

Transforming Residential Care in Preparation for Families First

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Session Objectives

- Review key aspects of FFPSA and QRTP requirements
- Discuss common challenges in residential practice and how they might be addressed through the course of QRTP implementation
- Describe our transformation as a residential program and key components of our current approach

Icebreaker

What are your biggest current challenges in residential care?

Mission

The mission of Children's Village is to work in partnership with families to help society's most vulnerable children so that they become educationally proficient, economically productive, and socially responsible members of their communities.

Who We Are

- Founded as the NY Juvenile Asylum in 1851, Children's Village has been providing services to youth and families for over 160 years.
- Residential campus in Dobbs Ferry includes 300 residential beds for child welfare, juvenile justice, and immigration services.
- Shifted from 90% residential in 2004 to only 40% residential today, with commitment to broad range of home and community-based programs (9,500+ served annually).
- Our strategic plan includes a commitment to implementing evidence-based practice wherever

Overview of FFPSA

- Opens up Title IV-E funding to preventive services for children at risk of foster care
- Model licensing standards for kinship homes
- Limits federal support for group care placements, only covers “Specified Settings” which include:
 - QRTPs
 - Pregnant / Parenting
 - Supervised Independent Living Programs
 - Settings for trafficking victims
- Placements in QRTPs also require independent assessment and family court approval in order to justify

Implications for Residential Providers

- Providers who do not fall under other “Specified Settings” will need to be QRTPs in order for placements to be reimbursable under Title IV-E, *and*
- Providers and jurisdictions will need a process for determining appropriateness of placement in order draw down IV-E dollars.

Qualified Residential Treatment Programs (QRTPs)

- On-site nursing / 24 hour coverage
- Licensed and accredited
- Trauma-informed treatment model
- Facilitate and document family involvement
- Maintain sibling connections
- Provide at least 6 months of post-discharge support

Popcorn Round:

What are some of your fears, concerns or questions around QRTP and Families First?



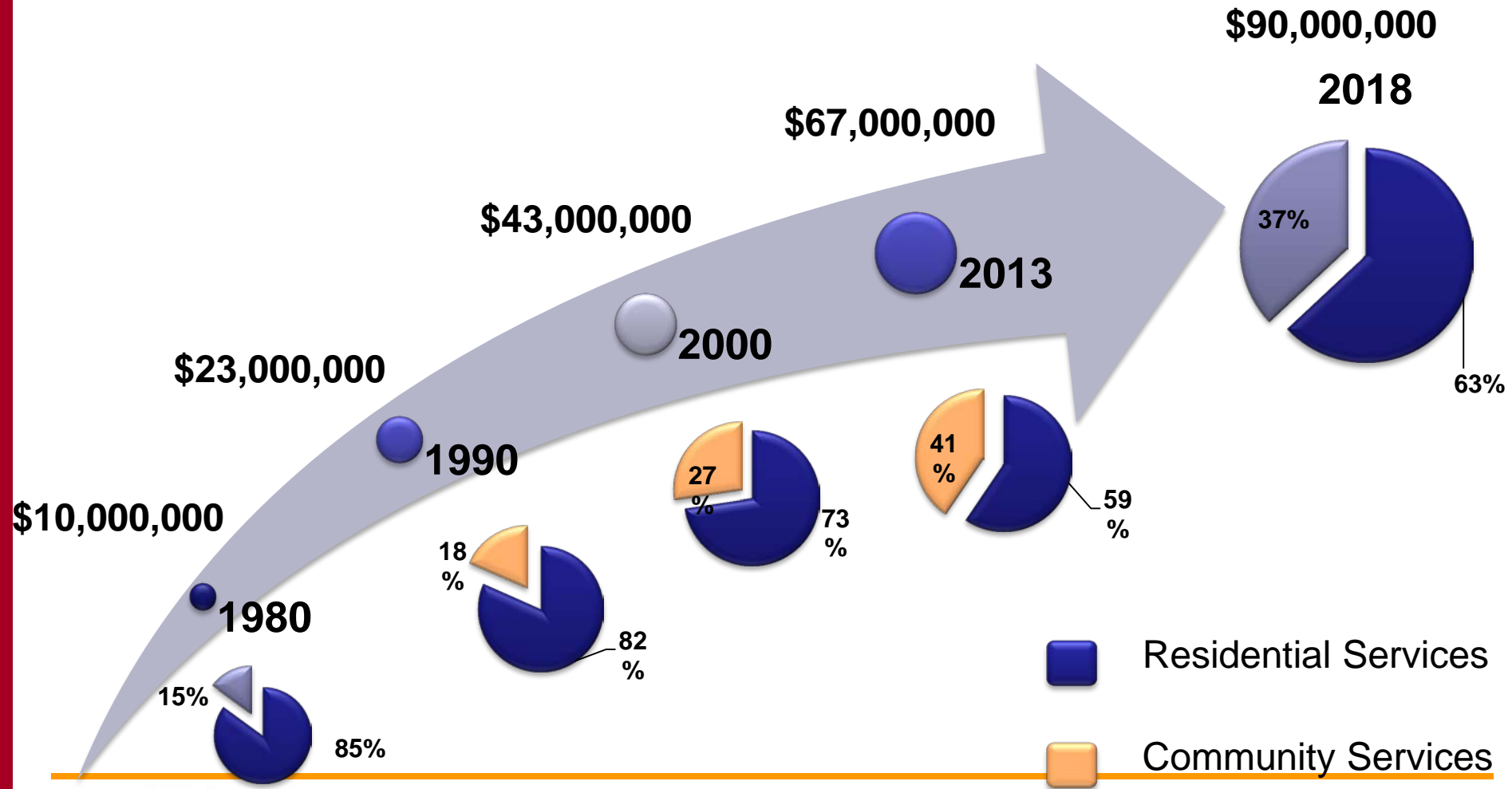
“Old School” Residential

- The Children’s Village pioneered the concept of residential treatment and was the first agency to integrate psychiatric care with its model in the early 20th century.
- By 2002, The Children’s Village was still a predominantly residential agency with high lengths of stay.
- The dominant view of children in residential care was that they were damaged, hard-to-treat, “complex,” or a variety of other euphemisms.
- Median length of stay for children entering in 2002 was more than 2 years; not unusual for children to spend 3-5 years or more.

Changing Our Stripes

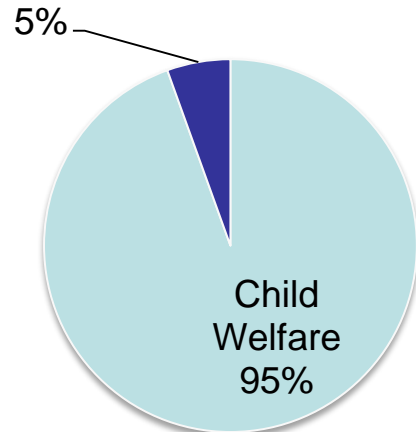
- Beginning in 2004 under new leadership, CV shifted focus to the idea that children do best as part of a loving, permanent family.
- Residential care increasingly viewed as an emergency room, and part of a continuum that includes family foster care, preventive services, and mentoring programs.
- Move towards the use and development of evidence in all areas whenever possible.

Over time, The Children's Village grew in size while becoming less dependent on residential programs for revenue.

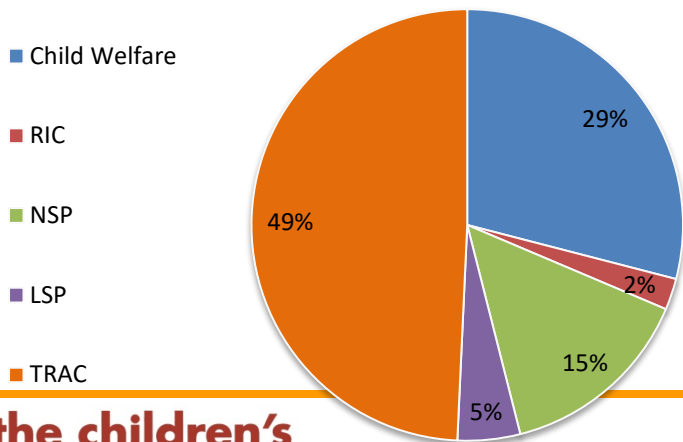


We also diversified the types of residential care provided, with a focus on more specialized and short-term programs.

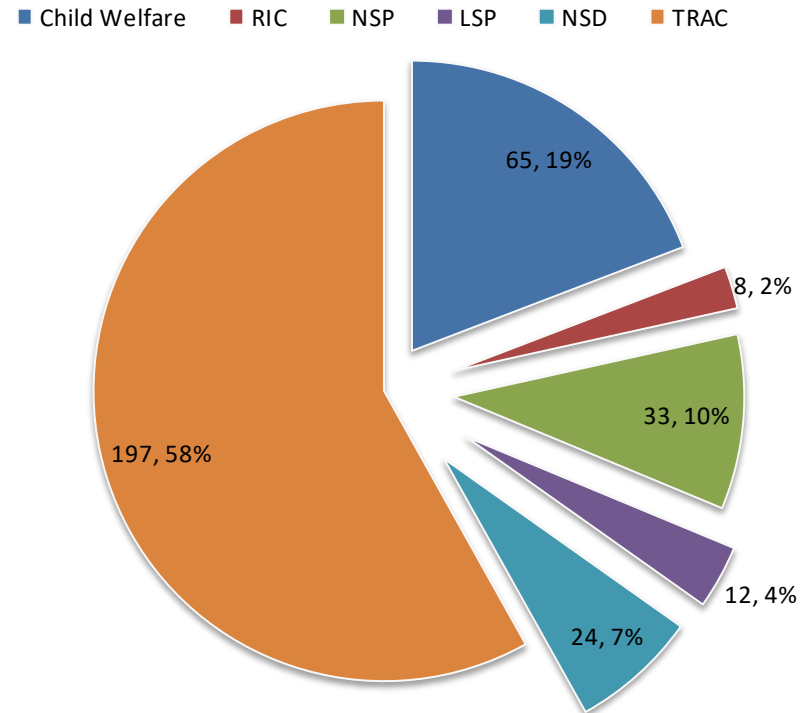
Campus 2005



Campus 2014



Campus 2019



Other Key Developments

- Began implementing evidence-based practice with Multi-Systemic Therapy (MST) in 2000; became an MST Network Partner and became involved with other evidence-based models and adaptations.
- Undoing Institutional Racism committee helps us understand the impact of structural racism and oppression on the families and communities we serve, as well as within our own agency. The work is increasingly viewed through an equity / social justice lens.
- Early efforts to better involve families include the creation of our Parent Council and the Families for Teens program, which recruits adoptive families for older youth in residential care.
- Early efforts at evidence-based practice in residential included Positive Behavioral Interventions and Supports (PBIS) and Trauma Systems Therapy (TST).

Solidifying Our New Identity

- Integrated Treatment Model (ITM): Evidence-based residential approach using DBT combined with MST-FIT aftercare component
- Implemented the Family Finding model to help find additional resources for youth; focus is increasingly on permanent connections and step-down resources, not just adoption
- Partnerships with credible messengers (Bravehearts), and mentoring / community programs
- Integration with community behavioral health supports and care management programs
- Work Appreciation for Youth (WAY) is the first privately funded universal residential aftercare program of its kind; continues to offer one year of aftercare case management and up to 5 years of mentoring for eligible youth
- Affordable housing for youth and families is the next major frontier

Components of the ITM

- Youth care staff and front line workers play a crucial role in the treatment process
- Youth and staff learn and practice DBT skills that are applicable to daily life
- Twice weekly skills groups reinforced by daily interactions in the milieu and during visits
- Treatment plans identify target behaviors grouped in tiers by severity and prioritize the most important
- Behavior chain analysis is used to help youth identify root causes of behavior and implement

Components of the ITM (2)

- Family skills groups involve families in the treatment model; MST-FIT reinforces skills acquired during placement once the youth is discharged
- MST Family Integrated Transitions provides intensive support when families are most vulnerable
- Internal model experts provide training & consultation and incorporate feedback through robust implementation teams
- Rigorous adherence across multiple levels and

Adherence in the ITM

- Group Adherence Measure - monitors skills group implementation & quality
- Environmental Adherence Measure – monitors the extent to which the placement setting enacts ITM principles
- Incident Tracking
- Training Participation
- Treatment Plan Quality & Progression
- MST-FIT Adherence

Alignment with QRTP Requirements

✓ On-site Nursing & Clinical Services



24 Hour, Full Service Keith Haring Clinic

✓ Licensed & Accredited



Accredited by COA

✓ Trauma-Informed Treatment Model



Integrated Treatment Model

✓ Family Involvement & Sibling Connections



Family Finding
Wendy's Wonderful Kids
You Gotta Believe!

✓ 6 Months Post-Discharge Support



MST-FIT
WAY Mentoring
Credible Messengers

Alignment with Other Aspects of FFPSA

- Focus on evidence-based practice prepares the agency for expanded preventive opportunities
- Family Finding and other recruitment strategies align with emphasis on kinship

Thank you!

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