Program Proposal

The Family Success Center

Overview

Our mission is to help families heal when they have experienced sustained and destructive disruptions in the relationships between children or youth and their parents or other primary caregivers.

Our vision is to establish a clinically and behaviorally astute resource center capable of managing, understanding and ameliorating the chaotic ways in which children sometimes act when important primary care and/or psychiatric needs are not being met while at the same time providing consistent and sustained clinical and life skills support to the child and family in the home and community environments.

Our goal is to meet the needs of those children and families whose complex and enduring behavioral, interpersonal and psychotherapeutic needs keep them from living together safely and successfully by delivering an integrated array of flexible and multi-modal resources in a variety of settings while maintaining a consistent therapeutic relationship throughout the arc of care.

To meet this goal, our Center will offer both onsite residential and educational services and flexible and mobile clinical services that will allow the continuous and consistent delivery of treatment and support regardless of where a child or youth and his or her family are living at a particular time.

What are the structural elements of the FSC?

The onsite resources will include the following four options:

- 6 Therapeutic Stabilization Beds (3 male, 3 female) will be available for children or youth during acute episodes of challenging behaviors.
- 8 Ongoing Care Beds (4 male, 4 female) will be available for children or youth who are making progress, require less intensive supervision and are spending more time in the community.
- The Family-Centered Therapeutic Care Cottage will provide a milieu where children and their parents or primary caregivers can be guided through a process of reconstructing severely disrupted relationships, gaining a better understanding of the driving forces causing these disruptions and rehearsing more effective interactions that can be transferred to their natural home and community settings. The cottage can be used for extended visits as well as overnight stays by parents or caregivers allowing for expanded time to practice normal child and family activities with support from our clinical staff.

- Our Educational Readiness Unit (ERU) is a certified Non-Public School and intensive day treatment program whose small size and cognitive-behavioral therapeutic approach are designed to help children overcome academic and behavioral impediments to achieving success in community-based school programs. The ERU will reflect our family-centered approach by offering structured parent effectiveness training, specifically designed to help parents feel more confident and competent in their ability to support their children's educational progress. The ERU will also have a full-time community school liaison on staff to work with local schools to improve academic continuity, manage the transfer of credits and records, and assist with transitions to and from the ERU to community educational programs.

The Family Success Center will also provide two service options that can be delivered flexibly across multiple environments:

- Our two Integrated Clinical Support Teams (ICSTs) will form the heart of our service response. Each team will consist of a care coordinator, a lead clinician, 3 clinical service specialists and 2 service aides. Each enrolled child or youth and her or his family will be served by an ICST who will partner with them throughout the course of care, regardless of whether the child or youth is staying at the Center, at home with her or his family, or in a temporary care facility such as a hospital, treatment foster home, shelter care facility or even a juvenile detention center. The team works with the child or youth and family to complete any needed initial assessments, develop and implement a plan of care, monitor progress, facilitate changes in the plan and services, and develop a plan for transition to any needed ongoing community services following successful completion of the enrollment. When the FSC enrolls children and youth who are so detached from their families that identities of the family members or their location is unknown, the ICST will use family finding and engagement technology to develop a natural network of support for the child and ultimately to find and assist a family member who is willing to become the child's permanent primary caregiver. When they scale up to full capacity, each ICST will be able to support 24 children and families who are in various stages of their progress toward success. We estimate that enrollment will average 18 months with arcs of care ranging from 12 months to 24 months before children and families graduate to more natural and informal sources of ongoing support and assistance.

- The Family Engagement and Support Team (FEST) will be a mobile family resource guided and operated by parents and youth who know what it is like to experience severe family disruptions and work through the process of recovery and restoration. The parents and youth leaders in FEST have seen it all, experienced it all, and found a way back. They will provide a circle of hospitality to welcome children, youth and parents who are tentative about enrolling in the Family Success Center's program and also provide a variety of other types of help during the course of enrollment. They will listen to the stories of the children and

family members without judgment, share their own stories, and help the children and families understand how the programs at the FSC operate and how the FSC interacts with other public agencies such as the juvenile probation and child welfare departments. They will also coordinate a variety of consumer-driven recreational and skill-building opportunities and will insure that the professional staff in our onsite and integrated clinical service teams hear and understand the perspectives and positions of the children, parents and other family members. Finally they will simply and profoundly be there to let children and families who are hurt, forlorn and deep in despair know that there is hope.

FSC Program Structure

Who will we help?

Every family's story is unique, however, certain characteristics of these stories illustrate the range of situations that the FSC is designed to help. As a no reject, no eject program, we expect the FSC to respond to the call to assist children and families whose needs cannot be met effectively by any of the existing community or facility-based services options. Examples of these situations include:

- Children who have experienced so many violent, angry and disruptive interactions that they fear that they can't live safely and successfully with their families or anyone else ever again;
- Children who have such severe and chronic emotional, behavioral and psychological disabilities that their families fear that they could never acquire the skills, resources and energy they would need to keep themselves, the child and her

or his siblings, and their other family members safe if they were to live together again;

- Children whose severe and habitual externalizing and internalizing behaviors have resulted in repeated episodes of harm to self and subsequent hospitalizations or involvements with the juvenile justice system; and
- Children who have had so many placements outside the home and received so many differing diagnoses and labels that it is hard to tell which of the current problems are the result of all the bouncing, and which relate to the driving forces that caused the initial disruption.

How will we help them?

The Family Success Center will be a service-based rather than a place-based program. That means that enrollment will be to the FSC, not to a specific bed or unit. Upon referral, the care coordinator and the lead clinician from one of the ICSTs and a family advocate from FEST will immediately meet with the referral source, the child, the parent or primary care giver if they are available, and the current care provider or placement staff if the child is in an out of home facility at the time of referral.

At this meeting, which might be a TDM (team decision meeting) if these forums are used by the county agency making the referral, the FSC team will explain how the program operates, help the child, family, and those assisting the child and family assess and prioritize the child and family's most immediate needs, explore examples of strengths the child and family have used to deal with other big challenges in their lives, and if everyone is in agreement that the FSC is the best route to take, arrange for enrollment.

Where the child will stay upon enrollment can be determined at this meeting or in a follow-up assessment if more information and planning are needed. Given the nature of our target population, we expect that many referrals will occur when a child is in an acute stage of disruption and may benefit from a period of care in the TSU (Therapeutic Stabilization Unit) until the immediate episode resolves.

However, we are aware that the ups and downs that make up the long-term life patterns of children and families are a better source for understanding their strengths and needs and helping them shift to a more successful life course. Therefore we also expect that some of the children we enroll may be in better shape at the moment, but, based on past history, the referral source believes that it is necessary to serve the child and family through a program with integrated community and facility based services so that upcoming challenges can be better addressed without further service relationship disruptions. In these situations, newly enrolled children may stay where they are if they are in a supportive situation, or they may be able to move to a more permanent placement with the assistance and support of the ICST and the assurance to the family or primary caregivers that temporary care in the TSU or the OCU (ongoing care unit) is available to help resolve any acute episodes that may occur down the line.

The third option for those children who don't need acute stabilization, but who also cannot stay where they are or move to a more permanent placement, is to stay in the OCU for a period of time while a long-term placement solution is developed.

Wherever a child stays upon enrollment, the hallmark of the FSC will be intensive, individualized and goal-directed treatment and support. We will use a variety of approaches based on the best current evidence of effectiveness to fashion a plan of care with the child and family or primary care givers that goes beyond the problems that led to the referral and focuses on what must be done for the child and family to get reconnected and back on track toward a safe, successful and positive life course.

Our plans of care will build on children and families' functional strengths and encompass all of the life domains where children and families are experiencing big unmet needs, and will provide for treatment and support in all environments where help is needed. The members of the child and family's Integrated Clinical Service Team will provide primary care, but specialized services can be arranged as needed. Our goal is to help children and families acquire the resiliency and skills they need in the environments

As the plan progresses, the ICST can also help facilitate a natural support network for the child and family if the child and family feels that would be helpful. Throughout the process, parent and youth advocates from FEST will be available to provide support and information for enrolled children and families. In addition, children and families will be invited to share in the various relationship building and recreational opportunities FEST will sponsor.

Our Therapeutic Family Care Cottage will be available for all enrolled children and families to use. It is generously sponsored by ___________ as well as additional contributions by ____________. It will be staffed by the Cottage Host and an assistant. When children and families are present, members of the child and family's ICST will provide therapeutic services and support. Overnight stays will be available when the lead clinician of the ICST determines that ongoing supervision is not needed.

All enrolled children will be eligible to attend classes in the Educational Readiness Unit, but must do so pursuant to an IEP prepared by the child's home school. All families can enroll in the Unit's Parent Effectiveness Training workshops regardless of whether their child attends classes in the ERU.

What will we charge for enrollment?

The Family Success Center will be funded through California's new Residentially Based Services System. As a service-, rather than place-based resource, the flexibility in funding that the RBS system provides is essential to support our creative approach to child and family care. Funding accessed through this system will provide the foundation for the costs of program operation. In addition, our ICST teams will be supported in large part via EPSDT billing through Medi-Cal. Our ERU will bill as an educational service for all students attending classes there, and as a mental health service for the day treatment program.

To insure maximum appropriate eligibility all enrolled children will technically be "placed" with the FSC. Those who are staying in the TSU or the OCU will be physically present. Those who are at home with family or a primary caregiver will be on trial placements pursuant to federal AFDC-FC regulations. Our care coordinators will be trained to examine other eligibility options that families may be able to access directly to obtain needed support for themselves or their children. They will also work with a child's probation officer, mental health case manager or child services worker, and with adult services case managers when parents are participating in that system to insure appropriate access to needed services and to make sure that all services are provided in a collaborative manner.

Our RBS billing will be at three rates: a startup rate of $___________ during the first 6 months of enrollment, when our services and the needs of the child and family will at their highest levels. An ongoing rate of $__________ during the next 6 months as the plan of care is put in place and progress toward reconnection and permanency continues. A transition rate of $_________ will be billed during the next six months as our interventions and support scale back and the child and family or primary caregivers are able to do more on their own, and they begin transferring to any ongoing community services that they will continue to use following graduation from the FSC. Finally an aftercare rate of $____________ will be billed for the next six months, or for as long as the referral source requests that the child and family continue to be enrolled in the FSC. Within these rates, a fixed charge of $____ will be entered for each day of stay in the TSU and $_____ for each day of stay in the OCU to facilitate claiming for Federal AFDC-FC reimbursement by the referring agency.

In order to balance the risk that a few outlier child and family circumstances may require extended stays in the TSU or OCU, we will ask our referral sources to agree to the following stop-loss provision: We will assume the risk of continued need for stays in either unit until the total combined days of stay reach ____. If a child reaches that total of days of stay and the referral source and the FSC administrator agree that a particular child and family situation will require a significant number of additional days of stay, the billing rate will recycle. The startup rate will be charged for the next 3 months, the ongoing rate for the three months after that, the transition rate for 3 months after that, and the aftercare rate for the next 3 months if the child and family remain enrolled in the FSC. If the child and family have still not graduated at that point, a special meeting of the FSC administrator and the managers of the referring agency will be held to establish an individual plan for meeting the ongoing needs of the child and family.

What's the difference between the ICST and a wraparound team?

A child and family do not need to have a wrap team to receive services through the FSC. However, if they do have one it is important to work out the differences in responsibilities so as to avoid competing case management. The ICST is a clinical team. If a wraparound team were also supporting a family the ICST would be a resource to the wrap team. Although it's easy to confuse these two kinds of teams, there are important differences. Wraparound is a value driven process for organizing and aligning help when

people have complex needs in multiple domains. A wrap team is 4 to 8 people who know and care about a child and are willing to work with them over time to help them have a better life, at least half of whom aren't paid to be a part of the process.

A clinical team represents the various professional and paraprofessional resources that are contributing to a collective intervention around a defined need or constellation of needs. Putting this in a medical context, if a child were getting an organ transplant, there would be a large clinical team involved. Not only the transplant folks, but the infectious disease people, the pediatrician, the nutritionists, the duty nurses, the hospitalist, the child life specialist at the hospital, the hospital teacher and the hospital social worker, to name a few.

But a family whose child is coming home with a new set of lungs and heart, for example, might also benefit from a wraparound team that interfaces with the clinical team but works in more domains. There are clinical and quasi-clinical issues - the child is going to be on a regimen of anti-rejection drugs, have quarterly trips back to the transplant clinic, and must deal with worries about possible infections and rejections, but the family will have needs in other areas as well: financial, housing, meeting the needs of the siblings, school, recreation, respite, church, etc.

The FSC is more than a group home with a wraparound team. Our goal is to bring our best learning about good clinical services to bear in a short period of time. For kids with severe emotional disorders, we want the FSC to be well connected, better informed on evidence-based behavioral health practice, and most importantly, well attuned to the natural up and down rhythms of the recovery process, so that the idea of coming in for 6 to 9 months and getting fixed is replaced by a partnership in gradual change and improvement and being there over time as needed when kids and families go through rough patches.

How do children and families graduate?

As children and their families or primary caregivers enter the transition phase of their course of care, a series of meetings will be held with the child, the family and the representatives of the referring agency. At the meetings the ICST care coordinator and lead clinician will present charts documenting the progress that the child and family have made, as well as a plan for how the child and family will continue to maintain what they have achieved. If everyone agrees that sufficient progress has been made and that a good post-enrollment plan is in place, the child and family will shift to aftercare status for a period of 1 to 6 months depending on individual circumstances. During the time they are in aftercare status, any ongoing clinical services will be transferred to the community provider the child and family will be using following enrollment, educational responsibility will be transferred to a community school (if that has not already occurred) and the family will take on primary responsibility for addressing any issues that emerge.

However, the ICST staff will continue to meet with the child and family at pre-determined intervals, and as needed if issues arise.

When the aftercare period is completed, if the child and family have maintained their achievements and the transfers to any ongoing community services have been accomplished, a graduation ceremony will be held at the FSC for the child and her or his family or primary caregivers and everyone else who has had a hand in helping them achieve success.

FSC Rate Calculation Table

Unit	Position	#	Salary & Benefits	Total	Funding Sources			
					AFDC-FC-RBS State	AFDC-FC Fed	EPSDT	Other
ICSTs (1& 2)	Lead Clinician	2						
	Care Coordinator	2						
	Clinical Care Specialist	6						
	Clinical Care Aide	4						
TSU	Unit Supervisor	1						
	Assistant Supervisor	1						
	Child Care Specialist	4						
	Child Care Aide	4						
OCU	Unit Supervisor	1						
	Assistant Supervisor	1						
	Child Care Specialist	2						
	Child Care Aide	6						
FEST	Unit Supervisor	1						
	Assistant Supervisor	1						
	Parent Advocate	3						
	Youth Advocate	3						
ERU	Unit Supervisor/Principal	1						
	Assistant Principal	1						
	Teacher	4						
	Teaching Assistant	4						
	Community Liaison	1						
	PET Instructor	1						
Family Care Cottage	Cottage Host	1						
	Assistant Host	1						
Admin	Program Director	1						
	Clinical Director	1						
	Consulting Psychiatrist	1						
	Medical Records Specialist	1						
	Administrative Assistant	2						
Overhead	Insurance							
	Buildings and Maintenance							
	Utilities							
	Equipment							
	Transportation							
Totals								