

## Violence Prevention Community Support Team

Informational Webinar April 26, 2022



## Housekeeping

- Phone lines are in listen only mode.
- Please submit any questions through the chat function.
   Questions will be addressed at the end of the presentation.
- A copy of the slide deck and a recorded version of the webinar will be posted to the HFS website.



#### Agenda

- DHS Overview of RPSA/OFVP
  - Funding Opportunities
  - Eligible Communities/Municipalities
  - Local Advisory Councils
- HFS Overview of Violence Prevention CST
  - Service and Provider Requirements
  - Enrollment Process
  - Reimbursement

# Reimagine Public Safety Act Illinois Provider Overview

April 26, 2022

Help is Here

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#### **RPSA/OFVP Overview**

The Reimagine Public Safety Act (RPSA) creates a comprehensive approach to ending Illinois' firearm violence through targeted, integrated behavioral health services and economic opportunities.

RPSA establishes the Office of Firearm Violence Prevention (OFVP) at the Illinois Department of Human Services led by IDHS' Assistant Secretary for Violence Prevention Chris Patterson. The OFVP will:

- Collaborate with ICJIA, IDPH, HFS, DCFS, DCEO, IDOC, hospitals and health care providers to reduce firearm violence.
- Educate stakeholders regarding the latest in firearm violence prevention research and data.
- Establish 15 Local Advisory Councils (in non-Chicago service areas) and 22 Qualified Lead Violence Prevention Conveners (in the City of Chicago).
- Provide technical assistance in the areas of evidence-based violence prevention programming and capacity development, including GATA participation and compliance.



#### **RPSA Strategy**

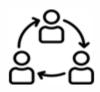
Youth Development, Intervention and Diversion

Trauma Informed Mental

Health and Substance Use Services



**Equity and Racial Justice** 



Interagency and Community Based Collaboration



#### **RPSA Funding Breakdown**

37 "areas of concentrated violence" to be identified and funded

22 Chicago Community
Areas

15 communities across Greater Illinois

\$100M yearly budget statewide, for 2.5-years (\$250M, 3-year commitment)

Purpose	2.5-Year Amt.	% of total	Est. # of Awards	Avg. 1-Year Award Amt.
Technical Assistance and Support	\$8 MM	3%	4-6	\$600K
Programs	\$237 MM	95%	~145 - 230	
*Violence Prevention (Chicago)	\$50MM	20%	44-74	\$675,000
*Youth Development (Statewide)	\$100MM	40%	100 - 150	\$101,300 - \$392,000
*High-Risk Youth Intvn. (Chicago)	\$5MM	2%	2-4	\$1,125,000
*TBD Greater Illinois VP Funding (pending LAC input)	Up to \$82MM	33%	TBD	TBD
Community Convenors	\$5 MM	2%	Up to 22	\$100K
TOTAL	\$250 MM	100%	~170 - 250	



#### **RPSA Grant Programs**

**Training & technical assistance** grants to train and assist RPSA funded organizations to design and implement evidenced-based and evidenced-informed programming/services and build the capacity of organizations.

**Community Convener** grants to organizations that will be responsible for convening communities and coordinating RPSA activities.

**Violence prevention services**, including street-based violence interruption work, emotional and/or trauma related therapy, housing, employment, job training/placement, family engagement, and wrap-around support services.

**Youth development programs**, including after school and summer programming to increase school attendance and school performance, reduce criminal justice system involvement, and build social-emotional intelligence.

**High-risk youth intervention** programs proven to reduce involvement in the criminal or juvenile justice system, referrals of teens into the rapeutic programs that address trauma recovery and other mental health services.

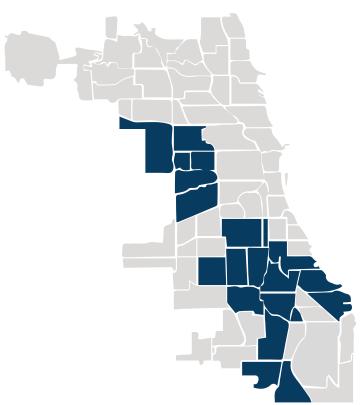


#### Original Identified Municipalities - Chicago

The Firearm Violence Research Group developed a process for determining eligibility of community areas in Chicago and municipalities in Greater Illinois as per the requirements of the Reimagine Public Safety Act. The group applied this process to determine the eligible Community Areas that rate the highest in firearms victimization, excluding self-inflicted shots. **The eligible Chicago Community Areas include:** 

- Auburn Gresham (154.7/710)
- Austin (202.7/1,900)
- Burnside (179.5/36)
- Chatham (138.0/428)
- Chicago Lawn (98.7/507)
- East Garfield Park (380.3/720)
- Englewood (333.3/764)
- Fuller Park *(417.6/100)*
- Greater Grand Crossing (217.9/657)
- Humboldt Park (155.3/860)
- New City (129.8/512)

- North Lawndale (339.5/1,089)
- Riverdale (203.8/150)
- Roseland (168.0/658)
- South Chicago (113.6/340)
- South Lawndale (65.1/470)
- South Shore (115.5/606)
- Washington Park (248.9/273)
- West Englewood (271.4/715)
- West Garfield Park (474.4/779)
- West Pullman (157.9/427)
- Woodlawn (137.7/312)



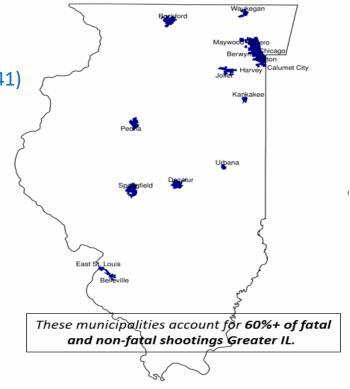


#### Original Identified Municipalities - Greater Illinois

The Firearm Violence Research Group determined the eligible municipalities from across Illinois that rate the highest in firearms victimization. **The eligible municipalities across Greater Illinois include:** 

- Aurora (12.7/115)
- Belleville Cluster (Includes Belleville, East St. Louis, and Cahokia Heights) (48.1/102)
- Berwyn-Cicero Cluster (32.8/94)
- Calumet City Cluster (Includes Calumet City, Harvey, Dolton, Riverdale, South Holland, Markham, Lansing) (74.4/134)
- Chicago Heights Cluster (Includes Chicago Heights, Park Forest, and Sauk Village) (70.6/97)
- Danville (94.5/138)
- Decatur *(57.9/204)*

- Joliet (26.2/197)
- Kankakee (125.6/151)
- Maywood-Bellwood Cluster (119.9/141)
- Peoria (61.9/350)
- Rockford (55.6/413)
- Springfield (33.6/192)
- Urbana-Champaign Cluster (25.6/49)
- Waukegan-North Chicago Cluster (25.1/112)





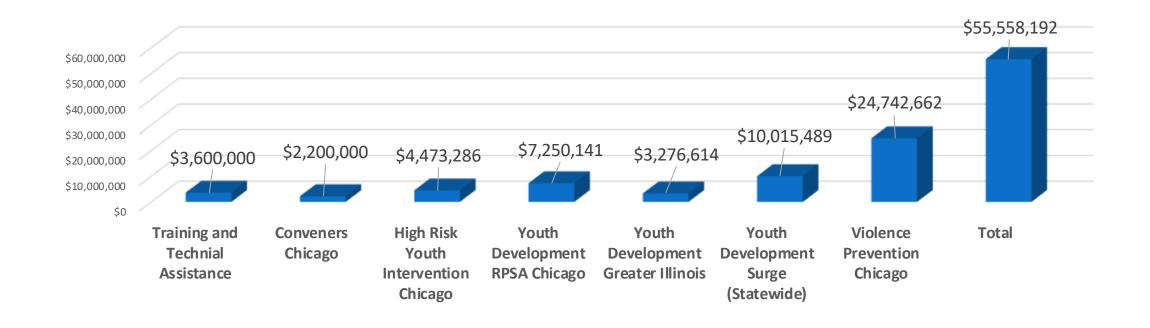
#### **Summer Surge Strategy**

- First Round Grantee Roll Out Over \$42 million in new RPSA services to begin May 2022
- Summer Surge Funding Over \$10m in youth development surge funding to begin May 1.
- Re-NOFO for Violence Prevention and Youth Development Anticipated release Early May.
- Local Advisory Council Recommendations Anticipated May 6.
- Ongoing Community Engagement and Grantee Technical Assistance
- **Communications Campaign** With Rudd Resources Inc.



#### **Summer Funding Allocation**

#### **Total CURRENT Funding Allocation**





#### **Local Advisory Councils – Overview**

RPSA requires the OFVP to convene local advisory councils (LAC) in each of the RPSA designated service areas. Each council will be comprised of a minimum of 5 members appointed by the Assistant Secretary, Office of Firearm Violence Prevention.

Each local council will make recommendations to the OFVP on how to allocate violence prevention resources based on information provided by the OFVP, local law enforcement and other available data.

OFVP will consider the recommendations and determine how to distribute funds through grants to community-based organizations and local governments

- Membership outreach underway
- Appointments confirmed
- First meeting held March 15
- Additional meetings in April April 14 and April 26
- Recommendations to OFVP due by April 29
- Ongoing meetings quarterly thereafter





# Violence Prevention CST



#### Service Overview

- VP-CST services include culturally responsive, trauma-informed therapeutic interventions and supports focused on reducing traumatic stress symptoms and increasing community functioning for individuals who have experienced chronic exposure to firearm violence.
- Emphasize the use of evidence-informed practices and peer supports to engage customers in the service delivery and trauma recovery process.



## Service Overview (cont)

#### **VP-CST** interventions focus on:

- Engaging and providing emotional support to customers;
- Developing strategies and plans that increase safety and community stabilization;
- Facilitating symptom self-monitoring and management;
- Developing functional, interpersonal, and community coping skills;
   and
- Identification and use of natural supports.



## Provider Requirements

- VP-CST services may be provided by a CMHC or BHC with a VP-CST Program Approval.
- Must develop processes to accept referrals from local OFVP funded organizations, particularly High-Risk Youth Intervention grantees, and from local Emergency Departments.
- Establish a plan for collaborating with other local organizations engaged in violence prevention and intervention work.
- Provide implementation feedback to HFS and OFVP as requested.



## Target Population

VP-CST services may be provided to customers who:

- Have a history of or recent direct exposure to firearm violence or repeated exposure to firearm violence in the community;
- Have identified mental health needs and conditions associated with chronic and ongoing trauma exposures; and,
- Have VP-CST services recommended as medically necessary by an LPHA on the customer's IM+CANS.



## **Key Activities**

VP-CST must include the following key activities and services:

- Proactive service engagement;
- Peer supports delivered by a Peer Support Worker (PSW);
- Therapy/Counseling; and
- Community Support.



## Service Delivery

- Provided in an individual, group, or family modality.
- Delivered in-person, by video, or by phone.
- Services offered during times and at locations that are convenient to the customer and their family, with an emphasis on services delivered in home and community settings.
- Must be available to provide support to customers 24/7.



#### Staff Requirements & Qualifications

- Delivered by a team that minimally includes the following:
  - A team lead that meets the qualifications of a QMHP;
  - A Peer Support Worker;
  - At least one other staff member that meets the qualifications of an MHP.
- Staffing ratios must not exceed 18:1.
- Team members should receive annual training in topics relevant to their role in delivering VP-CST.



## Peer Support Workers

For the purposes of VP-CST, a PSW is defined as an individual who:

- 1. Is 21 years of age or older;
- 2. Delivers services under the supervision of a QMHP;
- 3. Has lived experience with firearm violence;
- 4. Demonstrates the ability to work within agency structure, accept supervision, and participate as a member of a multi-disciplinary team; and,
- 5. Has completed a Department approved peer support training process.



## Peer Support Workers (cont.)

- Providers of VP-CST may enter into an agreement with another entity or individual to access PSW services. The agreement must outline:
  - 1. The scope of services to be delivered by the PSW;
  - 2. PSW service reimbursement; and
  - 3. Supervision of PSWs by staff qualified as a QMHP.
- The enrolled VP-CST provider must also ensure and maintain record of background checks conducted on all contracted PSWs consistent with 89 Ill. Admin. Code 140.Table O(c)(3).



#### Provider Based UM

- The VP-CST team must meet on a weekly basis to review the status of customers in the program, focusing on progress being made towards treatment goals.
- Quarterly, the Team Lead and the authorizing LPHA must review the IATP of customer's receiving VP-CST to:
  - Review treatment progress; and
  - Identify any necessary changes in VP-CST services, including if a transition to less intensive services is appropriate.



## Program Approval

- CMHCs or BHCs seeking to provide VP-CST must obtain a Program Approval from HFS.
- HFS partners with the Office of Medicaid Innovation (OMI) at the University of Illinois to conduct behavioral health Program Approvals.
- Providers must identify their intent to provide VP-CST by submitting an IMPACT application/modification with the appropriate Specialty/Subspecialty combination.
- OMI will outreach to the contact on the IMPACT application to start the Program Approval Process.



## IMPACT Overview

Enrollment Type	Provider Type	Specialty	Subspecialty
Facility, Agency,	Community Mental	Team Based	Violence Prevention
Org. (FAO)	Health Center	Services	Community Support Team
Facility, Agency,	Behavioral Health	BHC Team Based	Violence Prevention
Org. (FAO)	Clinic	Services	Community Support Team



## Program Approval Process

- OMI will outreach to the contact on the IMPACT application to start the Program Approval Process.
- Program Approvals are conducted consistent with <u>89 III. Adm. Code</u> <u>140.Table N</u>
- Program Approvals will be completed no later than 90 days after the provider submits their IMPACT application/modification.
- Providers will have their Program Approval reviewed and renewed annually.



## Program Approval Process

- Providers must submit documentation that attests to the following:
  - Customers will receive all required interventions;
  - Services will be provided in settings and at times required;
  - Required staffing ratios will be maintained;
  - Required qualifications and training of staff will be maintained;
  - Required target populations will be served; and
  - Required Utilization Management will be conducted.



#### Reimbursement

	НСРС	Modifiers		Haita	Total State Max	
Service Name	Code	1 2	Units	On-Site	Off-Site	
Violence Prevention CST - Individual	H0037	*		1/4 hr	\$34.45	\$37.55
Violence Prevention CST - Group	H0037	HQ	*	1/4 hr	\$4.86	\$5.64

\*The rate for VP-CST is inclusive of all the services from the CBS Handbook that an MHP can provide, except for Mobile Crisis Response, Crisis Stabilization, Mental Health Case Management, other services that require prescriber authorization, and other services that require a Program Approval within IMPACT.



#### Resources

- Reimagine Public Safety Act (430 ILCS 69)
- DHS Office of Firearm Violence Prevention (OFVP)
- OFVP Grant Information
- Information about GATA Prequalification
- HFS Provider Notices
- IMPACT Provider Enrollment
- Community Based Behavioral Services (CBS) Handbook



## Thank you!

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