



Specialized Family Support Program (SFSP)

Providers of Screening, Assessment, and Support Services (SASS)

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Table of Contents

Foreword	3
Guide Use	3
Definitions	4
SFSP Overview	7
Chapter 1 – Program Eligibility and Intake	8
1.1 Eligibility Criteria	8
1.2 Centralized Intake – Crisis Referral and Entry Service (CARES)	9
1.3 SFSP Eligibility Management	9
1.4 CARES Eligibility Report	10
Chapter 2 – SFSP Intake Protocols	10
2.1 Response to Call from CARES	10
2.2 Twenty-four (24) Hour Non-Emergency Response	11
2.3 SFSP Intake Documents	12
Chapter 3 – Parent Education and Participation Requirements	13
3.1 Family Engagement	13
3.2 Parent/Guardian Education	13
3.3 SFSP Parent/Guardian Guide	13
3.4 Parent/Guardian Participation	14
Chapter 4 – SASS Provider’s Role during Hospitalization	15
4.1 Hospital Discharge Plan	15
4.2 Coordination with Home SASS Provider	15
Chapter 5 – Service Delivery and Coordination	15
5.1 Role of the SFSP Coordinator	15
5.2 SFSP Services	16
5.3 Service Provision	16
5.4 SFSP Assessment Report	18
Chapter 6 – Coordination with other Entities	18
6.1 Coordination with CCBYS	18
6.2 Coordination with HFS Contracted Managed Care Plans	19
6.3 Coordination with Local School District	19
6.4 Coordination of Developmental Disabilities Services	19
6.5 SASS Provider’s Role with DCFS	20
Chapter 7 – SFSP Discharge and Ongoing Service Linkage	21
7.1 Role of the ICT	21
7.2 Referring a Case to the ICT	22
7.3 Ongoing Service Linkage	22
7.4 Discharge Process	22
Chapter 8 –Technical Assistance	23
8.1 Requests for Technical Assistance	23

Foreword

In response to the Custody Relinquishment Prevention Act (PA 98-0808), the Illinois Departments of Healthcare and Family Services (HFS), Children and Family Services (DCFS), Human Services (DHS), Juvenile Justice (DJJ), Public Health (DPH), and the Illinois State Board of Education (ISBE) entered into a collaborative partnership to develop the Specialized Family Support Program (SFSP). The SFSP builds upon existing State infrastructure and resources to create a pathway for youth at risk of custody relinquishment to receive services through the appropriate State child-serving agency. The goals of the SFSP are to:

- Deflect eligible youth from entering DCFS care solely to obtain behavioral health treatment;
- Provide crisis stabilization services to Child at Risk of Custody Relinquishment and their family;
- Determine the most appropriate treatment services for the eligible population through a comprehensive, standardized assessment process; and
- Link eligible youth and their families to services at the right intensity and level of care in a timely manner.

Questions or concerns regarding the SFSP may be directed to HFS via phone (217-557-1000) or email (HFS.CBH@illinois.gov).

Guide Use

This guide has been prepared for the information and guidance of contracted providers of Screening, Assessment, and Support Services (SASS). It is a companion document to the SASS Contract, SASS Handbook, and ICG Policy Memos issued by HFS. It is designed to serve as a technical assistance tool for SASS providers by providing additional operational detail regarding their contractual responsibilities when serving youth enrolled in the SFSP. SASS providers are responsible for compliance with all processes outlined herein.

Definitions

Child Abuse Hotline: The single point of entry in Illinois for reporting suspected child abuse or neglect to DCFS. The Child Abuse Hotline operates 24 hours a day, 7 days a week.

Youth at Risk of Custody Relinquishment: A youth whose parents or guardians refuse to take the youth home from a hospital or similar treatment facility because the parents or guardians have a reasonable belief that the youth will harm himself or herself or other family members upon the youth's return home, and there is no evidence of abuse or neglect.

Childhood Severity of Psychiatric Illness (CSPI): A screening tool approved by HFS for use in the SASS program for children and youth up to age of 21. The CSPI is a measure of psychiatric severity and is used as part of the assessment to recommend whether a child can be stabilized in the community or a higher level of care may be needed.

Comprehensive Community-Based Youth Services (CCBYS): A program authorized by the Children and Family Services Act (20 ILCS 505/17) administered by DHS to provide services and support to help children ages 11-17 years old who are at risk for involvement in the child welfare or juvenile justice system.

Crisis and Referral Entry Service (CARES): The single point of entry to the SASS Program that provides phone crisis response and referral services for children with a mental health crisis requiring referral to the most appropriate program or resource. HFS has entered into a contract with a vendor to provide entry, access and referral to individuals seeking publicly funded behavioral health services.

Department of Children and Family Services (DCFS): The Illinois Department of Children and Family Services. The statewide child welfare agency for Illinois.

Healthcare and Family Services (HFS): The Illinois Department of Healthcare and Family Services, also referred to in this document as "Department." The single state Medicaid agency for Illinois.

Department of Human Services (DHS): The Illinois Department of Human Services.

Department of Juvenile Justice (DJJ): The Illinois Department of Juvenile Justice.

Department of Public Health (DPH): The Illinois Department of Public Health.

Division of Alcohol and Substance Abuse (DHS-DASA): The Division of Alcohol and Substance Abuse within the Illinois Department of Human Services.

Division of Developmental Disabilities (DHS-DDD): The Division of Developmental Disabilities within the Illinois Department of Human Services.

Division of Family and Community Services (DHS-DFCS): The Division of Family and Community Services within the Illinois Department of Human Services.

Division of Mental Health (DHS-DMH): The Division of Mental Health within the Illinois Department of Human Services.

Guardian: The court-appointed guardian of the person under the Probate Act of 1975 [755 ILCS 5/1-1 et seq.], or a temporary custodian or guardian of a child appointed by an Illinois juvenile court or pursuant to the Juvenile Court Act of 1987 [705 ILCS 405/1-1 et seq.], or a legally appointed guardian or custodian or other party granted legal responsibility for an individual.

Home SASS Provider: The designated mobile crisis response or SASS provider for the service area where a child resides with his/her guardian (the child's home address).

ICG Alternative Community Services: Refers to the ICG Family Support Services and ICG Therapeutic Support Services, as defined in the current version of HFS' Service Definition and Reimbursement Guide (SDRG) for Community Mental Health Services. ICG Alternative Community Services are made available to ICG Youth and their families for the purposes of promoting community stabilization and in support of the ICG Youth's treatment plan. These services have an annual dollar limit and require a prior authorization from HFS.

Illinois Medicaid – Child and Adolescent Needs and Strengths (IM-CANS): A comprehensive, integrated assessment tool for children and adolescents up to the age of 21. The IM-CANS supports decision making related to treatment by identifying a child and family's strengths and needs across life domains, and includes a fully integrated Mental Health Assessment and Health Risk Assessment.

Illinois State Board of Education (ISBE): The Illinois State Board of Education.

Individual Care Grant (ICG): A program administered by HFS that provides funding for intensive community-based mental health services or residential placement for children who meet specific eligibility criteria as defined in Title 59 IL Admin Code 135, or successor rules promulgated by HFS.

Intensive Placement Stabilization (IPS) program: A statewide network of DCFS-funded, community-based providers responsible for placement stabilization services to a targeted group of children under DCFS custody or guardianship and in foster care.

Interagency Clinical Team (ICT): The multi-agency senior management team, consisting of staff from HFS, DCFS, and DHS, responsible for administration and oversight of the SFSP program, including: recommending operational and policy enhancements; reviewing SFSP Assessment Reports; and, facilitating access to ongoing treatment for SFSP Youth transitioning out of the program.

Licensed Practitioner of the Healing Art (LPHA): An individual who meets the definition for an LPHA as described in the Service Definition and Reimbursement Guide, or successor documents.

Local SASS Provider: The designated mobile crisis response or SASS provider for the service area where the child is physically located at the point of crisis (i.e. the Psychiatric Hospital the child is admitted to).

Medicaid: The authority granted to HFS pursuant to Title XIX of the Social Security Act (Chapter 42 of the United States Code) and administered by HFS pursuant to the Public Aid Code [305 ILCS 5/1-1 et seq.].

Medicaid Management Information System (MMIS): An integrated group of computer processing operations and subsystems developed by Illinois to meet the general design level requirements need to administer the Illinois Medicaid Program.

Mental Health Assessment (MHA): A formal process of gathering information regarding a child's mental and physical status and presenting problems through face-to-face, video conference or telephone contact with the child and relevant parties, resulting in the identification of the child's mental health service needs and recommendations for service delivery, as described in the Service Definition and Reimbursement Guide (SDRG) or successor documents.

Mental Health Services: The service array referenced and detailed in the Service Definition and Reimbursement Guide (SDRG), or its successor document(s).

OBRA Segment: Omnibus Budget and Reconciliation Act (OBRA) Segments are specialized indicators established within the HFS MMIS for the purposes of coding and managing individual recipient participation in specialized programs such as waivers, demonstration projects, and other healthcare initiatives.

Post Adopt Youth: Youth who have been adopted from the care of DCFS and retain eligibility for Medicaid and other support services from DCFS through an adoption assistance agreement with DCFS.

Psychiatric Hospital: Any accredited hospital facility that specializes in and provides intensive inpatient psychiatric treatment children and adolescents. A Psychiatric Hospital may be free-standing or may refer to a dedicated psychiatric unit within a community hospital.

Psychiatric Lockout: A situation that occurs when a parent or guardian refuses to accept a youth back home, or find suitable other habilitation arrangements, following an inpatient psychiatric hospitalization stay resulting in the youth remaining at the inpatient facility beyond medical necessity with no clear path for the Psychiatric Hospital to achieve a successful client discharge.

SFSP Assessment Report: A written document developed as the primary output of an SFSP Youth's care that is submitted to the Interagency Clinical Team (ICT) prior to the child's termination from the SFSP. The SFSP Assessment Report is reviewed and approved by an LPHA and contains the administrative and clinical information necessary to make a recommendation to the ICT regarding ongoing treatment for the child.

SFSP Coordinator: An individual employed by a state-contracted mobile crisis response or SASS agency who has primary responsibility for providing case management and service coordination to an individual enrolled in the ICG or SFSP programs.

SFSP Youth: A youth enrolled in the Specialized Family Support Program.

Screening, Assessment, and Support Services (SASS): A multi-department crisis intervention program that screens and assesses children in psychiatric crisis and provides intensive community-based services in lieu of inpatient psychiatric hospitalization when possible. In the instance that children require inpatient psychiatric care, SASS provides transitional support back into the community.

Service Area: The identified geographical boundary, or portions thereof, and, if applicable, contiguous counties that a provider is responsible for serving.

Service Definition and Reimbursement Guide (SDRG): The current provider manual and fee schedule for community mental health services, or its successor document(s). The SDRG can be found at: <https://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/CMHP.aspx>.

Specialized Family Support Program (SFSP): A multi-department crisis program, embedded within the SASS and ICG programs, in which the Vendor: screens and assesses children determined to be experiencing a psychiatric lockout; provides short-term, intensive case management and service delivery, and; makes treatment recommendations.

Youth: An individual who has not yet attained his or her 18th birthday.

SFSP Overview

The SFSP is a specialized 90-day program of crisis stabilization, community mental health, and assessment services that is designed to prevent youth at risk of custody relinquishment from entering the child welfare system solely to access behavioral health services. The parent/guardian of SFSP Youth have refused to accept their child back from an inpatient psychiatric setting, as the parent/guardian believed the youth to be a risk of harm to themselves or others, creating a “psychiatric lockout.”

The SFSP is designed to respond to these situations by: 1) connecting youth and families with the State’s crisis intervention programs for children (SASS, CCBYS, and IPS); 2) streamlining assessment processes for State-funded behavioral health programs; 3) providing enhanced community services to families to facilitate stabilization and service linkage; and 4) supporting youth and families as they work to implement the ongoing treatment recommendations established through the SFSP Assessment Report.

The DCFS Child Abuse Hotline is notified when a youth is determined to be a “psychiatric lockout.” If the youth is between the ages of 11 and 17, a CCBYS provider will be contacted to work with the family to stabilize the situation and keep the family together. If CCBYS is unable to successfully stabilize the crisis and DCFS determines that the youth is not otherwise abused or neglected, then DCFS will refer the family to the SFSP by contacting the CARES line. CARES will accept SFSP referrals only from DCFS or a Department approved DCFS agent. Through the CARES intake process, the CARES Line will link eligible SFSP Youth and their families with a local SASS provider, who will respond to the SFSP Youth’s location to perform a 24-hour non-emergent crisis screening and assessment, consistent with SASS protocols for youth admitted to an inpatient psychiatric facility.

In the process of completing their initial response, the local SASS provider will be responsible for engaging with the family and explaining the requirements, available stabilization services, and other details of the SFSP program to the family. The SASS provider will complete a Childhood Severity of Psychiatric Illness (CSPI), a Crisis Safety Plan (CSP), all necessary consents, and a SFSP Parent Agreement. These forms and tools will assist the SASS provider in initiating the necessary support services required to help stabilize the youth and family throughout the 90 day program period. The SASS provider will also provide the SFSP Youth with access to an ICG Coordinator, who is responsible for coordinating the youth’s care, including completion of the Mental Health Assessment (MHA) and the SFSP Assessment Report.

Additionally, the MHA and SFSP Assessment Report will help identify the youth’s needs, help determine if additional assessments or evaluations are needed in order to facilitate access to other State services, and recommend an intensity of service(s) appropriate to the youth. This treatment recommendation, compiled by the SFSP Youth’s ICG Coordinator, will be signed by a Licensed Practitioner of the Healing Arts (LPHA) and submitted to the State’s Interagency Clinical Team (ICT) within seventy-five (75) days of enrollment in the SFSP. The ICT will review submitted SFSP Assessment Report and work to link the youth with ongoing services, consistent with the treatment recommendations in the SFSP Assessment Report.

Throughout the assessment process, the youth’s assigned ICG Coordinator will be responsible for developing, coordinating, and implementing an individualized plan to stabilize and support the SFSP Youth and family. The individualized plan should ensure that the youth and family are able to access the community mental health services and crisis supports – including collaboration with other treatment providers and crisis systems, such as: HFS Contracted Providers of Managed Care, CCBYS/IPS, the hospital treatment team, and other outpatient service providers as needed. In some instances, the ICG Coordinator shall be required to ensure referral and linkage to community services following the completion of the SFSP eligibility period.

Chapter 1 – Program Eligibility and Enrollment

1.1 Eligibility Criteria

Youth may be determined eligible for the SFSP when: 1) the youth meets the youth requirements; 2) the youth's parent(s) or guardian(s) meet the parent or guardian requirements; and, 3) the youth and/or parent(s) or guardian(s) are referred to the SFSP consistent with the criteria listed below.

1.1.1 Youth Requirements

1. The youth's parent or guardian must demonstrate and maintain residence in Illinois as defined in the Illinois Public Aid Code (305 ILCS 5/2-10).
2. The youth must be under the age of 18 at the time of SFSP enrollment.
3. The youth must not be under the guardianship or in the legal custody of any unit of federal, state, or local government.
4. At the time of SFSP enrollment: 1) the youth must be admitted to a hospital or similar treatment facility for the primary purpose of psychiatric treatment and be determined clinically appropriate for discharge from that facility; and, 2) the youth's parent or guardian refuses to take the youth home from the hospital or similar treatment facility because the parent or guardian has a reasonable belief that the youth will harm himself or herself or other family members upon returning home.
5. The youth has been referred and accepted for SFSP enrollment to the CARES Line.
6. Upon enrollment and throughout youth's participation in the SFSP, the parents or guardians of the SFSP Youth meet the SFSP Parent or Guardian Responsibilities.

1.1.2. Parent or Guardian Requirements

1. The parent or guardian must accept and allow the SFSP Youth to remain in the home or be solely responsible for establishing a safe alternative residence for the SFSP Youth upon enrollment into the program.
2. The parent or guardian must consent to program participation and sign the SFSP Parent Agreement.
3. The parent or guardian must engage in the SFSP Youth's care throughout the course of treatment.
4. The parent or guardian must be primarily responsible for any financial obligations associated with participation in the program.
5. The parent or guardian must assist in identifying and coordinating funding of services from all available sources, including insurance coverage.

6. The parent or guardian must assist in the completion of all applications for public assistance programs, such as: Medical Assistance, supplemental security income (SSI), Social Security benefits (SSA); and, other state behavioral health programs as needed.
7. The parent or guardian must complete and submit such forms and documents as may be required by the Department or the SFSP.
8. The parent or guardian must assist in the collection of medical, educational, and other records and completion of all applications for treatment programs, as appropriate.
9. The parent or guardian must initiate and coordinate all necessary educational processes with the youth's home educational district to meet the youth's educational and treatment needs.
10. The parent or guardian must acknowledge their understanding, demonstrated through the completion of the SFSP Parent Agreement, that failure to comply with the Parent or Guardian Requirements at any time during the SFSP Youth's participation in the SFSP may result in program discharge and referral to the DCFS Child Abuse Hotline notifying DCFS of the SFSP program discharge.

1.1.3 SFSP Referral Process

1. The youth has been reported to the DCFS Child Abuse Hotline as a Youth at Risk of Custody Relinquishment.
2. Existing Illinois crisis systems, such as the Comprehensive Community Based Youth Services (CCBYS) Program, have been unable to stabilize the family crisis, reunite the family, and eliminate the potential of custody relinquishment.
3. DCFS has determined that there is no evidence of abuse or neglect with respect to this report to the DCFS Child Abuse Hotline and subsequently have made a referral to the Crisis and Referral Entry Service (CARES) Line.
4. The CARES Line has determined that the youth and the parent(s) or guardian(s) meet the SFSP program criteria.

1.2 Centralized Intake – Crisis and Referral Entry Service (CARES)

The Crisis and Referral Entry Service (CARES) is the single point of entry for all SFSP referrals. CARES is available 24 hours a day, seven days a week at 1-800-345-9049 (TTY: 1-800-905-9645). CARES will only accept SFSP referrals from DCFS personnel or DCFS agents approved by the Department. Upon receiving a referral for a SFSP Youth, CARES will verify the youth meet all of the eligibility criteria listed in Chapter 1.1.1. CARES will not perform a financial or acuity assessment on youth referred through the SFSP referral process. Additionally, participation in the SFSP is available to all Illinois youth, regardless of insurance status or their participation in an HFS contracted Managed Care program.

If CARES determines the youth meets the eligibility criteria for participation in the SFSP, CARES will refer the call to the SASS provider responsible for the LAN where the child is currently located for a 24-hour non-emergency screening. CARES will notify the crisis worker that the referral is for an SFSP Youth and will provide the youth's SFSP eligibility dates. Enrollment in the SFSP lasts for 90 days, beginning on the date the CARES referral was made.

1.3 SFSP Eligibility Management

Youth who are determined eligible for enrollment in the SFSP must have an open HFS Social Services Segment and will receive a unique SFSP program indicator ("ME" OBRA Indicator) covering the 90-days SFSP eligibility period.

1.3.1 SFSP OBRA Code

OBRA Codes are segments utilized in the HFS Medicaid Management Information System (MMIS) to code and manage individual recipient participation in specialized healthcare initiatives and state programs. Youth who are enrolled in the SFSP will receive a 90-day OBRA segment, authorized by CARES. OBRA indicators are not readily visible to providers through traditional means of checking client eligibility, such as: MEDI, the use of REV Vendors, or review of documentation provided by the Department related to the SASS program. However, the Department intends to make the SFSP OBRA code available to providers through identification of SFSP youth in the Crisis Reporting System (CRS) website, available to providers in the spring of 2017.

1.3.2 HFS Social Services Segment

At the time of referral, CARES will seek to authorize a 90-day HFS Social Services Segment for youth eligible for the SFSP. In some cases, a youth referred to the SFSP may already have an open HFS Social Services Segment. In these instances, CARES will coordinate the management of the HFS Social Services Segment with the provider and Department to ensure the appropriate 90-day segment is in place.

1.4 CARES Eligibility Report

CARES will complete an Eligibility Report for all youth enrolled in SFSP, providing a summary of the SFSP Youth's various medical and special program eligibilities. CARES shall fax the Eligibility Report to the SFSP youth's home SASS provider within three (3) business day of the youth's enrollment in SFSP. The SASS provider will utilize the Eligibility Report as: 1) confirmation of the SFSP Youth's enrollment into the SFSP; and, 2) a requirement component of the SFSP Assessment Report due to the SFSP ICT within seventy-five (75) days of the youth's enrollment in the SFSP.

Questions regarding how to interpret an SFSP Youth's Eligibility Report should be directed to the Department at (217) 557-1000 or HFS.CBH@illinois.gov.

Chapter 2 – SFSP Intake Protocols

2.1 Response to Call from CARES

Pursuant to the protocols established for SASS providers, all referrals from CARES shall be received within thirty (30) minutes. The first person, employed by SASS or as an agent to SASS, to speak directly to CARES must be prepared to accept the minimal data set provided by CARES to establish a crisis referral. For SFSP referrals, CARES will inform the crisis worker that the referral is for a youth newly enrolled in SFSP and that a 24-hour non-emergency response is required. If the SFSP Youth has a different home SASS provider, CARES will also provide this information to the crisis worker receiving the referral.

CARES will verify the SFSP eligibility dates and HFS Medical Programs coverage, as applicable, for SFSP youth. Additional eligibility information will be provided in the CARES Eligibility Report (see Chapter 1.4).

2.2 Twenty-four (24) Hour Non-Emergency Response

For SFSP Youth referrals received from CARES, the SASS provider must provide a face-to-face screening and assessment within 24 hours of receiving the initial call from CARES. Parent/guardian consent is required for all non-emergency responses. SASS providers must inform the SFSP Youth's parent or legal guardian of the screening and assessment and obtain the appropriate consents prior to meeting with the youth.

2.2.1 Notification to the Home SASS Provider

If the responding SASS provider is not the SFSP Youth's home SASS provider, the responding SASS provider must make every effort to notify the home SASS provider of the SFSP Youth's enrollment and coordinate outreach activities prior to making initial contact with the SFSP Youth's parent/guardian. Ongoing coordination will be required between the responding SASS provider and home SASS provider in completion of duties and responsibilities related to SFSP facilitation.

2.2.1 Screening and Assessment Requirements

2.2.1.1 Staff Credentials. SFSP screening events must be completed face-to-face by an individual who meets the following qualifications:

- A Mental Health Professional (MHP) under the supervision of a Qualified Mental Health Professional (QMHP), a QMHP, or a Licensed Practitioner of the Healing Arts (LPHA);
- Holds current certification as an administrator of the Illinois Medicaid Childhood Severity of Psychiatric Illness (IM-CSPI) from the Praed Foundation; and
- Is knowledgeable of the SFSP and its unique program components and requirements.

2.2.2.2 Screening and Assessment Requirements. The screening and assessment shall minimally include the completion of the following:

- A summary of the precipitating events
- Completion of the IM-CSPI tool
- A mental status evaluation
- An evaluation of the extent of the youth's ability to function in his/her environment and daily life
- An assessment of the child's degree of risk of harm to self, others, or property
- CRAFFT screening tool
- A Crisis Safety Plan
- An assessment of the viability of less restrictive resources available in the community to meet the treatment needs of the child following discharge from hospitalization.

2.3 SFSP Intake Documents

Within 72 hours of enrollment in the SFSP, the SASS provider shall meet with the parent/guardian of the SFSP Youth in-person to review the standardized SFSP Parent Agreement (Parent Agreement) and the Multi-Agency Consents to Disclose Confidential Information (Multi-Agency Consents) and to answer parent/guardian questions. The Parent Agreement and Multi-Agency Consents are mandated components of the SFSP and are core components of the SASS provider's engagement and education effort to inform and educate the parent or guardian and SFSP Youth about the program (see Chapter 3). The parent(s) or guardian(s) of the SFSP Youth must sign both documents in order to verify their interest and active participation in the SFSP.

2.3.1 Parent Agreement

The Parent Agreement functions as the parent/guardian's consent for the SFSP Youth to participate in the SFSP, as well as their informed consent concerning the terms of program participation.

2.3.2 Multi-Agency Consents to Disclose Confidential Information

The Multi-Agency Consents is a document that must be signed by the parent/guardian, and the SFSP Youth when appropriate, in order for confidential behavioral health information regarding the SFSP Youth to be shared with the ICT. This sharing of clinical information will assist the ICT in the process of linking SFSP Youth and their families with the most clinically appropriate and medically necessary services, as recommended in the SFSP Assessment Report.

Chapter 3 – Parent Education and Participation Requirements

3.1 Family Engagement

The SFSP ICG Coordinator shall make every effort to engage with families involved in the SFSP in a manner and frequency that is culturally sensitive – as consistent with the family’s values and preferences as possible – while ensuring the responsibilities and duties required by the SFSP are met.

3.2 Parent/Guardian Education

The SFSP ICG Coordinator is responsible for educating parent(s)/guardian(s) and the SFSP Youth, as appropriate, about the SFSP, minimally addressing the following:

- Purpose and goals of the SFSP
- Benefits provided by the SFSP, including services available through the program
- Role of SASS and the ICG Coordinator
- Process for accessing services and additional supports, including how and when to call the CARES line
- Role of the State’s Interagency Clinical Team (ICT)
- Privacy and confidentiality, including the provider’s responsibilities as a mandated reporter
- Requirements for active participation in the program during the youth’s SFSP eligibility period
- Review of any standardized SFSP documents, including the Parent Guide, the Parent Agreement, and the Multi-Agency Consents.

Parent/guardian education regarding the SFSP shall begin with the initial contact to the parent/guardian following a referral from CARES. When applicable, the responding and home SASS providers shall make every effort to coordinate engagement activities, ensuring the parent(s) or guardian(s) have access to the necessary information required to make informed decisions.

3.3 SFSP Parent/Guardian Guide

The Parent/Guardian’s Guide to the SFSP Program (Parent Guide), is on the HFS website. The guide provides information regarding: 1) the SFSP program; 2) parent(s) or guardian(s) responsibilities; 3) services available via the SFSP; and 4) parent/guardian’s and SFSP Youth’s appeal rights related to SFSP. SASS Providers are responsible for ensuring the parent/guardian understands how to access the Parent Guide, and that the contents of the Parent Guide are understood by the parent/guardian – signified by the parent or guardian

signature of the Parent Agreement – ensuring the parent/guardian is able to give informed consent.

3.4 Parent/Guardian Participation

Active parent/guardian participation is required for enrollment in the SFSP. Parent/guardian participation includes each of the items included within this subsection.

3.4.1 Acceptance of SFSP Youth Home

The parent/guardian of the SFSP Youth must be willing to accept the SFSP Youth home from the hospital, or be willing to arrange for an alternative home or community placement for the SFSP Youth following discharge from the hospital. If a parent/guardian agrees to participate in the SFSP, the SASS provider shall assist the parent/guardian in developing or altering the SFSP Youth's Crisis Safety Plan to address the youth's living situation.

3.4.2 Administrative Paperwork

The parent/guardian of the SFSP Youth must complete, or assist in the completion of, all necessary paperwork and documentation required as part of the SFSP (i.e., Parent Agreement, Multi-Agency Consents) or in order to facilitate the SFSP Youth's treatment (i.e., provider specific consents, releases of information, applications for State-funded programs).

3.4.3 Involvement in SFSP Youth's Treatment

The parent/guardian is responsible for actively participating in all aspects of the SFSP Youth's treatment. This includes participating in treatment activities, when appropriate (i.e., case staffings, family therapy, etc.) and helping facilitate access to treatment for the SFSP Youth (i.e. coordination of insurance benefits).

3.4.4 Communication with SASS Provider

Frequent communication between the SASS provider and the SFSP Youth and their family is required for families to experience success in the SFSP. Additionally, SASS providers will require ongoing coordination and communication in order to meet their seventy-five (75) day requirement for the submission of the SFSP Assessment Report to the ICT.

3.4.5 Notification of Changes in Circumstances

The parent/guardian is responsible for notifying the SASS provider of any changes in the family's circumstances that may impact the SFSP Youth's participation or eligibility for the SFSP. The SASS Provider should forward any notification of changes to the Department via the SASS Help Line (217-557-1000) or the HFS Behavioral Health Help Email (HFS.CBH@illinois.gov).

Chapter 4 – SASS Provider’s Role during Hospitalization

4.1 Hospital Discharge Plan

Once the parent/guardian agrees to participate in the SFSP, the primary goal of the SASS provider is to develop and support a plan for the safe transition of the SFSP Youth from the psychiatric hospital to a home or community setting. The SASS provider must work on the hospital discharge plan in collaboration with the SFSP Youth, the parent/guardian, the hospital treatment team, the appropriate CCBYS or IPS provider, and other involved providers as applicable. The hospital discharge plan shall include the development of a Crisis Safety Plan specific to the setting to which the SFSP Youth will be transitioned. In the event that the SFSP Youth is transitioned to a location outside of the SASS Provider’s Local Area Network (LAN), the SASS Provider will coordinate the transition with the additional treating SFSP Coordinator serving the LAN covering the area to which the SFSP Youth will be transitioned.

4.2 Coordination with Home SASS Provider

If the responding SASS provider is not the SFSP Youth’s home SASS provider, the responding SASS provider is responsible for collaborating and providing support to the SFSP Youth’s home SASS provider while the SFSP Youth is hospitalized. The responding SASS provider and the home SASS provider will discuss how to coordinate services while the youth is hospitalized. Such coordination of services should consider the programmatic time frames, necessary consents, assessments, coordination with involved providers, and other crisis systems, as appropriate.

The home SASS provider is always responsible for the submission of the SFSP Assessment Report within seventy-five (75) days.

Chapter 5 – Service Delivery and Coordination

5.1 Role of the SFSP Coordinator

SASS providers shall make their SFSP Coordinator available to work with SFSP Youth and their families. SFSP Coordinators maintain responsibility for the management and coordination of all SFSP service delivery and case coordination activities, as detailed in this Chapter, including submission of the SFSP Assessment Report. When possible, efforts should be made to involve the SFSP Coordinator during the SFSP Intake Process, as detailed in Chapter 2, and should continue throughout the youth’s SFSP eligibility period.

The SFSP Coordinator shall contact the SFSP Youth, the parent/guardian, and the staff from any out-of-home treatment setting, as applicable, no less than once per week, and shall document all contact efforts. SFSP Coordinators must be available on days and at times convenient to the families of SFSP Youth, and make every effort to communicate in methods preferred by the family.

5.2 SFSP Services

SFSP Youth have access to all medically necessary community-based behavioral health services established through the combination of their HFS Social Services Segment and 'ME' OBRA code. Services available to SFSP Youth include community mental health services, ICG Community Services, and CCBYS or IPS services. SASS providers must adhere to all applicable federal, state, and program policies and procedures when delivering and submitting a claim for covered services provided to SFSP Youth.

5.2.1 Community Mental Health Services

SFSP Youth have access to the medically necessary Community Mental Health Center services detailed in Groups A, B, and E (excluding ICG residential services) of the Service Definition and Reimbursement Guide (SDRG).

5.2.2 ICG Community Services

SFSP Youth have access to the full array of community-based ICG services, including: Family Support Services and Therapeutic Support Services. SASS providers shall act as the fiscal agent for ICG Alternative Community Service funding and shall seek prior authorization from HFS on all ICG Alternative Community Service expenditures, consistent with ICG program policies and the SDRG.

5.2.3 CCBYS/IPS Services

A key component of the SFSP is the collaboration and coordination between the State's various children's crisis programs. SASS providers will work collaboratively as a team with providers of the CCBYS and IPS programs to share resources and coordinate responsibilities for SFSP Youth, drawing on the respective strengths of each of the programs and effectively wrapping crisis and stabilization services around SFSP Youth and their families.

SFSP Youth ages 11 and older have access to the services available through their assigned CCBYS provider. SFSP Youth ages 10 and under have access to the services available through their assigned IPS provider.

5.3 Service Provision

Upon completion of the SFSP Intake Process, the SFSP Coordinator coordinates the immediate delivery of short-term, intensive mental health and family support services necessary to stabilize the SFSP Youth in the community and work to remediate the presenting problem(s) while facilitating the completion of the SFSP Assessment Report.

5.3.1 Mental Health Assessment and Individual Treatment Plan

SFSP Coordinators will coordinate the completion of a Mental Health Assessment (MHA) and Individual Treatment Plan (ITP) for each SFSP Youth within five (5) calendar days of the youth's enrollment in the SFSP. Upon training and certification, it is expected that the SFSP Coordinators will coordinate the completion of the Illinois

Medicaid Comprehensive Assessment of Needs and Strengths (IM-CANS) as the standardized MHA (and ITP when available) for all SFSP Youth.

5.3.2 Crisis Intervention and Stabilization Services

Crisis intervention services are activities performed to address behavioral or emotional conditions of a youth in order to avoid more restrictive levels of treatment with the goal of immediate symptom reduction and restoration to previous levels of role functioning. SASS providers will be responsible to make available and provide crisis intervention services to SFSP Youth.

Stabilization services, therapeutic and behavioral, are intended to mitigate on-going factors (i.e., relational, environmental, other) that attribute to episodes of crisis with the goal of supporting the SFSP Youth in a community-setting. Stabilization services should be provided in collaboration with the appropriate CCBYS or IPS provider, consistent with the SFSP Youth's Crisis Safety Plan and Treatment Plan.

5.3.2.1 Crisis Safety Plan Development and Review.

SASS providers are responsible for developing and periodically updating the SFSP Youth's Crisis Safety Plan. The Crisis Safety Plan should start to be developed during the 24-hour non-emergency screen and completed as soon as possible to support the SFSP Youth's transition from the inpatient setting. The Crisis Safety Plan should be updated in collaboration with the SFSP Youth and the parent/guardian and be coordinated with other providers involved with the SFSP Youth's treatment (i.e., CCBYS, IPS, hospital, others).

SASS providers must leave a physical copy of the Crisis Safety Plan, and all updates to the Plan, with the SFSP Youth and their family.

The Crisis Safety Plan should include information on how to directly contact the SASS provider's crisis team, access crisis services, and other contacts necessary to stabilize the SFSP Youth. The SFSP Youth's Crisis Safety Plan should be reviewed and updated following every crisis event, consistent with the timeframes established in the SASS contract and Provider Handbook, or a minimum of every thirty (30) days while the youth is enrolled in the SFSP.

5.3.3 Treatment Services

Treatment services are to be provided as part of the plan for transitioning the SFSP Youth safely out of the hospital and maintaining the youth at a lower level of care. The SASS provider must coordinate and/or provide ongoing treatment and case management services necessary for successful post-hospitalization stabilization. The SASS provider will determine whether the SFSP Youth is currently receiving mental health, substance abuse, post adoption, or other services and coordinate ongoing case coordination and service delivery with the existing providers.

Families receiving treatment services through the SFSP are provided choice of treatment service providers, pursuant to the SASS contract, Provider Handbook, and program policy.

5.3.4 Psychiatric Resource

All SFSP Youth must have the opportunity to access the SASS provider's psychiatric resource, as clinically appropriate, pursuant to the SASS contract and Provider Handbook. The SASS provider must have available a psychiatric resource to provide medication management services within fourteen (14) days of discharge from a psychiatric hospital.

5.3.5 Access to Assessment Services

SASS providers are responsible for assisting SFSP Youth and their families in urgently accessing the evaluations and assessments necessary to determine long-term treatment recommendations. In support of the process, SFSP Youth may utilize ICG Therapeutic Support Services, with prior authorization from the Department, to support access to required evaluations and assessments when working to complete an SFSP Assessment Report. A copy of any assessments or evaluations accessed must be submitted as part of the SFSP Assessment Report.

5.4 SFSP Assessment Report

The SFSP Assessment Report is developed by the SFSP Youth's assigned SFSP Coordinator, signed by an LPHA, and submitted to the SFSP Interagency Clinical Team (ICT). The SFSP Assessment Report provides the ICT with a summary of the SFSP Youth's clinical presentation, state eligibilities, needs, as well as ongoing treatment recommendations.

The SFSP Assessment Report packet must be completed and submitted along with all applicable items included on the SFSP checklist included in the packet within seventy-five (75) days of SFSP enrollment.

5.4.1 Assessment Report Submission

The SFSP Coordinator shall submit the completed SFSP Assessment to the ICT via email (HFS.CBH@illinois.gov) or fax (217-782-5672) using the subject line "SFSP Assessment Report."

Chapter 6 – Coordination with Other Entities

6.1 Coordination with CCBYS

For SFSP Youth age 11 or older, the youth's home CCBYS provider should be available as an integral member of the treatment team to assist in coordinating and providing stabilization services. For SFSP Youth age under 10 years old, the youth's home IPS provider should be available as an integral member of the treatment team to assist in coordinating and providing stabilization services to the SFSP Youth and their family.

The SASS provider will be responsible for contacting the appropriate CCBYS/IPS provider, with the consent of the parent(s) and guardian(s), to notify the CCBYS/IPS Providers of the SFSP Youth's enrollment and to coordinate service delivery. The SASS provider will coordinate activities with the CCBYS/IPS Provider, as applicable, to stabilize the family environment and implement the Crisis Safety Plan. The SASS provider will keep the CCBYS/IPS Provider informed of any case staff meetings or other treatment activities relevant to their involvement in the case.

6.2 Coordination with HFS Contracted Managed Care Plans

If an SFSP Youth is enrolled in an HFS-contracted Managed Care Plan, the SASS provider shall coordinate the delivery of Medical Assistance Services with the Managed Care Plan, including seeking all necessary service authorizations. A listing of how to contact member services for HFS-contracted [Managed Care Plans](#) can be found [on](#) the HFS website.

Managed Care Plans are responsible for covering all medically necessary services covered by the HFS Medical Assistance Program and may choose to cover additional services including intensive care coordination. The SFSP Coordinator should be sure to include the Managed Care Plan as an active participant in the coordination process.

6.3 Coordination with Local School District

It is important that the SASS provider work with the SFSP Youth's family to establish ongoing communication and coordination with the youth's local school district. The SASS provider will request a copy of the most recent IEP or 504 Plan, as applicable. If an SFSP Youth does not have an IEP upon enrollment in the program, the SASS provider will work with the parent(s) or guardian(s) to request that the school district conduct an evaluation to determine if the youth is eligible for special education services.

6.4 Coordination of Developmental Disabilities Services

SFSP Youth who have been diagnosed with, or who are suspected of having, an intellectual or developmental disability may be eligible for services through the DHS Division of Developmental Disabilities (DHS-DDD). If the SFSP Assessment Report indicates an SFSP Youth might be eligible for DHS-DDD services, the SASS provider will work urgently to link the SFSP youth to the local Individual Services Coordination (ISC) agency. When referring to an ISC agency, the SASS provider should seek to inform the ISC agency of the family's involvement in the SFSP.

ISC agencies are contracted with DHS-DDD to arrange and conduct assessments, make determinations regarding eligibility for DHS-DDD services, educate individuals and families, and make referrals and provide linkages to appropriate services. In order to determine eligibility for DHS-DDD services, the ISC agency will complete the Pre-Admission Screening (PAS) process with the youth and the parent(s) or guardian(s). The PAS process consists of two levels of screening: 1) an initial Level I screen; and 2) a more in-depth Level II Assessment. ISC agencies must complete Level II PAS assessments within 90 days of the initial request or referral. If an SFSP Youth is determined eligible for DHS-DDD services, the SASS provider will work to coordinate treatment with the appropriate local ISC agency.

To locate the appropriate ISC agency, search the [DHS Office Locator](#), using “Developmental Disabilities” as the Office Type. Next to "County," select the county in which the SFSP Youth lives. For Cook County, a zip code will also be required to identify the appropriate ISC agency.

For questions regarding DHS-DDD services, or for assistance in identifying the local ISC agency, please contact the Developmental Disabilities Helpline at 888-DD-PLANS (TTY: 866-376-8446) or call 800-843-6154 (select “other” on the menu), (TTY: 800-447-6404).

6.5 SASS Provider’s Role with DCFS

A primary goal of the SFSP is to prevent youth from entering the child welfare system solely to access behavioral health services. As SFSP Youth enter the SFSP via report to the DCFS, the SASS Provider should expect a certain level of ongoing coordination and collaboration with DCFS and its systems specific to this population.

6.5.1 Coordination with DCFS Post Adoption Providers

SFSP Youth whose parent(s) or guardian(s) receive an adoption subsidy from DCFS are eligible to receive adoption preservation services from a DCFS-contracted provider of Post Adoption Services. During the SFSP Youth’s eligibility, SASS providers will link SFSP Youth and their families with appropriate DCFS adoption preservation services, when appropriate. As applicable, the SASS provider will coordinate services and treatment planning with the designated post adoption worker.

A listing of the DCFS-contracted Adoption Preservation agencies and the counties they serve can be found in the [DCFS Post Adoption and Guardianship Services booklet](#) (pdf). Providers and families may also contact the Statewide Post Adoption Number for assistance at 866-538-8892 or 312-808-5250.

6.5.2 Parent or Guardian Decline of SFSP Services at Intake

Participation in the SFSP is voluntary. However, if after reviewing all program materials and having an opportunity to ask the SASS provider questions, the parent or guardian: 1) is unwilling to participate in the SFSP, including completing the Parent Agreement and Multi-Agency Consents, and 2) remains unwilling to accept the SFSP Youth back into a home or find a suitable alternative living arrangement for the youth being discharged from the hospital – the SASS provider will complete the following process:

1. Inform the parent(s) or guardian(s) that the SASS Provider is contractually obligated to refer the case back to the DCFS Hotline within ninety (90) minutes of the failed referral;
2. Contact the DCFS Hotline and indicate that the provider has a failed SFSP referral; and
3. Notify CARES of the failed SFSP referral following the contact with the DCFS Hotline.

6.5.3 Parent(s) or Guardian(s) Refusal to Accept SFSP Youth Home or Refusal to Participate

A requirement of enrollment in the SFSP is the parent or guardian's willingness to accept the SFSP Youth back into a home or find a suitable alternative living arrangement for the youth being discharged from the hospital. Following the parent or guardian's consent to participate in the SFSP, and while the SFSP Youth remains hospitalized, if: 1) the parent(s) or guardian(s) communicate a definitive refusal to allow the SFSP Youth to return home, or 2) the parent(s) or guardian(s) refuse to work with the SASS provider to plan for a safe transition out of the hospital – the SASS provider will complete the SFSP Early Discharge Procedure.

Note: A disagreement between the parent(s) or guardian(s), the hospital, or other involved parties regarding the hospital discharge plan does not constitute a refusal on the part of the parent(s) or guardian(s) to work with the SASS provider.

Additionally, it is expected that parent(s) or guardian(s) will actively participate in the SFSP and continue to meet the Parent or Guardian Responsibilities for participation. In the event that the parent(s) or guardian(s) are unable or unwilling to meet the SFSP Parent or Guardian Responsibilities for participation, the SASS Provider will complete the SFSP Early Discharge Procedure.

6.5.4 Mandated Reporter Responsibilities

Nothing in the Department's rule, policies, the SASS Provider's contract, manual, or this guide is intended to interfere with or supersede the SASS provider's responsibilities as a mandated reporter, pursuant to the Abused and Neglected Child Reporting Act (325 ILCS 5/1 et seq.) – when in question, the Abused and Neglected Child Reporting Act shall always prevail.

Chapter 7 – SFSP Discharge and Ongoing Service Linkage

7.1 Role of the ICT

The ICT is a multi-agency management team, comprised of staff from HFS, DCFS, and DHS, and supported by staff from DJJ, DPH, or ISBE, with the responsibility of administering the SFSP and ensuring linkage of SFSP Youth to the most clinically appropriate services to avoid custody relinquishment and stabilize families. The ICT's responsibilities include:

- Review completed SFSP Assessment Reports
- Facilitate access to ongoing treatment for transition out of the program
- Provide assistance and consultation on individual SFSP cases.

It is also the responsibility of the ICT to review and remove any systemic obstacles that may be preventing linkage with the treatment recommendations found in the SFSP Assessment Report.

7.2 Referring a Case to the ICT

From time to time, a SASS Provider may find it necessary to refer a case for clinical consultation with the ICT due to individual challenges, population specific issues, or other systemic barriers. In cases when a conflict or barrier arises that cannot be resolved by the SASS Provider in collaboration with all other involved parties, the case should be referred to the ICT for assistance and clinical consultation.

The SASS provider is responsible for notifying the ICT anytime the custody or guardianship of an SFSP Youth changes. Contact with the ICT should be directed via email (HFS.CBH@illinois.gov) using the subject line “SFSP ICT Consultation Request”

7.3 Ongoing Service Linkage

It is the responsibility of the SASS provider to work in collaboration with other service providers and the ICT to assist with linkage to the ongoing services recommended within the SFSP Assessment Report prior to the discharge from the SFSP. Linkage to ongoing services should begin as soon as sufficient clinical information is gathered to complete the LPHA treatment recommendations within the SFSP Assessment Report.

It is the responsibility of the SASS Provider to identify all barriers to ongoing treatment to the ICT as soon as possible.

7.4 Discharge Process

Discharge from the SFSP can occur through an early discharge, service discharge or an eligibility discharge. Services can be reinstated for a service discharge, as long as the youth’s SFSP eligibility period has not ended.

7.4.1 Early Discharge

In the event that the SASS Provider must execute an early discharge, the SASS provider will complete the following process:

1. Identify to the parent(s) or guardian(s) the situation that has constituted the need for an Early Discharge and verify in writing, to be included in the clinical record, agreement, acknowledgement or an attempt to identify and remedy the situation with the parent(s) or guardian(s);
2. Inform the parent(s) or guardian(s) that the SASS Provider is contractually obligated to refer the case back to the DCFS Hotline within twenty-four (24) hours;
3. Contact the DCFS Hotline and indicate that the provider has a failed SFSP referral; and
4. Notify ICT of the failed SFSP referral following the contact with the DCFS Hotline. Contact with the ICT should be directed to the ICT via email (HFS.CBH@illinois.gov) using the subject line “SFSP ICT Failed Referral.”

7.4.2 Service Discharge

A service discharge occurs at the provider level and does not impact program eligibility. For SFSP cases, service discharges are only allowable in the following circumstances:

- The SFSP Youth's case is fully transferred to another SASS provider
- During the intake process, the parent or guardian does not consent to participate in the SFSP and the case is referred back to DCFS
- Parent or guardian requests disenrollment from the SFSP
- SFSP Youth comes under the custody or guardianship of a State agency or other governmental entity
- Special permission is granted from the ICT to discharge an SFSP case.

7.4.3 Eligibility Discharge

An eligibility discharge occurs when a 90-day SFSP eligibility period expires. No eligibility extensions will be authorized for SFSP Youth.

Chapter 8 –Technical Assistance

8.1 Requests for Technical Assistance

SASS Providers or other parties seeking additional information or support related to the SFSP can direct questions or requests for additional technical support to the Department via email (hfs.cbh@illinois.gov) or phone (217-557-1000).