



## 94TH GENERAL ASSEMBLY

### State of Illinois

2005 and 2006

HB1397

Introduced 2/9/2005, by Rep. Annazette Collins

#### SYNOPSIS AS INTRODUCED:

20 ILCS 505/6d new

Amends the Children and Family Services Act. Requires the Department of Children and Family Services, in collaboration with community service providers, to annually develop and administer an objective plan with respect to services for dependent children that specifies the assessment and case planning process and prescribes the services needed to ensure the most appropriate alternate care placement for dependent children who must be placed outside their homes. Defines "assessment" and "dependent children". Provides that the plan must be developed by the Department in collaboration with community service providers, foster parent providers, licensed residential child care providers, mental health providers, parents and guardians, child care providers, school system representatives, juvenile justice council members, and other community representatives, and must be approved by the regional administrator. Requires that the plan must be approved prior to the beginning of each fiscal year for use in preparing the legislative budget request for the following fiscal year.

LRB094 06294 LCB 36367 b

FISCAL NOTE ACT  
MAY APPLY

A BILL FOR

1 AN ACT concerning children.

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

4 Section 5. The Children and Family Services Act is amended  
5 by adding Section 6d as follows:

6 (20 ILCS 505/6d new)

7 Sec. 6d. Alternate care plans for adolescents.

8 (a) The General Assembly finds that:

9 (1) The traditional foster care system often fails to  
10 meet the needs of children in the legal custody of the  
11 Department.

12 (2) Increasingly, the shelter care, foster care, and  
13 residential group care populations include a high  
14 proportion of children who are difficult to serve,  
15 including a large number of adolescents, emotionally and  
16 behaviorally disturbed children, children with delinquency  
17 or substance abuse histories, and younger children with  
18 serious medical and developmental disabilities.

19 (3) The foster care system includes a larger pool of  
20 older children who have more complicated problems and who  
21 have been in care for long periods of time and are not  
22 faring well in care.

23 (4) Alternate or individualized care placements for  
24 adolescents are often inadequate or inappropriate, and  
25 services are inadequate to prepare them for independent  
26 living.

27 (5) There is a lack of permanent adoptive homes for  
28 older and disabled children.

29 (6) Adolescents are often inappropriately and  
30 repeatedly placed in the foster care system, typically  
31 spend long periods in alternate care, lack a stable  
32 environment, and exhibit behavior problems such as

1 truancy, delinquency, and physical or sexual abuse.

2 (7) The placement of some dependent children in  
3 inpatient residential psychiatric treatment and the  
4 juvenile justice system could be avoided if comprehensive  
5 residential and therapeutic services options were  
6 available.

7 (8) The child welfare system consists of a disjointed  
8 array of independent assessment, protection, and treatment  
9 services within each region, which makes it difficult to  
10 systematically assess, plan, and provide for the needs of  
11 dependent children who require alternate or individualized  
12 care.

13 (8) A lack of collaboration exists among programs of  
14 the Department and other agencies regarding the  
15 assessment, case planning, and provision of services to  
16 dependent children who may require removal or who have been  
17 removed from their homes.

18 (9) It is necessary to promote the design and operation  
19 of an objective assessment and case planning process; to  
20 develop a community continuum of service for children in  
21 the custody of the Department who require alternate or  
22 individualized care plans by ensuring that alternate care  
23 placements are based on the needs of the child and the  
24 family; and to encourage innovation in significantly  
25 restructuring local alternate care systems to be more  
26 flexible and efficient in providing protection and  
27 treatment services for dependent children.

28 (b) The Department must, in a collaborative partnership  
29 with community service providers, annually develop and  
30 administer an objective plan with respect to services for  
31 dependent children. The region's community service providers  
32 must annually develop and submit to the regional administrator  
33 by March 31, 2006, and by March 31 of each succeeding year, an  
34 alternate care plan that specifies the assessment and case  
35 planning process and prescribes the services needed to ensure  
36 the most appropriate alternate care placement for dependent

1 children who must be placed outside their homes. As used in  
2 this Section:

3 (1) "Assessment" means the evaluation of a child's  
4 physical, psychological, educational, vocational, and  
5 social condition and the child's family environment as they  
6 relate to the child's need for rehabilitative and treatment  
7 services, including substance abuse treatment services,  
8 mental health services, developmental services,  
9 educational and remedial literacy services, medical  
10 services, family services, and other specialized services.

11 (2) "Dependent children" means those children whose  
12 initial placement and care plans are not achieving a  
13 permanent placement. This term includes all children  
14 described in subsection (a) of this Section.

15 (c) The plan must be developed by the Department in  
16 collaboration with community service providers, foster parent  
17 providers, licensed residential child care providers, mental  
18 health providers, parents and guardians, child care providers,  
19 school system representatives, juvenile justice council  
20 members, and other community representatives, and must be  
21 approved by the regional administrator. The plan must be  
22 approved prior to the beginning of each fiscal year for use in  
23 preparing the legislative budget request for the following  
24 fiscal year.

25 (d) By September 2006, the Department must develop a  
26 uniform State-wide reimbursement schedule for alternative plan  
27 providers, which must be based on the range, complexity, and  
28 quality of services provided and the assessed needs of the  
29 children.

30 (e) Each region's alternate care plan for assessment, case  
31 planning, and placement must include:

32 (1) An objective process for determining the most  
33 appropriate type of alternate placement for dependent  
34 children that specifies the goals for the child and family  
35 and objectives and procedures for assessment, case  
36 planning, service plan monitoring, case management

1 services, client advocacy, family involvement, discharge  
2 planning, and cost-sharing strategies.

3 (2) A defined range of services, from the least  
4 expensive, least restrictive setting to the most costly,  
5 most restrictive inpatient setting, including, but not  
6 limited to, family preservation services, family foster  
7 homes, therapeutic and medical foster homes, outpatient  
8 day programs and specialized treatment programs,  
9 residential child care programs, inpatient residential  
10 treatment facilities, and psychiatric hospitals.

11 (3) A protocol for ensuring interagency collaboration  
12 and appropriate service delivery based on the needs of  
13 dependent children and their families, including a review  
14 of existing assessments and services within the Department  
15 and among other agencies to avoid unnecessary  
16 examinations.

17 (4) An analysis of existing alternate care placement  
18 options and evidence of planned activities to ensure that a  
19 full array of settings is available, including written  
20 agreements with providers that specify their capacity and  
21 entrance and exit criteria.

22 (5) A means of diverting children, where appropriate,  
23 from costly restrictive institutional placements into care  
24 and treatment programs within the community that includes  
25 plans for differentiated levels of treatment services.

26 (6) A compilation of data on the characteristics of  
27 dependent children within the region, an analysis of  
28 anticipated alternate care services and placements that  
29 delineates the ages and profiles of the children, a  
30 description of service and placement alternatives needed,  
31 a determination of the number and type of placements  
32 available, and a method for identifying gaps in services.

33 (7) Procedures for training and quality assurance.

34 (8) The identification of flexible funding  
35 opportunities and methods of maximizing resources within  
36 the Department as well as community agencies.

1           (9) The delineation of budget expenditures for  
2           alternate care services.

3           (10) Any recommendations for proposed changes to  
4           fiscal and substantive policies at the local, regional, and  
5           State delivery levels.

6           (f) The findings and recommendations of the alternative  
7           care plan shall be used to identify the appropriate  
8           intervention services, to determine alternate care placement  
9           decisions best suited to the needs of the child and family, and  
10           to prepare reports. The alternative care plan must include  
11           provisions for reviewing cases in which the resulting placement  
12           of the child or the services provided are ineffective.