



Sen. Sara Feigenholtz

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1 AMENDMENT TO SENATE BILL 1560

2 AMENDMENT NO. _____. Amend Senate Bill 1560 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. The School Code is amended by changing Section
5 2-3.203 as follows:

6 (105 ILCS 5/2-3.203)

7 Sec. 2-3.203. Mental health screenings.

8 (a) On or before December 15, 2023, the State Board of
9 Education, in consultation with the ~~Children's Behavioral~~
10 ~~Health Transformation Officer,~~ Children's Behavioral Health
11 Transformation Team in ~~and~~ the Office of the Governor, shall
12 file a report with the Governor and the General Assembly that
13 includes recommendations for implementation of mental health
14 screenings in schools for students enrolled in kindergarten
15 through grade 12. This report must include a landscape scan of
16 current district-wide screenings, recommendations for

1 screening tools, training for staff, and linkage and referral
2 for identified students.

3 (b) On or before October 1, 2024, the State Board of
4 Education, in consultation with the Children's Behavioral
5 Health Transformation Team in ~~7~~ the Office of the Governor,
6 and relevant stakeholders as needed shall release a strategy
7 that includes a tool for measuring capacity and readiness to
8 implement universal mental health screening of students. The
9 strategy shall build upon existing efforts to understand
10 district needs for resources, technology, training, and
11 infrastructure supports. The strategy shall include a
12 framework for supporting districts in a phased approach to
13 implement universal mental health screenings. The State Board
14 of Education shall issue a report to the Governor and the
15 General Assembly on school district readiness and plan for
16 phased approach to universal mental health screening of
17 students on or before April 1, 2025.

18 (c) On or before September 1, 2026, the State Board of
19 Education, in consultation with the Children's Behavioral
20 Health Transformation Team in the Office of the Governor and
21 relevant stakeholders, shall report its work and make
22 available resource materials, including model policies and
23 guidance informed by a phased approach to implementing
24 universal mental health screening in schools. These model
25 school district policies to facilitate the implementation of
26 mental health screenings shall include, but are not limited

1 to, the option to opt out, confidentiality and privacy
2 considerations, communication with families and communities
3 about the use of mental health screenings, data sharing, and
4 storage of mental health screening results and plans for
5 follow-up and linkage to resources after screenings. Guidance
6 shall include (1) mental health screening tools available for
7 school districts to use with students and (2) associated
8 training for school personnel. The State Board of Education
9 shall make these resource materials available on its website.

10 (d) Mental health screenings shall be offered by school
11 districts to students enrolled in kindergarten through grade
12 12, at least once a year, beginning with the 2027-2028 school
13 year. A district may, by action of the State Board of
14 Education, apply for an extension of the 2027-2028 school year
15 implementation deadline if the school district meets criteria
16 set by rule by the State Board of Education, which shall be
17 based on the recommendations of the report issued in
18 accordance with subsection (c).

19 (Source: P.A. 103-546, eff. 8-11-23; 103-605, eff. 7-1-24;
20 103-885, eff. 8-9-24.)

21 Section 10. The Illinois Public Aid Code is amended by
22 changing Section 5-5.23 as follows:

23 (305 ILCS 5/5-5.23)

24 Sec. 5-5.23. Children's mental health services.

1 (a) The Department of Healthcare and Family Services, by
2 rule, shall require the screening and assessment of a child
3 prior to any Medicaid-funded admission to an inpatient
4 hospital for psychiatric services to be funded by Medicaid.
5 The screening and assessment shall include a determination of
6 the appropriateness and availability of out-patient support
7 services for necessary treatment. The Department, by rule,
8 shall establish methods and standards of payment for the
9 screening, assessment, and necessary alternative support
10 services.

11 (b) The Department of Healthcare and Family Services, to
12 the extent allowable under federal law, shall secure federal
13 financial participation for Individual Care Grant expenditures
14 made by the Department of Healthcare and Family Services for
15 the Medicaid optional service authorized under Section 1905(h)
16 of the federal Social Security Act, pursuant to the provisions
17 of Section 7.1 of the Mental Health and Developmental
18 Disabilities Administrative Act. The Department of Healthcare
19 and Family Services may exercise the authority under this
20 Section as is necessary to administer Individual Care Grants
21 as authorized under Section 7.1 of the Mental Health and
22 Developmental Disabilities Administrative Act.

23 (c) The Department of Healthcare and Family Services shall
24 work collaboratively with the Department of Children and
25 Family Services and the Division of Mental Health of the
26 Department of Human Services to implement subsections (a) and

1 (b) .

2 (d) On and after July 1, 2012, the Department shall reduce
3 any rate of reimbursement for services or other payments or
4 alter any methodologies authorized by this Code to reduce any
5 rate of reimbursement for services or other payments in
6 accordance with Section 5-5e.

7 (e) All rights, powers, duties, and responsibilities
8 currently exercised by the Department of Human Services
9 related to the Individual Care Grant program are transferred
10 to the Department of Healthcare and Family Services with the
11 transfer and transition of the Individual Care Grant program
12 to the Department of Healthcare and Family Services to be
13 completed and implemented within 6 months after the effective
14 date of this amendatory Act of the 99th General Assembly. For
15 the purposes of the Successor Agency Act, the Department of
16 Healthcare and Family Services is declared to be the successor
17 agency of the Department of Human Services, but only with
18 respect to the functions of the Department of Human Services
19 that are transferred to the Department of Healthcare and
20 Family Services under this amendatory Act of the 99th General
21 Assembly.

22 (1) Each act done by the Department of Healthcare and
23 Family Services in exercise of the transferred powers,
24 duties, rights, and responsibilities shall have the same
25 legal effect as if done by the Department of Human
26 Services or its offices.

1 (2) Any rules of the Department of Human Services that
2 relate to the functions and programs transferred by this
3 amendatory Act of the 99th General Assembly that are in
4 full force on the effective date of this amendatory Act of
5 the 99th General Assembly shall become the rules of the
6 Department of Healthcare and Family Services. All rules
7 transferred under this amendatory Act of the 99th General
8 Assembly are hereby amended such that the term
9 "Department" shall be defined as the Department of
10 Healthcare and Family Services and all references to the
11 "Secretary" shall be changed to the "Director of
12 Healthcare and Family Services or his or her designee". As
13 soon as practicable hereafter, the Department of
14 Healthcare and Family Services shall revise and clarify
15 the rules to reflect the transfer of rights, powers,
16 duties, and responsibilities affected by this amendatory
17 Act of the 99th General Assembly, using the procedures for
18 recodification of rules available under the Illinois
19 Administrative Procedure Act, except that existing title,
20 part, and section numbering for the affected rules may be
21 retained. The Department of Healthcare and Family
22 Services, consistent with its authority to do so as
23 granted by this amendatory Act of the 99th General
24 Assembly, shall propose and adopt any other rules under
25 the Illinois Administrative Procedure Act as necessary to
26 administer the Individual Care Grant program. These rules

1 may include, but are not limited to, the application
2 process and eligibility requirements for recipients.

3 (3) All unexpended appropriations and balances and
4 other funds available for use in connection with any
5 functions of the Individual Care Grant program shall be
6 transferred for the use of the Department of Healthcare
7 and Family Services to operate the Individual Care Grant
8 program. Unexpended balances shall be expended only for
9 the purpose for which the appropriation was originally
10 made. The Department of Healthcare and Family Services
11 shall exercise all rights, powers, duties, and
12 responsibilities for operation of the Individual Care
13 Grant program.

14 (4) Existing personnel and positions of the Department
15 of Human Services pertaining to the administration of the
16 Individual Care Grant program shall be transferred to the
17 Department of Healthcare and Family Services with the
18 transfer and transition of the Individual Care Grant
19 program to the Department of Healthcare and Family
20 Services. The status and rights of Department of Human
21 Services employees engaged in the performance of the
22 functions of the Individual Care Grant program shall not
23 be affected by this amendatory Act of the 99th General
24 Assembly. The rights of the employees, the State of
25 Illinois, and its agencies under the Personnel Code and
26 applicable collective bargaining agreements or under any

1 pension, retirement, or annuity plan shall not be affected
2 by this amendatory Act of the 99th General Assembly. All
3 transferred employees who are members of collective
4 bargaining units shall retain their seniority, continuous
5 service, salary, and accrued benefits.

6 (5) All books, records, papers, documents, property
7 (real and personal), contracts, and pending business
8 pertaining to the powers, duties, rights, and
9 responsibilities related to the functions of the
10 Individual Care Grant program, including, but not limited
11 to, material in electronic or magnetic format and
12 necessary computer hardware and software, shall be
13 delivered to the Department of Healthcare and Family
14 Services; provided, however, that the delivery of this
15 information shall not violate any applicable
16 confidentiality constraints.

17 (6) Whenever reports or notices are now required to be
18 made or given or papers or documents furnished or served
19 by any person to or upon the Department of Human Services
20 in connection with any of the functions transferred by
21 this amendatory Act of the 99th General Assembly, the same
22 shall be made, given, furnished, or served in the same
23 manner to or upon the Department of Healthcare and Family
24 Services.

25 (7) This amendatory Act of the 99th General Assembly
26 shall not affect any act done, ratified, or canceled or

1 any right occurring or established or any action or
2 proceeding had or commenced in an administrative, civil,
3 or criminal cause regarding the Department of Human
4 Services before the effective date of this amendatory Act
5 of the 99th General Assembly; and those actions or
6 proceedings may be defended, prosecuted, and continued by
7 the Department of Human Services.

8 (f) (Blank).

9 (g) Family Support Program. The Department of Healthcare
10 and Family Services shall restructure the Family Support
11 Program, formerly known as the Individual Care Grant program,
12 to enable early treatment of youth, emerging adults, and
13 transition-age adults with a serious mental illness or serious
14 emotional disturbance.

15 (1) As used in this subsection and in subsections (h)
16 through (s):

17 (A) "Youth" means a person under the age of 18.

18 (B) "Emerging adult" means a person who is 18
19 through 20 years of age.

20 (C) "Transition-age adult" means a person who is
21 21 through 25 years of age.

22 (2) The Department shall amend 89 Ill. Adm. Code 139
23 in accordance with this Section and consistent with the
24 timelines outlined in this Section.

25 (3) Implementation of any amended requirements shall
26 be completed within 8 months of the adoption of any

1 amendment to 89 Ill. Adm. Code 139 that is consistent with
2 the provisions of this Section.

3 (4) To align the Family Support Program with the
4 Medicaid system of care, the services available to a
5 youth, emerging adult, or transition-age adult through the
6 Family Support Program shall include all Medicaid
7 community-based mental health treatment services and all
8 Family Support Program services included under 89 Ill.
9 Adm. Code 139. No person receiving services through the
10 Family Support Program or the Specialized Family Support
11 Program shall become a Medicaid enrollee unless Medicaid
12 eligibility criteria are met and the person is enrolled in
13 Medicaid. No part of this Section creates an entitlement
14 to services through the Family Support Program, the
15 Specialized Family Support Program, or the Medicaid
16 program.

17 (5) The Family Support Program shall align with the
18 following system of care principles:

19 (A) Treatment and support services shall be based
20 on the results of an integrated behavioral health
21 assessment and treatment plan using an instrument
22 approved by the Department of Healthcare and Family
23 Services.

24 (B) Strong interagency collaboration between all
25 State agencies the parent or legal guardian is
26 involved with for services, including the Department

1 of Healthcare and Family Services, the Department of
2 Human Services, the Department of Children and Family
3 Services, the Department of Juvenile Justice, and the
4 Illinois State Board of Education.

5 (C) Individualized, strengths-based practices and
6 trauma-informed treatment approaches.

7 (D) For a youth, full participation of the parent
8 or legal guardian at all levels of treatment through a
9 process that is family-centered and youth-focused. The
10 process shall include consideration of the services
11 and supports the parent, legal guardian, or caregiver
12 requires for family stabilization, and shall connect
13 such person or persons to services based on available
14 insurance coverage.

15 (h) Eligibility for the Family Support Program.
16 Eligibility criteria established under 89 Ill. Adm. Code 139
17 for the Family Support Program shall include the following:

18 (1) Individuals applying to the program must be under
19 the age of 26.

20 (2) Requirements for parental or legal guardian
21 involvement are applicable to youth and to emerging adults
22 or transition-age adults who have a guardian appointed
23 under Article XIa of the Probate Act.

24 (3) Youth, emerging adults, and transition-age adults
25 are eligible for services under the Family Support Program
26 upon their third inpatient admission to a hospital or

1 similar treatment facility for the primary purpose of
2 psychiatric treatment within the most recent 12 months and
3 are hospitalized for the purpose of psychiatric treatment.

4 (4) School participation for emerging adults applying
5 for services under the Family Support Program may be
6 waived by request of the individual at the sole discretion
7 of the Department of Healthcare and Family Services.

8 (5) School participation is not applicable to
9 transition-age adults.

10 (i) Notification of Family Support Program and Specialized
11 Family Support Program services.

12 (1) Within 12 months after the effective date of this
13 amendatory Act of the 101st General Assembly, the
14 Department of Healthcare and Family Services, with
15 meaningful stakeholder input through a working group of
16 psychiatric hospitals, Family Support Program providers,
17 family support organizations, the Community and
18 Residential Services Authority, a statewide association
19 representing a majority of hospitals, a statewide
20 association representing physicians, and foster care
21 alumni advocates, shall establish a clear process by which
22 a youth's or emerging adult's parents, guardian, or
23 caregiver, or the emerging adult or transition-age adult,
24 is identified, notified, and educated about the Family
25 Support Program and the Specialized Family Support Program
26 upon a first psychiatric inpatient hospital admission, and

1 any following psychiatric inpatient admissions.
2 Notification and education may take place through a Family
3 Support Program coordinator, a mobile crisis response
4 provider, a Comprehensive Community Based Youth Services
5 provider, the Community and Residential Services
6 Authority, or any other designated provider or coordinator
7 identified by the Department of Healthcare and Family
8 Services. In developing this process, the Department of
9 Healthcare and Family Services and the working group shall
10 take into account the unique needs of emerging adults and
11 transition-age adults without parental involvement who are
12 eligible for services under the Family Support Program.
13 The Department of Healthcare and Family Services and the
14 working group shall ensure the appropriate provider or
15 coordinator is required to assist individuals and their
16 parents, guardians, or caregivers, as applicable, in the
17 completion of the application or referral process for the
18 Family Support Program or the Specialized Family Support
19 Program.

20 (2) (Blank) ~~Upon a youth's, emerging adult's or~~
21 ~~transition-age adult's second psychiatric inpatient~~
22 ~~hospital admission, prior to hospital discharge, the~~
23 ~~hospital must, if it is aware of the patient's prior~~
24 ~~psychiatric inpatient hospital admission, ensure that the~~
25 ~~youth's parents, guardian, or caregiver, or the emerging~~
26 ~~adult or transition age adult, has been notified of the~~

1 ~~Family Support Program and the Specialized Family Support~~
2 ~~Program.~~

3 (3) Psychiatric lockout as last resort.

4 (A) Prior to referring any youth to the Department
5 of Children and Family Services for the filing of a
6 petition in accordance with subparagraph (c) of
7 paragraph (1) of Section 2-4 of the Juvenile Court Act
8 of 1987 alleging that the youth is dependent because
9 the youth was left in a psychiatric hospital beyond
10 medical necessity, the hospital shall attempt to
11 contact the youth and the youth's parents, guardian,
12 or caregiver about the BEACON portal and Family
13 ~~Support Program and the Specialized Family Support~~
14 ~~Program and~~ shall assist with entering the youth's
15 information into the BEACON portal to begin the
16 process of connecting the youth and family to
17 available resources ~~connections to the designated~~
18 ~~Family Support Program coordinator in the service area~~
19 ~~by providing educational materials developed by the~~
20 ~~Department of Healthcare and Family Services. Once~~
21 ~~this process has begun, any such youth shall be~~
22 ~~considered a youth for whom an application for the~~
23 ~~Family Support Program is pending with the Department~~
24 ~~of Healthcare and Family Services or an active~~
25 ~~application for the Family Support Program was being~~
26 ~~reviewed by the Department for the purposes of~~

~~subsection (a) of Section 2-4b of the Juvenile Court Act of 1987, or for the purposes of subsection (a) of Section 5-711 of the Juvenile Court Act of 1987.~~

(B) No state agency or hospital shall coach a parent or guardian of a youth in a psychiatric hospital inpatient unit to lock out or otherwise relinquish custody of a youth to the Department of Children and Family Services for the sole purpose of obtaining necessary mental health treatment for the youth. In the absence of abuse or neglect, a psychiatric lockout or custody relinquishment to the Department of Children and Family Services shall only be considered as the option of last resort. Nothing in this Section shall prohibit discussion of medical treatment options or a referral to legal counsel.

(4) Development of new Family Support Program services.

(A) Development of specialized therapeutic residential treatment for youth and emerging adults with high-acuity mental health conditions. Through a working group led by the Department of Healthcare and Family Services that includes the Department of Children and Family Services and residential treatment providers for youth and emerging adults, the Department of Healthcare and Family Services, within 12 months after the effective date of this amendatory

1 Act of the 101st General Assembly, shall develop a
2 plan for the development of specialized therapeutic
3 residential treatment beds similar to a qualified
4 residential treatment program, as defined in the
5 federal Family First Prevention Services Act, for
6 youth in the Family Support Program with high-acuity
7 mental health needs. The Department of Healthcare and
8 Family Services and the Department of Children and
9 Family Services shall work together to maximize
10 federal funding through Medicaid and Title IV-E of the
11 Social Security Act in the development and
12 implementation of this plan.

13 (B) Using the Department of Children and Family
14 Services' beyond medical necessity data over the last
15 5 years and any other relevant, available data, the
16 Department of Healthcare and Family Services shall
17 assess the estimated number of these specialized
18 high-acuity residential treatment beds that are needed
19 in each region of the State based on the number of
20 youth remaining in psychiatric hospitals beyond
21 medical necessity and the number of youth placed
22 out-of-state who need this level of care. The
23 Department of Healthcare and Family Services shall
24 report the results of this assessment to the General
25 Assembly by no later than December 31, 2020.

26 (C) Development of an age-appropriate therapeutic

1 residential treatment model for emerging adults and
2 transition-age adults. Within 30 months after the
3 effective date of this amendatory Act of the 101st
4 General Assembly, the Department of Healthcare and
5 Family Services, in partnership with the Department of
6 Human Services' Division of Mental Health and with
7 significant and meaningful stakeholder input through a
8 working group of providers and other stakeholders,
9 shall develop a supportive housing model for emerging
10 adults and transition-age adults receiving services
11 through the Family Support Program who need
12 residential treatment and support to enable recovery.
13 Such a model shall be age-appropriate and shall allow
14 the residential component of the model to be in a
15 community-based setting combined with intensive
16 community-based mental health services.

17 (j) Workgroup to develop a plan for improving access to
18 substance use treatment. The Department of Healthcare and
19 Family Services and the Department of Human Services' Division
20 of Substance Use Prevention and Recovery shall co-lead a
21 working group that includes Family Support Program providers,
22 family support organizations, and other stakeholders over a
23 12-month period beginning in the first quarter of calendar
24 year 2020 to develop a plan for increasing access to substance
25 use treatment services for youth, emerging adults, and
26 transition-age adults who are eligible for Family Support

1 Program services.

2 (k) Appropriation. Implementation of this Section shall be
3 limited by the State's annual appropriation to the Family
4 Support Program. Spending within the Family Support Program
5 appropriation shall be further limited for the new Family
6 Support Program services to be developed accordingly:

7 (1) Targeted use of specialized therapeutic
8 residential treatment for youth and emerging adults with
9 high-acuity mental health conditions through appropriation
10 limitation. No more than 12% of all annual Family Support
11 Program funds shall be spent on this level of care in any
12 given state fiscal year.

13 (2) Targeted use of residential treatment model
14 established for emerging adults and transition-age adults
15 through appropriation limitation. No more than one-quarter
16 of all annual Family Support Program funds shall be spent
17 on this level of care in any given state fiscal year.

18 (l) Exhausting third party insurance coverage first.

19 (A) A parent, legal guardian, emerging adult, or
20 transition-age adult with private insurance coverage shall
21 work with the Department of Healthcare and Family
22 Services, or its designee, to identify insurance coverage
23 for any and all benefits covered by their plan. If
24 insurance cost-sharing by any method for treatment is
25 cost-prohibitive for the parent, legal guardian, emerging
26 adult, or transition-age adult, Family Support Program

1 funds may be applied as a payer of last resort toward
2 insurance cost-sharing for purposes of using private
3 insurance coverage to the fullest extent for the
4 recommended treatment. If the Department, or its agent,
5 has a concern relating to the parent's, legal guardian's,
6 emerging adult's, or transition-age adult's insurer's
7 compliance with Illinois or federal insurance requirements
8 relating to the coverage of mental health or substance use
9 disorders, it shall refer all relevant information to the
10 applicable regulatory authority.

11 (B) The Department of Healthcare and Family Services
12 shall use Medicaid funds first for an individual who has
13 Medicaid coverage if the treatment or service recommended
14 using an integrated behavioral health assessment and
15 treatment plan (using the instrument approved by the
16 Department of Healthcare and Family Services) is covered
17 by Medicaid.

18 (C) If private or public insurance coverage does not
19 cover the needed treatment or service, Family Support
20 Program funds shall be used to cover the services offered
21 through the Family Support Program.

22 (m) Service authorization. A youth, emerging adult, or
23 transition-age adult enrolled in the Family Support Program or
24 the Specialized Family Support Program shall be eligible to
25 receive a mental health treatment service covered by the
26 applicable program if the medical necessity criteria

1 established by the Department of Healthcare and Family
2 Services are met.

3 (n) Streamlined application. The Department of Healthcare
4 and Family Services shall revise the Family Support Program
5 applications and the application process to reflect the
6 changes made to this Section by this amendatory Act of the
7 101st General Assembly within 8 months after the adoption of
8 any amendments to 89 Ill. Adm. Code 139.

9 (o) Study of reimbursement policies during planned and
10 unplanned absences of youth and emerging adults in Family
11 Support Program residential treatment settings. The Department
12 of Healthcare and Family Services shall undertake a study of
13 those standards of the Department of Children and Family
14 Services and other states for reimbursement of residential
15 treatment during planned and unplanned absences to determine
16 if reimbursing residential providers for such unplanned
17 absences positively impacts the availability of residential
18 treatment for youth and emerging adults. The Department of
19 Healthcare and Family Services shall begin the study on July
20 1, 2019 and shall report its findings and the results of the
21 study to the General Assembly, along with any recommendations
22 for or against adopting a similar policy, by December 31,
23 2020.

24 (p) Public awareness and educational campaign for all
25 relevant providers. The Department of Healthcare and Family
26 Services shall engage in a public awareness campaign to

1 educate hospitals with psychiatric units, crisis response
2 providers such as Screening, Assessment and Support Services
3 providers and Comprehensive Community Based Youth Services
4 agencies, schools, and other community institutions and
5 providers across Illinois on the changes made by this
6 amendatory Act of the 101st General Assembly to the Family
7 Support Program. The Department of Healthcare and Family
8 Services shall produce written materials geared for the
9 appropriate target audience, develop webinars, and conduct
10 outreach visits over a 12-month period beginning after
11 implementation of the changes made to this Section by this
12 amendatory Act of the 101st General Assembly.

13 (q) Maximizing federal matching funds for the Family
14 Support Program and the Specialized Family Support Program.
15 The Department of Healthcare and Family Services, as the sole
16 Medicaid State agency, shall seek approval from the federal
17 Centers for Medicare and Medicaid Services within 12 months
18 after the effective date of this amendatory Act of the 101st
19 General Assembly to draw additional federal Medicaid matching
20 funds for individuals served under the Family Support Program
21 or the Specialized Family Support Program who are not covered
22 by the Department's medical assistance programs. The
23 Department of Children and Family Services, as the State
24 agency responsible for administering federal funds pursuant to
25 Title IV-E of the Social Security Act, shall submit a State
26 Plan to the federal government within 12 months after the

1 effective date of this amendatory Act of the 101st General
2 Assembly to maximize the use of federal Title IV-E prevention
3 funds through the federal Family First Prevention Services
4 Act, to provide mental health and substance use disorder
5 treatment services and supports, including, but not limited
6 to, the provision of short-term crisis and transition beds
7 post-hospitalization for youth who are at imminent risk of
8 entering Illinois' youth welfare system solely due to the
9 inability to access mental health or substance use treatment
10 services.

11 (r) Outcomes and data reported annually to the General
12 Assembly. Beginning in 2021, the Department of Healthcare and
13 Family Services shall submit an annual report to the General
14 Assembly that includes the following information with respect
15 to the time period covered by the report:

16 (1) The number and ages of youth, emerging adults, and
17 transition-age adults who requested services under the
18 Family Support Program and the Specialized Family Support
19 Program and the services received.

20 (2) The number and ages of youth, emerging adults, and
21 transition-age adults who requested services under the
22 Specialized Family Support Program who were eligible for
23 services based on the number of hospitalizations.

24 (3) The number and ages of youth, emerging adults, and
25 transition-age adults who applied for Family Support
26 Program or Specialized Family Support Program services but

1 did not receive any services.

2 (s) Rulemaking authority. Unless a timeline is otherwise
3 specified in a subsection, if amendments to 89 Ill. Adm. Code
4 139 are needed for implementation of this Section, such
5 amendments shall be filed by the Department of Healthcare and
6 Family Services within one year after the effective date of
7 this amendatory Act of the 101st General Assembly.

8 (Source: P.A. 101-461, eff. 1-1-20; 101-616, eff. 12-20-19.)

9 Section 15. The Interagency Children's Behavioral Health
10 Services Act is amended by adding Section 35 as follows:

11 (405 ILCS 165/35 new)

12 Sec. 35. BEACON training. The Department of Human
13 Services, in coordination with a statewide association
14 representing a majority of hospitals, shall establish and
15 offer a voluntary training that shall be recorded and made
16 available on the Department's website to all hospital social
17 workers, clinicians, and administrative staff to inform them
18 of BEACON, a centralized resource for Illinois youth and
19 families seeking services for behavioral health needs, with
20 the goal of encouraging families to seek assistance through
21 BEACON and the Interagency Children's Behavioral Health
22 Services Team. The training shall include how families and
23 hospital staff can access BEACON, the process once a case is
24 entered into BEACON, and State and community programs

1 accessible through BEACON.

2 Section 20. The Juvenile Court Act of 1987 is amended by
3 changing Section 2-4b as follows:

4 (705 ILCS 405/2-4b)

5 Sec. 2-4b. Publicly funded community and residential
6 ~~Family Support Program~~ services; hearing.

7 (a) The purpose of this Section is to ensure that minors
8 who come to the attention of the court because they need
9 treatment for complex behavioral and mental health needs are
10 removed from the custody of their parents only as a last resort
11 unless abuse or neglect is alleged, based upon facts other
12 than the minor was left at a psychiatric hospital beyond
13 medical necessity. If the respondent was in the process of
14 attempting to obtain publicly funded services before the minor
15 comes to the court's attention and those services become
16 available, this Section will allow the court (i) to determine
17 whether the parent is able to address all of the minor's needs
18 without the minor being placed in or continuing in the custody
19 or guardianship of the Department and (ii) to consider whether
20 the minor should be returned to the respondent with such
21 services in place, consistent with the minor's best interest.

22 Any minor who is placed in the custody or guardianship of
23 the Department of Children and Family Services under Article
24 II of this Act on the basis of a petition alleging that the

1 minor is neglected or dependent because the minor was left at a
2 psychiatric hospital beyond medical necessity, and for whom an
3 eligibility determination for publicly funded community or
4 residential services is pending or under active review
5 ~~application for the Family Support Program was pending with~~
6 ~~the Department of Healthcare and Family Services or an active~~
7 ~~application was being reviewed by the Department of Healthcare~~
8 ~~and Family Services~~ at the time the petition was filed, shall
9 be able to continue with the eligibility determination process
10 for such publicly funded community or residential ~~continue to~~
11 ~~be considered eligible for services if all other eligibility~~
12 ~~criteria are met.~~

13 (b) If the minor is determined eligible for publicly
14 funded community or residential services and the necessary
15 publicly funded community or residential services are
16 available for the minor, the ~~The~~ court shall conduct a hearing
17 within 14 days upon notification to all parties:

18 (1) For minors in the temporary custody of the
19 Department, the court shall determine whether urgent and
20 immediate necessity exists pursuant to paragraph (9) of
21 Section 2-10 to continue the minor in the custody of the
22 Department and whether the Department's custody of the
23 minor should be vacated.

24 (2) For minors in the guardianship of the Department,
25 the court shall determine whether the respondent is fit,
26 willing, and able to care for the minor and whether it is

1 in the minor's best interest to return to the custody of
2 the respondent. ~~that an application for the Family Support~~
3 ~~Program services has been approved and services are~~
4 ~~available. At the hearing, the court shall determine~~
5 ~~whether to vacate the custody or guardianship of the~~
6 ~~Department of Children and Family Services and return the~~
7 ~~minor to the custody of the respondent with Family Support~~
8 ~~Program services or whether the minor shall continue to be~~
9 ~~in the custody or guardianship of the Department of~~
10 ~~Children and Family Services and decline the Family~~
11 ~~Support Program services.~~

12 In making its determination pursuant to paragraphs (1) and
13 (2), the court shall consider the minor's best interest, the
14 availability of publicly funded community or residential
15 services for the minor, the involvement of the respondent in
16 proceedings under this Act, the involvement of the respondent
17 in the minor's treatment, the relationship between the minor
18 and the respondent, whether placement of the minor in the
19 custody of the Department is the least restrictive means to
20 support the minor and the minor's relationship with the
21 respondent, and any other factor the court deems relevant.

22 (b-1) If the court vacates the Department's temporary
23 custody of the minor pursuant to paragraph (1) of subsection
24 (b) and Section 2-10, or vacates the Department's ~~or~~
25 guardianship of the minor pursuant paragraph (2) of subsection
26 (b) or Section 2-23 ~~Department of Children and Family Services~~

1 and returns the minor to the custody and guardianship of the
2 respondent with publicly funded community or residential
3 services, the State agency affiliated with the services ~~Family~~
4 ~~Support Services, the Department of Healthcare and Family~~
5 ~~Services~~ shall become fiscally responsible for providing
6 services to the minor. If the court determines that the minor
7 shall continue in the custody of the Department of Children
8 and Family Services, the Department of Children and Family
9 Services shall remain fiscally responsible for providing
10 services to the minor, ~~the Family Support Services shall be~~
11 ~~declined, and the minor shall no longer be eligible for Family~~
12 ~~Support Services.~~

13 (c) This Section does not apply to ~~a minor~~:

14 (1) a minor for whom the court has not yet completed an
15 adjudicatory hearing and for whom a petition has been
16 filed under this Act alleging that the minor is a ~~an abused~~
17 ~~or~~ neglected minor, other than a minor left at a
18 psychiatric hospital beyond medical necessity, or an
19 abused minor;

20 (2) a minor who ~~for whom~~ the court has adjudicated
21 under this Act as either (i) a neglected minor, unless the
22 primary basis for the finding is that the respondent left
23 the minor at a psychiatric hospital beyond medical
24 necessity, or (ii) an abused minor ~~made a finding that the~~
25 ~~minor is an abused or neglected minor~~ under this Act; or

26 (3) a minor who is in the temporary custody of the

1 Department of Children and Family Services and the minor
2 has been the subject of an indicated allegation of abuse
3 or neglect, other than for psychiatric lockout, where a
4 respondent was the perpetrator within 5 years of the
5 filing of the pending petition.

6 (Source: P.A. 103-22, eff. 8-8-23.)".