



Caring Together

Family-based Placement Models

2019 Stakeholder Engagement Sessions
June 11, 2019

Agenda

- Welcome Back
- Continuum Summary Feedback
- Family-based Models
- Discussion

Continuum Staffing

- ✓ 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**