

Illinois Department of Children & Family Services  
Fall 2022 Legislative Report on Specialized Care

This report is being submitted by the Department of Children and Family Services (the Department) pursuant to the Children and Family Services Act, 20 ILCS 505/5.30, Specialized Care, which requires that the Department adopt a rule, or an amendment to a rule, regarding the provision of specialized care to a child in the custody or guardianship of the Department, or to a child being placed in a subsidized guardianship arrangement or under an adoption assistance agreement, who requires such services due to emotional, behavioral, developmental, or medical needs, or any combination thereof, or any other needs which require special intervention services, the primary goal being to maintain the child in foster care or in a permanency setting. The statute requires that the Department submit a report to the General Assembly, on or before September 1 each year.

The Department's current rule, TITLE 89: SOCIAL SERVICES, CHAPTER III: DEPARTMENT OF CHILDREN AND FAMILY SERVICES, SUBCHAPTER a: SERVICE DELIVERY, PART 301 PLACEMENT AND VISITATION SERVICES in section 301.90 specifically speaks to specialized foster care services.

PART 301 PLACEMENT AND VISITATION SERVICES SECTION 301.90 FOSTER FAMILY HOME CARE

b) The Department shall provide specialized foster care services for *a child in the custody or guardianship of the Department who requires such services due to emotional, behavioral, developmental or medical needs, or any combination thereof, or any other needs which require special intervention services, the primary goal being to maintain the child in foster care or in a permanency setting.* [20 ILCS 505/5.30(a)] This section further establishes the criteria, standards, and procedures for specialized foster care.

The Specialized Foster Care Program provides services to youth with mental health/behavioral special needs and/or with medical/developmental special needs. This service is contracted out to Purchase of Service agencies (POS).

- **Mental health/behavior specialty**- serves youth with a history of placement instability/placement disruption; intermittent or chronic incidences of delinquency; substance abuse/misuse; aggressive or withdrawn behavior; chronic educational needs; and/or sexually active/reactive behaviors.
- **Medical/developmental specialty** - serves youth with serious medical/physical and developmental condition(s)/impairment(s).
- **Adolescent Foster Care specialty** - serves youth, ages 12-20, at risk of placement in residential treatment or group care, with a history of placement instability/placement disruption; intermittent

or chronic incidences of delinquency; substance abuse/misuse; aggressive or withdrawn behavior; chronic educational needs; sexually active/reactive behaviors; and/or serious medical, physical, and/or developmental condition(s) and impairment(s).

- **Treatment Foster Family Homes (TFFH)** - Foster Care Specialty model with professional foster parents specifically trained to care and work with youth requiring intensive services to promote permanency, stability and well-being. These foster families will reside in an agency operated home. There shall be at least one caregiver available at all times, to actively participate in services and supports as an integral member of the child's treatment team. Supports are in place to provide an intensive array of services to ensure the overall functioning and stability of the child and increase permanency for our youth. TFFH foster parents will routinely participate in assessment and evaluation of their competencies to ensure their continued abilities to address the strengths and challenges of the youth presented for their care.

- **Inclusions**

- Youth with severe, chronic medical or mental conditions (e.g., conditions lasting 24 months or longer) who require a highly structured program that can be provided in a home-based setting.
- Youth stepping down from more structured living arrangements, such as residential treatment and group home programs when the treatment team has determined their needs can be met in a home-based setting.
- Youth in Home of Relative (HMR) or Traditional foster care placements who received System of Care (SOC) services and/or other interventions that were insufficient to meet the youth and/or caregivers needs; and/or concerns that needs are chronic in nature and duration as documented by the provider and for whom the Department has determined would be best served in Specialized Foster Care.

- **Exclusions**

- Youth who present a sustained and serious risk of harm to self or others even with intensive services and supports provided in the home environment are not appropriate for Specialized Foster Care services.
- Youth appropriate for Specialized Foster Care must have documented impairments that are chronic in duration and nature impacting their functioning in multiple life domains i.e., home, school, community, and who require a highly structured program that can be provided in a home-based setting.

Private agencies with specialized foster care contracts continue to be responsible to provide adequate specialized training to foster parents in areas of mental health, behavior modification, trauma focus training, and crisis intervention. This training is specific to the unique special needs of the child (ren) placed in each foster home. For children with specialized medical needs, training will be completed prior to placement and throughout the case as needed. All foster and relative caregivers serving children with specialized medical needs will receive certifications in Cardiopulmonary Resuscitation and First Aid, as well

as training in proper medication dispensing and documentation. The specific nature of the training and number of hours required are described in the program plan for each specialized foster care contract.

**Additional Services:**

The Specialized Foster Care Program also provides medical/developmental specialty services to youth with serious medical/physical and developmental conditions and/or impairments. The agencies shall develop a contractual relationship with a physician or registered nurse to support the needs of the specialized youth. Each caseworker of specialized care has a limited caseload of ten (10) cases.

In Fiscal Year 23, the Department funded and added two positions to every private agency team to work to increase permanency and serve youth in relative and fictive kinship care. Each specialized foster care team in every private agency shall include a Permanency Achievement Specialist to provide consultation regarding permanency issues, identifying and removing barriers to permanency, working to secure appropriate specialized placements for children and working to complete permanencies for children waiting for reunification, adoption, or subsidized guardianship goals.

The other position added to the team in FY 23 is the Family Finding and Resource Specialist who will work to facilitate the expansion of resources needed to better and more effectively serve the children and families involved in foster care. This staff person will provide professional technical assistance and resource development support to casework staff who serve children with specialized problematic behavior service needs. They will also identify and locate potential extended family/fictive kinship relationships.

With the addition of two professional staff to the casework team for traditional and specialized foster care, the Department is hopeful to further maintain placements for our youth and expedite permanencies to decrease the length of time in care.

Post adoption children continue to be considered to receive a specialized level of care and the services it provides. Should a family request their child be considered for the specialized level of care, a referral is made by the family's post adoption worker to the DCFS Adoption Committee. The Committee consists of the Statewide Adoption Administrator, DCFS Nurse, and DCFS Clinical Staff. A conference is held with the adoptive parents to review the services and needs of the child. If it is determined that the child's needs warrant an increase in the adoption subsidy a recommendation is made to be approved by the Specialized Foster Care Gatekeeper. The subsidy increase continues to be tied to the direct needs of the child and the services the adoptive parent must receive and have available to meet those needs.

The Illinois Department of Children & Family Services has also developed new service programming and additional Department staff for the Specialized population to serve youth with additional service needs. The Department in collaboration with purchase of service agencies has developed a Families Together Pilot, a new Therapeutic Foster Care program, and approved the hiring of a new Statewide Specialized Foster Care Monitoring and Execution team to join the Agency Performance Monitoring and Execution (AMPE) team to monitor specialized agencies on a statewide basis.

**Families Together:**

In FY22 and continuing through FY 23, the Department worked in coordination with Lutheran Social Services Inc. to implement a model to meet the additional service needs to serve the specialized population of youth by adding a pilot program in Cook County called Families Together. This is a program with a foster care model rooted in working with the birth parents, family of origin and foster parents who are trained to

work collaboratively to facilitate an expedited reunification of youth while achieving safety, permanency and well-being. The Families Together model uses immediate and expert engagement of a family in crisis by a highly trained and focused case coordination team to effectively assess, build and support the healthy ecosystem needed for sustainable success.

The Families Together model provides an opportunity for the entire family to become engaged in the process of returning youth home to their birth parents/caretakers to facilitate and increase safety and well-being for the children who the Department serves and bridge the gap between birth parents and the foster parents via the coordination of training and familial involvement. This program will provide a more comprehensive behavioral and crisis management plan for the case coordination for the families and the youth that are served by the Department. This is a three-year program that is being monitored, tracked, evaluated and assessed externally by Chapin Hall at the University of Chicago.

The Therapeutic Foster Care Model for this program is KEEP which stands for Keeping Foster Parents Trained and Supported. This program encourages daily contact between the youth and the parents with the foster parents being a critical team member to coordinate the increased communication between the youth and parent. The future plan is to take this program statewide after the success rate is determined. This family focused program will continue to promote safety, permanency, and well-being to reduce the length of time youth spend in residential treatment facilities, increase placement stability while improving the level of functioning of the youth in the program with an overall central family focus.

#### **Therapeutic foster care:**

The Department is currently in the process of accepting and vetting requests for Proposals for the Therapeutic Foster Care program from four (4) agencies. The Therapeutic Foster Care Program is a foster care program with a community-based support system component to work to serve youth coming out of residential treatment. This program will provide additional therapeutic supports to assure the success of the youth in the community via enhanced community-based services. The goal is a successful step-down process for our youth to assist them in transitioning to the community by offering additional supports and services as needed while assuring the availability of the proposed service needs. The intended impact is for the youth to step down to a community-based foster care placement that will focus on the needs of the youth with support services and training via a team model approach and continue working with our youth while reducing the need for congregate care and the overall length of stay.

The children anticipated to be served by this program and the four projected agencies is currently targeted at 98 youth and families annually and the caseload numbers for this program are anticipated to increase in the future when the programs are in full effect.

#### **Statewide Specialized Care Administration and Team Development:**

The Department through the Specialized care program is continuously developing outcome measures and data systems for the collection and analysis of success of the specialized program. The continued Departmental goal for specialized foster care services is to evaluate the efficiency of the program to better serve the needs of children and youth that we serve. The Monitoring Unit Agency Performance Monitoring and Execution, (APME) has realigned with agency administrative staff to increase communication about child safety, permanency and well-being.

The Department will continue to collect and analyze intake data to build the capacity of community-based placements and agency providers in the specialized care arena. A further goal is for the Department to

increase permanency by minimizing the number of placements for youth which is directly related to the decrease of time spent in care.

The Department has developed an Administrative Leadership position and hired a Statewide Monitoring Administrator to oversee work in the Specialized Foster Care Program to assure agency compliance with the Specialized Program Plan and offer continued assistance and guidance in increasing the permanency rates while assuring safety and well-being for our youth. This position will assure the continued oversight of statewide specialized foster care services, adolescent care, and other service and home-based alternatives. A new team of Agency Performance and Monitoring and Execution staff has been developed who will specialize in the continued and direct oversight of the private community-based partners with specialized foster care contracts to assure program compliance and be a direct line of communication between the agency and the Department statewide. It is anticipated that the APME Specialized team of five Monitors and a Supervisor will be hired within the next six months.

The entire Specialized APME team will work to develop and coordinate specialized and enhanced services to youth and families with complex service needs in the multiple specialized domains of mental health and disrupted behavior, youth with a history of placement instability, placement disruption, delinquency, substance abuse/misuse, aggressive or withdrawn behavior, educational needs, and sexually active /reactive behaviors, and this team will continually engage in frequent and additional contact with the purchase of service agencies to review, develop, implement, and monitor Departmental policies and procedures related to specialized foster care.

Currently, there are 38 Specialized Foster Care Agencies serving our Specialized Youth and the Department also services specialized youth when needed. The caseload was 1710 youth being served at the beginning of the Fiscal Year which started July 1, 2022 served by private agencies & DCFS. These agencies and the Department are serving 1710 youth in specialized foster care. This includes 177 youth currently being served in Medical Specialized Care, 1286 in Mental Health related Specialized Care and 247 in Adolescent Foster Care. This data was taken from the Fiscal Year dashboard ending June 30, 2022.

The Department remains open to new contracts and program models to serve our youth and the commitment has been proven by hiring the Statewide Monitoring Administrator and full Monitoring team to continue this focus to serve our specialized youth and their families.

The Department is committed to make specialized foster care a priority of service provision to the youth that we serve. Our focus remains stepping youth down from residential facilities to allow the youth to be placed in a home-like setting with additional foster care service supports via the specialized foster care program with a continued Focus on Specialized Care and Wraparound Services.

The continued focus includes all parties from the providers to the foster caregivers for youth stepping down from residential facilities via enhanced Wraparound Services. When youth step down from residential facilities into foster care, they are offered foster homes and additional services from foster care agencies. The Enhanced Wraparound Service includes an immediate service authorization that is available to expedite services provided to the youth including additional respite services for the foster caregiver. The foster care agency provides an alternative to the foster parent/caregiver for relief and/or crisis supports to the foster parent. The intent was to create a pool of dollars to be able to be used flexibly for youth stepping down.

Although the service authorization is based on revenue per youth, it is not restricted per youth (no per youth capitated amount) but was intended to meet a youth's individualized needs as they step down. The Department understood that one youth may need more wraparound services, and another may need less. This fund was used to provide services above what is already contractually required. A customized service plan would be developed with each case based on the specific needs of each child, family, and foster family. Agencies are to use the enhanced wraparound funds to access individualized services without delay. Services are to be family centered, trauma informed, and strength based and shall include, but not limited to:

- Crisis Response Plan
- In home services
- Traditional therapies
- Recreational therapies
- Behavioral interventions, supports, plans
- Peer support-youth, caregivers, birth parents
- Non-traditional therapies-art, dance, music, etc.
- Respite services, above what is already contracted
- Training & Support for youth and family.

To support and sustain the youth in placement a monthly stipend for the first twelve-month period is also available to the foster parent. The foster parent is to participate in the treatment and support of the customized service plan including but not limited to:

- Transportation
- Increased availability to participate in treatment and team meetings
- Participate in treatment sessions as required and requested on behalf of the youth and/or family therapy
- School meetings and/or activities
- Participate in required or recommended training.

Statewide there are a total of 143 specialized foster care contracts with 39 specialized foster care agencies that includes traditional foster care agencies that also serve our specialized population. The categories under the specialized foster care service area are mental health/behavior (MH) medically complex/fragile (MD), medical/mental health (MD/MH), adolescent (AFC), Medical/Mental Health/Developmental Delayed (MD/MH/DD), Mental Health/Developmental Delayed (MH/DD) and Treatment Family Foster Home (TFFH). Within the mental health/behavior category there are sub-specialty populations of youth that have an intellectual disability.

The current numbers are as follows:

Contracts by teams:

- Medically complex/fragile MD contracts: 37
- Mental health/behavior MH contracts: 87
- Adolescent/AFC contracts: 19

Cases:

- Medically complex/fragile MD agency cases: 177
- Mental health/behavior MH agency cases: 1286

Total Specialized cases being served by Purchase of Services Agencies: 1710 \*

\*Data compiled from end of Fiscal Year data effective June 30, 2022.

There are separate individual permanency requirements for youth in specialized care and the goals are contingent upon the type of program that the youth is assigned based on their individual service needs. Permanency is defined as a Reunification by Return Home, Adoption, or Subsidized Guardianship for our youth.

The required permanency goal for Medically complex and fragile MD specialized youth is at 40%. There is a separate goal of 25% which is the permanency requirement for the MH Mental Health behavior and AFC Adolescent Foster Care cases. The permanency rate for all youth in care is monitored daily by the Agency Performance Monitoring and Execution Unit.

The Department has consistently devoted their efforts to further provide specialized services to a delicate population of youth to be served. By hiring additional Departmental staff and funding new positions at the purchase of service agencies to specifically work with this population and all youth, we are looking forward to the future with hope and dedication to continue to serve this specialized population.