



What is Family First?

The Family First Prevention Services Act (FFPSA) was signed into law on February 9, 2018. This act reforms the federal child welfare financing streams, Title IV-E and Title IV-B, of the Social Security Act. The act supports important reforms in child welfare as we re-imagine DCFS as a department that emphasizes prevention, early intervention and evidence-based practices for children and families. The act also seeks to improve the well-being of children already in foster care by incentivizing states to reduce placement of children in congregate care.

The FFPSA transforms federal financing for child welfare programming in two major ways:

1. FFPSA allows Title IV-E funding to be used to fund up to one-year of evidence-based prevention services for children and families who are “candidates for foster care,” i.e., at “imminent risk” of child welfare involvement
2. FFPSA regulates financial support for youth in congregate care settings to limit long stays in congregate care, provides residential treatment options for youth with clinical needs and establishes criteria for Qualified Residential Treatment Programs (QRTPs)

Why the change in the law?

The intent of the law change is to bring child welfare financing into alignment with what research tells us is the best practice for children and families:

1. Keeping children in their homes whenever safe and possible
2. When children must be placed in foster care, ensuring they are in the most family-like, least restrictive setting that will meet their needs

Before FFPSA	After 2018 FFPSA
Most federal Title IV-E money designated for foster care	New Title IV-E money: in-home parenting services, substance abuse prevention and treatment, and mental health treatment
Services only for the child	Prevention services for child, parents, kinship care providers
Income test	No income test
Title IV-E funding for children placed in group homes with little oversight	Congregate care/ residential homes must be quality, appropriate settings to qualify for Title IV-E funds
No funds for children placed with parents in residential treatment	12 months of Title IV-E money for these placements

Adapted from Casey Family Programs, 2018



How is Illinois planning for Family First?

In November 2018, Illinois submitted the permissible request for delay until September 29, 2021, reserving the right to opt in any time after October 1, 2019 on Title IV-E provisions.

Also in November 2018, a FFPSA steering committee to guide planning and decision making for FFPSA was established; including four sub-committees (Prevention, Intact Family Services, Residential & Congregate Care and Licensing) and four support committees (Data & Performance, Financial & Federal Compliance, Legal & Policy and Technology). More than 300 members from DCFS and private agency stakeholders are represented on these committees.

What are the target populations for Family First in Illinois?

1. Intact Families
2. Pregnant and Parenting Youth
3. Reunification within 6 months
4. Post Adoption and Subsidized Guardianship

OUR VISION FOR PREVENTION TRANSFORMATION

The Illinois Department of Children and Family Services envisions a transformed child welfare system under Family First in which:

- Families are the drivers, identifying their own goals and the customized, evidence-based interventions and supports that will help them meet these goals.
- An understanding of the impact of past and present trauma, systems of oppression, racial inequities, environments and experiences informs all interactions with families
- Cohesive communities have the resources and capacity to support families and take collective responsibility for doing so
- Efficient technology and effective communication create streamlined and clear processes that minimize the barriers to families seeking and receiving help
- Front-line staff are prepared with a broad array of tools, information and knowledge to consistently assist families in accomplishing their goals, navigating complex systems and minimizing additional involvement at any stage of their involvement with the child welfare system



Family First provision of evidence-based prevention services

1. Allows Title IV-E funding to be spent on services to prevent children and youth who are “candidates for foster care” from coming into care and allow them to remain with their families
2. Services can be provided for up to 12 months
3. The department must develop a written, trauma-informed plan to provide evidence-based services
4. The state is reimbursed for 50% of eligible prevention services
5. Eligible target populations for optional Title-IV funding for evidence-based prevention services include:
6. Children who are candidates for foster care
7. Pregnant/parenting foster youth
8. Parents/kin caregivers of those children and youth

Prevention services may include:

1. In-home, skill-based parenting programs
2. Substance abuse treatment and prevention services
3. Mental health services



Family First prevention provisions for congregate care settings in QRTPs

Qualified Residential Treatment Programs (QRTPs) must meet the following criteria:

1. Be licensed and accredited
2. Have a trauma-informed treatment model
3. Facilitate outreach to, and participation of, family members in the child’s treatment program
4. Have nursing staff and other licensed clinical staff onsite, available 24/7 to meet the needs of the treatment plan. QRTPs have specific case planning requirements, review and court hearing requirements and mandated court approval of placements.

Foster care maintenance payments are limited to:

1. Facilities that meet the QRTP criteria for any youth staying past two weeks
2. Youth with a clinical assessment completed within 30 days of referral indicating clinical need for the congregate care setting

To claim for evidence-based prevention services, congregate care prevention provisions must be in place.

OUR VISION FOR CONGREGATE CARE TRANSFORMATION

We aim to 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
- 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.



Questions? Email

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