Caring Together

Family-based Placement Models

2019 Stakeholder Engagement Sessions
June 11, 2019
Agenda

- Welcome Back
- Continuum Summary Feedback
- Family-based Models
- Discussion
Allow as much flexibility as possible.
Within flexibility, require a minimum of 1 Family Partner – programs could propose more. Clearly define what a family partner is/ does. Ditto YAPM.
Within the non-clinical staff, allow flexibility re: family partner, YAPM, outreach staff, OT assistant.
Program leadership requires both strong administrative management and clinical expertise. This could be in one position or two.
Be flexible about the PD and Clinical Supervisor being full time/exclusive to program depending on size of program.
Clinical Supervisor – holds 1-2 cases and can help with flexibility of caseload for program as a whole.
Occupational Therapists

✓ OT is a crucial member of the Continuum team.
✓ OT must be integral part of the Assessment.
✓ Retaining OT is easier when the position can be full-time and when the OT can provide direct service to (some) youth, for a short period of time (as prioritized by the team).
✓ An OT assistant could help extend the program’s capacity.
24x7 Response

- Expectation of in-person on call response is burdensome and contributes to staff burn out and turnover.
- Ideally: telephonic support to coach families using their proactive crisis plan.
- Families need flexibility of access to the Continuum team in the early mornings and later evenings.
- Other systems impact: police response, MCI teams.
Partnerships with Group Homes

✓ Considering a model for “Continuum Qualified Group Homes”

✓ Essential qualities of a productive working relationship include:
  • Clear communication protocols and practices
  • A consistent approach to treatment
  • Proximity
  • Collaboration at every level: from director to frontline staff

✓ Don’t require more than 4 to 5 relationships, although the Continuum program might choose to establish more.

✓ Practically speaking, easier to collaborate if group home is in same agency.

✓ Don’t require relationships with other placement types (e.g., STARR, IRTP); remain silent and allow for creativity.
Practice

✓ Continuum programs should stay involved if permanency goal shifts from reunification to transition to independence.

✓ Young adults will need support as family relationships shift.
## Areas for Feedback

### Focus Areas of Improvement

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

- Occasional need for placement in a non-group setting
- Separate from DCF’s foster care system
- What would it take?
Intensive / Tx Foster Care model

- Intensive therapeutic services and supports provided in a family setting.
- Some models build in “tiers” of intensity.
- 1:1 or 1:2 youth: foster parent.
- A highly trained foster parent provides daily care and implements the youth’s tx plan. This is their full-time job.
- Foster parents work with the youth’s parents.
- Masters-level Clinician sees youth/parent 2-3 times/week. Provides care coordination and some tx services; coordinates access to other behavioral health services as needed.
Continuum connection?

• Is this a parallel model to Continuum, i.e., Continuum accesses group homes when needed; IFC provider wraps around foster home?

OR

• Does Continuum provider access/contract for both group homes and foster homes, and wrap around both types of placement?

➢ Where is the Wrap Tx built to support intensive foster homes?
Feasibility

Q. Recruiting qualified foster parents
Q. Ensuring capacity / availability (e.g., a lower rate to cover days when no youth placed)
Q. Minimum # of homes to be a viable program
Q. Appropriate ages of youth who might benefit
Q. Program components / supports in addition to foster parent and clinician (e.g., flex funds, respite)
Family Residence model

• Caregiver is highly trained, at same level as Intensive Foster Care parent.
• Caregiver is considered an employee of the agency.
• Up to six youth can reside within the same home.
Feasibility

Q. Recruiting qualified foster parents
Q. Ensuring capacity / availability (e.g., a lower rate to cover days when no youth placed)
Q. Appropriate ages of youth who might benefit
Q. Clinical and other supports needed to support parents and youth
Closing Remarks

- Debrief of Today’s Meeting
- Outstanding Questions
- Next Meeting:
  - Date: June 28
  - Topic: Group Homes