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.
(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

<table>
<thead>
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<th>FY17</th>
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<tbody>
<tr>
<td>Total youth receiving Continuum services</td>
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<tr>
<td>Wrap Alone</td>
</tr>
<tr>
<td>Wrap + Intensive Group Home 1:3</td>
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<tr>
<td>Wrap + Group Home 1:4</td>
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<tr>
<td>Wrap + Pre IL</td>
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<td>Wrap + Respite</td>
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- 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.

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<td>CIRT</td>
<td>3</td>
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<tr>
<td>IRTP</td>
<td>17</td>
</tr>
<tr>
<td>Group Home</td>
<td>10</td>
</tr>
<tr>
<td>Residential School</td>
<td>16</td>
</tr>
<tr>
<td>STARR</td>
<td>23</td>
</tr>
<tr>
<td>TAY</td>
<td>3</td>
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<td>CCU</td>
<td>16</td>
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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)
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**

<table>
<thead>
<tr>
<th>1. Continuum</th>
<th>• Staffing (e.g., OT, flexibility, emergency response)</th>
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<tr>
<td>2. Group Home</td>
<td>• Partnership with placement models including but not limited to Group Homes</td>
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<tr>
<td>3. Family-based Placement</td>
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<td>4. Young Adult Programs</td>
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<td>5. Clinical Interventions</td>
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<td>6. Best Practices</td>
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<td>7. Business Models</td>
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<td>8. Performance Measures</td>
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5/23/2019
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
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
In cases when goals change from return home to transition to independence, Continuum program responsibilities seem to become unclear.

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