HB4792

LRB10225069KTG34329b

102ND GENERAL ASSEMBLY

State of Illinois

2021 and 2022

HB4792

Introduced 1/27/2022, by Rep. Kathleen Willis

SYNOPSIS AS INTRODUCED:

20 ILCS 505/45 new

Amends the Children and Family Services Act. Requires the Department of Children and Family Services to develop a written, strategic plan that comprehensively addresses improving timely access to quality in-state residential treatment and evidence-based alternatives for youth in the care of the Department. Requires the planning process to be transparent and allow for stakeholder input. Requires the strategic plan to be finalized and made public no later than one year after the effective date of the amendatory Act. Provides that the plan shall be revised within 6 months after the conclusion of a rate study and available to incorporate the recommendations of the rate study. Provides that the 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; and (3) ongoing stakeholder engagement during the implementation of the plan. Requires the Department to contract with a rate consultant to study and develop potential new rates and rate methodologies using objective, publicly available data sources, standard administrative cost reporting, and provider-reported costs in order to determine the resources necessary to create and maintain a sufficient number of quality in-state residential treatment resources for youth in the Department's care.

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A BILL FOR

AN ACT concerning State government.

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

Section 5. The Children and Family Services Act is amended by adding Section 45 as follows:

(20 ILCS 505/45 new)

Sec. 45. Residential treatment and evidence-based alternatives for youth in care.

(a) Findings. The General Assembly finds that:

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

(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 is a critical component of the system of care for youth in the care of the Department.

(4) It is imperative that children identified as requiring residential treatment receive that treatment or

an evidence-based alternative 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% to 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) Residential providers require a standardized, annual reimbursement methodology in order to incentivize a shrinking workforce and adequately fund and sustain the best possible outcomes for children and youth in Illinois' child welfare system, especially youth in need of residential treatment.

(9) Due to the lack of in-state residential treatment beds and evidence-based alternatives for youth in care:

(A) Youth in care are waiting for long periods of time 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. The number of days on average that youth are left beyond medical necessity has increased from approximately 39 days in 2018 to 75 days in 2021.

(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.

(b) Strategic plan on improving access to residential care and evidence-based alternatives. 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 and evidence-based alternatives for youth in the care of the Department of Children and Family Services. The planning process must be transparent and allow for stakeholder input.

(c) 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 amendatory Act of the 102nd General Assembly. The plan shall be revised within 6 months after the completion of the rate study required under subsection (d) and available to incorporate the recommendations of the rate study. The 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.

(d) The Department shall contract with a rate consultant to study and develop potential new rates and rate methodologies using objective, publicly available data sources, standard administrative cost reporting, and provider-reported costs in order to determine the resources necessary to create and maintain a sufficient number of quality in-state residential treatment resources for youth in the Department's care. The Department shall formulate recommendations based on the results of the study.