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## **Enhanced YouthCare Program to Begin September 1 With Three Times as Many Providers as Current DCFS System**

*YouthCare to Offer More Providers to DCFS Youth in Care in Nearly  
Every Major Category*

**Springfield, Illinois** – With more than three times the number of providers and more providers across nearly every major category, the Department of Healthcare and Family Services (HFS) announced that youth in the care of the Department of Children and Family Services (DCFS) will transition to the new YouthCare program on September 1<sup>st</sup>. The transition follows months of close collaboration with stakeholders and families to bring significant improvements to the program and ensure a smooth transition.

“There is nothing more important than the health and well-being of our most vulnerable children,” **said HFS Director Theresa Eagleson**. “With more providers than ever and dedicated care coordinators focused on finding the right services, we look forward to improving healthcare options and outcomes for these children through the YouthCare program.”

“DCFS is deeply committed to ensuring vulnerable children and families receive the quality health care they deserve,” **said DCFS Director Marc Smith**. “Throughout this process, we have made it a priority to listen to stakeholders and advocates who share our mission to care for vulnerable children, and the program HFS is moving forward with today is better because of those voices. Over the coming weeks and months, we will continue to work closely with our community of providers, stakeholders and families to ensure this program lives up to its obligation to provide quality care to our children.”

YouthCare is a specialized healthcare program designed specifically to address the needs of DCFS youth in care and former youth in care. The program brings unprecedented levels of care coordination to DCFS youth, with 188 care coordinators currently focused solely on connecting youth and families with providers and ensuring they receive the quality care they deserve. Twenty more are scheduled to be hired.

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**AD 1/YOUTH CARE**

It moves away from the old fee-for-service model, with families lacking advanced care coordination and left to navigate today’s complex health care system and find providers and services on their own. With YouthCare, families have a personal care coordinator who helps manage the youth’s overall healthcare, researches providers, and schedules appointments.

The YouthCare network is significantly more robust than the current DCFS system, with more providers across nearly every major category, including primary care physicians, vision and dental. Additionally, the 3,300 professionals of Northwestern Medicine were recently added to the YouthCare network.

Eighty-nine percent of providers currently serving DCFS youth are now a part of the YouthCare network, with ongoing outreach to any providers not yet a part of the network. To help ensure a smooth transition, YouthCare has also established a continuity of care period to ensure families can access current providers through February 28, 2021, even if those providers have not joined the YouthCare network. Those who ultimately choose not to join the network may be offered single-case agreements to care for an individual child.

<b>Category</b>	<b>DCFS Claims Data # of Providers 12/2019</b>	<b>YouthCare Network # of Providers 7/01/2020</b>
<b>Hospitals</b>	<b>214</b>	<b>188</b>
<b>Physicians</b>	<b>10,960</b>	<b>32,875</b>
<b>Community Mental Health Service Providers</b>	<b>351</b>	<b>6,190</b>
<b>Psych Hospitals</b>	<b>12</b>	<b>12</b>
<b>Substance Use Disorder</b>	<b>66</b>	<b>623</b>
<b>Therapy</b>	<b>82</b>	<b>733</b>
<b>Dentists</b>	<b>1,131</b>	<b>2,045</b>
<b>Clinics</b>	<b>575</b>	<b>762</b>
<b>Medical Equipment</b>	<b>177</b>	<b>933</b>
<b>Pharmacy</b>	<b>420</b>	<b>2,533</b>
<b>Vision</b>	<b>562</b>	<b>1,203</b>

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## AD 2/ YOUTHCARE

To ensure families are fully informed on the transition, YouthCare, HFS and DCFS have launched an aggressive outreach program to reach families through mail, phone, text and in-person sessions. These include notification and welcome information as well as outreach to ensure providers are contacted and offered the opportunity to join the YouthCare network.

By contract, YouthCare must meet a range of specific requirements in serving these youth. These include standards on the size and scope of the network, distance to providers, response times to address concerns, provider payment schedules and appeals processes. HFS has reporting systems in place that monitor these performance measures, and penalties can be applied when they are not met. When the health needs of a youth in care can be better served by a plan other than YouthCare, DCFS can decide to change the managed care plan for that child.

HFS and DCFS built the program cooperatively with input from parents and other stakeholders, including the ACLU of Illinois.

In November of 2019, YouthCare began conducting individual screenings and assessments for DCFS youth in care to understand their unique needs and how best to provide quality care. More than 13,000 screenings and assessments have already been completed.

Former youth in care began directly receiving healthcare services through YouthCare on February 1. They also have other healthcare options they can choose from outside YouthCare.

“At first I was frankly leery about YouthCare because it meant change,” **said Tina Reed, a nurse and mother of three pre-teenage children.** “But I can’t say enough now about the services. Our care coordinator truly does care and it shows, as she goes above and beyond. The personal care we get makes me so much more comfortable, helping cut through the red tape and getting us the services we need.”

Reed’s children face significant physical and mental health challenges. Their care coordinator helped find an ideal doctor and assists with their medications. The family lives in a rural community where accessing local resources is often a challenge.

YouthCare also offers specialty providers not currently available, as well as additional dental care and more resources on LGBTQ issues, developmental disabilities, care for survivors of human trafficking and expanded telehealth options.

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## AD 3/YOUTH-CARE

“With help from our care coordinator, YouthCare has been absolutely amazing. She made the whole transition easy,” **said Amber Bell, a business owner and mother of a young child facing major health challenges after brain cancer treatment.** “To have someone in my corner to help out has given us peace of mind.”

Bell’s son has more than two dozen doctors treating a large range of issues. This challenge has made assistance from their care coordinator especially valuable. During the early weeks of the Covid-19 pandemic, her son needed crucial medicine from Italy, which had been hit especially hard. But their care coordinator tracked down possible sources and secured the medication. The care coordinator also calls before and after surgeries to check on the child’s progress.

“YouthCare is caring for us and has been a real blessing,” **said Natasha Allen, the mother of a teenage girl with autism.** “Our care coordinator checks up on us, telling me about services I didn’t know about and asking how they can help. My daughter is my life and I’m hers, and I’m really appreciative of YouthCare for their help for us.”

Allen particularly appreciates the assistance with transportation she has received, saving the family money and making care more accessible. Her care coordinator intervened to obtain vital medication that had been delayed, and an “after care” was very helpful when her daughter left the hospital after a recent procedure, checking on her condition and ensuring continued assistance.

For more information, please visit [ilyouthcare.com](http://ilyouthcare.com)

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