

**FY23 Program Audit Department of Human Services Office of the Inspector General
 Recommendations and Corrective Action Plans
 Released December 2024
 Updated April 2025**

Finding Identifier: Recommendation 1 – Allegation Assignment

Status: Partially Implemented

Finding Statement: The Department of Human Services Act (Act) and the OIG’s administrative rules require that allegations be reported to the OIG Hotline within four hours of initial discovery of the incident of alleged abuse or neglect (20 ILCS 1305/1-17(k)).

Cause: Incident discovered time/date field was reported as unknown, the incident time recorded was not specific (i.e. “ongoing”, “during the day”, or “evening”), or a time range was given.

Auditor Recommendation: *The Office of the Inspector General should: improve the collection of information regarding the date and time the incident is discovered; and continue to work with State-operated facilities and community agencies to improve the number of allegations of abuse and neglect that are reported within the four-hour time frame specified within the Department of Human Services Act and the OIG’s administrative rules.*

Department Response: OIG accepts the recommendation. OIG agrees obtaining accurate date and time information regarding when the incident occurred and was discovered is important to the investigation. Generally, when an intake contains vague date and time information, it is due to the caller being unable to provide more specific information. Many times, the caller is presenting 2nd and 3rd hand information, or the caller is the victim or an individual, who cannot provide such detailed information. OIG intake investigators are trained to gather as much specific detail from the caller about date and times as required by OIG’s Directives which specifically requires that when a caller does not know or is unable to provide the specific date or time the incident occurred or was discovered, the Intake Investigator is to enter into the database whatever information the caller can provide regarding the occurrence date/time or discovery date/time (e.g., unknown, January 2020, between 1/19/20 and 1/20/20). If the caller did not discover the incident but knows the identity of the person who did, the Intake Investigator will enter that person’s name into the database for follow-up by the assigned bureau Investigator. Because of OIG’s training and the hard work of OIG intake investigators and supervisors, OIG is confident this is being done and when vague dates and times are entered into the database, this was all the information the caller was able to provide. OIG will continue training with Intake staff to attempt to gather as detailed information as possible. OIG’s Rule 50 training highlights the important four-hour time frame requirement for the reporting of allegations to the OIG hotline. Also, after the last audit, OIG sent out special memoranda to all State-operated Facilities (SOF) and community agencies (CA) about this requirement. However, ultimately, the timeliness of reporting depends on the SOF/CA staff and is outside OIG’s control. In those cases, OIG will continue to make appropriate recommendations about these issues to SOF/CA. OIG will continue to work with IDHS to ensure that SOFs and CA staff are aware of this important requirement through its trainings and recommendations.

Date of Update	CAP #	Corrective Action Plan Update	Est. Date of Completion	% Complete	Date Completed
4/18/2025	A	Further training of Intake staff to ensure they are asking for specific date and time information. This has been discussed with OIG Intake staff during monthly meetings. OIG Training Bureau and OIG Management are also developing a formal training for OIG intake staff to cover this topic.	6/30/2025	50%	
4/18/2025	B	Further training for DHS facilities and community agencies about the 4-timeframe requirements for required reports through mass mailing of PowerPoint training. PowerPoint has been developed and is in final review.	6/30/2025	75%	

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		Once approved, OIG will email to all facilities and agencies under OIG’s jurisdiction for use in training of their staff.			
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Finding Identifier: Recommendation 2 – Investigator Assignment

Status: Partially Implemented

Finding Statement: The OIG should improve the timeliness of assigning cases to investigators.

Cause: It is often unclear whether or not the allegation should trigger an investigation, which may cause a delay in assignment in some instances.

Auditor Recommendation: *The Office of the Inspector General should ensure that cases are assigned to an investigator within three working days upon receiving an allegation of abuse or neglect, as required by OIG’s directives.*

Department Response: OIG accepts the recommendation. OIG agrees that timely assignment of allegations is important to the investigation and appreciates the audit report highlighting that in each of the three years audited, OIG assigned over 90% of the over 2,500 cases received each year within the 3 day-requirement. Additionally, as documented by the auditors, OIG has had a serious lack of staff over the past several years. The Bureau of Hotline and Intake was no different which has a severe shortage of intake investigators and bureau management due to retirements and significant delays related to the hiring process. Unfortunately, the ongoing staff shortage has persisted as overall calls, including reportable and non-reportable calls, have increased. As of October 2024, OIG has 6 intake investigators, and 5 unfilled intake investigator positions that are in various stages of the hiring process. Also, since the last audit, OIG created and filled another Intake Investigative Team Leader position to supervise and complete intakes.

In addition, for a portion of reportable allegations, determining whether an intake is reportable takes more time than the time frame requirements of the directive due to the lack of information from the caller, call backs to gather needed information, difficulty reaching the caller, spending more time to gather needed information with the caller (like a victim or individual) etc. OIG’s Directives notes that allegations will be processed within two days absent extenuating circumstances and as such, allows for additional time to determine whether an intake is reportable. OIG will continue to train Intake staff to ensure they are asking for as detailed information as possible and will continue to seek additional staff in an effort to improve timeliness of assignment.

Date of Update	CAP #	Corrective Action Plan Update	Est. Date of Completion	% Complete	Date Completed
4/18/2025	A	Further training of Intake staff to ensure timely and efficient gathering of allegation information and entry into the OIG Case Management System so cases can be assigned in a timely manner. This has been discussed with OIG Intake staff during monthly meetings. OIG Training Bureau and OIG Management are also developing a formal training for OIG intake staff to cover this topic.	9/30/2025	50%	
4/18/2025	B	Review OIG Directive INV-001 Hotline Coverage and determine if any changes are required. This directive has	5/30/2025	75%	

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	been revised and is in the final stages of review. Revisions include directions for timely and efficient gathering of allegation information for issuance of the intake for assignment, including asking for detail information about date and time of discovery and incident.			
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Finding Identifier: Recommendation 3 – Case Completion Timeliness

Status: Partially Implemented

Finding Statement: The time requirement of 60 working days for completing investigations is currently only found in an OIG directive.

Cause: The decrease in completion of cases in under 60 working days in FY23 was related to a number of complexities including slow hiring beginning in FY22, and staff shortages which had a negative impact on the OIG’s overall operations, year over year increase in cases, and focusing on the backlog of older cases, which can lead to delays in newer cases.

Auditor Recommendation: *The Office of the Inspector General should work to improve the timeliness of investigative case completion by identifying the barriers that are preventing timely completion and seeking the appropriate remedies for the issues identified.*

Department Response: OIG accepts the recommendation. As documented by the auditors, there has been a shortage of investigative staff, investigative supervisors, and administrative support. This shortage impacts OIG processes at all stages of the investigative process, including case timeliness. OIG’s staff shortage, together with the slow pace of hiring, has a direct impact on OIG’s ability to complete timely investigations, which is an issue OIG highlighted in its FY23 Annual Report. Staff shortages result in growing case backlogs which further impact OIG’s timeliness of case completion. OIG has worked closely with IDHS to increase headcount and is in the process of substantial additional hiring. However, it will take time for the new hires to make a noticeable impact on timeliness, as training takes time and significant effort from supervisory staff. OIG continuously reviews processes for timeliness improvements and training opportunities.

Date of Update	CAP #	Corrective Action Plan Update	Est. Date of Completion	% Complete	Date Completed
4/18/2025	A	Continue to work with DHS to fill vacant OIG positions and further expand OIG positions to meet need. OIG has started the process of posting all unfilled vacant positions approved by DHS. New staff are in training or have recently completed new hire training. OIG expects to see improvement in the backlog by the end of 2025 as these new investigators become fully functional in their positions.	12/31/2025	75%	4/15/2025

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Finding Identifier: Recommendation 4 – Timeliness of Interviews and Statements

Status: Partially Implemented

Finding Statement: Timeliness of Investigative Statements and Interviews

Cause: Death cases can take longer to complete for several reasons, including records from hospitals and medical examiners often take a long time to obtain, additional consultation may be needed, an allegation of neglect associated with the case, the cause of death, the location of the death (Chicago area vs. downstate), and the type of community agency or State-operated facility where the death occurred.

Auditor Recommendation: *The Office of the Inspector General should work to improve the timeliness of OIG conducted interviews, and State-operated facility and community agency liaison conducted statements, including ensuring initial written statements are taken within 72 hours per OIG directive and ensuring the complainant and/or required reporter and the victim and/or guardian are interviewed by an OIG investigator within 15 working days of assignment per OIG directive.*

Department Response: OIG accepts the recommendation. OIG provides training and direction to State-operated Facilities (SOF) and Community Agencies (CA) about this important requirement. It should be noted the SOF/CA are also facing staff shortages which impacts their ability to complete this important task. OIG will continue to work with IDHS to provide more training and direction to improve these issues. OIG agrees timely interviews of the victim(s) and complainant(s) are important to a good investigation. As documented by the auditors, the shortage of investigative staff has a direct impact on the ability for timely interviews. Recent staffing shortages have resulted in investigator caseloads growing significantly, making it challenging to complete interviews within the required time frame. OIG is in the process of hiring numerous investigators and supervisors, which is anticipated to improve interview timeliness over time. OIG will also continue to train investigators on this requirement and supervisors will continue to provide oversight and monitoring. OIG also expects that an upcoming change in technology will help in this area. In 2025, OIG will have a new Case Management System which will better track and document when the investigator is unsuccessful in reaching the victim or complainant within the required time frames. Currently, these are documented in the Case Management System in the Case Actions.

Date of Update	CAP #	Corrective Action Plan Update	Est. Date of Completion	% Complete	Date Completed
4/18/2025	A	Review, and revise as needed, OIG Directive INV-005 regarding timeframes for initial statements by facilities and community agencies to ensure they are appropriate and effective.	5/30/2025	75%	
4/18/2025	B	Further training for DHS facilities and community agencies about requirement of timely initial statements. reports through mass mailing of PowerPoint training. PowerPoint has been developed and is in final review. Once approved, OIG will be emailed to all facilities and agencies under OIG’s jurisdiction for use in training of their staff.	6/30/2025	75%	
4/18/2025	C	Review Rule 50, Section 50.30(f) to determine if changes are needed to ensure more timely interviews by facilities and agencies.	12/31/2025	25%	

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4/18/2025	D	Provide further training to investigative staff about the 15-day requirement for interviews. This has been discussed with OIG investigators several times in monthly meetings. OIG will be sending out a memorandum memorializing the direction on this issue.	6/30/2025	50%	
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Finding Identifier: Recommendation 5 – Timeliness of Supervisory Review

Status: Partially Implemented

Finding Statement: Timeliness of Supervisory Review and Approval

Cause: OIG’s database does not track cases that were sent back for additional investigation.

Auditor Recommendation: *The Office of the Inspector General should ensure that investigations are reviewed by the Investigative Team Leader or Bureau Chief within fifteen working days of receipt absent extenuating circumstances as required by OIG directives.*

Department Response: OIG accepts the recommendation. Shortage of investigative staff has impacted review timeliness as Bureau Chiefs and Investigative Team Leaders are working investigations, assisting with interviews, writing reports, and training new investigators, which takes them away from reviewing investigations. Additionally, due to a shortage of Investigative Team Leaders and Bureau Chiefs in various bureaus during the audit period, other bureaus had to pick up additional reviews, which delayed review times across the board. As of October 2024, OIG is currently at headcount for Bureau Chiefs and Investigative Team Leaders, but many supervisors are new and still learning the job. Unfortunately, the extended shortage of Bureau Chiefs and Investigative Team Leaders resulted in a backlog of case reviews that will affect overall timeliness for a considerable period of time. While Investigative Team Leaders normally handle unfounded and unsubstantiated case reviews, OIG's Bureau Chiefs, Investigative Team Leaders, Assistant Deputy Inspector Generals, Policy Manager, Deputy Inspector General, and Inspector General have all recently been assigned unfounded and unsubstantiated case reviews to keep cases moving along. Also, OIG will be revising and clarifying OIG’s Directives to match OIG’s current review practice, which gives the Investigative Team Leaders and Bureau Chiefs up to 15 workdays each to review an investigation upon receipt. The current directive, which indicates that they get a total of 15 workdays together from initial receipt, is incorrect.

Date of Update	CAP #	Corrective Action Plan Update	Est. Date of Completion	% Complete	Date Completed
4/18/2025	A	Communicate to Bureau Chiefs and Investigative Team Leaders the importance of completing case reviews in a timely, thorough manner per directive and make appropriate case review action entry when not meeting timeframes. Follow-up memo. This has been discussed with OIG investigative supervisors several times in monthly meetings. OIG will be sending out a memorandum memorializing the direction on this issue.	6/30/2025	80%	
4/18/2025	B	Update OIG directive INV-020 to indicate review ITL and BC each have 15 days absent extenuating circumstances, and not 15 days combined. Directive is in final review.	6/30/2025	75%	

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Finding Identifier: Recommendation 6 – Case Closure Checklists and Case Tracking Forms

Status: Implemented

Finding Statement: Thoroughness of Abuse and Neglect Investigations

Cause: The process used to close cases was inadequate.

Auditor Recommendation: *The Office of the Inspector General should ensure that all Case Closure Checklists are properly reviewed and Case Tracking Forms are completed.*

Department Response: OIG accepts the recommendation. On July 1, 2024, OIG discontinued the use of these forms, as this information was also captured in the OIG Case Management System which OIG administrative staff were using to process and close cases. This revised process was included in OIG’s Directives.

Date of Update	CAP #	Corrective Action Plan Update	Est. Date of Completion	% Complete	Date Completed
12/30/2024	A	Forms discontinued and information is entered into the OIG Case Management System for tracking. Directive rescinded.	11/30/2024	100%	11/30/2024

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Finding Identifier: Recommendation 7 – Quality Care Board

Status: Partially Implemented

Finding Statement: The Quality Care Board did not meet the statutory requirement of having seven members during the audit period and two members were serving on expired terms.

Cause: Lack of communication between the IDHS, OIG, and Governor’s Office

Auditor Recommendation: *The Secretary of the Department of Human Services and the Inspector General should work with the Governor’s Office to appoint members to the Quality Care Board and ensure that members who are serving on expired terms are reappointed or replaced in order to fulfill statutory requirements in the Department of Human Services Act (20 ILCS 1305/1-17(u)).*

Department Response: IDHS accepts the recommendation and will work with the OIG and the Office of the Governor to appoint members to the Quality Care Board, to ensure that all Board positions are filled, and to ensure that Board members are not serving on expired terms.

Date of Update	CAP #	Corrective Action Plan Update	Est. Date of Completion	% Complete	Date Completed
4/18/2025	A	OIG and DHS will work with DHS and the Governor’s Office to reappoint current members and fill empty board spots. All empty board spots have been filled. 1 of the 7 members’ terms have expired. OIG has reached out to the DHS contact who works with DHS’s various boards and they are working with the member to resolve the expired term issue.	6/30/2025	75%	

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Finding Identifier: Recommendation 8 – Investigator Training

Status: Implemented

Finding Statement: OIG directives contain training requirements for newly hired and continuing employees.

Cause: OIG does not have dedicated staff to oversee training documentation.

Auditor Recommendation: *The Office of the Inspector General should:*

- *Ensure that employees are receiving all required trainings and;*
- *Determine and implement a more effective method of tracking employee training to ensure that each employee has received the required training.*

Department Response: OIG accepts the recommendation. OIG will ensure that all staff receive the required training and that proof of the same is adequately documented. Coordinating and documenting OIG training has been an ongoing issue due to a lack of dedicated management staff to coordinate and document internal training. For the past several years, OIG has been focused on hiring investigative staff to deal with the ever-growing caseload. This left the responsibility of training to be spread out amongst multiple management staff across the state without optimal coordination. OIG has created and is in the process of filling two Training Coordinator positions: one for the three northern bureaus and one for the three southern bureaus. The coordinators will be responsible for ensuring OIG staff receive their required training and that training is appropriately documented.

OIG also has not had a central location to document completed training. OIG’s database was used to document training but was not always reliable. In response to the last audit, OIG documented that OIG would work with the State’s Department of Innovation and Technology (DoIT) to use the OneNet training functionality to document OIG training. However, transitioning to using OneNet to track training has not been a seamless process, as several issues arose during implementation. First, this project was competing with a number of other State’s IT priorities. Second, while OIG is making progress on using OneNet for training, the system is challenging to navigate and requires a great deal of training and coordination with DoIT. OIG continues to work with DoIT and expects use of the system to become easier and more effective for OIG’s needs.

Date of Update	CAP #	Corrective Action Plan Update	Est. Date of Completion	% Complete	Date Completed
12/30/2024	A	Hiring of two Training Coordinators to oversee OIG new hire and ongoing training.	12/15/2024	100%	12/15/2024

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Finding Identifier: Recommendation 9 – Abuse, Neglect, and Exploitation Prevention and Reporting Training at Facilities

Status: Partially Implemented

Finding Statement: Employees at State-operated facilities did not always receive the statutorily required Rule 50 training.

Cause: Prior to 2022, training was conducted on a facility-by-facility basis, and in order to calculate the rate for 2021, it would require reviewing the training records for the 2,000 plus State-operated facility employees manually.

Auditor Recommendation: *The Department of Human Services should ensure that all employees at State-operated facilities receive training in prevention and reporting of abuse, neglect, and exploitation as required by administrative rules, and the Department of Human Services Act (20 ILCS 1305/1-17(h)).*

Department Response: IDHS accepts the recommendation and will particularly focus on those facilities who did not have 100% training completion in CY23. Each State-Operated Facility has a staff development specialist who assigns and monitors the completion of required trainings annually. IDHS has mandatory deadlines for required staff training to be completed and progressive discipline is used if those deadlines are not met.

DDD Corrective Action Plan:

Date of Update	CAP #	Corrective Action Plan Update	Est. Date of Completion	% Complete	Date Completed
4/21/2025	A	All active staff at the SODCs will complete OIG Rule 50 training annually. All staff that are required to take the training have been identified and scheduled to complete the training. SODC is currently at 83.5 percent completion and is on pace to complete all required Rule 50 training by the estimated date of completion. The noncompliant staff are composed of new hire or separated staff.	8/31/2025	83.5%	
4/21/2025	B	Administration will implement progressive discipline as appropriate when staff fail to complete OIG Rule 50 as required. DDD is following administrative directives and contractual procedures for discipline.	8/31/2025	100%	4/21/2025
4/21/2025	C	SODC Operations will create a standard of practice for reporting in-person OIG rule 50 trainings on the OneNet to ensure accurate attendance data can be easily obtained.	1/31/2025	100%	1/31/2025

DMH Corrective Action Plan:

Date of Update	CAP #	Corrective Action Plan Update	Est. Date of Completion	% Complete	Date Completed
4/21/2025	A	All active staff at the DMH Central Office and SOPHs will complete OIG Rule 50 training annually. FY2024 Training – Most Staff have completed training with the exception of staff on leave and others who the Department is addressing through discipline steps.	8/31/2025	80%	

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		FY2025 Training – 62.2% of staff have completed the training which is due on 8/31/2025. DMH will continue to track and monitor completion of the training for 2025.			
4/21/2025	B	Administration will implement progressive discipline as appropriate when staff fail to complete OIG Rule 50 as required. DMH is following administrative directives and contractual procedures for discipline.	8/31/2025	100%	4/21/2025
4/21/2025	C	SOPH Operations will create a standard of practice for reporting in-person OIG rule 50 trainings on the OneNet to ensure accurate attendance data can be easily obtained.	12/31/2025	50%	

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Finding Identifier: Recommendation 10 – Timeliness of Unannounced Site Visit Reports

Status: Partially Implemented

Finding Statement: No supporting documentation could be provided to show that an OIG employee was on site for second site visits at each State-operated facility.

Cause: The site visit reports were not submitted to stakeholders within 60 working days of the exit conference.

Auditor Recommendation: *The Office of the Inspector General should take steps to ensure that unannounced site visit reports are sent to State-operated facilities within 60 days of the site visit being completed as required by OIG Directive.*

Department Response: OIG accepts the recommendation. In recent years, OIG decided to restructure its site visit process. In order to closely align OIG process with the nationally recognized standards, the planning, structure, execution, and writing of OIG’s annual site visits are now based on the Government Accountability Office’s (GAO) Generally Accepted Government Auditing Standards (GAGAS), commonly referred to as the “Yellow Book.” OIG leadership decided to model its site visits after Yellow Book performance audits. The purpose of this model is to produce site visit reports that have more structured and substantive findings and recommendations. Ultimately, the goal is to put the OIG site visit team in a better position to identify systemic issues at the facilities that relate to the reporting and prevention of abuse and neglect of individuals receiving services in the facilities.

Because OIG is statutorily mandated to conduct unannounced site visits at all IDHS State-Operated Facilities (SOFs), OIG’s site visit team visits each facility, in succession, as quickly as possible, so facilities do not have a significant period of time to share information and prepare for OIG’s visit. After OIG completes its unannounced visits at all of the facilities, OIG staff begin to work on each individual site visit report. The site visit reports go through a rigorous review process that requires approval from the Chief Administrative Officer and Inspector General. Completed reports go to the facility for response which OIG includes in the final version of the report. This process explains the gap between when staff initially visit the facility and when the final version of the report is released to the Facility, Division, and Secretary’s Office.

To meet this recommendation, OIG will revise OIG’s Directives to better suit its new site visit process. OIG will now consider the exit conference the conclusion of the site visit. Furthermore, it will require staff to submit the site visit report to the required stakeholders within 60 working days of the exit conference.

Date of Update	CAP #	Corrective Action Plan Update	Est. Date of Completion	% Complete	Date Completed
4/18/2025	A	Updated OIG Directive BCE-003 to clarify timeframes of site visits. 60-day requirement to complete starts from the exit conference with the facility. OIG staff who conduct these site visits have been directly involved in the revision of this directive and will be fully knowledgeable on these new requirements. Directive is in final review.	6/30/2025	75%	

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Finding Identifier: Recommendation 11 – OAG Hiring & Personnel Issues

Status: Implemented

Finding Statement: Lack of investigators causes timeliness issues and an increase in caseloads.

Cause: The OIG has not been able to hire investigators fast enough to maintain headcount.

Auditor Recommendation: *The Office of the Inspector General and the Department of Human Services should work together in order to identify and mitigate the bottlenecks in the hiring process and address pay structure imbalances for management positions.*

Department Response: IDHS accepts the recommendation and will continue to work to identify and mitigate delays in the hiring process for which we have the authority and ability to do so. The OIG merit comp staff salaries were examined and increases to existing and new Bureau Chief salaries were made in 2024. It is important to note that increases to existing salaries, and salary offers for newly hired positions must be approved by the Department of Central Management Services and is not in the sole discretion of IDHS.

Date of Update	CAP #	Corrective Action Plan Update	Est. Date of Completion	% Complete	Date Completed
12/30/2024	A	Bureau Chief salary adjustment	11/15/2024	100%	11/15/2024
4/18/2025	B	Senior Management salary adjustment	3/15/2025	100%	01/15/2025
4/18/2025	C	Communicate recommendation and concerns regarding hiring bottlenecks with DHS HR and collaborate on any options for improving.	9/30/2025	0%	

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Finding Identifier: Recommendation 12 – DHS State-Operated Facilities Staffing Levels

Status: Partially Implemented

Finding Statement: Employees with jobs that involve direct caregiving as the primary responsibility are working an amount of overtime that causes fatigue.

Cause: IDHS facilities have Staff shortages that lead to staff working extended amounts of overtime and experiencing burnout.

Auditor Recommendation: *The Department of Human Services should conduct a staffing analysis to determine if staffing levels at State-operated facilities are adequate. The staffing analysis should take into consideration the need to reduce excessive amounts of employee overtime, especially for direct care employees.*

Department Response: The Department of Human Services accepts the recommendation. IDHS is in the process of reviewing current staffing levels at State-operated Facilities (SOF) in an effort to ensure staffing levels are adequate and appropriate. For FY20 through FY23, IDHS has onboarded over 2,000 Mental Health Technicians across its State-operated Facilities. Furthermore, IDHS has worked to implement changes to the collective bargaining agreements in an effort to expedite the hiring process for these positions and is in the preliminary stages of establishing positions that would be dedicated to performing ongoing staffing analysis for the Department.

IDHS’s staffing has been challenged by retirement and retention problems that have been experienced nationally, for 24/7 facilities and for the behavioral health workforce, in particular. IDHS addressed this, in part, during and following the COVID-19 Public Health Emergency, through the use of contractual employees to help bolster the State employee workforce at its SOFs, always prioritizing the use of State employees over contractual ones. Based on and in response to a grievance and arbitration, IDHS has virtually eliminated the use of contractual employees serving in Mental Health Technician positions, while, at the same time, continuing to aggressively hire and take steps to ensure the retention of State employees at the SOFs.

The use of and rules governing overtime is negotiated and collectively bargained between the State and its labor partners. Within the limitations of how many actual, physical shifts an individual employee can work, overtime is first offered voluntarily and, if needed, and in the absence of volunteers, mandated, as necessary.

Date of Update	CAP #	Corrective Action Plan Update	Est. Date of Completion	% Complete	Date Completed
12/30/2024	A	Scheduling Software: The Department is exploring the benefits that could be gained by obtaining electronic scheduling software. The Department will establish business requirements and solicit information from appropriate vendors.	7/1/2025	10%	
12/30/2024	B	Overtime Review Unit: The Department will establish an OT review unit comprised of staff from multiple areas of expertise (management, budget, labor, and clinical care) to conduct staffing analyses, to regularly review OT per facility, and to create reports of OT progress and areas to improve. DMH continues its efforts to fill vacant positions.	9/30/2025	30%	

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12/30/2024	C	<p>OT Reporting: Standardized reports have been created by the DHS Budget Office and regularly distributed to executive staff. DMH sends reports to Labor Relations of BU overtime usage. There is a person at each location who is responsible for pulling and monitoring the reports. Once the reports are available, they are sent to Labor Relations. In addition, we have a Central Office Fiscal Support employee who pulls overtime usage and presents it to DMH leadership.</p>	12/31/2024	100%	12/30/2024
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