REGIONAL PARTNERSHIP GRANTS ROUND 4

ILLINOIS INTACT FAMILY RECOVERY PROGRAM

LEAD AGENCY: Youth Network Council DBA Illinois Collaboration on Youth
LOCATION: Illinois
TOTAL PROGRAM FUNDING: $2,954,115

GEOGRAPHIC AREA: Boone, Kankakee, Will and Winnebago counties
ADMINISTRATION FOR CHILDREN AND FAMILIES REGION: Region 5
CONGRESSIONAL DISTRICT SERVED: 16, 02

BRIEF PROGRAM DESCRIPTION

The Illinois Intact Family Recovery (IFR) Program builds on an evidence-based model with a growing body of research, including 19 years of outcomes from a long-term demonstration project and randomized control trials among families with children in foster care due to an indicated case of an infant with prenatal substance exposure. The proposed IFR program expands and enhances the model in two significant ways: (1) to work with any family with an identified substance use disorder (SUD) and (2) to apply the model in a range of community settings, from rural, to suburban, to urban.

The Illinois Collaboration on Youth serves as the lead applicant for the northern Illinois Regional Partnership, which consists of the following organizations: Illinois Department of Children and Family Services, Illinois Department of Human Service –Division of Substance Use Prevention and Recovery, Illinois Association for Behavioral Health, three child welfare agencies—Aunt Martha’s Health & Wellness, Children’s Home + Aid, Lutheran Social Services of Illinois—and three substance use disorder treatment providers—Remedies Renewing Lives, Stepping Stones, and TASC, Inc. The comparison group will receive intact family services (IFS) as usual. The treatment group will receive IFR, which consists of IFS as usual plus specialized case management from a Recovery Coordinator. The treatment group will also remain eligible for up to 18 months, as opposed to six months for the comparison group.

TARGET POPULATION AND PROJECTED NUMBERS SERVED

The IL IFR Program will serve families who live in one of four northern Illinois counties, are eligible to receive IFS to divert out-of-home placement, have one or more family members with a SUD, and are willing to participate.

The grant proposes to serve 120 families per year - 60 receiving the proposed intervention and 60 receiving services as usual. Over the course of the 4.5-year implementation phase, the project anticipates the program will serve 480 families.
MAJOR PROGRAM GOALS

GOAL 1: Increase the well-being, permanency, and safety of children.

GOAL 2: Improve family recovery and stability.

GOAL 3: Increase system-level capacity and effectiveness.

KEY MAJOR PROGRAM SERVICES

• Case Management and Case Conferencing
  – Intensive/Coordinated Case Management with child welfare provider and Recovery Coordinator from SUD organization

• Wraparound and In-Home Services
  – Wraparound/Intensive In-Home Comprehensive Services

• Parenting/Family Strengthening
  – Standard Parenting Skills Training/Education or Parenting Classes

• Family Therapy/Counseling
  – Traditional/Short-Term Family Therapy/Counseling
  – Intensive/Long-Term Family Therapy/Counseling

• Substance Use Disorder Treatment for Adults
  – Aftercare/Continuing Care/Recovery Community Support Services

• Children’s Services
  – Other Children’s Services

• Housing Services
  – Housing Support/Assistance

• Cross-Systems/Interagency Collaboration
  – Cross-systems clinical training on substance abuse, child welfare and related clinical issues
  – Regular joint case staffing meetings
  – Co-location of staff to assist with screening, assessment, identification, referral and/or provision of services
  – Cross-systems information sharing and data analysis
  – Regular regional partnership meetings to discuss program, policy and management issues

• Evidence-Based Practices
  – Motivational Interviewing
  – Cognitive Behavioral Therapy
  – Trauma Focused Cognitive Behavioral Therapy
− Contingency Management
− Intact Family Services

**PARTNER AGENCIES AND ORGANIZATIONS**

- State Child Welfare Agency
- Child welfare services provider (non-profit or for-profit)
- State Substance Abuse Agency
- Statewide membership organization – Mental Health
- Domestic violence services provider/agency
- Evaluator/Data Collection and Analysis – Other (non University-based or affiliated)
- Behavioral Health Agencies - SA and MH

**EVALUATION DESIGN**

**OUTCOME STUDY DESIGN: RANDOMIZED CONTROLLED TRIAL (RCT)**

**EVALUABILITY ASSESSMENT**

The local evaluation of the Illinois Intact Family Recovery (IFR) project includes an impact study and a process study. The grantee is also participating in the RPG cross-site evaluation studies of family and child outcomes, program implementation, and collaboration among RPG grantees and partners.

**Impact study design**

The grantee will use a quasi-experimental design to examine the impact of its RPG services. The grantee has assigned the child welfare program partners in two northern Illinois regions (each of which includes two counties) to provide IFR (intervention or program group) or treatment-as-usual (comparison group) services. Members of the program group will receive Intact Family Services (IFS; treatment-as-usual) plus specialized case management from a trained recovery coordinator for up to 18 months. Members of the comparison group will receive IFS (treatment-as-usual) for 6 to 12 months. To be eligible for the impact study, families must live in one of four northern Illinois counties served by the project, be referred for IFS by the Illinois Department of Child & Family Services to divert out-of-home placement, have one or more family members with a substance use disorder, and agree to participate. Illinois IFR anticipates including 480 families in the evaluation, with 240 in the intervention or program group and 240 in the comparison group. The grantee will examine impacts in the following domains: safety, permanency, recovery, child well-being, and family stability.

Data sources include administrative data and standardized instruments. Evaluation staff will collect data from both the intervention (program) and comparison group participants. These data will be collected at three time points: (1) when families begin services (baseline); (2) 9 months after baseline; and (3) 18 months after baseline.
**Process study design**

In the process study, the grantee will examine program fidelity and service receipt to provide continuous feedback for program improvement and to address obstacles or barriers that emerge. The evaluation will track key process components of the program logic model, such as eligibility, screening, service access, and dosage, to improve understanding of program implementation. The grantee also will examine integration of services, communication and collaboration. Data sources include document reviews, service data, and key informant interviews (including partner staff, providers, steering committee members, and policy makers). Key informant interviews include two standardized measures—(1) the Collaborative Capacity Instrument and (2) the Working Together Survey—and other qualitative items to assess how well information is being disseminated to other child welfare and service system partners and sustainability efforts.

**SUSTAINABILITY STRATEGIES AND ACTIVITIES**

The partners expect that the IL IFR program will result in long-term behavioral changes in the target populations, as well as propel long-term systemic change in the targeted geographic counties. ICOY, DCFS, and the provider partners have collaborated on many programs for decades, and regularly monitor and review potential funding and payer systems changes to ensure continuity of care for program clients.

For the proposed initiative, the partners have developed an initial two-pronged sustainability plan. From the outset, ICOY will work to ensure that programming enhancements can be maintained long-term by engaging state agency staff as active participants on the Steering Committee throughout the life of the proposed project.