



**ILLINOIS YOUTH RESIDENTIAL TREATMENT STUDY**  
**Addressing the Need for Quality In-State Residential Treatment and**  
**Adequate Rate Setting**

**Sponsor: Representative Kathleen Willis**

**Program Background & Facts**

The Department of Children and Family Services (DCFS) has struggled to develop appropriate placements for young people in care with disabilities and severe mental, emotional, and behavioral health concerns. Depending on where a youth is in their intervention, the placement could be with their family, relative or foster home, group home, or residential treatment facility. However, youth that require residential treatment, do not and have not had timely access to quality, in-state residential treatment and other evidence-based alternatives, such as therapeutic foster care. Continuing the status quo, with no changes, will perpetuate the cycle of intergenerational trauma and youth aging out of foster care, which leads to poor outcomes. Youth are also kept in psychiatric hospital settings beyond medical necessity (BMN), which also leads to feelings of despair and poor outcomes.

In the last decade, there have been only slight increases in rates paid to community-based providers (CBPs) that contract with DCFS to provide residential treatment to youth in DCFS care. As a result, CBPs cannot sustainably and adequately meet the needs of children in residential treatment services. CBP wages and benefits have not been competitive in the human services workforce, as compared to the public sector, for many years. The lack of qualified staff means youth cannot be cared for in residential beds that would otherwise be available.

- ⇒ According to data provided by DCFS, the number of children and young people kept BMN has increased significantly, from 75 youth in 2014 to 356 in 2021. The average length of stay for youth residing in hospitals BMN has increased from 55 days on average in FY21 to 80 days so far in FY 22.
- ⇒ From 2013 to 2018, more than 500 in-state residential treatment beds for youth in care of DCFS, were eliminated. Development of other evidence-based alternatives to residential treatment, such as therapeutic foster care, has not met the need caused by the 500 beds that were eliminated.
- ⇒ There remains a growing work force shortage in Illinois' Residential Treatment Centers due to the lack of an adequate rate increases needed to sustain programming and maintain a safe youth to staff ratio.



**Solution**

The General Assembly should require DCFS 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 care. Additionally, the DCFS shall be required to **contract with a rate consultant to develop potential new rates and rate methodologies** to determine resources necessary to create and maintain a sufficient number of quality, in-state residential treatment resources for youth in the care of DCFS choice. Stabilizing the workforce will directly help the individuals, families, and communities served by community-based human service providers.

**CALL TO ACTION**

Support **HB4792** which would lead to a more comprehensive plan to address timely access to residential treatment and lead to a rate study meant to develop new rate methodologies for maintaining residential treatment.

