



Family First Prevention Services Act

Virtual Town Hall
July 23, 2020

Illinois Department of
DCFS
Children & Family Services

WELCOME

Kevin Gordon, DCFS

Lee Annes, Aunt Martha's Health & Wellness

Agenda

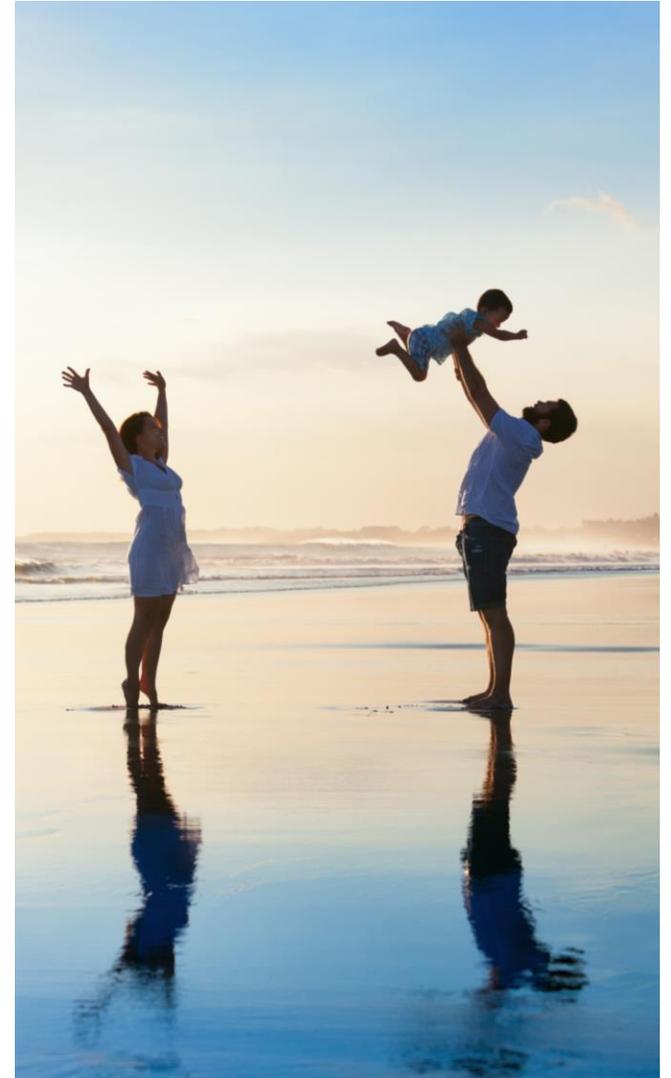
- 💧 **Vision for Transformation in Illinois**
- 💧 **Family First Overview**
- 💧 **Prevention**
- 💧 **Qualified Residential Treatment Program (QRTP)**
- 💧 **Next Steps**
- 💧 **Questions**

VISION FOR TRANSFORMATION IN ILLINOIS

Andrea Durbin, Illinois Collaboration on Youth (ICOY)

Kenny Martín Ocasio, Aunt Martha's Health & Wellness

WELLBEING OF CHILDREN AND FAMILIES



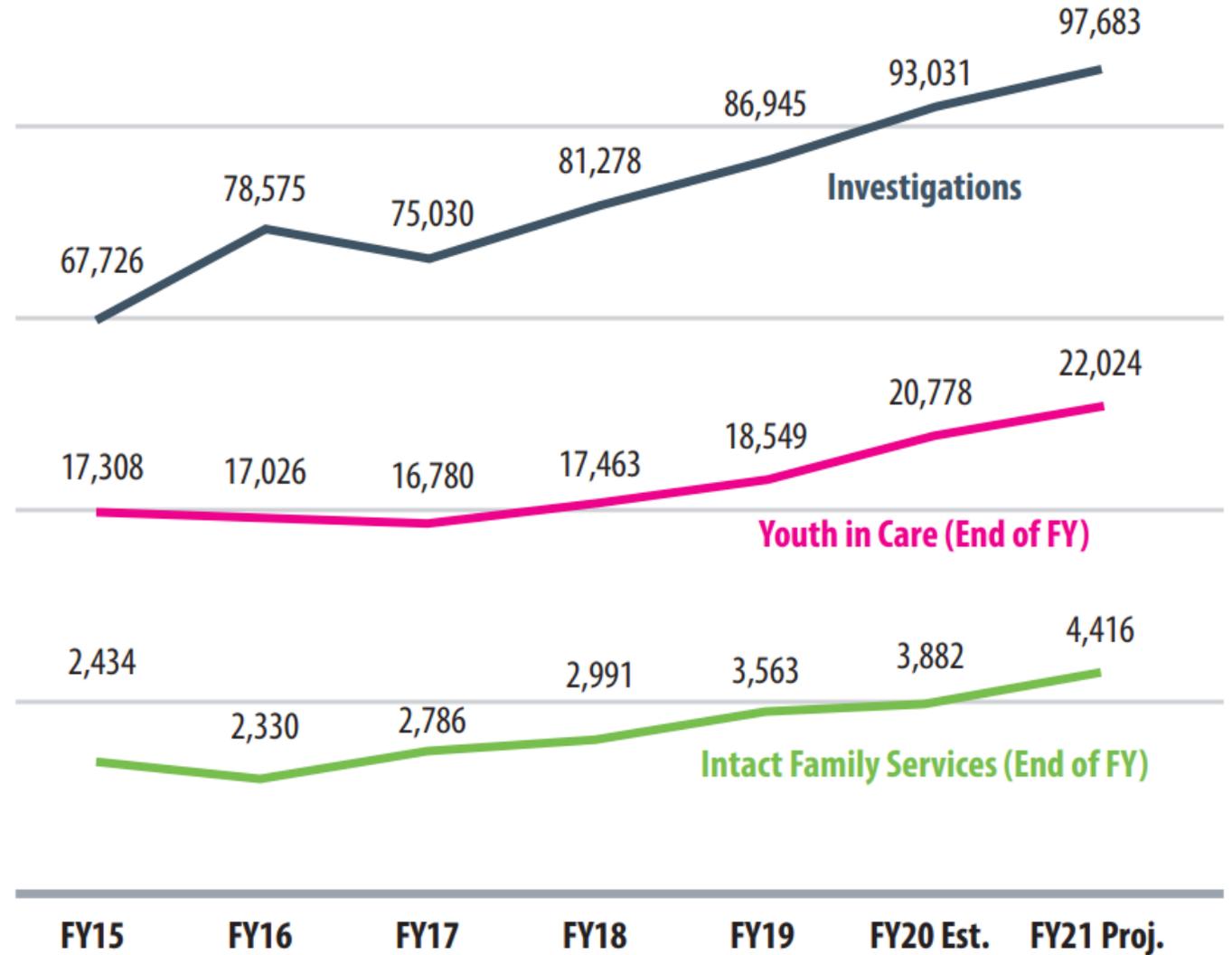
**BROADER VISION
OF SUPPORTING
CHILD AND
FAMILY
WELLBEING –
STARTS PRIOR TO
HOTLINE CALL**

Illinois Department of
DCFS
Children & Family Services

Child Welfare: What is Best for Children and Families?

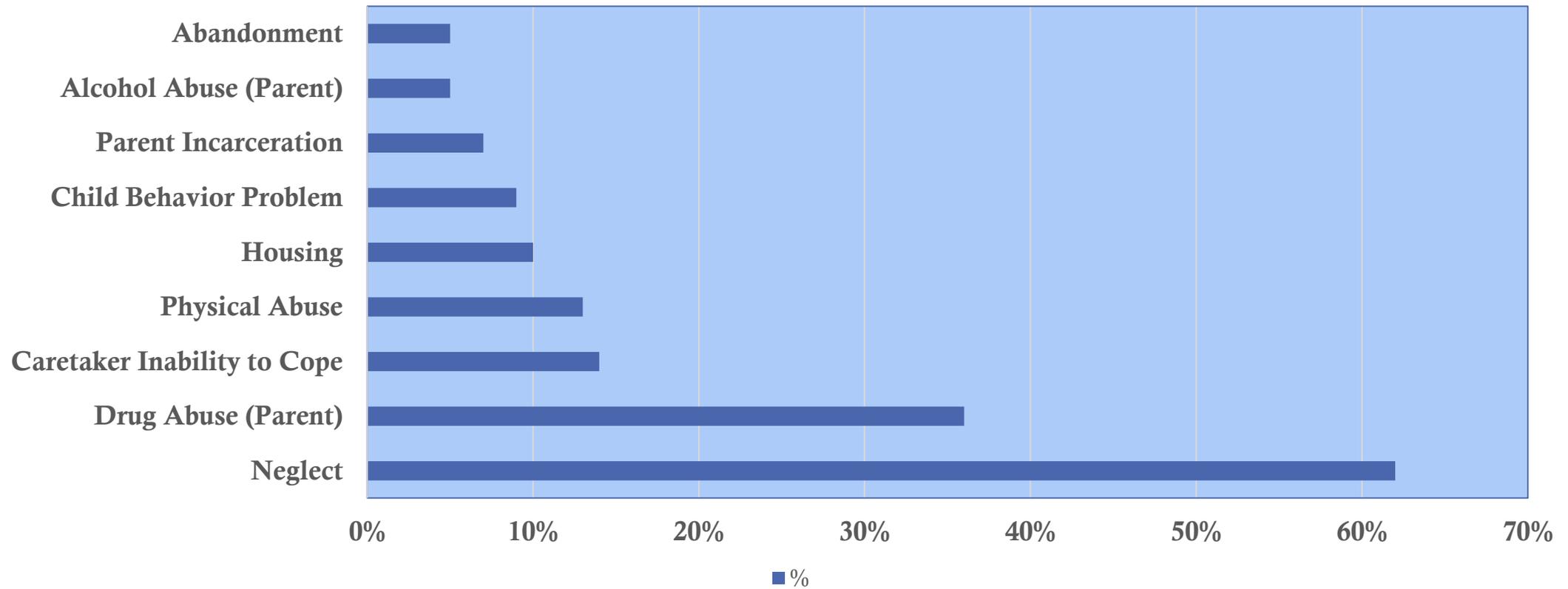
- ◆ The goal in child welfare should be to ensure the safety, permanency, and well-being of children *and their families*.
- ◆ It is important to intervene as early as possible, to support child well-being.
- ◆ The act of removing children from their families and homes creates emotional distress and trauma that should be avoided whenever possible.
- ◆ Some children can be better served by remaining safely at home while their parents receive the community services and support they need.

AFTER YEARS OF DECLINE, THE NUMBER OF CHILDREN IN FOSTER CARE HAS STEADILY RISEN IN RECENT YEARS.



THE MAJORITY OF CHILDREN ENTER FOSTER CARE DUE TO NEGLECT

Circumstances Leading to Child's Removal



SOURCE: Adoption and Foster Care Analysis and Reporting System (AFCARS) FY2018 data²

What Do We Know About Children Who Grow Up in Foster Care?

- 💧 39.0% have at least one past-year mental health diagnosis
- 💧 44.1% have had any substance abuse or dependence
- 💧 Less than half have a high school diploma (48.4%)
- 💧 46.9% are currently employed
- 💧 37.7% have been homeless since leaving foster care
- 💧 9.9% of those who have had a child have had a child placed in foster care
- 💧 68.0% of males and 40.5% of females have been arrested since leaving foster care

Source: Casey Family Programs Foster Youth Alumni Study

**FEWER
CHILDREN IN
CHILD
WELFARE
SYSTEM**

**=
SUCCESS**

**BIGGER,
BROADER
APPROACH
NEEDED**

**Not just
a DCFS
problem**

Critical Partnership Between Private and Public Sector

- 💧 Challenge old norms around child welfare
- 💧 Focus not just on preventing, but strengthening
- 💧 Multi-systems collaboration for biggest impact

FAMILY FIRST OVERVIEW



Key Components of the Family First Act

- ◆ **Prevention Services:** New option for states and tribes to receive 50% federal reimbursement for services to strengthen families and prevent unnecessary placement of children in foster care.
- ◆ **Improved Quality of Foster Care:** For those children who cannot remain safely at home, new federal policies to
 - ◆ Encourage and support kinship care
 - ◆ Decrease the use of unnecessary congregate care
 - ◆ Improve the quality of care for children for whom congregate care is appropriate

New Funding for Prevention Services

- ◆ Beginning October 1, 2019, states and eligible tribes may receive open-ended entitlement funding for evidence-based prevention services for candidates for foster care.
- ◆ *Who is a candidate for foster care?*
 - ◆ Children at imminent risk of placement in foster care
 - ◆ Pregnant and parenting youth in foster care
 - ◆ Their parents or kinship caregivers also are eligible.

No income test for eligibility

New Funding for Prevention Services

- Prevention services eligible for up to 12 months of federal reimbursement*:
 - substance abuse prevention services
 - mental health services
 - in-home parenting skills
- There is no limit on how many times a child, parent, or kin caregiver is eligible for services.
- Additional periods of IV-E reimbursement may be allowed AND states can always provide needed services as appropriate using other funding sources.
- Services must be evidence-based and trauma-informed

Prevention Services Must Be Evidence-based

- ◆ The level of evidence must meet specified standards: *promising, supported, or well-supported*.
 - ◆ Federal HHS must issue guidance to states regarding the practices criteria required for services or programs.
 - ◆ Guidance must include a pre-approved clearinghouse list of services and programs that satisfy the requirements.
- ◆ At least 50% of the State's spending in every fiscal year must be for well-supported practices.
- ◆ Title IV-E Prevention Services Clearinghouse will add programs on a rolling basis.

What is Illinois Considering?

- ◆ How do we ensure we have services that meet the needs of struggling families in our state?
- ◆ How do we integrate services to optimize outcomes?
- ◆ How do we ensure a diversity, equity, and inclusion lens informs our service delivery?
- ◆ How do we resource quality, family-like settings for our children in foster care?

PREVENTION/ INTERVENTION PLANNING

Dr. Kimberly A. Mann, DCFS



Why?

As a fundamental principle of child well-being, children and families should have access to supports and services to ensure that they can reach their potential. [Source: IL FFPSA Plan]

Promote Strengths

Resources/Supports

Parenting

Address Identified Needs:

Comprehensively

Ecologically

Figure 1: DCFS Overall Prevention Strategy and Proposed FFPSA Plan

Overall Prevention Strategy

Aligned Strategies & Initiatives

- YouthCare and IHH changes
- Intact review and reforms
- Immersion Site Expansion
- The Child Endangerment Risk Assessment Protocol (CERAP) reform project
- Differential Response (DR)
- Comprehensive Community Based Youth Services (CCBYS)

Programs

- Comprehensive Community Based Youth Services (CCBYS)
- Intact Family Services reforms
- Intact Family Recovery
- Extended Family Support Program (kinship navigator)
- Strengthening Families
- Friends of Children (mentors)
- Safe Families
- Attachment, Regulation and Competency (ARC)

Evidence-based Practices (EBPs)

- Solutions Based Casework (SBC)
- Wraparound
- Nurturing Parenting Program (NPP)
- Seeking Safety (SS)
- Motivational Interviewing (MI)
- Positive Parenting Program (Triple P)

Family First Prevention Plan

Target Subgroups (children & caregivers)

- Pregnant & Parenting In Foster Care and Recently Exited
- Intact Family Services and Intact Family Recovery
- Extended Family Support (EFSP)
- Recently Reunified
- Post-Adoption/Subsidized Guardianship

Selected Evidence-based Practices (EBPs)

- Healthy Families America (HFA)
- Parents as Teachers
- Multisystemic Therapy (MST)
- Trauma-focused Cognitive Behavioral Therapy (TF-CBT)
- Child Parent Psychotherapy (CPP)

Table 1: Estimated Number of Children or Caregivers for Each Population to be Served by the Illinois Family First Prevention Services Plan

1. Children being served by: a) Intact Family Services, b) Intact Family Recovery Services, and c) the Extended Family Support Program (EFSP) (FY18 data)	13,738
2. Children in: a) recently reunified families (within the 6 months), b) adoption families who request services, and c) families who obtained subsidized guardianship or are relatives (Calendar year 2018 data)	5,708
3. Pregnant and Parenting Youth in care and recently aged out (FY18 data)	562
TOTAL	19,151

Key Elements in Selecting Interventions:

- ◆ Duration of Service: 12 months
- ◆ Types of Prevention and Family Services and Programs (Sec. 50711):
 - ◆ Mental Health/ Substance Abuse treatment
 - ◆ Parenting Support
- ◆ Services must be “trauma-informed”
- ◆ 50% of the state’s overall expenditures for EBIs must be well-supported
- ◆ ACF created a new clearinghouse to support the review and ranking of EBIs

Parenting Skills	Nurturing Parenting Program (NPP) is a family-centered program designed for the prevention and treatment of child abuse and neglect. The program lessons focus on remediating parenting patterns known to form the basis of maltreatment.	Families and children age 5-12	State
	Positive Parenting Program (Triple P) aims to support parents of children experiencing developmental and behavior problems. The program has 5 different levels of interventions tailored to the individual needs of the family.	Caregivers of children from age 0-16 with moderate to severe emotional/behavioral difficulties	State
Mental Health	Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is a psychotherapeutic treatment that engages children and parents/caregivers together to treat the effects of trauma.	Children age 3-18 & their Caregivers with trauma or other emotional & behavioral difficulties	Family First, Medicaid
	Child-Parent Psychotherapy (CPP) is an in-home intervention for trauma-exposed children.	Children age 0-5 who have experienced trauma, and their caregivers	Family First
	Wraparound is a team-based planning process providing family-driven care to meet the complex needs of children who are often involved with several child and family-serving systems.	Children age 4-7 with severe emotional/behavioral difficulties and their families	State, Medicaid
SUD and Mental Health	Multisystemic Therapy (MST) is an intensive family and community-based treatment for juvenile offenders with behavioral health issues.	Youth age 12-17 & their families	Family First, Medicaid
	Seeking Safety is an integrated cognitive behavioral model addressing symptoms of post-traumatic stress disorder and substance use.	Adolescents & Caregivers with a trauma and/or substance abuse	State, Medicaid
Engagement/ Casework Practice	Motivational Interviewing (MI) is a client-centered counseling method that aims to develop the client's internal motivation to achieve change. MI is often used in pre-treatment work to help engage and motivate clients for other treatment modalities as it helps clients explore and resolve their ambivalence to change.	Caregivers and youth	Family First, State
	Solution-Based Casework (SBC) is an approach to casework practice that emphasizes care for the family and prompts the caseworker to help families identify and leverage their strengths to achieve goals. SBC is typically used for family problems that range from substance abuse and neglect to stress and work issues.	Caregivers and youth	State

Engagement: Motivational Interviewing

The goals of *Motivational Interviewing (MI)* are to:

- ◆ Enhance internal motivation to change
- ◆ Reinforce this motivation
- ◆ Develop a plan to achieve change

EBI	Clients Served	New Contracts	Cook	Northern	Central	Southern
MST	293	1 [193]	Chicagoland area, LaGrange, south side & south suburbs	McHenry, DuPage, Kane, Peoria & Rockford		All
CPP	301	7 [183]	currently being served	Lake, DuPage, Kane	Edgar, Coles, Champaign, Douglas, Shelby, Macon & Piatt	St. Clair, Madison, Effingham, Fayette, Belleville, Saline, Gallatin, White, Hamilton, Carterville, Bond, Clinton, Madison, Monroe, Randolph, Washington
TF-CBT	232	7 [232]	Chicago, South Side, Englewood, East Garfield Park, Roseland, Pullman, Austin & Lawndale, Southeast Side, South Holland, Chicago Heights Vincennes, Chicago Heights, Oak Brook, Aurora	Kane, DuPage, Kendall, Aurora, Joliet, Kankakee, Lake	Livingston, Iroquois, Ford, Grundy, Adams, Brown, Hancock, Pike, Decatur, Springfield, Quincy	Bond, Clinton, Madison, Monroe, Randolph, St. Clair, Washington, Mt. Vernon, Belleville
Triple P	251	11 [161]	Cook, Oak Park (25 mi radius), Matteson	Lake, Aurora, Peoria, Rockford, Itasca, Grayslake, Whiteside, Lee, Carroll, Kankakee, Will	Springfield, Rock Island, Mercer, Henry, Warren, Henderson, Knox, Livingston, Iroquois, Ford, Grundy, McLean, DeWitt, Livingston, Macon & Piatt	Bond, Clinton, Madison, Monroe, Randolph, St. Clair and Washington
NPP	789	15 [669]	Cook, Matteson	Lake, DuPage, Kane, Whiteside, McHenry, Aurora, Batavia, Yorkville, Oswego & Plano, Rockford, Itasca, Grayslake, Peoria, Kankakee	Adams, Brown, Hancock, Pike, Coles, Edgar, Douglas, Shelby, Moultrie, Cumberland, Sangamon, Rock Island, Mercer, Henry, Warren, Henderson, Knox, Champaign, Vermillion, Kankakee, McLean, DeWitt, Livingston, Springfield, Macon & Piatt	Richland, Clay, Wabash, Lawrence, Marion, St. Clair, Clinton, Effingham, Washington, Bond, Clinton, Madison, Monroe, Randolph, Hamilton, Jefferson, Marion, Wayne Crawford, Effingham, Fayette, Jasper, Lawrence and Richland Counties
Sub-TOTAL	1,866	41				

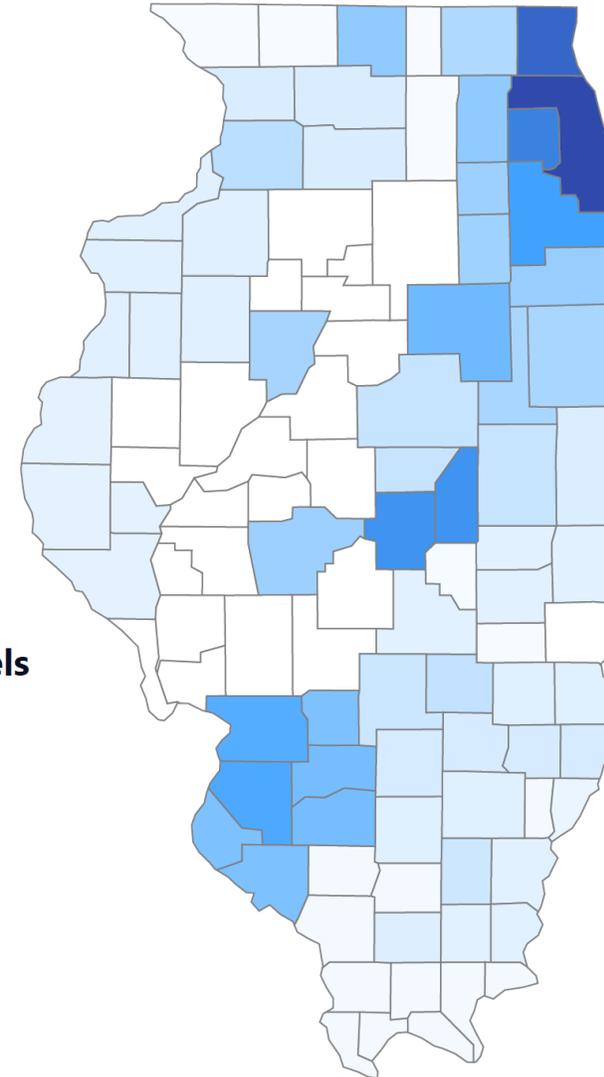
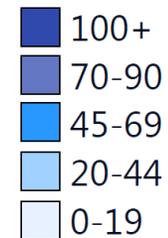
Proposed Illinois DCFS Family First Models FY21

Model	Capacity
CPP	183.4
MST	140.0
NPP	699.1
TF-CBT	232.0
Triple P	315.0
Total	1569.5

Region	Capacity
Central	487.2
Cook	107.1
Northern	457.2
Southern	518.0
Total	1569.5

Model	Central	Cook	Northern	Southern	Total
CPP	67.8		25.1	90.5	183.4
MST		3.6	14.4	122.1	140.0
NPP	279.7	21.3	187.7	210.5	699.1
TF-CBT	32.5	50.0	69.5	80.0	232.0
Triple P	107.3	32.3	160.6	15.0	315.0
Total	487.2	107.1	457.2	518.0	1569.5

Capacity levels by county



Capacity reflects annual capacity for number of individuals served with parenting services. Each provider's reported capacity is divided evenly amongst all the counties included in their service range.

Coordination of Care

- 💧 Reducing Service Burden
- 💧 Communication of key needs/ focal issues
- 💧 Inclusion of social supports



DCFS Home Visiting



Description of Home Visiting as an Intervention:

The quality of the parent-child relationship is the primary determinant of a child's development. Services therefore are directed at the parent and the *parent-child relationship*.

Services begin early on in infancy, often prenatally, in order to support the attachment process and to promote positive interaction during a crucial time for brain development.

Services are offered intensively, often weekly at the beginning, and over a long period (*generally three to five years*) to maximize their potential for impact.

Because it is crucial to the well-being of their children, the development of the parents (their education, living situation, mental health, etc.) is attended to also.

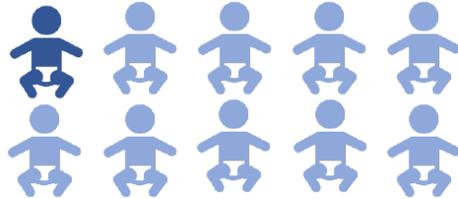
Services are guided by a standardized curriculum that attends to the child's development in a holistic manner.

Preterm Birth and the Impact on Child Development

Preterm infants are born before 37 weeks of pregnancy

In Illinois, **1 in 10** infants are born preterm

That's **15,500** children every year



Enough to fill **215** school buses!



Because their brain and organs are not yet fully developed at birth, premature infants are more likely to have:



Cerebral Palsy



Lower IQ Scores



Behavioral problems



Attention problems

If all preterm births in Illinois were prevented, Illinois would save more than \$250 million each year

\$230 million

Medical care costs through age 5

\$16 million

Special Education Services

\$9 million

Early Intervention Services

Questions?

Contact the Illinois Department of Public Health
Office of Women's Health & Family Services
Maternal and Child Health (Title V) Program
DPH.MCH@Illinois.gov



Target Population:

Intact Families

Children Age 0-3

Priority
Population –
Prenatal – Age 6
months

Goal: 400
Families Served
in Year 1

Special
Populations:

- Substance Use Disorders

Home Visiting Interventions

Service Type	EBP Intervention Name and Description	Target Population (in years)	Funding Source (Family First, Other Federal, or State)
Parenting Skills	Healthy Families America (HFA) is an intensive, long-term home-visiting program tailored to families who may have histories of trauma, intimate partner violence, mental health issues, and/or substance abuse issues.	Families with children age 0-2	Family First, MIECHV, State
	Parents as Teachers (PAT) is a home-visiting program to provide parents with child development knowledge, parenting support, and early detection of developmental delays and health issues.	Families with children age 0-5	Family First, MIECHV, State

Elements of the Bridge for Home Visiting

Child Welfare: Awareness

Port of Entry: Support for linkage

Access

Capacity/ Costs

[\$5,500-7,000/child]



Policy – The Why!



Prenatal Events - While home visiting services can demonstrate positive impacts when initiated post-pregnancy, the beneficial effects of home visiting services are amplified most when services begin early in pregnancy.



Home visiting begun prenatally may increase use of prenatal care; improve infant health, increase vaccination; and reduce infant visits to the emergency room.

Building Bridges

- 💧 Sister Agencies
 - 💧 DHS
 - 💧 HFS
 - 💧 ISBE
- 💧 Local Community Resources



Final Thoughts



- ◆ **Ongoing implementation support is essential to effectively implementing evidence-based interventions in complex systems;**
- ◆ **Data driven processes must be developed and shared with the system to enhance outcomes;**
- ◆ **Planning for sustainability is essential to maintaining fidelity and for addressing inevitable attrition in the workforce;**
- ◆ **The utilization of evidence based interventions impacts all aspects of the system. All parts of the system must be prepared to accommodate EBIs to strengthen the system of care.**



QUALIFIED RESIDENTIAL TREATMENT PROGRAM (QRTP)

Ashley Deckert, DCFS

Agenda

- High-level Overview of the Family First Prevention Services Act (FFPSA)
- Vision for Congregate Care in Illinois
- Qualified Residential Treatment Program (QRTP) requirements
- Assessment and Court Review timeline
- Independent Assessment Court Report
- Judicial Oversight & Responsibilities
- Monitoring Responsibilities

Learning Objectives

As a result of this presentation, participants will be able to:

- ◆ Garner understanding of vision for congregate care and philosophy of Family First
- ◆ Identify which treatment facilities qualify as a QRTP
- ◆ Understand the policies and limitations of funding for children placed in QRTP
- ◆ Know the court timelines and benchmarks regarding QRTP
- ◆ Identify elements of proposed monitoring responsibilities regarding recurrent assessments of QRTPs

Overview of Family First Prevention Services Act (FFPSA)

Family First philosophy

1. Prevent substitute care placement and emphasize placement in a family setting
2. Decrease congregate care

Two key provisions:

1. Allows states to use Title IV-E federal funding for prevention services
2. Imposes new requirements for congregate care

Vision for Congregate Care

Reshape the system culture to view congregate care as a time-limited, focused treatment intervention with a purpose and outcome to support youth pathways to permanency and youth living in family homes

We will do so by:

- ◆ Transforming the continuum of placement approaches as well as the practices of providers, caseworkers and caregivers to provide more effective interventions.
- ◆ Acknowledging the risk inherent in serving youth with high service needs in community settings, generating additional placement resources that provide intensive services in more family-like settings

Vision for Congregate Care

- ◆ Requiring and supporting congregate care treatment providers to plan for transitions and remain engaged in post-discharge linkage to community resources
- ◆ Requiring and supporting caseworkers, foster parents, and families to remain engaged with youth while they receive treatment interventions in congregate care settings.
- ◆ We believe this will increase the effectiveness of congregate care interventions, shorten lengths of stay, promote successful transitions between settings, and promote engagement and longstanding connections between children and helping adults.

QRTP Requirements

Requirement	Description
30-Day assessment	IL: Conducted by an independent assessor using the CANS
60-Day court review	IL: Motion filed by DCFS Legal; court reviews the summary report of the 30-day independent assessment and approves/disapproves the QRTP placement
Trauma-informed treatment model	Model description, staff training, trauma assessment and treatment planning, trauma interventions, and supporting management practices
Nursing and other clinical staff	Onsite in accordance with treatment model and available 24/7
Family engagement	Family finding and participation in the treatment process
6-month aftercare	Discharge planning and family-based aftercare support for at least 6-months post-discharge
Licensed	Licensed by the State Title IV-E Agency (DCFS)
Accredited	CARF, COA, EAGLE, or JCAHO

Other programs eligible for time-limited Title IV-E Foster Care Maintenance Payments

1. A licensed residential family-based treatment facility for substance abuse in which a child is placed with a parent
2. A setting specializing in providing prenatal, post-partum, or parenting supports for youth
3. In the case of a child who has attained 18 years of age, a supervised setting in which a child is living independently
4. A setting providing high quality residential care and support services to children and youth found to be, or who are at risk of becoming, sex trafficking victims

Trauma-Informed Care and QRTP Readiness Assessment

Illinois' Definition of Trauma-Informed Treatment Model

A trauma-informed treatment model is milieu and clinical treatment services provided under an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of trauma and in accordance with recognized principles of a trauma-informed approach and trauma-specific interventions to address trauma's consequences and facilitate healing.

Criteria for Designation as a Trauma-Informed Treatment Model

1. The program has an articulated model of trauma-informed care in accordance with recognized principles of a trauma-informed approach and trauma-specific interventions
2. The program conducts initial and ongoing training of milieu, clinical and ancillary support staff in the agency's model of trauma-informed care
3. The program conducts a trauma assessment and treatment planning for each child in care
4. The program provides trauma-specific milieu and clinical interventions in accordance with the child's assessed clinical needs
5. The program's supervisory and management practices support implementation of the model of trauma-informed care and provision of trauma-specific milieu and clinical intervention

Assessment and Court Review Timeline

- ◆ Independent Assessment must be completed within 30-days of the child's admission in a QRTP
- ◆ Independent Assessment report will be available to DCFS Legal within 35-days of the child's placement in a QRTP
- ◆ DCFS Legal prepares and files a motion, with the Assessment report attached, requesting a Court hearing to review the recommendation of the Independent Assessment
- ◆ The Court hearing must occur within 60 calendar days of the child's admission in a QRTP
- ◆ If the time requirement for either the Independent Assessment or Court Review is not met, the duration of the child's treatment will be ineligible for federal claiming

Judicial Oversight

The Act envisions consistent and regular court monitoring of these QRTP Admissions to ensure children needing specialized care receive such care until it is no longer needed based on the evidence. As long as the child remains in a QRTP, the state agency is required to provide the following evidence at each review and permanency hearing:

Family First QRTP Requirement and Court Impact

The court must:

- ◆ Determine that admission into a QRTP occurs only for children whose needs cannot be met in foster care
- ◆ Determine if the QRTP is the most effective and appropriate level of care in the least restrictive environment
- ◆ Determine if the QRTP is consistent with short-and-long term goals in the permanency plan
- ◆ Determine if the QRTP treatment is in the best interest of the youth and necessary and appropriate to the youth's plan and goal
- ◆ Approve or disapprove of the youths admission into a QRTP

Family First QRTP Requirement and Court Impact

- ◆ The court must continue to demonstrate at each status review that the QRTP treatment is beneficial to the youth
- ◆ DCFS must show that progress is being made in preparing a child to be placed with a family, in a foster family home, or another permanent living arrangement.
- ◆ QRTP treatment longer than 12-months consecutively (or 18-mo non-consecutively) must have approval by DCFS agency head. Or for children under age 13, evidence must be submitted when the child has been in the QRTP more than six months

Judicial Responsibility

- ◆ Judges have a duty to ensure that children under court jurisdiction are being properly assessed and are placed in the least restrictive setting that meets their needs.
- ◆ Judges should set clear expectations for family engagement, ~~and~~ individualized, detailed treatment, and transition plans for the child to return home with community services and supports.
- ◆ The Court should also ensure that the child and family are engaged in the development of treatment and transition plans and that the services and supports are sufficient to successfully transition home.
- ◆ Judges should be educated in trauma and trauma-informed care to ensure that decision to approve or disapprove admission in a QRTP is in the best interest of the youth.

Monitoring Responsibility

- ◆ Monitors will formally and informally (through meetings and milieu observations) assess an agency's compliance with and quality of their QRTP designation
 - ◆ Procedures will provide staff guidance on how to assess compliance and quality
 - ◆ An assessment tool will be developed for use, likely to be used on an annual basis
- ◆ Monitors involvement in treatment planning, discharge planning, etc., will not change.
- ◆ Notification of an agency being a QRTP or being identified for serving an at risk population will be sent out by July 31, 2020
- ◆ Monitors will become familiar with and be guided by revised Residential Procedures updated to include QRTP Requirements

NEXT STEPS

Illinois Department of
DCFS
Children & Family Services

Significant Opportunities for Child Welfare

Pre-2018 Federal Law

- Most federal \$\$ for foster care
- Services only for child
- Income test to qualify
- \$\$ for children placed in group homes with little oversight
- No \$\$ for child placed with parent in residential treatment

Family First

- New federal \$\$ for prevention
- Prevention for parents, child, kinship caregivers
- No income test
- No \$\$ unless placements are quality settings and appropriate
- 12 months of federal \$\$ for such placements

Next Steps

- 💧 Planned submission of the state's Prevention Plan: July 2020
- 💧 Anticipate three (3) or more months for federal approval
- 💧 Target date for beginning claiming for prevention services and implementation of congregate care requirements: October 2020

Q&A

Email us:

DCFS.FamilyFirst@Illinois.gov

Learn more:

<http://FamilyFirst.dcf.illinois.gov>

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