



Insights and Recommendations from the Family First Five-Year Plan Meeting

Meeting #3

ABSTRACT

This document summarizes finding and recommendations from the Illinois Department of Children and Family Services' (DCFS) December 2024 Family First Five-Year Plan Meeting. Key discussions include aligning interventions with FFPSA goals, target populations access to interventions, improving workforce development and fostering cross-systems collaboration. Insights from the December session will inform Illinois' next Family First Prevention Services Act Title IV-E Prevention Plan.

[Family First Planning Committee](#)

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Introduction

Parenting programs, mental health resources, systems of care and home visiting programs are vital tools for preventing child maltreatment, abuse and neglect. These resources empower families by offering guidance to develop critical skills, promote well-being and provide opportunities for healing from trauma and life's challenges. When coupled with Motivational Interviewing as a practice for caseworkers, these tools become even more impactful. Motivational Interviewing enables caseworkers to engage families effectively by recognizing their strengths, identifying supportive resources and enhancing communication. Together, these elements form the foundation of prevention services in Illinois, creating a nurturing environment that fosters family growth and resilience.

As Illinois explores, implements and invests in primary and secondary prevention services¹, it is essential to ground these efforts in the Illinois Department of Children and Family Services (DCFS) framework of well-being and well-becoming². This framework contains five domains: physical health and safety, social-emotional development, educational attainment, economic security and racial equity. Considering the well-being and well-becoming framework and targeting interventions by age is critical to meeting the unique needs of each developmental stage, from infancy through adulthood, of the families served by DCFS. By addressing these needs through evidence-based practices (EBIs), Illinois aims to enhance family stability, prevent child welfare involvement and support lifelong well-being.

The integration of these services aligns with the department's commitment to well-being as a central pillar of child welfare. By tailoring interventions to specific developmental stages and family needs, Illinois can ensure that families receive age-appropriate support, maximizing the impact of these services across all life stages.

Family First Five-Year Prevention Plan Event Overview

The Family First Five-Year Prevention Plan event sets the foundation for Illinois DCFS' approach to fulfilling the federal requirements of the Family First Prevention Services Act (FFPSA). As one of 39 states with an approved Title IV-E Prevention Program Five-Year Plan, Illinois aims to utilize federal funding to prevent child maltreatment through targeted, evidence-based or evidence-informed interventions (hereafter, evidence-based interventions (EBIs)).

The plan includes the selection of EBIs, the population served and strategies to achieve measurable outcomes. According to the Administration for Children and Families (n.d.),³ the plan must adhere to

¹ Primary and secondary prevention emphasize collaboration between child welfare agencies and other systems to deliver resources and supports aimed at preventing maltreatment, avoiding family separation, enhancing family resilience, and promoting children's well-being. Specifically, primary prevention focuses on linking families to community-based resources and supports in their community before maltreatment occurs. While secondary prevention targets addressing family needs to mitigate the risk of child abuse and neglect. For more information, see U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. (n.d.). *Prevention continuum*. Child Welfare Information Gateway. <https://www.childwelfare.gov/topics/prevention/prevention-continuum/?top=1484>

² Illinois Department of Children and Family Services. (2023). *Unified theory: Enhancing child welfare practice and outcomes in Illinois* [PDF]. Retrieved December 21, 2024, from <https://dcfs.illinois.gov/content/dam/soi/en/web/dcfs/documents/about-us/reports-and-statistics/documents/unified-theory-english.pdf>

³ Administration for Children and Families. (n.d.). *Title IV-E prevention program*. U.S. Department of Health and Human Services. Retrieved December 21, 2024, from <https://www.acf.hhs.gov/cb/title-iv-e-prevention-program>

federal guidelines and be approved to access funding for prevention services. The plan is designed to support the prevention of child maltreatment and improve outcomes for families by leveraging data and evidence-based practices.

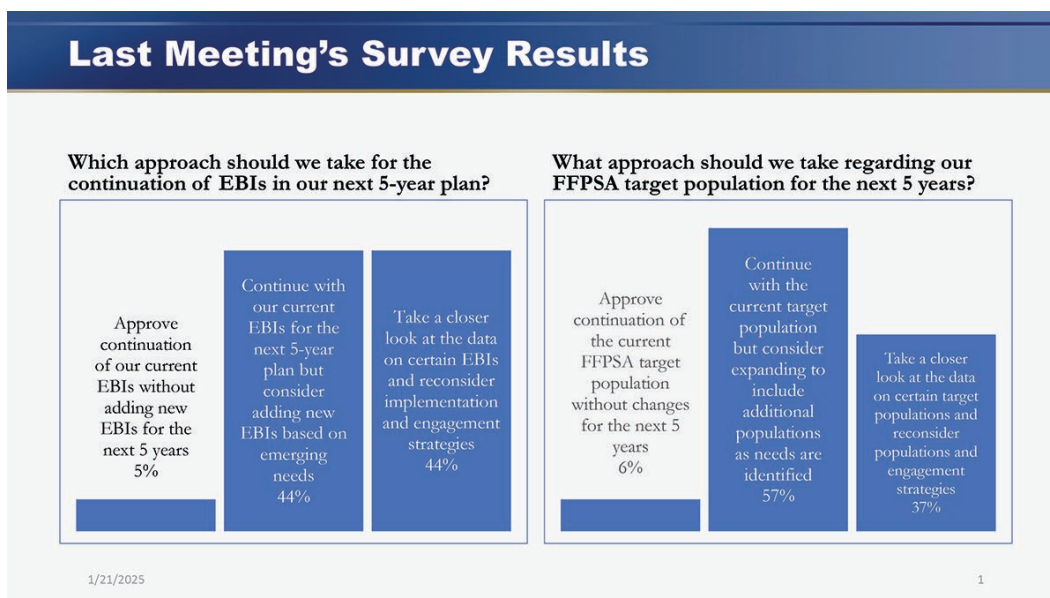
Family First Five-Year Plan Event

To date, DCFS leaders Melissa Box and Dr. Verletta Saxon have hosted three virtual Family First Five-Year Plan events to gather insights from DCFS partners and build consensus on the second plan’s development. The initial event, held on October 1, 2024, from 1-3 p.m. (CST), provided an overview of the FFPSA and its implementation in Illinois. The second event, on November 7, 2024, from 1-3 p.m. (CST), focused on the EBIs currently offered through Illinois FFPSA. A key finding from the survey results from the November meeting indicated strong support (57%) for continuing the current target population in the next five-year plan while remaining open to expanding services to additional populations as new needs are identified (see figure 1).

Session three, held on December 6, 2024, from 9-11 a.m. (CST), included descriptions of the EBIs, their benefits for families and targeted age groups; and data on referrals, services initiated, appointment attendance, successful discharges and youth and family engagement within each EBI. Quotes from session two are included in the report out below. This event included 71 participants representing diverse roles, including a researcher, DCFS staff, Child Welfare Contributing Agency (CWCA) staff, individuals with lived expertise, third-party service providers and other collaborators. On average, attendees remained in the virtual session for 128 out of 180 minutes of the event.

The agenda for the December event included introducing the updated Illinois DCFS mission, vision and values, as well as FFPSA goals, and highlighting Illinois DCFS target populations, expanding upon material from the November session. The event leads highlighted the need for participants’ feedback on continuing with current target populations while considering potential expansion to additional groups. A presentation on target populations further informed later discussions.

Figure 1
Outcomes of the November 2024 Family First Meeting vote on EBIs and target population retention



Objectives of Family First Five-Year Prevention Plan Meeting

The leads of the event sought to:

- Re-center mission, vision, values and goals.
- Deepen understanding of eligible populations under the Family First Act.
- Review current target populations served and rationale.
- Discuss engagement of current target populations with current EBIs.
- Develop recommendations for implementation of current EBIs in the next five years.

Following the presentations, participants engaged in 60-minute breakout sessions organized by individual EBI. These sessions included detailed presentations on each respective EBI, with discussions centered on the fit of the EBI, the engagement of target populations with the EBI and recommendations regarding the continuation or adjustment of the EBI and its associated target population. Breakout sessions were facilitated by DCFS implementation directors and researchers from Chapin Hall. Notes were taken by staff from the University of Illinois Urbana-Champaign (UIUC) Office of Evidence-Based Interventions. These structured discussions provided actionable insights into each EBIs effectiveness and areas of improvement.

Event Program

The December 6, 2024, Family First Five-Year Plan event builds on the insights and collaborations from participants in the November 2024 session. The structure of the event was as follows:

- Introduction (5 mins)
- Where we are and what we're doing (5 mins)
- Re-centering: mission, vision, values and goals (10 mins)
- Background on target populations (15 mins)
- Breakout sessions (60 mins)
- Large group discussion (20 mins)
- Conclusion (5 mins)

Participants and Focus Area

Input was gathered from an interdisciplinary team, including DCFS/CWCA caseworkers, FFPSA third-party providers, researchers and individuals with lived experience. The discussion centered on the following EBIs:

- Nurturing Parenting Program (NPP)
- Home Visiting
 - Parents as Teachers (PAT)
 - Healthy Families America (HFA)
- Child Parent Psychotherapy (CPP)
- Positive Parenting Program (Triple P)
- Trauma Focused – Cognitive Behavioral Therapy (TF-CBT)
- Multisystemic Therapy (MST)

While Motivational Interviewing is a Family First Intervention that has been implemented at DCFS, it is an intervention that goes beyond the Family First population to benefit all families served by the Illinois

child welfare system, and therefore has not been part of the discussions in the Family First Five-Year Prevention Events to date. DCFS remains committed to the practice of Motivational Interviewing and will continue to offer training and support to investigators and caseworkers to build trust, share control, build collaborative partnerships, engage and address discord effectively.

Breakout Sessions

For each EBI, 7-9 participants engaged in each of the 60-minute breakout sessions that included a descriptive review of each evidence-based intervention, the benefits of the intervention to families and the targeted age group; and data on started services, appointments attended, successful discharge and engagement of youth and families. In addition, the efforts, costs and challenges for each EBI were presented. The presentation in the breakout sessions was followed up with discussion questions. The discussion questions covered the following topics:

- **EBI Fit.** Assess the EBI to determine their alignment with the FFPSA goals and DCFS mission, ensuring they meet the needs of the target population.
- **EBI Engagement.** Exploring opportunities to expand the reach of EBIs.
- **Recommendations.** Address whether to maintain the existing evidence-based intervention and the target populations for Family First.

Facilitation and Preparation

Facilitators and scribes were provided with material on December 4-5, 2024, via email, on how to facilitate and record notes for the sessions. The goal of the preparation material was to provide consistent facilitation and note-taking for each EBI and to ensure a productive breakout session for participants during the breakout sessions. The number of participants who attended each breakout sessions was not recorded for this event.

Summary of Findings

A scribe was assigned to each breakout group. All scribes captured the key aspects of partners feedback during the discussion, submitted summaries of the breakout discussions, presented the summary during the large group report out and submitted detailed notes to the DCFS leads for review. Themes from the scribes were analyzed by DCFS leads to create a descriptive summary. The summaries were reviewed by the facilitators from the DCFS implementation directors, Chapin Hall and the UIUC Office of Evidence Based Intervention teams for accuracy and clarity.

Program Specific Insights

Breakout discussions focused on three main topic areas, with the following guided discussion questions for each EBI:

1. EBI Fit
 - a. To what extent does the EBI align with FFPSA vision and goals and the DCFS mission, vision and values?
 - b. To what extent does the population served by the EBI align with the purpose of the EBI?
 - c. What needs does the EBI address for the target population?
 - d. What other target populations could benefit from this EBI?
2. EBI Engagement

- a. How could we better engage the target population in the EBI?
 - b. How could we better collaborate with partners, including courts, sister agencies, child welfare contributing agencies and community-based organizations to raise awareness about the availability of the EBI?
3. Key Questions/Recommendations
- a. Based on the information, what recommendations do you have regarding the implementation of this EBI in the next five years?
 - b. Based on these current EBIs and the target populations:
 - i. Do you support moving forward to include this EBI in the next five-year plan?
 - ii. Do you support continuing to serve these target populations with this EBI in the next five-year plan?
 - iii. What other target populations do you recommend serving with these EBIs in the next five-year plan?

Nurturing Parenting Program

The Nurturing Parenting Program is designed to teach parenting skills that foster healthy physical and emotional development in children. Interactive lessons are designed to reduce family stress and prevent abusive behaviors. The targeted population includes children and youth birth to 19.

1. EBI Fit

- a. Participants noted that providers are limited to providing supports in the home and to open DCFS cases which limits a holistic family approach.

2. EBI Engagement

- a. **Access.** 1) Increase awareness of the programming and services through marketing. 2) Consider hiring an outreach worker for these purposes. 3) Expand target population to those without DCFS cases.
- b. **Training.** Increase on-demand training for workers and consider how information is shared with workers.
- c. **Technology.** Increase knowledge of how to navigate the Provider Module to reduce and discontinue the number of paper referrals being sent to third-party providers.
- d. **Billing/Funding:** Focus on timeliness for reimbursement of payment to third-party service providers.

3. Recommendations

- a. **Data Collection.** Evaluate the effectiveness of in-person services vs virtual support services. Participants note that in-person services seem to be more effective while virtual options expand access to underserved service areas.
- b. **Technology.** Partners suggested addressing challenges in the Provider Module, reducing waitlist and increasing the stability of the workforce.
- c. **Workforce Development.** Address hiring and retention of third-party providers.
- d. **Inclusion in the next five-year plan.** Although, NPP is not on the Title IV-E Clearinghouse, partners recommend that the EBI remain an EBI offered in the next five-year plan.

Child Parent Psychotherapy

Child Parent Psychotherapy (CPP) is a therapeutic intervention for young children exposed to trauma. The child and caregiver participate in sessions to rebuilding a sense of safety and trust. The targeted age group for this intervention is birth to 5.

1. EBI Fit

- a. **Restrictive Criteria.** Although participants found the CPP aligns with FFPSA vision, goals, mission, vision and values, participants describe the Child and Adolescent Needs and Strengths (CANS) criteria utilized in the DST as too restrictive.
- b. **Family Readiness.** Families may need more time to address other priorities before participating in CPP. Consider the timeframe for when CPP is offered to families.
- c. **Access.** Participants highlighted the need for access to CPP when families are at the point of reunification and when cases are closed to DCFS. Participants note that we currently can not serve closed cases.
- d. **Billing/Funding.** EBIs operate on a fee-for-service contract model, which significantly impacts CPP providers in several ways. The fee-for-service model increases the administrative burden, requiring providers to focus heavily on billable hours rather than building meaningful relationships with families, which can strain those connections. It also limits creativity and innovation, as agencies often have just enough funding to deliver services but lack the resources or time to explore new approaches to working with families. Finally, the fee-for-service structure makes it challenging to recruit and retain staff, contributing to high workloads and staff burnout.

2. EBI Engagement

- a. **Training.** While it is helpful that therapist can begin seeing patients once they begin the learning collaborative, the learning collaborative is long and provided infrequently.

3. Recommendations

- a. **Inclusion in the Next Five-Year Plan.** Although, participants felt as if CPP was not a good fit for the child welfare system, participants supported retaining it as an EBI in the next five-year plan.
- b. **Populations Served in the NEXT Five-Year Plan.** Participants recommended serving two distinct populations in the next five-year plan.
 - i. Families who are at the point of reunification with biological parents while the case is open to DCFS and the court system.
 - ii. Families outside of the child welfare system.

Multisystemic Therapy (MST)

Multisystemic Therapy (MST) is a family-centered intervention for youth with serious behavioral challenges. It focuses on improving the child's environment while addressing their emotional needs. The targeted age range is 12-17.5 years of age.

1. EBI Fit

Information on EBI fit was not recorded for this EBI.

2. EBI Engagement

- a. **Access.** Participants suggested expanding MST services to the following populations: Post adopt, children categorized as minors requiring authoritative intervention (MRAI), chronically truant youth and children and families that are not part of the child welfare system.
- b. **Partnership and Collaboration.** Strengthen collaboration with juvenile courts and provide services in multiple languages.
- c. **Funding.** Expand services to juvenile court system and secure additional funding to serve a larger population outside of child welfare.

3. Recommendations

- a. **Inclusion in the Next Five-Year Plan.** Participants supported moving forward with MST in the next five-year plan.
- b. **Expansion of Services.** Participants highlighted the need for MST to expand to additional counties throughout the state.

4. Notes

- a. Participants noted that no MST providers participated in the breakout session.

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

TF-CBT assists children and adolescents in processing trauma, building coping skills and improving emotional functioning. Caregiver involvement supports intergenerational healing. The targeted age group is 6 to 18 years of age.

1. EBI Fit

- a. **Family Readiness.** While participants agreed that TF-CBT fit the core principles of FFPSA, participants noted that the service primarily focuses on the child but not intergenerational trauma, potentially lowering the effectiveness and engagement of services.
- b. **Technology.** Explore other forms of service delivery, such as virtual platforms, to increase access.
- c. **Data Collection.** Monitor and collect data on family engagement. Participants note that challenges such as substance abuse impact the engagement of families.

2. EBI Engagement

- a. **Access.** Expand services to additional counties to address geographic disparities.

3. Recommendations

- a. **Inclusion in the Next Five-Year Plan.** Maintain the current EBI while allowing flexibility for adaption to address evolving needs.
- b. **Cross-System Collaboration.** Strengthen cross-system coordination, particularly with educational institutions, to support families.
- c. **Consider Adaptations to EBIs.** Consult with the developer or designer of TF-CBT for potential adaptations tailored to child welfare populations.

Home Visiting (Parents as Teachers (PAT) and Healthy Families America (HFA))

Home Visiting programs, such as Healthy Families America (HFA) and Parents as Teachers (PAT), support families with children aged 5 and under through in-home education and guidance.

1. EBI Fit

Information on EBI fit was not recorded for this EBI.

2. EBI Engagement

- a. **Access.** Combine home visits with Wraparound services and tailor recommendations based on case reviews.
- b. **Education.** Increase awareness and education among child welfare and the broader community.
- c. **Stigma.** Address the stigma around “needing help.”
- d. **Messaging.** Home visiting could benefit from Intact caseworkers acknowledging and promoting the services and supports offered by home visiting. Marketing and support for the services are also needed with caseworkers from placement, investigations and residential.

3. Recommendations

- a. **Inclusion in the Next Five-Year Plan.** Retain home visiting in the next five-year plan.

4. Note:

While participants reported that several challenges exist for youth in residential when accessing home visiting services, youth in residential are outside of the scope of home visiting services offered under Family First EBIs to children under the age of five. This information will be shared with the Deputy overseeing residential.

Positive Parenting Program

Positive Parenting Program (Triple P) provides parenting tools to address behavioral challenges, strengthen relationships, and promote child development. The targeted age range is 6 to 12 years old.

1. EBI Fit

- a. **Expand Age Range.** Expand eligibility to 6-16 years of age.

2. EBI Engagement

- a. **Access.** Expand services to populations outside of the current FFPSA target population.
- b. **Training.** Enhance outreach and referral process for Intact workers.

3. Recommendations

- a. **Inclusion in the Next Five-Year Plan.** Retain Triple P in the next five-year plan by expanding the age range to 16.

4. Notes

- a. Participants would like information on how many families have remained in Intact services who participated in Triple P.
- b. Participants would like to have more information on recruitment strategies for new Triple P providers.

Cross-Cutting Themes Across All Evidence-Based and-Informed Interventions

The following themes were identified as key cross-cutting themes amongst the evidence-based interventions: 1. Access and outreach; 2. Collaboration and sustainability; 3. program alignment and readiness; and 4. workforce development. Addressing these areas will strengthen the infrastructure for primary and secondary prevention services at Illinois DCFS and will inform the development and implementation of the second Family First Five-Year Prevention plan, based on the recommendations and insights gained from participants who attend the Five-year plan planning events.

Fit

- **Program Alignment and Readiness**
 - Ensure interventions meet family needs and target populations effectively.
 - Adjust restrictive criteria and eligibility processes.

Engagement

- **Access and Outreach**
 - Increase awareness and reduce stigma through targeted messaging.
 - Open access to EBIs to populations outside of DCFS.
 - Simplify access to EBIs.
 - Address challenges with the Provider Module.
 - Address service gaps.
- **Collaboration and Sustainability**
 - Foster cross-sector partnerships and explore secure funding types outside of DCFS.
- **Workforce Development**
 - Train and retain staff to support program buy-in, fidelity and reach.

Recommendations

All breakout groups recommended continuing to support the target population with a note on tailoring interventions for families experiencing multiple-facet or recurring trauma and privacy barriers. All groups also recommended continuing all EBIs, with recommendations for one EBI to expand the target population for the intervention.

Conclusion

The findings and recommendations from the November and December Family First Five-Year Plan events demonstrate strong support for retaining all current EBIs and the target population while addressing barriers to access, engagement and workforce challenges. Expanding eligibility and refining program delivery are essential next steps to enhance family outcomes and align interventions with evolving needs.

Illinois DCFS will prioritize:

1. Maintaining current EBIs.
2. Continuing to serve the current target population.
3. Reviewing existing staff training and program messaging – establishing a committee to address identified gaps. A focus group will be conducted to assess training needs and gather feedback.

4. Continuing discussions regarding underserved populations that are not included in the current five-year plan⁴.
5. Exploring opening EBI access to populations outside of child welfare.

Ideas for expanding the population of individuals served under the target population for the Illinois FFPSA five-year Title IV-E Prevention Plan will continue in the next Family First Five-Year Plan Meeting.

⁴ Illinois Department of Children and Family Services. (2021). *Illinois DCFS Title IV-E Family First prevention plan* [PDF]. Retrieved December 21, 2024, from https://dcfs.illinois.gov/content/dam/soi/en/web/dcfs/documents/about-us/documents/illinois_dcfs_title_iv-e_family_first_prevention_plan_102621.1.0.pdf

Appendix A

Family First Five-Year Plan Meeting

12/4/24

Discussion Guide

The purpose of these breakout sessions is to gather qualitative feedback from our partners across the child welfare system and beyond. The main area of focus is how we are engaging and serving our intended target populations. We hope to challenge our partners to think creatively about how we could improve our engagement with these groups, and to identify what other target populations may benefit from the specific evidence-based interventions.

Facilitators should present the information on the slides specific to their room's EBI. Facilitators are encouraged to speak minimally but keep the discussion focused on the discussion questions, with the intent to develop a concise set of responses to the key questions/recommendations. Facilitators may provide answers to questions if known.

Scribes should take thorough, concise, accurate notes; ask for clarification when needed; and pay attention to the chat activity for additional information. The scribe should plan to share the group's recommendations during the final portion of the large group meeting. Any unanswered questions or requested information should be documented, as well. Scribes should submit all notes to Melissa Box and Verletta Saxon within one week after the meeting concludes.

Breakout Rooms:

1. Nurturing Parenting Program
 - a. Facilitator: Chapin Hall Researcher
 - b. Scribe: UIUC Office of Evidence Based Intervention
2. Positive Parenting Program
 - a. Facilitator: DCFS Implementation Director
 - b. Scribe: UIUC Office of Evidence Based Intervention
3. Multisystemic Therapy
 - a. Facilitators: DCFS Implementation Director, Chapin Hall Researcher
 - b. Scribe: UIUC Office of Evidence Based Intervention
4. Trauma-Focused Cognitive Behavioral Therapy
 - a. Facilitators: Chapin Hall Researchers
 - b. Scribe: UIUC Office of Evidence Based Intervention
5. Child-Parent Psychotherapy
 - a. Facilitator: Chapin Hall Researcher
 - b. Scribe: UIUC Office of Evidence Based Intervention
6. Home Visiting: HFA, PAT

- a. Facilitator: DCFS Implementation Director
- b. Scribe: UIUC Office of Evidence Based Intervention

Presentation: (10-20 mins)

- Current EBI implementation with current target populations
 - Purpose of EBI
 - Current population(s) being served
 - Current engagement efforts
 - Eligibility
 - Referrals
 - Participation
 - Costs/Challenges

Discussion: (30 mins)

4. Considering EBI Fit:
 - a. To what extent does the EBI align with FFPSA vision and goals and the DCFS mission, vision and values?
 - b. To what extent does the population served by the EBI align with the purpose of the EBI?
 - c. What needs does the EBI address for the target population?
 - d. What other target populations could benefit from this EBI?
5. Considering EBI Engagement:
 - a. How could we better engage the target population in the EBI?
 - b. How could we better collaborate with partners, including courts, sister agencies, child welfare contributing agencies and community-based organizations, to raise awareness about the availability of the EBI?

Key Questions/Recommendations: (10 mins)

- Based on this information, what recommendations do you have regarding the implementation of this EBI in the next five years?
- Based on these current EBIs and the target populations:
 - Do you support moving forward to include this EBI in the next five-year plan?
 - Do you support continuing to serve these target populations with this EBI in the next five-year plan?
 - What other target populations do you recommend serving with these EBIs in the next five-year plan?

Vision

- Families are the drivers, who identify their own goals and have access to the customized, evidence-based interventions and supports that will help them meet these goals.
- An understanding of the impact of past and present trauma, environments and experiences that inform all interactions with families.

- Cohesive communities have the resources and capacity to support families and take collective responsibility for doing so.
- Streamlined and clear processes, technology and communication minimize the barriers to families seeking and receiving help.
- Front-line staff are prepared with a broad array of tools, information and knowledge to consistently assist families in accomplishing their goals and navigating complex systems and minimize additional involvement at any stage of their child welfare system involvement.

Goals

1. Prevent foster care placement.
2. Promote family-based placements.
3. Support and provide evidence-based services/interventions.
4. Enhancing child well-being.
5. Increase collaboration across agencies.

Appendix B

2026 Family First Prevention Plan

Meeting Agenda 3

Friday, 12/6/24, 9-11am

7. Introductions (5 minutes)

8. Where We Are and What We're Doing (5 mins)

a. Process Map

b. Goals

- i. Understand eligible populations under Family First
- ii. Review current target populations served and rationale
- iii. Discuss engagement of current target populations with current EBIs
- iv. Make recommendations for implementation of current EBIs in next five-year plan

9. Recentering: Mission, Vision, Values, and Goals (10 mins)

10. Background on Target Populations (15 mins)

- a. Survey Results
- b. Federal legislation and guidelines: criteria for candidacy
- c. Current target populations
 - i. Rationale for selection
 - ii. Number served to date
 - iii. Number served by EBI
- d. Considerations for expanding target populations
 - i. Benefits and challenges

11. Breakout Sessions (60 mins)

- a. Room Facilitators and Scribes:
 - i. Nurturing Parenting Program
 1. Facilitator: Chapin Hall Researcher
 2. Scribe: UIUC Office of Evidence Based Intervention
 - ii. Positive Parenting Program
 1. Facilitator: DCFS Implementation Director
 2. Scribe: UIUC Office of Evidence Based Intervention
 - iii. Multisystemic Therapy
 1. Facilitators: DCFS Implementation Director, Chapin Hall Researcher
 2. Scribe: UIUC Office of Evidence Based Intervention
 - iv. Trauma-Focused Cognitive Behavioral Therapy
 1. Facilitators: Chapin Hall Researchers

- 2. Scribe: UIUC Office of Evidence Based Intervention
- v. Child-Parent Psychotherapy
 - 1. Facilitator: Chapin Hall Researcher
 - 2. Scribe: UIUC Office of Evidence Based Intervention
- vi. Home Visiting: HFA, PAT
 - 1. Facilitator: DCFS Implementation Director
 - 2. Scribe: UIUC Office of Evidence Based Intervention
- b. Breakout Sessions
 - i. Current EBI implementation with current target populations (20 mins)
 - 1. Purpose of EBI
 - 2. Current population(s) being served
 - 3. Current engagement efforts
 - a. Eligibility
 - b. Communications
 - c. Referrals
 - d. Participation
 - e. Qualitative data
 - 4. Costs/Challenges
 - ii. Discussion Questions (30 mins)
 - 1. Considering EBI Fit:
 - a. To what extent does the EBI align with FFPSA vision and goals and the DCFS mission, vision, and values?
 - b. To what extent does the population served by the EBI align with the purpose of the EBI?
 - c. What needs does the EBI address for the target population?
 - d. What other target populations could benefit from this EBI?
 - 2. Considering EBI Engagement:
 - a. How could we better engage the target population in the EBI?
 - b. How could we better collaborate with partners, including courts, sister agencies, child welfare contributing agencies and community-based organizations, to raise awareness about the availability of the EBI?
 - iii. Key Questions (10 mins)
 - 1. Based on this information, what recommendations do you have regarding the implementation of this EBI in the next five years?
 - 2. Based on these current EBIs and the target populations:
 - a. Do you support moving forward to include this EBI in the next five-year plan?
 - b. Do you support continuing to serve these target populations with this EBI in the next five-year plan?
 - c. What other target populations do you recommend serving with these EBIs in the next five-year plan?
 - iv. Scribe takes notes

12. Large Group Discussion (20 mins)

- a. Each scribe reports out: summary and recommendations for target populations and engagement

13. Conclusion (5 mins)

- a. Next Steps
- b. Thank you