

AN ACT concerning health.

**Be it enacted by the People of the State of Illinois,  
represented in the General Assembly:**

Section 1. Short title. This Act may be cited as the Illinois Youth in Care Timely Provision of Essential Care Act.

Section 5. Findings. The General Assembly finds that:

(1) From 2013 to 2018 more than 500 in-state residential treatment beds were eliminated for youth in the care of the Department of Children and Family Services with serious and ongoing mental health needs.

(2) Development of evidence-based alternatives to residential treatment, such as therapeutic foster care and multi-dimensional treatment foster care, has not met the need caused by the elimination of more than 500 residential treatment beds.

(3) Quality residential treatment, evidence-based therapeutic foster care, and specialized foster care are critical components of the system of care for youth in the care of the Department.

(4) It is imperative that children identified as requiring residential treatment, therapeutic foster care, or specialized foster care receive that treatment in a timely and competent fashion.

(5) One significant barrier to the development of new residential treatment beds has been the ability to attract and retain qualified staff.

(6) Community-based providers have a 42%-50% annual staff turnover rate for caseworkers, supervisors, therapists, and residential staff.

(7) High rates of staff turnover are directly linked to poor outcomes for children and youth in care, including increased lengths of stay, which especially hurt black children as they are 3 times more likely to languish in care.

(8) Due to the lack of in-state residential treatment beds, evidence-based alternatives, and quality specialized foster homes for youth in care:

(A) Youth in care are waiting long periods of times in temporary settings where they often receive inadequate treatment to address their highly acute needs. The temporary settings also force youth to experience placement changes that are only necessary because of the lack of critical beds.

(B) Youth in care are left in locked inpatient psychiatric units beyond the time that they clinically need to be hospitalized ("beyond medical necessity") because the outpatient placement resources they need are not available. In State Fiscal Year 2022, youth who were beyond medical necessity remained in

psychiatric hospitals for an average of 75 days longer than they needed to be in the hospital because of the lack of placement resources. These stays cause irreparable harm to youth.

(C) Youth in care identified as needing inpatient psychiatric care are being denied admission to inpatient psychiatric units due to the risk that the youth will not have a placement to discharge to when they are ready for discharge.

(D) Youth in care are being sent to out-of-state residential facilities where it is more difficult to monitor safety and well-being and more costly and challenging to facilitate achievement of their permanency goals.

Section 10. Improving access to residential treatment, evidence-based alternatives to residential treatment, and specialized foster care. The Department of Children and Family Services shall develop a written, strategic plan that comprehensively addresses improving timely access to quality in-state residential treatment, evidence-based alternatives to residential treatment, and specialized foster care for youth in the care of the Department who have significant emotional, behavioral, and medical needs. The planning process must be transparent and allow for stakeholder input.

Section 15. Implementation. The strategic plan developed by the Department of Children and Family Services shall be finalized and made public no later than one year after the effective date of this Act. The strategic plan shall be revised within 6 months after the rate study required under Section 35.11 of the Children and Family Services Act is complete and available for review, and the Department shall incorporate the rate study's recommendations into the strategic plan. The strategic plan shall include:

(1) Benchmarks and a timeline for implementing each provision of the plan.

(2) Strategy for obtaining resources needed to implement each provision of the plan.

(3) Ongoing stakeholder engagement during the implementation of the plan.