August 23, 2018– 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disruption; intermittent or chronic incidences of delinquency; substance abuse/misuse; aggressive or withdrawn behavior; chronic educational needs; and/or sexually active/reactive behaviors.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 is 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 TFFH. 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.

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.

* + **Inclusions**

The following categories of youth may be referred to Specialized Foster Care.

* + - 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.

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. 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.

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.

In FY17 The Department implemented 4 pilot programs for Therapeutic Foster Care (TFC) for children and youth ages 6 – 12 years and 12 years and older throughout the state. The primary objectives for the proposed program were to:

* Reduce the length of time youth spend in residential treatment facilities beyond clinical necessity;
* Decrease the number of youth placed in residential facilities;
* Increase placement stability; and
* Improve level of functioning of children and youth receiving TFC, including reduction of trauma symptoms.

Programs were to have a central family focus which is strengths-based and promotes safety, permanency, and well-being for children. Because of the high levels of trauma experiences and trauma symptoms in the target population, Programs were to include trauma-informed interventions in their model of therapeutic foster care. The pilot programs were subject to a full evaluation over 5 years. The evaluation will be conducted externally by Chapin Hall at the University of Chicago.

Initially three Foster Care agencies were chosen to implement the pilot programs and a forth agency was added during the fourth quarter of FY17. The models used were Together Facing the Challenge (TFC), Treatment Foster Care Oregon (TFCO) and the third pilot model integrated elements of the Agency’s Adolescent Foster Care (AFC) model with Therapeutic Crisis Intervention for Families (TCI-F) which is an evidenced based clinical intervention. When the pilot rolled out two (2) of the agencies chose to utilize the TFCO model, one (1) utilized the TFC model and one (1) utilized the integrated model of AFC and TCI-F.

During FY18 one (1) of the TFCO programs thrived in the development of homes and fidelity to the model and as a result this program received 44 referrals and 22 youth were placed. This program was implemented in Cook, Kane and Winnebago Counties. 66% of the youth they served were 11 years old or younger and 34% were 11 to 14 years old. The other TFCO program, that served Cook County only, was unsuccessful and their contract was terminated. The program that utilized the TFC model, also in Cook County, was unsuccessful and their contract was terminated. The program that utilized the integrated model, in Cook County as well, continued to move forward with development of homes. They served youth 18 and younger and received 13 referrals resulting in 9 youth being. The two successful programs have continued their contracts into FY19

Across the state there are a total of 69 specialized foster care contracts with 41 foster care agencies. 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), pregnant and parenting (PPT), 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. There are 6 agencies that have a specialty in serving youth with an intellectual disability.

Currently we have:

41 Foster Care Provider agencies that have a total of 69 Spec Foster Care contracts, below are the number of contracts by specialty type:

* 12 Adolescent Foster Care
* 26 Mental Health
* 13 Medical/Mental Health
* 5 Medical/Mental Health/Developmental Delayed
* 2 Mental Health/Developmental Delayed
* 4 Pregnant and Parenting
* 3 Adolescent Foster Care – Juvenile Justice
* 4 Treatment Family Foster Home

In FY18 there were 2,045 unique cases served in specialized foster care.