; and
- Ada S. McKinley, an emergency shelter, is listed in placement data as the youth in care being placed in specialized foster homes. An individual’s name is listed as the provider instead of Ada S. McKinley. The only way to know it’s a shelter is by reviewing case notes.

By not listing placements as emergency shelters the Department makes it difficult to accurately track placements. Also, by listing the same emergency shelter as multiple foster home placements it can make it appear as though a youth in care has not remained in an emergency placement for longer than 30 days.

There also is a lack of consistency in how emergency placements are recorded in SACWIS. Emergency foster placements were not always labeled as emergency placements, they could be listed as specialized foster homes or traditional foster homes. For example, the Aunt Martha’s shelter was listed as 10 different provider names. Another shelter had four different names. Additionally, shelter placements can be listed as different placement types. Emergency shelter placements could be listed as:

- Institute Private Shelter;
- Institution DCFS;
- Institution Private;
- Other; and
- Youth Emergency Shelters.

Emergency providers having different names and listed as different placement types makes it difficult for the Department to be able to track and identify placements that are longer than 30 days and to conduct any sort of data analysis on emergency placements. It also makes it challenging for the Department to track youth in care who were placed in emergency shelters after being psychiatrically hospitalized.

<b>EMERGENCY PLACEMENTS</b>	
<b>RECOMMENDATION</b>  <b>14</b>	<p><i>The Department of Children and Family Services should:</i></p> <ul style="list-style-type: none"> <li>• <i>Ensure that youth in care are not placed in emergency shelters after a psychiatric hospitalization in accordance with Department procedures; and</i></li> <li>• <i>Consistently and accurately track emergency placements.</i></li> </ul>
<b>DEPARTMENT OF CHILDREN AND FAMILY SERVICES RESPONSE</b>	<p>The Aunt Martha’s Integrated Care Center (ICC) was developed in 2019 as a short-term transitional living arrangement for youth who may have disrupted from their current living arrangement, no longer meet acute inpatient psychiatric criteria or are no longer in need of incarceration.</p> <p>This program was developed to provide a 24-hour supervised therapeutic care environment that includes around-the-clock crisis stabilization nurses, daily support to staff by both medical and psychiatric physicians, daily therapeutic services, screening, assessment, short term treatment planning, milieu management/services, crisis intervention, educational services, recreational services, and medical and psychiatric services which includes medication administration.</p> <p>To address the need for consistency and accuracy in tracking emergency placements a multidivisional work group was created. This workgroup includes: Operations, Clinical and Child Services, Licensing, Budget and Finance and Contracts. This group will focus on:</p> <ul style="list-style-type: none"> <li>• Accurate placement coding</li> <li>• Updating existing policy (AP#5)</li> <li>• Instruction for DCFS/POS staff to accurately report youth placements</li> <li>• Instruction for appropriate case management and divisional expectations for follow up of emergency placements</li> <li>• For POS agencies - ensuring compliance with contractual terms related to the Department’s non-discrimination guidelines.</li> </ul>

### Detained Beyond Release Date and Hospitalized Beyond Medical Necessity

In our sample of youth in care auditors identified two youth in care who were detained beyond release date during 2017 and 2018, including one youth who identified as LGBTQ. There were also instances where a youth was ordered by a judge to be held in a detention facility until a placement could be found, but that is not considered detained beyond release date. Auditors also identified 23 youth in care who were hospitalized beyond medical necessity during 2017 and 2018, including 21 youth whom the Department had identified as LGBTQ.

### Psychiatric Lockouts Resulting In Beyond Medical Necessity

The Department is not taking psychiatric lockout youth in care into protective custody in a timely manner, as required by Department procedures. A psychiatric lockout occurs when a youth is psychiatrically hospitalized and the parents/guardians refuse to pick up the youth when the youth is ready for discharge. Procedures 300 require that if a lockout cannot be resolved within 48 hours, the youth shall be taken into protective custody.

Auditors reviewed all youth who came into care and an investigation was initiated for a psychiatric lockout (allegation #84b) during 2017 and 2018 and found that in 142 of 161 instances (88.2%) the Department was not taking protective custody within 48 hours. As shown in *Exhibit 6-12*, for 44.7 percent of cases the youth was taken into protective custody more than one month after the investigation began, with a maximum of 182 days. This causes the youth in care to be listed as beyond medical necessity for fewer days than is actually the case. As an example, a youth in care was:

- Hospitalized: July 26, 2018;
- Ready for discharge (hotline call to DCFS): August 24, 2018;
- Priority Clinical Staffing to discuss placement: August 29, 2018;
- Protective Custody taken: November 1, 2018; and
- Discharged from hospital: November 9, 2018.

Exhibit 6-12 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%)
<b>Total</b>	<b>161</b>
Source: OAG analysis of Department data.	

This example is listed in the waiting for placement data used to compile the annual report to the General Assembly (see below) as being beyond medical necessity for six days. However, the youth actually remained in the hospital for more than two months after the ready for discharge date. **Not taking protective custody allows the Department to make it appear as though youth in care are not as beyond medical necessity as they actually are.** It could even cause the youth to not be listed as beyond medical necessity if the youth is discharged from the hospital the same day protective custody is taken.

Auditors examined the cases with the longest time between the beginning of the investigation and taking protective custody and found examples of investigations receiving extensions for the sole purpose of waiting to take protective custody until a placement was located. One investigation had four extensions, and the reason for two extensions was “placement has been located and there are (sic) 18 people on the waiting list ahead of him. Once

he is placed there CPI [Child Protection Investigator] will take protective custody of this minor.” Another investigation had three extensions, and one extension stated that the youth was waiting for placement at a facility.

The Foster Children’s Bill of Rights Act gives each youth in care the right to be placed in the least restrictive and most family-like setting available and in close proximity to his or her parent’s home consistent with his or her health, safety, best interests, and special needs. Remaining in a more restrictive placement may not be in the youth’s best interest. Keeping youth hospitalized longer than necessary can also have detrimental effects on the children, causing them to deteriorate emotionally and behaviorally. For example, one youth in care reviewed during testing was held beyond medical necessity for one and a half months and two weeks after being ready for discharge the youth was reporting getting more depressed because the youth was still in the hospital. The Department should not be extending investigations and delaying taking custody of youth, in violation of their rights, solely because the youth is waiting for a placement.

PSYCHIATRIC LOCKOUTS	
<b>RECOMMENDATION</b>  <b>15</b>	<i>The Department of Children and Family Services should ensure that protective custody of psychiatric lockout patients is taken within 48 hours as required by Department Procedures 300.</i>
<b>DEPARTMENT OF CHILDREN AND FAMILY SERVICES RESPONSE</b>	In order to ensure fidelity between procedure and practice, on February 26, 2020, the department issued a Practice Memo to all child protection staff to adhere to the entirety of Procedure 300 Appendix B on all allegations of 84B, Lock-out: Child Psychiatrically Hospitalized. If a lock-out cannot be resolved within 48 hours, the child protection specialist, in consultation with the child protection supervisor, shall take the victim into protective custody. The memo further provided clarification and served as a reminder that at no time shall any child protection staff investigating an allegation of 84B wait to take a child into protective custody until a placement for that child is identified.

### Waiting for Placement Annual Reports

The Department is not providing accurate and complete information to the General Assembly in the required Youth in Care Waiting for Placement annual report. Public Act 100-0087 amended the Children and Family Services Act (Act) to require that no later than December 31, 2018, and on December 31 of each year thereafter through December 31, 2023, the Department shall prepare and submit an annual report, covering the previous fiscal year, to the General Assembly regarding youth in care waiting for placements. The report has to include data on three types of placements:

- emergency placements, including shelters and emergency foster homes, for longer than 30 days;
- psychiatric hospitalization beyond medical necessity; and
- remaining in a detention center or Department of Juvenile Justice (DJJ) facility solely because the Department cannot locate an appropriate placement (20 ILCS 505/2.2).

The Department filed the December 31, 2019 report (for FY19) on January 13, 2020, almost two weeks after the deadline. For each type of placement the Department is required to provide different types of data, including the age and gender of the youth in care, the recommended placement, the type of placement the youth was placed in, barriers to placement, and the total length of time each youth remained in the placement beyond what was required. Since the requirement, the Department has filed two reports, and neither report discussed the total length of time each youth remained beyond what was required.

The Department is required to provide data on the number of youth in care who remained in a detention facility or Department of Juvenile Justice facility solely because the Department cannot locate an appropriate placement for the youth. However, the reports the Department has filed with the General Assembly contain data on youth who remained in a detention facility more than 15 days past their discharge date, and there is nothing in the statute that allows for the Department to exclude youth who remained less than 15 days. The reports filed by the Department do not provide a clear explanation why the decision was made to only report youth held longer than 15 days. Also, as discussed above, the Department does not consider a youth to be held beyond release date if a judge is holding the youth in care in a detention facility until a placement is located, so there is no release date established. According to a Department official, the definition used for the report is “[a] Detention or DJJ release date...where the detention exceeded the release date accumulating unapproved days.” This could lead to an undercount of the youth in care considered to be held beyond release date by the statutory language.

The Department provided auditors with the data used to complete the Fiscal Year 2019 Youth in Care Waiting for Placement report. **Auditors also requested the Fiscal Year 2018 data; however, after multiple attempts, Department officials did not respond to the request.** According to Department officials, this data is manually compiled by staff assigned to the three distinct practice areas. While conducting an analysis of the shelter/emergency placement and detention/DJJ data, inaccuracies were discovered including:

- 29 youth in care who should not have been listed in the report because they were listed as being in an emergency placement since 2016 or 2017 but were shown in SACWIS as not having any shelter placements during Fiscal Year 2019;
- 12 youth in care who should not have been listed in the report because they had a detention/DJJ release date before the beginning of Fiscal Year 2019; and
- 13 youth in care who should not have been listed in the report because they were listed as still being held in a detention facility but were shown in SACWIS as having been released from the facility prior to the beginning of Fiscal Year 2019.

These problems cause the number of youth in care who are listed in the Waiting for Placement report to the General Assembly to be overstated. The Act also requires the Department to report on the barriers to placement. However, for 77 of 233 (33.0%) youth in care listed in the shelter/emergency placement data there are no barriers listed. For the detention/DJJ data, 18 of 49 (36.7%) youth in care did not have any barriers listed. Not reporting on barriers for one-third of the youth in care limits the ability to draw conclusions on what barriers are causing youth to remain in placements longer than necessary. Auditors could not draw conclusions about the beyond medical necessity data because an analysis could not be conducted due to data limitation. The data provided by the Department did not include the discharge date

nor the date the youth was beyond medical necessity. Therefore, no date calculations could be conducted nor could the number of days beyond medical necessity be verified.

Auditors compared the Fiscal Year 2019 waiting for placements data to the fieldwork testing data for the 159 sampled youth in care. Even though the audit period only covered the first six months of FY19, out of seven youth in care who were beyond medical necessity, three were not included in the beyond medical necessity data provided by the Department.

The Auditor General released a Performance Audit of the Department of Children and Family Services’ Placement of Children in September 2016. That audit found that the Department was not tracking placements of beyond medical necessity, remaining in emergency shelters beyond 30 days, and remaining in a detention facility after release date. Even though that audit was released four years ago, problems still exist with the Department accurately tracking those three types of placements and providing data to the General Assembly.

<b>WAITING FOR PLACEMENT REPORT</b>	
<b>RECOMMENDATION</b>  <b>16</b>	<p><i>The Department of Children and Family Services should:</i></p> <ul style="list-style-type: none"> <li>• <i>Ensure the Youth in Care Waiting for Placement reports are filed in a timely manner;</i></li> <li>• <i>Ensure the Youth in Care Waiting for Placement reports meet the statutory requirements of the Act; and</i></li> <li>• <i>Verify that the data used to create the Youth in Care Waiting for Placement reports is accurate and that accurate data is provided to the General Assembly.</i></li> </ul>
<b>DEPARTMENT OF CHILDREN AND FAMILY SERVICES RESPONSE</b>	<p>The department will ensure the Youth in Care Waiting for Placement reports meet the statutory requirements of the Act and are filed in a timely manner. Data will be verified so the reports are accurate when submitted and correct data will be provided to the General Assembly.</p>



**APPENDIX A**  
**SENATE RESOLUTION NUMBER 403**



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STATE OF ILLINOIS  
ONE HUNDRED FIRST GENERAL ASSEMBLY  
SENATE

Senate Resolution No. 403

Offered by Senator Julie A. Morrison

WHEREAS, The Foster Children's Bill of Rights Act (20 ILCS 521/1) gives every child and adult in the care of the Department of Children and Family Services the right: "[t]o have caregivers and child welfare personnel who have received instruction on cultural competency and sensitivity relating to, and best practices for, providing adequate care to lesbian, gay, bisexual, and transgender youth in out-of-home care[; ...] [t]o have fair and equal access to all available services, placement, care, treatment, and benefits, and to not be subjected to discrimination or harassment on the basis of actual or perceived...sexual orientation, [or] gender identity [; ...] [t]o receive medical..., and mental health services[; ... and] [t]o receive a copy of [the Foster Children Bill of Rights] from and have it fully explained by the Department of Children and Family Services when the child or adult is placed in the care of the Department of Children and Family Services"; and

WHEREAS, CFS form 496-1 (Revised July 2018), the Illinois Foster Child and Youth Bill of Rights, further provides specific requirements for when the Department of Children and Family Services must provide children and youth with a copy of these Rights and states that children and youth have the right to "be placed in out-of-home care according to [the child or youth's] gender identity, regardless of the gender or sex listed in their court or child welfare records[; and] be provided appropriate

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clothing that fits and corresponds to [the child or youth's] gender identity"; and

WHEREAS, The Family First Prevention and Services Act of the Bipartisan Budget Act of 2018 (Public Law No. 115-123) became federal law on February 9, 2018, steering the child welfare system towards much needed reform and re-calibration of policies to: "provide enhanced support to children and families and prevent foster care placements" and, if safety necessitates removal, provides children with loving foster homes rather than congregate care settings; address disparities known to child welfare experts, such as the overrepresentation of youth who are lesbian, gay, bisexual, transgender, or questioning in the child welfare system overall and the system overreliance on congregate care settings for these youth, which typically yield worse outcomes for them compared to their cisgender and heterosexual peers; recruit, retain, and support homes that are affirming of a youth-in-care's sexual orientations and gender identity and establish a system of accountability if homes are not providing affirming care; and, protect Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) youth from being unnecessarily diagnosed to meet clinical criteria required for residential care or from facing increased risk of involvement in the justice system as a result of the Family First Prevention and Services Act implementation; and

WHEREAS, The Children and Family Services Act (20 ILCS 505/5.25) requires the Department of Children and Family Services to provide every child in its care with "the necessary behavioral health services", including "behavioral health services from an outside provider when those services are necessary to meet the child's needs and the child wishes to receive them"; and

WHEREAS, The Department of Children and Family Services is required by the Children and Family Services Act (20 ILCS 505/7) to place children in its care in safe and adequate placements

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consistent with each child's health, safety, and best interests;  
and

WHEREAS, The Department of Children and Family Services has adopted rules, entitled "Placement Selection Criteria", (89 Ill. Adm. Code Part 301.60) that provide that "all placement decisions will be made consistent with the safety, best interests and special needs of the child" and that consideration shall be given to "the least restrictive setting appropriate for the child which most closely approximates a family"; and

WHEREAS, The Department of Children and Family Services is the party to a federal court consent decree (B.H. et al., 88 C 5599, N.D. ILL) that provides that Children shall: be free from foreseeable and preventable harm[;]...receive at least minimally adequate healthcare [including] mental health care adequate to address their serious mental health needs[;] be free from unreasonable and unnecessary intrusions by DCFS upon their emotional and psychological well-being" and that the Department shall maintain a system which provides: "that children will be timely and stably placed in safe and appropriate living arrangements[;]...for the prompt identification of the medical, mental health and developmental needs of children[;] timely access to adequate medical, mental and developmental services[; and] that children receive adequate services to assist in the transition to adulthood"; and

WHEREAS, The Illinois Human Rights Act (755 ILCS 5) protects against discrimination on the basis of sexual orientation and gender identity in places of public accommodation, including the Department of Children and Family Services and its contracted providers; and

WHEREAS, People who are Lesbian, Gay, Bisexual, Transgender, Questioning or Queer are subjected to violence and discrimination because of who they are or who they love; and

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WHEREAS, Gender dysphoria is a serious and internationally recognized medical condition that requires immediate medical attention from a medical professional experienced in its treatment; and

WHEREAS, On May 11, 2017 the Department of Children and Family Services updated Appendix K to Procedures 302 "Support and Well-Being of Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Children and Youth" (P.T. 2017.04) which, among other things: (1) recognizes that LGBTQ children/youth are at higher risk than their heterosexual cisgender counterparts for emotional and physical abuse from family members and/or peers, failed out-of-home placements, homelessness, emotional/physical victimization, and/or institutional neglect or abuse; (2) states DCFS' policy is to maintain and promote safe and affirming environments for LGBTQ children and youth; (3) applies to anybody in contact with children/youth in DCFS care (e.g., DCFS staff, employees of contractors, volunteers, foster parents, etc.); (4) prohibits caregivers from engaging in any discrimination against or mistreatment of LGBTQ children and youth; (5) requires caregivers to affirm and support an LGBTQ child/youth's sexual orientation and gender identity, including by: (a) using the child/youth's preferred name and gender pronouns (including gender-neutral pronouns, such as "they/them"), including in written documents and records when the youth agrees; (b) respecting the child/youth's choice of clothes, make-up, hairstyle, friends, and activities; and (c) providing support to LGBTQ youth who are experiencing problems related to their sexual orientation or gender identity in the community, including schools where transgender youth may need help requesting permission to use gendered facilities such as restrooms or locker rooms; (6) prohibits placing a child or youth in congregate care because of their sexual orientation or gender identity; (7) prohibits placing LGBTQ youth somewhere they will not be affirmed and requires immediate corrective action if a youth is not being affirmed; (8) provides that children/youth should generally be housed based on their gender identity, rather than their birth assigned gender, and a

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child/youth's perception of where they should be placed and would feel safest should be the primary factor in informing housing decisions; (9) states that LGBTQ children and youth have the right to receive LGBTQ competent medical care and sexual health education, including continuation of hormone therapy for transgender youth who were receiving it before entering DCFS care, and that youth who request hormone therapy while in DCFS care (who were not receiving such care prior to entering DCFS custody) should be referred to medical professionals who are recognized as medically competent in the care of transgender youth; (10) requires caregivers to respect the privacy of a child/youth's sexual orientation and gender identity and not disclose this information without the child/youth's permission; and (11) mandates annual training in LGBTQ competent care for every person in contact with children/youth in DCFS care; and

WHEREAS, There has been little to no public information offered about the Department of Children and Family Services' implementation of Appendix K to Procedure 302, or whether there is any oversight process to ensure accountability and compliance with the requirements of Appendix K to Procedure 302 so that the needs of youth identifying as Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) are being addressed systematically by the Department of Children and Family Services and its contractors, or whether any efforts are having an impact on disparate outcomes, division of duties during staffing vacancies for allocated positions, or whether State resources are being sufficiently allocated and spent to properly implement Appendix K; and

WHEREAS, The General Assembly requires reliable information to guide funding decisions, perform its oversight capacity, and make sound legislative and administrative recommendations; therefore, be it

RESOLVED, BY THE SENATE OF THE ONE HUNDRED FIRST GENERAL ASSEMBLY OF THE STATE OF ILLINOIS, that the Auditor General is directed to conduct a performance audit of the Department of

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Children and Family Services' compliance with its obligations to protect and affirm children and youth who are lesbian, gay, bisexual, transgender, questioning or queer; and be it further

RESOLVED, That the audit shall include, but not be limited to, examining the operations and management of the Department of Children and Family Services and its contractors to perform its 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" (P.T. 2017.04) as follows:

(1) 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;

(2) 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;

(3) 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;

(4) How employee and contract oversight ensure accountability and corrective actions;

(5) 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;

(6) 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;

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(7) 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;

(8) 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; and

(9) 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; and be it further

RESOLVED, That the audit include, but not be limited to, 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:

(1) 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;

(2) 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 (h) more than one of the aforementioned identifications during the review period;

(3) For each youth in subsection (2), the length of stay in out-of-home care, case permanency goals, frequency of sibling visitation, as applicable;

(4) 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

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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;

(5) 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;

(6) 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;

(7) 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;

(8) 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;

(9) 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

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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; and

(10) 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; and be it further

RESOLVED, That the Department of Children and Family Services shall cooperate fully and promptly with the Auditor General's Office in conducting this audit; and be it further

RESOLVED, That the Auditor General commence this audit as soon as possible and distribute the report upon completion in accordance with Section 3-14 of the Illinois State Auditing Act.

Adopted by the Senate, May 31, 2019.



Secretary of the Senate



President of the Senate



**APPENDIX B**  
**AUDIT SCOPE AND METHODOLOGY**



## Appendix B

# AUDIT SCOPE AND METHODOLOGY

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This performance audit was conducted in accordance with generally accepted government auditing standards and the audit standards promulgated by the Office of the Auditor General at 74 Ill. Adm. Code 420.310. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

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 required the audit to include examining the operations and management of the Department of Children and Family Services 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" (see Appendix A). In total, the Resolution included **19 determinations** which when broken down contain **63 individual objectives** or questions that were to be answered (see audit objectives at the end of this Appendix).

During the audit, we examined issues including but not limited to:

- The Department of Children and Family Services' organizational structure;
- The process of becoming a youth in care;
- The number of youth in care during 2017-2018 and those identifying as LGBTQ;
- Compliance with applicable laws, rules and policies;
- Training of DCFS employees, contractors, and foster parents;
- Employee and contractor oversight, monitoring, and accountability;
- Violations reporting and the complaint process;
- Foster care licensing;
- Matching and placement; and
- Placement capacity and reasons for disruptions.

As part of reviewing and assessing youth in care of the Department, we reviewed statutes, administrative rules and agency procedures related to the audit's objectives. Any instances of noncompliance are included in the audit report as recommendations. During the audit we also assessed the risk of fraud occurring as related to the audit objective and discussed these risks in an audit team meeting. We also reviewed internal controls related to placing youth into the care of the Department. Any deficiencies identified in internal controls that were significant to the audit objectives are included in this report.

### **Youth in Care Data**

In accordance with the audit objectives in Senate Resolution Number 403, we requested data from the Department for the population of youth in care for calendar years 2017 and 2018. We also requested data regarding which youth in care identified as LGBTQ. The Department provided a download of all youth that were in the care of the Department between January 1, 2017 and December 31, 2018. The Department also provided lists of youth that it had identified as LGBTQ. We analyzed the youth in care data provided and determined that for the two year period 2017-2018 there were 26,971 individual youth in the care of the Department. We also analyzed the lists of LGBTQ youth in care and determined that there were 91 individual youth that the Department had identified as LGBTQ that were youth in care.

### **Testing and Sampling**

For testing purposes, we selected a random sample of 68 youth in care during 2017-2018 utilizing a 90 percent confidence interval with a 10 percent margin of error. This sample was selected with the intent of being able to extrapolate to the population of youth in care. However, because the Department was unable to provide all hard copy files, extrapolation was not possible. We also tested the entire LGBTQ youth in care population of 91 youth provided by the Department. The testing conducted for each case included topics such as:

- Evidence of LGBTQ status;
- The Bill of Rights being reviewed at required intervals (CFS 496-1 form);
- The Child/Caregiver Matching Tool being utilized (CFS 2017 form);
- Sibling visitation plans and visits;
- Permanency goals and participation in the process;
- Disruptions in placements; and
- Normalcy activities.

Using a data collection instrument, we gathered information from the Department's SACWIS computer system. We also requested hard copy files for the 68 youth in care and 91 LGBTQ youth in care. During our testing, we developed a database of sample information in order to attempt to answer specific audit objectives.

In addition to testing for the 159 youth in care above, we also collected and reviewed information for youth in care listed as transgender by the Department. This review was conducted in order to determine if any transition services were received by these youth in care.

### **Audit Risk**

Of the 159 youth in care reviewed (68 randomly sampled and the 91 LGBTQ), the Department was only able to provide 132 hard copy files or 83 percent. Auditors did not receive 10 of 91 (11.0%) of the LGBTQ youth in care files and 17 of 68 (25.0%) files of the general population sample. Of the 27 files that were not received, 24 were closed cases. Although the Department was unable to provide all hard copy files requested, we do not believe this effected the conclusions reached in the audit report.

### **LGBTQ Comparisons**

Senate Resolution Number 403 asked the Auditor General to conduct several comparisons between LGBTQ youth in care and other youth in the care of the Department. There is a general lack of data regarding the number of LGBTQ youth in the care of the

Department. Information for calendar years 2017-2018 provided by the Department only listed 91 LGBTQ youth in care. According to a Department official, these names were collected because these youth were identified with a broad sweep of the referrals received by the Clinical Practice Division with LGBTQ circumstances. We concluded that these youth may not be representative of the population of LGBTQ youth in care with the Department as a whole. Also, as is discussed in Chapter Six of the report, this number is only a fraction of the possible population as predicted using available literature. Therefore, any comparisons we could conduct between these youth and all youth in care could be skewed and inaccurate. Because of the lack of reliable data regarding LGBTQ youth in care, we were unable to fully answer some determinations in the resolution. This will continue to be the case until the Department begins collecting more complete information regarding the number of LGBTQ youth in care and their sexual orientation and gender identity.

**Exit Conference**

The Department of Children and Family Services was provided a copy of the draft report for the audit of LGBTQ Youth In Care. An Exit Conference was held on January 13, 2021. The participants were:

<b>Agency</b>	<b>Name and Title</b>
Illinois Department of Children and Family Services	<ul style="list-style-type: none"> <li>• Marc Smith, Acting Director</li> <li>• Derek Hobson, Chief Deputy Director</li> <li>• Jassen Strokosch, Chief of Staff</li> <li>• Tracey King, Deputy Chief of Staff</li> <li>• Maria Miller, Acting Deputy Director, Division of Child Protection</li> <li>• Alicia Ozier, Deputy Director of Clinical Practice</li> <li>• Amanda Wolfman, General Counsel</li> <li>• Ashley Deckert, Deputy Director of Child Services</li> <li>• Beth Solomon, Senior Litigation Counsel</li> <li>• Daniel Fitzgerald, Chief of Affirmative Action</li> <li>• Gaylon Alcaraz, LGBTQI Program Coordinator, Office of Affirmative Action</li> <li>• James Daugherty, CIO</li> <li>• Janet Ahern, DCFS Guardian</li> <li>• Juliana Harms, Assoc. Deputy, Behavioral Health</li> <li>• Marjorie Moore, LGBTQ Administrator, Office of Affirmative Action</li> <li>• Michelle Jackson, Chief Deputy Director of Clinical and Child Services</li> </ul>

	<ul style="list-style-type: none"> <li>• Monico Whittington-Eskridge, CLO, Office of Learning and Professional Development</li> <li>• Nesar Uddin, Internal Audit Manager</li> <li>• Phillip Dasso, Chief Internal Auditor</li> <li>• Rod Remolina, Administrator of Advocacy Office</li> <li>• Royce Kirkpatrick, CFO</li> <li>• Stacey Simek-Dreher, Acting Director, Division of Child and Family Policy</li> <li>• Timothy Snowden, Acting Director, Office of Permanency Services</li> <li>• Tracey Jones, Assistant EEO, Office of Affirmative Action</li> <li>• Vanessa Peterson, Investigations Manager, Office of Affirmative Action</li> <li>• William McCaffrey, Deputy Director of Communications</li> </ul>
<p>Illinois Office of the Auditor General</p>	<ul style="list-style-type: none"> <li>• Mike Paoni, Assistant Director</li> <li>• Paul Skonberg, Audit Supervisor</li> <li>• Abby Bailey, Audit Staff</li> </ul>

<b>SENATE RESOLUTION NUMBER 403 AUDIT OBJECTIVES</b>		
<b>Determination</b>	<b>Count</b>	<b>Objective</b>
1	1	The Department of Children and Family Services' implementation of and adherence to the Foster Children's Bill of Rights.
	2	The Department of Children and Family Services' implementation of and adherence to Appendix K to Procedure 302.
2	3	The Department of Children and Family Services' contractors' implementation of and adherence to the Foster Children's Bill of Rights.
	4	The Department of Children and Family Services' contractors' implementation of and adherence to Appendix K of Procedure 302.
3	5	How and with what frequency the Department of Children and Family Services employees are trained on sexual orientation, gender identity, and the requirements of Appendix K.
	6	Whether the training is sufficient to demonstrate appropriate application to fieldwork.
	7	How and with what frequency the Department of Children and Family Services contractors' employees are trained on sexual orientation, gender identity, and the requirements of Appendix K.
	8	Whether the training is sufficient to demonstrate appropriate application to fieldwork.
4	9	How employee oversight ensure accountability and corrective actions.
	10	How contract oversight ensure accountability and corrective actions.
5	11	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.
6	12	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.
7	13	Actions taken by the Department of Children and Family Services 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.
	14	Actions taken by the Department of Children and Family Services...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.

8	15	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.
9	16	The current gap in placement and service capacity to meet needs.
	17	Efforts made to recruit homes affirming of lesbian, gay, bisexual, transgender, and questioning or queer children and youth.
10	18	Whether youth in care are made aware of their rights and know how to report violations of these rights.
	19	The experiences of youth who have reported violations.
	20	Recommendations made by youth in care to improve their ability to meaningfully exercise their rights.
	21	How the Department of Children and Family Services incorporates such recommendations in policy development.
11	22	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) (sic) more than one of the aforementioned identifications during the review period (CY 2017-18).
12	23	For each youth in subsection (2) [#22], the length of stay in out-of-home care.
	24	For each youth in subsection (2) [#22], case permanency goals.
	25	For each youth in subsection (2) [#22], frequency of sibling visitation, as applicable.
13	26	For each youth in subsection (2) [#22], 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.
	27	For each youth in subsection (2) [#22], whether and how the youth in care participated in placement planning and determination.
	28	For each youth in subsection (2) [#22], 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).
	29	For each youth in subsection (2) [#22], reasons for placement disruptions, if applicable.
14	30	For each youth in subsection (2) [#22], the number of each incident categorized as running away.
	31	For each youth in subsection (2) [#22], the number of each contact with police or the justice system.

	32	For each youth in subsection (2) [#22], the number of each crisis hospitalization.
	33	For each youth in subsection (2) [#22], the number of each hospitalization beyond medical necessity.
	34	For each youth in subsection (2) [#22], the number of each reported victim of assault.
	35	For each youth in subsection (2) [#22], the number of school-related disciplinary infractions.
	36	For each youth in subsection (2) [#22], the number of each school-related bullying or harassment.
	37	For each youth in subsection (2) [#22], the number of each removal from a placement at the request of a provider or caregiver.
	38	For each youth in subsection (2) [#22], the number of each removal from a placement at the request of the youth.
	39	For each youth in subsection (2) [#22], the number of each subject of abuse or neglect allegations while in out-of-home care.
	40	For each youth in subsection (2) [#22], the number of each detained in a correctional setting beyond release due to lack of identified placement.
15	41	Whether the youth in subsection (2) [#22] 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.
16	42	Whether the data findings for subsections (1), (3), (4), (5), (6) [#18-21, 23-41] differ from that of the general population of youth in care.
	43	Whether the data findings for subsections (1), (3), (4), (5), (6) [#18-21, 23-41] differs based on the geographic placement of the youth in care.
17	44	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.
	45	The number of youth utilizing those providers for services or supports.
18	46	The number of transgender youth in care who have requested (whether formally or informally) transition-related hormone therapy or consultation services regarding this treatment.
	47	The number of youth the Department of Children and Family Services did not refer for treatment.
	48	The qualifications of staff making the determination.
	49	The justification [for the refusal].

	50	The number of youth who received their requested care.
	51	Whether the care was delivered by a qualified provider.
	52	The length of time from the youth's request to a service referral being made to referral resulting in service delivery.
	53	Information regarding barriers to service access, bureaucratic hierarchy and hurdles.
	54	Efforts made to address these issues [the barriers].
19	55	The number of youth in care in need of treatment for gender dysphoria and how this need is identified.
	56	The number of youth the Department of Children and Family Services did not refer for treatment.
	57	The qualifications of staff making the determination.
	58	The justification [for the refusal].
	59	The number of youth receiving this care.
	60	Whether the care was provided by a qualified clinician.
	61	The length of time from need being identified to service referral being made to referral resulting in service delivery.
	62	Information regarding barriers to service access, bureaucratic hierarchy and hurdles.
	63	Efforts made to address these issues [the barriers].

**APPENDIX C**  
**FOSTER CARE AGENCIES &**  
**EXPENDITURES**



Appendix C FOSTER CARE AGENCIES & EXPENDITURES FY2017-2019						
Agency	Region(s) Served	Services Provided	FY2017 Expenditures	FY2018 Expenditures	FY2019 Expenditures	Total Expenditures
Ada S McKinley Community Services Inc.	Cook	Traditional & Specialized	\$3,978,452.75	\$3,944,417.62	\$4,185,110.74	\$12,107,981.11
Allendale Association	Northern	Traditional & Specialized	\$1,082,423.29	\$764,842.81	\$849,954.93	\$2,697,221.03
Arden Shore Child And Family Services	Northern	Traditional	\$1,747,085.21	\$1,614,876.79	\$1,917,576.06	\$5,279,538.06
Association House Of Chicago	Cook	Traditional	\$1,419,688.04	\$1,191,607.61	\$1,082,182.03	\$3,693,477.68
Aunt Martha's Health & Wellness Inc.	Northern & Cook	Traditional & Specialized	\$2,923,599.65	\$2,943,583.61	\$2,570,329.37	\$8,437,512.63
Baby Fold	Central	Traditional & Specialized	\$2,012,524.74	\$1,776,216.64	\$1,424,226.48	\$5,212,967.86
Bethany For Children And Families	Central	Traditional	\$979,332.68	\$966,570.78	\$1,026,445.19	\$2,972,348.65
Camelot Care Centers Inc.	Northern & Cook	Traditional & Specialized	\$12,601,889.08	\$11,975,518.24	\$12,049,862.16	\$36,627,269.48
Caritas Family Solutions	Southern	Traditional & Specialized	\$13,161,425.93	\$14,335,560.78	\$17,179,565.78	\$44,676,552.49
Center For Youth & Family Solutions, The	Central	Traditional & Specialized	\$15,979,972.41	\$15,827,778.27	\$16,027,490.84	\$47,835,241.52
Chaddock	Central	Traditional & Specialized	\$2,788,808.56	\$3,449,402.15	\$3,541,122.09	\$9,779,332.80
Childlink	Cook	Traditional	\$4,129,644.07	\$3,931,572.52	\$4,104,044.51	\$12,165,261.10
Children's Home & Aid Society of IL	Cook	Traditional & Specialized	\$21,467,997.33	\$20,945,299.75	\$20,748,064.08	\$63,161,361.16
Children's Home Association of IL	Central	Traditional & Specialized	\$3,663,064.70	\$3,685,517.77	\$3,891,255.13	\$11,239,837.60
Children's Place Association	Cook	Specialized	\$1,844,725.20	\$2,141,055.70	\$2,154,375.07	\$6,140,155.97
Childserv	Cook	Traditional & Specialized	\$3,114,912.89	\$3,314,253.53	\$3,595,284.93	\$10,024,451.35

Agency	Region(s) Served	Services Provided	FY2017 Expenditures	FY2018 Expenditures	FY2019 Expenditures	Total Expenditures
Cunningham Children's Home Inc.	Central	Not Listed	\$611,749.79	\$27,463.65	\$0	\$639,213.44
Easter Seals Joliet Region Inc.	Northern	Traditional & Specialized	\$1,755,481.59	\$1,699,852.74	\$1,484,150.45	\$4,939,484.78
Envision Unlimited	Cook	Specialized	\$1,462,408.39	\$1,657,903.75	\$1,424,812.39	\$4,545,124.53
Family Service Center Of Sangamon County	Central	Traditional & Specialized	\$1,409,209.66	\$1,339,370.03	\$1,335,207.00	\$4,083,786.69
FamilyCore	Central	Traditional & Specialized	\$3,519,028.59	\$4,033,351.27	\$4,002,323.19	\$11,554,703.05
Garden Of Prayer Youth Center	Northern	Specialized	\$42,107.50	\$382,489.74	\$477,607.99	\$902,205.23
Guardian Angel Community Services	Northern	Traditional	\$1,192,571.98	\$1,181,465.11	\$877,003.77	\$3,251,040.86
Hephzibah Children's Association	Cook	Specialized	\$2,384,357.14	\$2,626,015.92	\$2,477,955.04	\$7,488,328.10
Hoyleton Youth And Family Services	Southern	Traditional & Specialized	\$2,766,304.78	\$3,515,013.80	\$3,806,610.96	\$10,087,929.54
Jewish Child & Family Services	Cook	Specialized	\$3,666,654.20	\$3,216,597.88	\$2,980,517.79	\$9,863,769.87
Kaleidoscope, Inc.	Cook	Traditional & Specialized	\$3,053,625.87	\$2,867,194.24	\$2,508,329.53	\$8,429,149.64
Kemmerer Village	Central & Southern	Traditional & Specialized	\$901,239.14	\$1,278,086.54	\$1,641,756.62	\$3,821,082.30
Lakeside Community	Cook	Traditional	\$1,287,674.25	\$1,442,072.69	\$1,840,723.80	\$4,570,470.74
Lawrence Hall	Cook	Traditional & Specialized	\$3,066,386.91	\$3,040,649.56	\$3,024,186.86	\$9,131,223.33
Little City Foundation	Cook	Traditional & Specialized	\$3,579,570.74	\$3,776,978.92	\$3,285,456.20	\$10,642,005.86
Lutheran Child & Family Services	Statewide	Traditional & Specialized	\$21,239,079.68	\$19,788,212.32	\$20,328,117.19	\$61,355,409.19
Lutheran Social Services of IL	Statewide	Traditional & Specialized	\$23,325,522.28	\$25,535,619.83	\$25,877,184.49	\$74,738,326.60
Lydia Home Association	Cook	Traditional & Specialized	\$835,403.60	\$859,025.83	\$790,034.09	\$2,484,463.52
National Youth Advocate Program Inc.	Cook	Specialized	\$4,624,784.72	\$4,743,403.84	\$4,107,665.27	\$13,475,853.83

Agency	Region(s) Served	Services Provided	FY2017 Expenditures	FY2018 Expenditures	FY2019 Expenditures	Total Expenditures
Nexus-Onarga Academy	Central	Specialized	\$322,491.25	\$364,737.39	\$395,024.07	\$1,082,252.71
One Hope United	Statewide	Traditional & Specialized	\$4,303,007.92	\$5,684,067.83	\$5,966,400.55	\$15,953,476.30
One Hope United-Hudelson Region	Not Listed	Not Listed	\$1,137,715.00	\$0	\$0	\$1,137,715.00
Our Children's Homestead	Northern	Traditional & Specialized	\$4,445,654.36	\$4,687,880.25	\$4,550,584.78	\$13,684,119.39
Rutledge Youth Foundation, Inc.	Central	Traditional & Specialized	\$1,907,153.28	\$2,171,620.18	\$1,976,717.25	\$6,055,490.71
Shelter, Inc.	Cook	Traditional	\$447,512.60	\$440,962.23	\$504,793.99	\$1,393,268.82
SOS Children's Villages of IL	Northern & Cook	Traditional & Specialized	\$8,702,156.19	\$8,978,613.78	\$9,068,509.88	\$26,749,279.85
Spero Family Services	Southern	Specialized	\$750,337.79	\$900,245.92	\$1,081,940.55	\$2,732,524.26
UCAN	Cook	Traditional & Specialized	\$9,384,942.48	\$8,222,843.27	\$7,090,801.91	\$24,698,587.66
United Cerebral Palsy Seguin	Cook	Traditional & Specialized	\$9,316,049.66	\$8,260,225.52	\$7,419,782.94	\$24,996,058.12
Unity Parenting And Counseling	Cook	Traditional	\$2,095,742.59	\$2,000,357.70	\$2,090,727.19	\$6,186,827.48
Universal Family Connection	Cook	Traditional	\$1,238,297.50	\$1,308,942.80	\$1,310,612.35	\$3,857,852.65
Volunteers of America	Cook	Traditional	\$2,499,308.11	\$2,240,102.80	\$1,913,509.94	\$6,652,920.85
Webster Cantrell Hall	Central	Traditional & Specialized	\$1,952,696.50	\$2,349,369.60	\$2,429,007.54	\$6,731,073.64
Youth Outreach Services	Cook	Traditional & Specialized	\$593,385.66	\$623,684.49	\$633,852.87	\$1,850,923.02
Youth Service Bureau Of Illinois Valley	Central & Northern	Traditional & Specialized	\$5,910,551.20	\$5,222,957.28	\$4,966,564.49	\$16,100,072.97
<b>Total</b>			<b>\$228,625,709.43</b>	<b>\$229,275,453.27</b>	<b>\$230,015,362.32</b>	<b>\$687,916,525.02</b>
Source: OAG analysis of Department data.						



**APPENDIX D**  
**AGENCY RESPONSES**



J. B. Pritzker  
Governor



Marc D. Smith  
Acting Director

January 19, 2021

Michael S. Paoni  
Audit Manager  
Office of the Auditor General  
Iles Park Plaza, 740 East Ash  
Springfield, IL 62703-3154

Dear Mr. Paoni:

Pursuant to your draft report, updated January 14, 2021, on the performance audit of the Department of Children and Family Services' (DCFS) Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning youth in care, we have enclosed the DCFS responses in electronic form on the recommendations contained in the draft report.

Please contact DCFS Chief Internal Auditor Phillip Dasso at (217) 557-2438 or by email at [Phillip.Dasso@Illinois.gov](mailto:Phillip.Dasso@Illinois.gov) with any questions. Thank you for your cooperation throughout the process.

Sincerely,

**SIGNED ORIGINAL ON FILE**

Marc D. Smith, Acting Director

cc: Derek Hobson, Chief Deputy Director  
Phillip Dasso, Chief Internal Auditor



**DCFS Response to Performance Audit of LGBTQ Youth in Care  
Draft Report Dated January 4, 2021**

<b>COMPUTER SYSTEMS AND TRACKING</b>	
<b>RECOMMENDATION</b>  <b>1</b>	<p><i>The Department of Children and Family Services should ensure that it is accurately capturing youth in care data. Additionally, the department should consider:</i></p> <ul style="list-style-type: none"> <li>• <i>Implementing a single case management system for all youth in care; and</i></li> <li>• <i>Electronically tracking clinical referrals, which would include LGBTQ referrals.</i></li> </ul>
<b>DEPARTMENT OF CHILDREN AND FAMILY SERVICES RESPONSE</b>	<p><i>Implementing a single case management system for all youth in care:</i> The department is currently engaged in a multi-year Request for Purchase (RFP) for the creation and implementation of a new Comprehensive Child Welfare Information System (CCWIS) that will replace multiple legacy systems used to track and support department function and establish systems for units and divisions that currently rely largely on paper-based processes. The current schedule has the CCWIS program starting July 2021. This date is reliant on several variables that could impact the start. The RFP requires multiple deliveries over the life of the program to provide DCFS with value early in the program.</p> <p><i>Electronically tracking clinical referrals, which would include LGBTQ referrals:</i> DCFS has created an Enterprise Service Request (ESR) to implement an electronic workflow. This ESR includes integrating the workflow with the Enterprise Content Management System to retain the clinical referral documentation. Electronic signature will be evaluated for applicability to improve the workflow as well.</p>

<b>REVIEWING RIGHTS WITH YOUTH IN CARE</b>	
<b>RECOMMENDATION</b>  <b>2</b>	<p><i>The Department of Children and Family Services should ensure that all department and private agency caseworkers review the CFS 496-1 Form (Illinois Foster Child and Youth Bill of Rights Form) with all youth in care within the first 30 days of coming into care, every six months prior to the administrative case review, and annually as is required by statute and department procedures.</i></p>
<b>DEPARTMENT OF CHILDREN AND FAMILY SERVICES RESPONSE</b>	<p>Staff will be instructed to review the CFS 496-1 with youth and obtain signatures at the following junctures:</p> <ul style="list-style-type: none"> <li>• When an investigator determines that a youth should be placed in protective custody and enter substitute care</li> <li>• At the time of transition from investigations to a permanency staff</li> <li>• Every 6 months, prior to the Administrative Case Review (ACR). The ACR Reviewer will discuss the document with staff and participants.</li> </ul> <p>The purpose and importance of the review of the Youth Bill of Rights and any updates to the required process will be reviewed with investigative staff/supervisors and permanency staff/supervisors during Foundations training. As we revise the Agency Performance Team (Foster Care) monitoring role and</p>

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	<p>expectations, we will include the review of the CFS496-1 document among the compliance items that will be reviewed on a triannual basis beginning FY22.</p> <p>Independent Living Organization (ILO)/Transitional Living Program (TLP) Monitoring will make sure that agencies are aware of the process and required Youth Bill of Rights forms and track and monitor their completion. Monitors also will be given direction to make sure that the agencies are continuing to provide these forms at intake and will be added to the ILO/TLP Training Agenda.</p>
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<b>LGBTQ PROCEDURES</b>	
<p align="center"><b>RECOMMENDATION 3</b></p>	<p><i>The Department of Children and Family Services should conduct a review of all statutes, administrative rules, department procedures and forms to ensure a consistent LGBTQ policy throughout the department and to eliminate any conflicts within existing procedures.</i></p>
<p align="center"><b>DEPARTMENT OF CHILDREN AND FAMILY SERVICES RESPONSE</b></p>	<p>The department initiated a review of state law and department procedure to assess for conflict and will continue to review all forms and procedures, including Procedure 302 Appendix K, Rule and Procedure 402 and Rule and Procedure 301.60 to ensure they are LGBTQI+ affirming.</p> <p>Rule 429 (Equal Employment Opportunity Through the Department of Children and Family Services) was released for review and comment on 12-30-20, in concert with review of its cross-referenced Rule 308. On 01-06-21, the department released for review proposed SOGIE and preferred name changes to Procedures 315 Appendix H, Illinois Foster Child and Youth Bill of Rights and Administrative Procedures 30, Youth Concerns. The CFS 496 Client Rights and Responsibilities; CFS 496-1 Illinois Foster Child and Youth Bill of Rights; and CFS 496-2 Youth Issues and Concerns were updated to reflect inclusive language recognizing the client’s right to be identified by their sexual orientation, gender identity and gender expression. The proposed changes add the youth’s preferred name when referring to the youth.</p>

<b>LGBTQ TRAINING</b>	
<p align="center"><b>RECOMMENDATION 4</b></p>	<p><i>The Department of Children and Family Services should fully implement and provide the training required by Appendix K. This would include:</i></p> <ul style="list-style-type: none"> <li>• <i>Ensuring that all required individuals have completed training;</i></li> <li>• <i>Ensuring that annual training is given as required to all child welfare workers, including those at POS agencies;</i></li> <li>• <i>Continuing to work to revise PRIDE training for foster parents to include training for LGBTQ competency; and</i></li> <li>• <i>Requiring employees of residential facilities that serve youth in care of the department to complete LGBTQ competency training.</i></li> </ul>
<p align="center"><b>DEPARTMENT OF CHILDREN AND</b></p>	<p><i>Ensuring that all required individuals have completed training: The LGBTQI+ training is embedded in the department’s Foundations training. The Office of Learning and Professional Development (OLPD) is currently</i></p>

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<p><b>FAMILY SERVICES RESPONSE</b></p>	<p>reviewing recommended enhancements. OLPD will ensure that any changes to the content of the LGBTQI+ Foundations Training are in alignment with the requirements in Appendix K.</p> <p>Effective July 2020, the department requires any direct service Foundations participant, both new hires and staff transferring to a new specialty, to complete the stand-alone LGBTQI+ training within the first 90 days following completion of Foundations. OLPD's Virtual Training Center (VTC) sends automated notices to the participant and their listed supervisor reminding them of the mandatory completion of the LGBTQI+ course. Department administrators can also request lists of all staff and caregivers who have completed any OLPD training on the VTC, including the LGBTQI+ competency training.</p> <p><i>Ensuring that annual training is given as required to all child welfare workers, including those at POS agencies:</i> Department divisions will work together to determine mechanisms to streamline tracking training of POS staff to ensure the agencies are held accountable for annual training requirements. OLPD will continue to ensure that the Human Right Campaign LGBTQI+ online/self-directed training is accessible on the VTC to all department and POS direct service staff and supervisors until it is phased out and replaced with the department's LGBTQI+ online/self-directed training developed by OLPD with input from LGBTQ Roundtable. The newly designed curriculum developed by OLPD as a standalone online/self-directed learning is expected to be completed in February 2021.</p> <p>The department does not require re-training as part of the Child Welfare Employee License (CWEL) process. However, child welfare employees are required to complete a specific number of training clock hours every two years to maintain their license. OLPD maintains transcripts that are accessible to staff so direct services supervisors can monitor their staff's completion of required trainings to ensure they meet CWEL clock hour requirements.</p> <p><i>Continuing to work to revise PRIDE training for foster parents to include training for LGBTQ competency:</i> OLPD is currently revising the content of the PRIDE curriculum to include enhanced LGBTQI+ competency training, which is expected to be completed in April 2021. OLPD will continue to provide reports of trainings taken by foster caregivers to the department's licensing staff upon request. Licensing staff can also independently review OLPD transcripts via the VTC of any foster caregiver they are assigned to license or monitor.</p> <p><i>Requiring employees of residential facilities that serve youth in care of the department to complete LGBTQ competency training :</i> OLPD is collaborating with the Office of Affirmative Action, Operations, Agency Performance Team and Residential Monitoring to provide all residential facility employees who provide services to department youth in care access to the LGBTQI+ competency training via the VTC. Residential facility staff will be able to create a VTC profile, which will provide them access to both the staff and caregiver versions of the LGBTQI+ training. OLPD can then provide reports reflecting the names and roles of participants from residential facilities who complete the LGBTQI+ training via the VTC to department administrators in Operations, Agency Performance Team and Residential Monitoring for follow-up to ensure enrollment and completion.</p>
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	Administrators will also be able to review transcripts for their staff directly via the VTC.
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<b>RECOMMENDATION 5</b>	<i>The Department of Children and Family Services should provide oversight and monitoring of POS agencies for compliance with Appendix K and ensure that all agencies have established policies at least as extensive as those required by their contract and Appendix K.</i>
<b>DEPARTMENT OF CHILDREN AND FAMILY SERVICES RESPONSE</b>	<ul style="list-style-type: none"> <li>• The department developed training materials for Appendix K. Divisions will work collaboratively to create necessary updates</li> <li>• We will send out a communication reminder of Appendix K to all DCFS and POS leadership by 03-31-21</li> <li>• We will provide a training opportunity for all POS and DCFS foster care leadership by 09-30-21</li> <li>• The Residential Monitoring unit will identify key stakeholders per agency and provide a training opportunity for existing staff. New hire staff will be trained as well.</li> </ul>

<b>COMPLAINTS</b>	
<b>RECOMMENDATION 6</b>	<i>The Department of Children and Family Services should:</i> <ul style="list-style-type: none"> <li>• <i>Update the computer system used by the Advocacy Office to log and track complaints; and</i></li> <li>• <i>Track recommendations made by youth and the experiences of youth in care that have reported violations.</i></li> </ul>
<b>DEPARTMENT OF CHILDREN AND FAMILY SERVICES RESPONSE</b>	The department has a project underway to build and implement a new system to track Advocacy Office complaints and cases. This system is scheduled to be completed and ready for use in February 2021.

<b>CHILD/CAREGIVER MATCHING PROCESS</b>	
<b>RECOMMENDATION 7</b>	<i>The Department of Children and Family Services should follow its matching procedures and ensure that a formal and documented matching process is being utilized for all placements. That process should include an assessment of any sexual orientation or gender identity needs for the youth in care.</i>
<b>DEPARTMENT OF CHILDREN AND FAMILY SERVICES RESPONSE</b>	The Operations Division (Intact, Child Protection and Permanency – which includes Agency Performance Monitoring) will ensure that DCFS and POS staff review established matching procedures and that they document a formal matching process for youth in the case record. This will include consideration of Sexual Orientation, Gender Identity, Gender Expression (SOGIE) when matching a youth to a placement. The Clinical and Child Services Division will also review established procedures, ensuring SOGIE consideration when asked to match a youth to a placement.

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	<p>Concurrently, a multi-divisional/multi-agency policy review workgroup will be established by the Office of Affirmative Action to:</p> <ul style="list-style-type: none"> <li>• Initiate an Information Transmittal to eliminate the CFS 2017 (Child Caregiver Matching Tool)</li> <li>• Review existing tools that can be used to address factors for consideration during the matching process</li> <li>• Update current activities to formally include SOGIE consideration when matching a youth to a placement</li> <li>• Consider other steps to enhance the matching process</li> </ul>
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<p align="center"><b>RECOMMENDATION 8</b></p>	<p><i>The Department of Children and Family Services should take steps to increase the available number of shelter beds throughout the State.</i></p>
<p align="center"><b>DEPARTMENT OF CHILDREN AND FAMILY SERVICES RESPONSE</b></p>	<p>The department continues to work with providers who have submitted proposals to develop shelter contracts. Additionally, we continue to use data to identify regional needs related to shelter resources.</p>

<b>FOSTER HOME RECRUITMENT</b>	
<p align="center"><b>RECOMMENDATION 9</b></p>	<p><i>The Department of Children and Family Services should continue its efforts to recruit foster homes that are affirming of LGBTQ youth in care.</i></p>
<p align="center"><b>DEPARTMENT OF CHILDREN AND FAMILY SERVICES RESPONSE</b></p>	<p>Our Foster Parent Recruitment Plan currently references the department's goal (with timeframes) of recruiting foster homes that are affirming of LGBTQI+ youth in care. Our resource and recruitment staff continue to engage this plan in their day to day recruitment efforts and are working closely with the Office of Communications. Agency Performance Teams recently established that they will monitor the submission of foster home recruitment plans for all purchase of service agencies.</p>

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<b>LGBTQ YOUTH IN CARE INFORMATION</b>	
<b>RECOMMENDATION 10</b>	<i>The Department of Children and Family Services should solicit information from youth in care willing to provide it regarding their sexual orientation and gender identity for purposes of placement as well as identifying and offering any necessary services.</i>
<b>DEPARTMENT OF CHILDREN AND FAMILY SERVICES RESPONSE</b>	<p>The Sexual Orientation, Gender Identity, Gender Expression (SOGIE) workgroup was developed by the DCFS Clinical Division in March 2019 and meetings continued through early 2020. The focus of the workgroup was to develop SOGIE questions staff would ask youth during investigations and throughout the life of permanency cases. This information could then be recorded in SACWIS.</p> <p>The SOGIE workgroup reconvened in August 2020. The larger workgroup is separated into four smaller workgroups – Research, Questions, Applications and Training and Data Utilization. Decision-makers from DCFS and private agencies were invited to participate in this project, and each smaller workgroup is led by staff from both DCFS and private agencies.</p> <p>SOGIE Collection (ESR 138) has been recorded and is in progress. This enhancement to SACWIS will provide field staff the ability to record SOGIE data in the Case/Investigation to support requirements listed in Appendix K of Procedures 302.</p>

<b>FOSTER CARE FILES</b>	
<b>RECOMMENDATION 11</b>	<i>The Department of Children and Family Services should ensure that all foster care files are properly maintained.</i>
<b>DEPARTMENT OF CHILDREN AND FAMILY SERVICES RESPONSE</b>	<p>There is currently comprehensive guidance in Procedure 436, Record Management, that governs case record storage. Procedure 436 will be routed to all purchase of service program directors and DCFS leadership by 03-31-21 as a reminder of case record storage policies.</p> <p>The department’s Independent Living Organization (ILO)/Transitional Living Program (TLP) and Agency Performance Monitoring staff will conduct a review of a small sample of the file storage practices of provider agencies and DCFS offices by 06-30-21 and respond accordingly.</p>

<b>SIBLING VISITATION PLANS</b>
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**DCFS Response to Performance Audit of LGBTQ Youth in Care  
Draft Report Dated January 4, 2021**

<p align="center"><b>RECOMMENDATION</b>  <b>12</b></p>	<p><i>The Department of Children and Family Services should:</i></p> <ul style="list-style-type: none"> <li>• <i>Ensure that sibling visitation plans are created for all youth in care who require one;</i></li> <li>• <i>Ensure that all sibling visitation plans are completed in a timely manner; and</i></li> <li>• <i>Clarify the timeliness requirement between the Juvenile Court Act of 1987, the Illinois Administrative Code and department Procedures.</i></li> </ul>
<p align="center"><b>DEPARTMENT OF CHILDREN AND FAMILY SERVICES RESPONSE</b></p>	<p>The department will issue an Information Transmittal to reinforce staff responsibilities to prepare timely and up to date Visitation and Contact Plans as well as the importance of these plans.</p> <p>The department will clarify the Sibling Visitation Plan timeliness requirement between the Juvenile Court Act of 1987, the Illinois Administrative Code and department procedures.</p>

<b>NORMALCY ACTIVITY DOCUMENTATION</b>	
<p align="center"><b>RECOMMENDATION</b>  <b>13</b></p>	<p><i>The Department of Children and Family Services should ensure that discussions of normalcy activities are documented in case contact notes, as required by department Policy Guide 2017.07.</i></p>
<p align="center"><b>DEPARTMENT OF CHILDREN AND FAMILY SERVICES RESPONSE</b></p>	<p>Agency Performance Monitoring staff for foster care will add to their reviews a question regarding documentation of a demonstration of normalcy activities as defined by Policy Guide 2017.07 to enhance contact note documentation.</p> <p>Independent Living Organization (ILO)/Transitional Living Program (TLP) Monitoring staff will ensure that during monthly administrative meetings with ILO/TLP providers, conversation regarding documentation of a demonstration of normalcy activities, as defined by Policy Guide 2017.07, is documented in a contact note.</p> <p>Training on the importance of documenting Normalcy discussions with youth and caregivers will be enhanced for Foundations training.</p>

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<b>EMERGENCY PLACEMENTS</b>	
<b>RECOMMENDATION</b>  <b>14</b>	<p><i>The Department of Children and Family Services should:</i></p> <ul style="list-style-type: none"> <li>• <i>Ensure that youth in care are not placed in emergency shelters after a psychiatric hospitalization in accordance with department procedures; and</i></li> <li>• <i>Consistently and accurately track emergency placements.</i></li> </ul>
<b>DEPARTMENT OF CHILDREN AND FAMILY SERVICES RESPONSE</b>	<p>The Aunt Martha’s Integrated Care Center (ICC) was developed in 2019 as a short-term transitional living arrangement for youth who may have disrupted from their current living arrangement, no longer meet acute inpatient psychiatric criteria or are no longer in need of incarceration.</p> <p>This program was developed to provide a 24-hour supervised therapeutic care environment that includes around-the-clock crisis stabilization nurses, daily support to staff by both medical and psychiatric physicians, daily therapeutic services, screening, assessment, short term treatment planning, milieu management/services, crisis intervention, educational services, recreational services and medical and psychiatric services which includes medication administration.</p> <p>To address the need for consistency and accuracy in tracking emergency placements a multidivisional work group was created. This workgroup includes: Operations, Clinical and Child Services, Licensing, Budget and Finance and Contracts. This group will focus on:</p> <ul style="list-style-type: none"> <li>• Accurate placement coding</li> <li>• Updating existing policy (AP#5)</li> <li>• Instruction for DCFS/POS staff to accurately report youth placements,</li> <li>• Instruction for appropriate case management and divisional expectations for follow up of emergency placements</li> <li>• For POS agencies - ensuring compliance with contractual terms related to the department’s non-discrimination guidelines</li> </ul>

<b>PSYCHIATRIC LOCKOUTS</b>	
<b>RECOMMENDATION</b>  <b>15</b>	<p><i>The Department of Children and Family Services should ensure that protective custody of psychiatric lockout patients is taken within 48 hours as required by department Procedures 300.</i></p>
<b>DEPARTMENT OF CHILDREN AND FAMILY SERVICES RESPONSE</b>	<p>In order to ensure fidelity between procedure and practice, on February 26, 2020, the department issued a Practice Memo to all child protection staff to adhere to the entirety of Procedure 300 Appendix B on all allegations of 84B, Lock-out: Child Psychiatrically Hospitalized. If a lock-out cannot be resolved within 48 hours, the child protection specialist, in consultation with the child protection supervisor, shall take the victim into protective custody. The memo further provided clarification and served as a reminder that at no time shall any child protection staff investigating an allegation of 84B wait to take a child into protective custody until a placement for that child is identified.</p>

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<b>WAITING FOR PLACEMENT REPORT</b>	
<b>RECOMMENDATION 16</b>	<p><i>The Department of Children and Family Services should:</i></p> <p><i>Ensure the Youth in Care Waiting for Placement reports are filed in a timely manner;</i></p> <p><i>Ensure the Youth in Care Waiting for Placement reports meet the statutory requirements of the Act; and</i></p> <ul style="list-style-type: none"><li><i>• Verify that the data used to create the Youth in Care Waiting for Placement reports is accurate and that accurate data is provided to the General Assembly.</i></li></ul>
<b>DEPARTMENT OF CHILDREN AND FAMILY SERVICES RESPONSE</b>	<p>The department will ensure the Youth in Care Waiting for Placement reports meet the statutory requirements of the Act and are filed in a timely manner. Data will be verified so the reports are accurate when submitted and correct data will be provided to the General Assembly.</p>





