Caring Together
Continuum

2019 Stakeholder Engagement Sessions

May 29, 2019

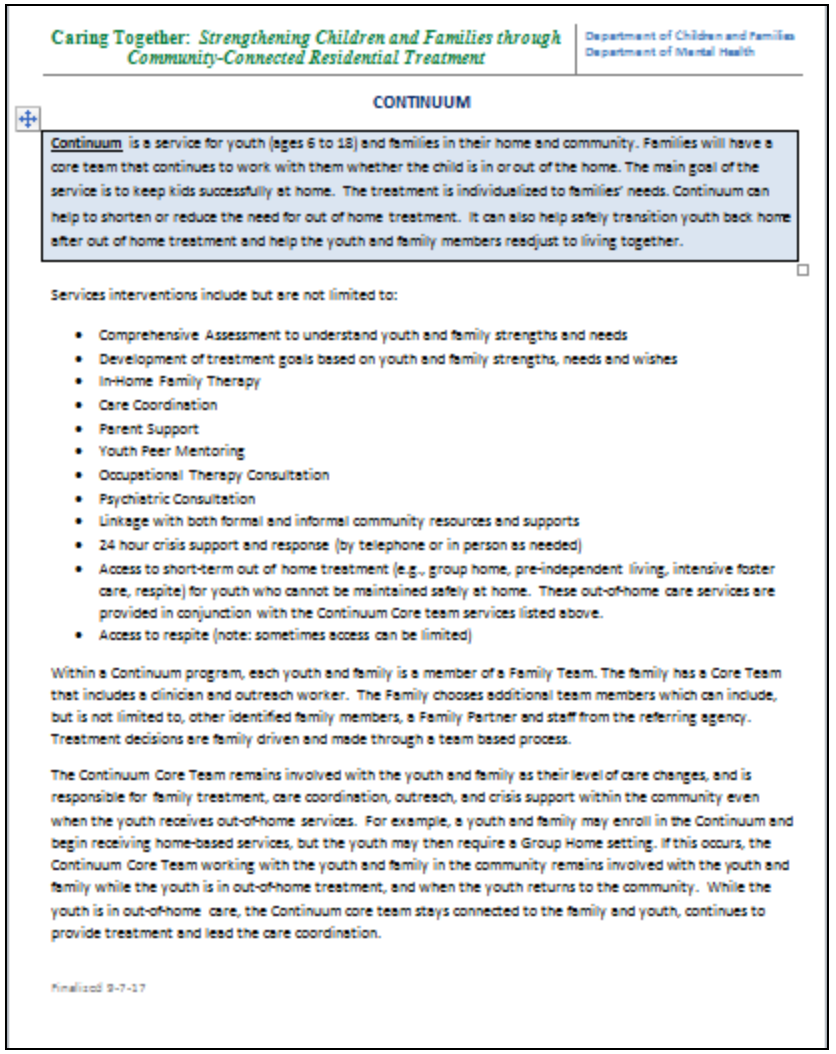
Agenda

- Welcome Back
- Data
- Focus Group Findings
- Lessons from the Research
- Discussion and Feedback

Program Overview

- **Wrap-only**: An array of community-based wraparound services that are designed to maintain youth within their homes and support families as the primary caregivers.

- **Wrap-plus**: Long-term and short-term out-of-home care (e.g., group home, pre-independent living, family-based placement, respite) for youth who cannot be maintained safely at home.



Caring Together: *Strengthening Children and Families through Community-Connected Residential Treatment*

Department of Children and Families
Department of Mental Health

CONTINUUM

Continuum is a service for youth (ages 6 to 18) and families in their home and community. Families will have a core team that continues to work with them whether the child is in or out of the home. The main goal of the service is to keep kids successfully at home. The treatment is individualized to families' needs. Continuum can help to shorten or reduce the need for out of home treatment. It can also help safely transition youth back home after out of home treatment and help the youth and family members readjust to living together.

Services interventions include but are not limited to:

- Comprehensive Assessment to understand youth and family strengths and needs
- Development of treatment goals based on youth and family strengths, needs and wishes
- In-Home Family Therapy
- Care Coordination
- Parent Support
- Youth Peer Mentoring
- Occupational Therapy Consultation
- Psychiatric Consultation
- Linkage with both formal and informal community resources and supports
- 24 hour crisis support and response (by telephone or in person as needed)
- Access to short-term out of home treatment (e.g., group home, pre-independent living, intensive foster care, respite) for youth who cannot be maintained safely at home. These out-of-home care services are provided in conjunction with the Continuum Core team services listed above.
- Access to respite (note: sometimes access can be limited)

Within a Continuum program, each youth and family is a member of a Family Team. The family has a Core Team that includes a clinician and outreach worker. The Family chooses additional team members which can include, but is not limited to, other identified family members, a Family Partner and staff from the referring agency. Treatment decisions are family driven and made through a team based process.

The Continuum Core Team remains involved with the youth and family as their level of care changes, and is responsible for family treatment, care coordination, outreach, and crisis support within the community even when the youth receives out-of-home services. For example, a youth and family may enroll in the Continuum and begin receiving home-based services, but the youth may then require a Group Home setting. If this occurs, the Continuum Core Team working with the youth and family in the community remains involved with the youth and family while the youth is in out-of-home treatment, and when the youth returns to the community. While the youth is in out-of-home care, the Continuum core team stays connected to the family and youth, continues to provide treatment and lead the care coordination.

Finalized 9-7-17

(Current) Staffing Profile

Based on a program serving 30 youth

- 1 Full Time Program Director, exclusive to Continuum, regardless of program size.
- 1 Licensed Clinician to supervise staff. Full-Time regardless of program size. (Later amended to pro-rate for programs with less than 30.) Also, works directly with families.
- 1 Clinician per 6 youth. Provides an average of 2-3 hours/ week of face-to-face services with family.
- Outreach / support staff. 6.5 FTEs per program. Provides 3- 4 hours/ week of face-to-face services with family.
- 1 FTE Young Adult Peer Mentor
- 0.5 FTE Occupational Therapist. Provides consults to family team and others working with the youth.
- 0.1 FTE Psychiatrist. Provides consults to family team; does not provide direct services.

Data

FY17	
Total youth receiving Continuum services	398
Wrap Alone	374
Wrap + Intensive Group Home 1:3	105
Wrap + Group Home 1:4	10
Wrap + Pre IL	3
Wrap + Respite	25

- These numbers are not unduplicated. A youth could be enrolled in Wrap+ for some part of the year, and then Wrap Alone.
- 143 youth (36%) received Wrap +
- Flex services are also used for Respite for youth in Continuum.

Data

79 Youth had an out of home placement during Continuum, i.e., a placement that is not part of the Continuum design.

CIRT	3
IRTP	17
Group Home	10
Residential School	16
STARR	23
TAY	3
CCU	16
	79

Focus Group Feedback Themes

- Staffing Ratios / Roles
- Occupational Therapy
- 24 x 7 Response
- Partnerships with Group Homes
- Partnerships with Other Out-of-Home Treatment Services
- Implementation Issues

Lessons from the Research

Successful in-home programs use one or more specific treatment models that are evidence-based or supported by research, such as:

- Trauma Focused CBT (TFCBT)
- Adolescent Community Reinforcement Approach (ACRA)
- Collaborative Problem Solving (CPS)
- Intensive wraparound in-home services (IICAPS)
- Multisystemic therapy (MST)
- Neurosequential Model of Therapeutics (NMT)
- Motivational Interviewing (MI)

Lessons from the Research

Staffing, Training, and Supervision are essential

- Teams: one masters level clinician and one case manager/outreach worker
- 1 supervisor to 4-5 staff
- Weekly individual supervision; some include videotapes of sessions or field supervision
- Weekly Team supervision /weekly administrative team meeting is separate
- Staff are trained initially and ongoing in the selected treatment models and provided with supervision and/or consultation to ensure that there is fidelity to the treatment model. Often, there is a consultant separate from supervisor who provides the training and consultation.
- Caseloads = 4-6 families

Lessons from the Research

FREQUENT TREATMENT REVIEWS

- Short two week or monthly treatment plan cycles

LENGTH OF TREATMENT:

- Typical 6-9 months

ON CALL AVAILABILITY:

- Provide 24/7 support via phone or in person

YOUTH AND FAMILY VOICE:

- Youth and family voice in treatment planning and assessment of treatment is ongoing.
- Meet at times convenient to families.
- Frequent (monthly) check ins with families to assess how service is going.

Continuum Practice Profile

- therapeutic interventions: strategies, activities, and actions
- elements of evidence-based practice as well as practice-based evidence in developing interventions

Lessons from Practice Profile Pilot

- Communicate what Continuum is and does in a more comprehensive way to the family, other providers (other levels of care), so that everyone is on the same page about expectations.
- Intensify efforts to involve family and youth in all discussions and decisions.
- Be clear with state agencies, families, crisis teams, and other providers regarding safety plans.
- Ensure that youth and family co-create, understand and agree with plan for services and crisis support post-discharge.

Areas for Feedback

Focus Areas of Improvement
1. Continuum
2. Group Home
3. Family-based Placement
4. Young Adult Programs
5. Clinical Interventions
6. Best Practices
7. Business Models
8. Performance Measures

- Staffing (e.g., OT, flexibility, emergency response)
- Partnership with placement models including but not limited to Group Homes

Staffing Ratios

What we've learned

- Programs report that 5 Cases per Clinician is the "sweet spot"; higher caseload contributes to burnout
- Supervisors should not carry cases
- Interest in adding Family Partners

Design considerations

- Prescriptive requirements vs. flexibility
- What management / supervisory positions are needed? (e.g., FTEs, licensure)
- Within flexibility, family partners and young adult peer mentors will be required staff

Occupational Therapists

What we've learned

- Universally liked
- Experience using OT seems to increase staff understanding of its benefit
- Can't find enough to hire due to 1. rate/ salary, and 2. workforce size

Design considerations

- OT will continue to be part of the Continuum model
- What functions should be prioritized? (e.g., consulting with the team, consulting with the family)
- If the market for OTs is saturated, how can we access this service?

24x7 Response

What we've learned

- Some program approaches are too burdensome for staff
- Actual use of overnight emergency response is infrequent

Design considerations

- Best practices that anticipate and plan for needs that might otherwise become a crisis
- Reducing the RFR requirement

Partnerships w Group Homes

What we've learned

- Too many relationships reduces quality
- "Standard" group home requirements are not sufficient
- More than anticipated use of Wrap-only: is that desired or an indicator of lack of capacity?

Design considerations

- Minimum / maximum number of required group home contractual relationships?
- What knowledge, skill, abilities should be required in the RFR of group homes?
- What knowledge, skill, abilities can be built post-award, by whom?

Partnerships w Placement Services

What we've learned

- Use of Wrap-only with STARR
- Use of Wrap-only with higher levels of placement to support transitions

Design considerations

- Requirements to support transition into Continuum from these placement types

Practice

What we've learned

- In cases when goals change from return home to transition to independence, Continuum program responsibilities seem to become unclear.

Design considerations

- What happens when the identified "viable adult resource" is no longer viable?
- How should we define permanency and the permanency role for Continuum programs?

Closing Remarks

- Debrief of Today's Meeting
- Outstanding Questions
- Next Meeting:
  - **Date: June 11**
  - **Topic**: **Family-based Placements**