



Rep. Lakesia Collins

Filed: 3/20/2023

10300HB0439ham001

LRB103 04009 KTG 58759 a

1 AMENDMENT TO HOUSE BILL 439

2 AMENDMENT NO. _____. Amend House Bill 439 by replacing
3 everything after the enacting clause with the following:

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

6 Section 5. Findings. The General Assembly finds that:

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

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

16 (3) Quality residential treatment, evidence-based

1 therapeutic foster care, and specialized foster care are
2 critical components of the system of care for youth in the
3 care of the Department.

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

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

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

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

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

22 (A) Youth in care are waiting long periods of
23 times in temporary settings where they often receive
24 inadequate treatment to address their highly acute
25 needs. The temporary settings also force youth to
26 experience placement changes that are only necessary

1 because of the lack of critical beds.

2 (B) Youth in care are left in locked inpatient
3 psychiatric units beyond the time that they clinically
4 need to be hospitalized ("beyond medical necessity")
5 because the outpatient placement resources they need
6 are not available. In State Fiscal Year 2022, youth
7 who were beyond medical necessity remained in
8 psychiatric hospitals for an average of 75 days longer
9 than they needed to be in the hospital because of the
10 lack of placement resources. These stays cause
11 irreparable harm to youth.

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

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

22 Section 10. Improving access to residential treatment,
23 evidence-based alternatives to residential treatment, and
24 specialized foster care. The Department of Children and
25 Family Services shall develop a written, strategic plan that

1 comprehensively addresses improving timely access to quality
2 in-state residential treatment, evidence-based alternatives to
3 residential treatment, and specialized foster care for youth
4 in the care of the Department who have significant emotional,
5 behavioral, and medical needs. The planning process must be
6 transparent and allow for stakeholder input.

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

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

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

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