

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Distribution: X & Z

POLICY GUIDE 2003.01

CLINICAL REVIEW OF NOTICE OF PLACEMENT CHANGE

COOK COUNTY ONLY

DATE: January 24, 2003

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

FROM: Jess McDonald 

EFFECTIVE DATE: January 6, 2003

I. Purpose

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

II. Primary Users

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

III. Background

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

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

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

IV. Cases to Be Reviewed

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



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

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

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

V. Request for Review

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

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

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

A. Foster Parent Notice of Placement Change

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

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

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

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

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

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

B. Agency or Disputed Placement Change

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

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

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

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

C. Safety Concerns with Immediate Placement Change

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

VI. Compliance

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

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

VII. Questions

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

VIII. Attachments

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

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

IX. Filing Instructions

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

Notice of Change of Placement

Date of Notice: / /

| |
|------------------------------------|
| Name Address: |
|------------------------------------|

Dear _____:

This is to advise you that a notice has been issued to change the placement of the child(ren) listed below on the following date:

 / /
(date)

Child (ren)'s name: _____

This decision was made for the following reason(s):

If you disagree with the decision, you may request a Clinical Placement Review. At the review you may express your opinions regarding the decision.

You may request a Clinical Placement Review by calling the Clinical Review Team immediately at (312) 633-3754.

If you are hearing impaired and have a TDD, call 312-814-4117.

You may also fax your request for a review to the DCFS Clinical Placement Review Team within 3 days of this notice by checking the box below and signing your name and faxing this form to (312) 814-1653.

(Worker's Signature) (Date)

(Supervisor's Signature) (Date)

I wish to request a Clinical Placement Review of the above decision to change the placement of _____

Signature) (Date)

Copies to: Guardian ad litem
Parent (unless parental rights have been terminated)

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State of Illinois
Department of Children and Family Services

Summary of Clinical Placement Review

To:
From:
Date:

Section A: To be Completed by the Referring Worker

Child(ren):

Type of Review:

- Foster Parent Request to Remove
- Agency Decision to Remove
- Safety
- Disputed Change of Placement

Agency and Team #:

Section B: To be Completed by the Clinical Reviewer

Review Convened by (name, agency, phone):

Outcome of Review:

- Placement Maintained
- Placement Disrupted with a Transition Plan
- Placement Disrupted without a Transition Plan
- Decision Pending Follow-up
- Other: _____

Copy of completed form to: Clinical Placement Review Team (312)814-1653
Caseworker for file
Caregiver

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Summary for Placement Review

Date:

Child(ren):

ID #:

History (including child's needs, permanency plan and placement history):

Reason for Disruption (include caretaker's willingness and ability to meet the needs of child, efforts made to preserve placement, caretakers willingness to cooperate with preservation efforts, and convener's assessment of the current caregiver)

Recommendation (include clinical rationale for decision, speak to the child's best interest, transitional plan and clinical recommendations regarding placement needs of this minor)

Referring Worker Name: _____

Signature

Date

Supervisor Name: _____

Signature

Date

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