ST. CATHERINE'S
CENTER FOR CHILDREN

Family First Prevention Services Act:

Leading for Success in Residential Care

Jaclyn A Yusko, MS

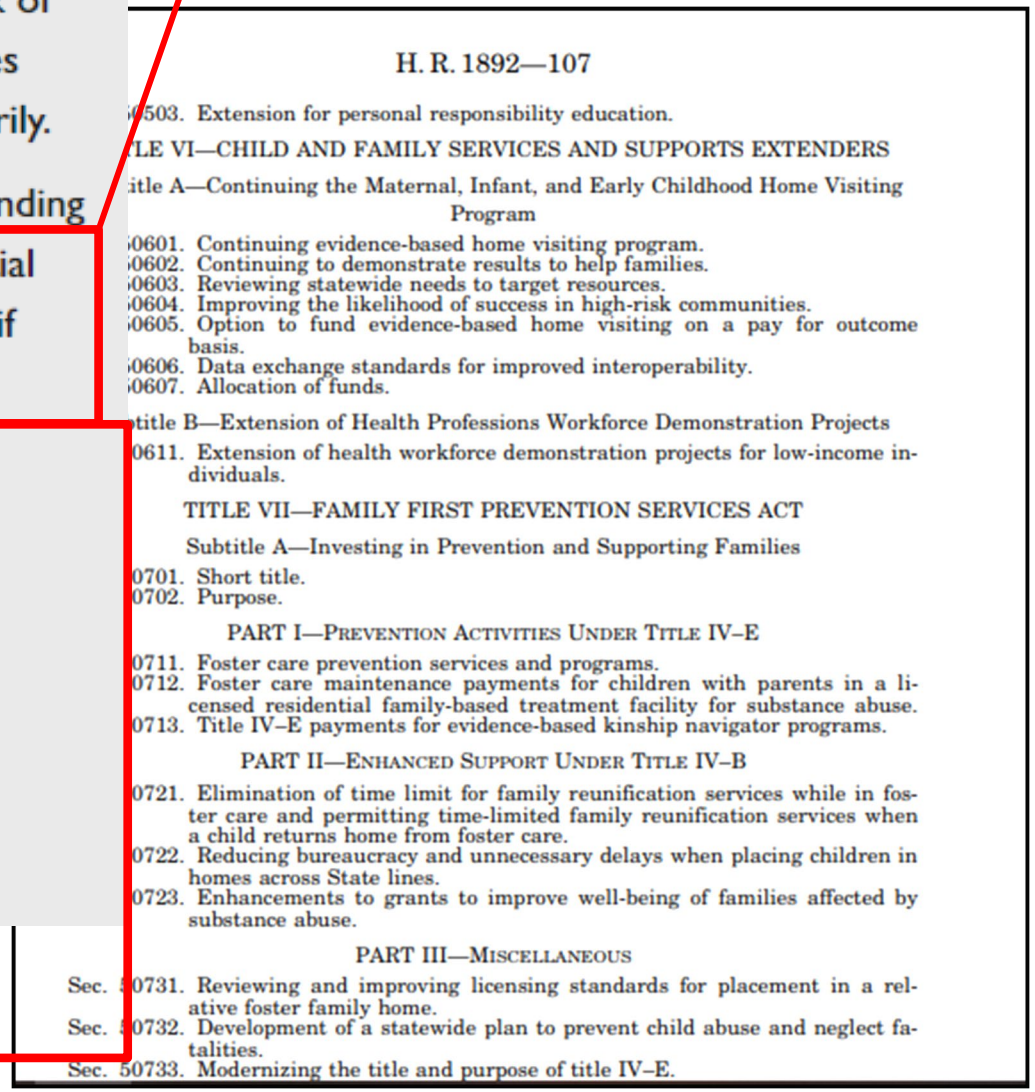
The Family First Prevention Service Act (FFPSA) is U.S. legislation that was signed into law in February 2018. FFPSA restructures Title IV-E and Title IV-B funding to support prevention services for families at risk of entering the foster care system. Ideally, this will help to keep families together and prevent children from entering foster care unnecessarily.

Under FFPSA, only specified settings will be eligible for Title IV-E funding reimbursement. One of the eligible settings is a "Qualified Residential Treatment Program" (QRTP). Organizations can qualify as a QRTP if they:

- Offer a trauma-informed treatment model
- Have registered or licensed nursing staff available 24/7
- Demonstrate family engagement and outreach
- Provide discharge planning and family-based aftercare supports for at least 6 months post-discharge
- Become licensed with their state, and
- Achieve accreditation through an HHS-approved accreditor (such as COA).

Residential Care (Copson, Byron, Hubbard)

QRTP



H. R. 1892—107

503. Extension for personal responsibility education.

LE VI—CHILD AND FAMILY SERVICES AND SUPPORTS EXTENDERS

itle A—Continuing the Maternal, Infant, and Early Childhood Home Visiting Program

0601. Continuing evidence-based home visiting program.
0602. Continuing to demonstrate results to help families.
0603. Reviewing statewide needs to target resources.
0604. Improving the likelihood of success in high-risk communities.
0605. Option to fund evidence-based home visiting on a pay for outcome basis.
0606. Data exchange standards for improved interoperability.
0607. Allocation of funds.

title B—Extension of Health Professions Workforce Demonstration Projects

0611. Extension of health workforce demonstration projects for low-income individuals.

TITLE VII—FAMILY FIRST PREVENTION SERVICES ACT

Subtitle A—Investing in Prevention and Supporting Families

0701. Short title.
0702. Purpose.

PART I—PREVENTION ACTIVITIES UNDER TITLE IV–E

0711. Foster care prevention services and programs.
0712. Foster care maintenance payments for children with parents in a licensed residential family-based treatment facility for substance abuse.
0713. Title IV–E payments for evidence-based kinship navigator programs.

PART II—ENHANCED SUPPORT UNDER TITLE IV–B

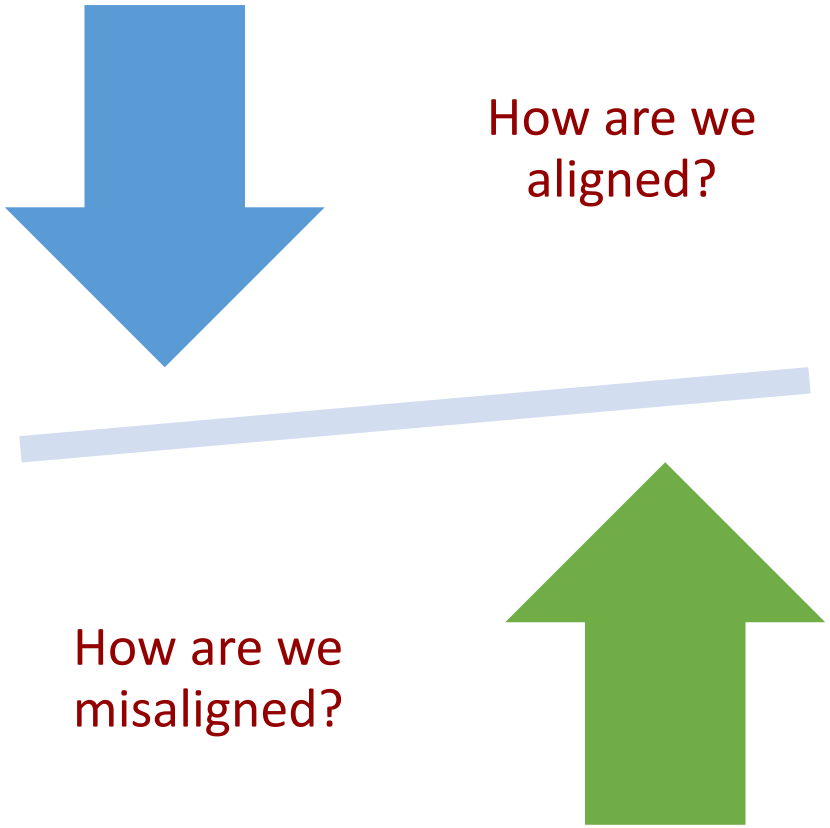
0721. Elimination of time limit for family reunification services while in foster care and permitting time-limited family reunification services when a child returns home from foster care.
0722. Reducing bureaucracy and unnecessary delays when placing children in homes across State lines.
0723. Enhancements to grants to improve well-being of families affected by substance abuse.

PART III—MISCELLANEOUS

Sec. 0731. Reviewing and improving licensing standards for placement in a relative foster family home.
Sec. 0732. Development of a statewide plan to prevent child abuse and neglect fatalities.
Sec. 50733. Modernizing the title and purpose of title IV–E.

Where to begin?
Crucial Conversations for Transformation

- What are the goals for New York State under FFPSA?
  - Office of Children and Family Services January 2021 presentation to LDSS
    - Increase kinship placements to 50%
    - Decrease congregate care placements to 12%
- Goals for your state?



Strategy Mapping

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Challenges

- Census vs. Permanency
- Discharge Planning?
- After Care
- Evidenced Based Practice?

Strengths

- Trauma Informed
- Continuum of Care: Community Based, Homeless/Housing, Education, Foster Care
- Some Kin Foster Parents
- COA Accredited

Strategy Mapping

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				Investments					When will the	
	Agency Goal	Owner	Strategic Initiative	Immediate Next Steps	Primary Constraint	From	To	Request	request be completed	Ahead-of-the curve
5	**1. Meeting the Demands of a Changing Human Service Landscape.**	EMT/RMT	QRTP Initiative.	Submit 29I information for application to become a QRTP	Waiting for more information from NYS OCFS after the submission of 29I	RMT	Jackie	Continued meetings to ensure application information is submitted and Residence meets all	monthly on going	Ensure all policies, procedure and billing process meet QRTP requirements.
8	**1. Quality Compliant Programs Substantiated and Driven by Data and Outcomes. 2. Meeting the Demands of a Changing Human Service Landscape**	RMT/Mark	1. Enhancing milieu treatment in Residence by implementing Restorative Justice Practices. 2. Reemphasizing the program structure and routine to all staff. 3. Create collaborative Restorative Practice process with Day Treatment.	1. Implement Staff restorative circles. 2. Continue staff training of restorative practices by introducing key concepts in staff circles 3. Strengthen collaborative Restorative processes between Res and Day Treatment	1. Staff buy in /sustainment. 2. Supervisory sustainment, support and accountability. 3. Communication	1. RMT	School Ad	1&2. Weekly meetings with the Therapeutic Milieu Team to push inniative forward. (Dave/Greg, Nate ...) Continue Staff meetings with agenda items policies and expectations around program structure. 3. Continued Bi weekly meeting with school	11-Jun-21	1. RMT to monitor fidelity and to create process for data collection and progress monitoring. 2. RMT with School Admi create restorative practice training as part of the agency onboarding/orientation process. 3. Evaluate Supervisory staff members sustainmer
9	**1. Quality Compliant Programs Substantiated and Driven by Data and Outcomes. 2. Meeting the Demands of a Changing Human Service Landscape**	RMT/Mark	Restraint Reduction	1. Submit revised Behavior management support policy to NYS OCFS. 2. Create process and procedure to review all Restraints per new OCFS guidance. 3. Roll out the new information for all Residential staff and Supervisors.	1. Review process requires more time and data collection. 2. supervisory sustainment, support and accountability.	1. RMT	1. Jackie	1. Request Regular meetings to plan and implement new OCFS expectation.	1-Jun-21	1. Work group to create forms needed for review process, data collection and storage.

Challenges: Filling In the Gaps

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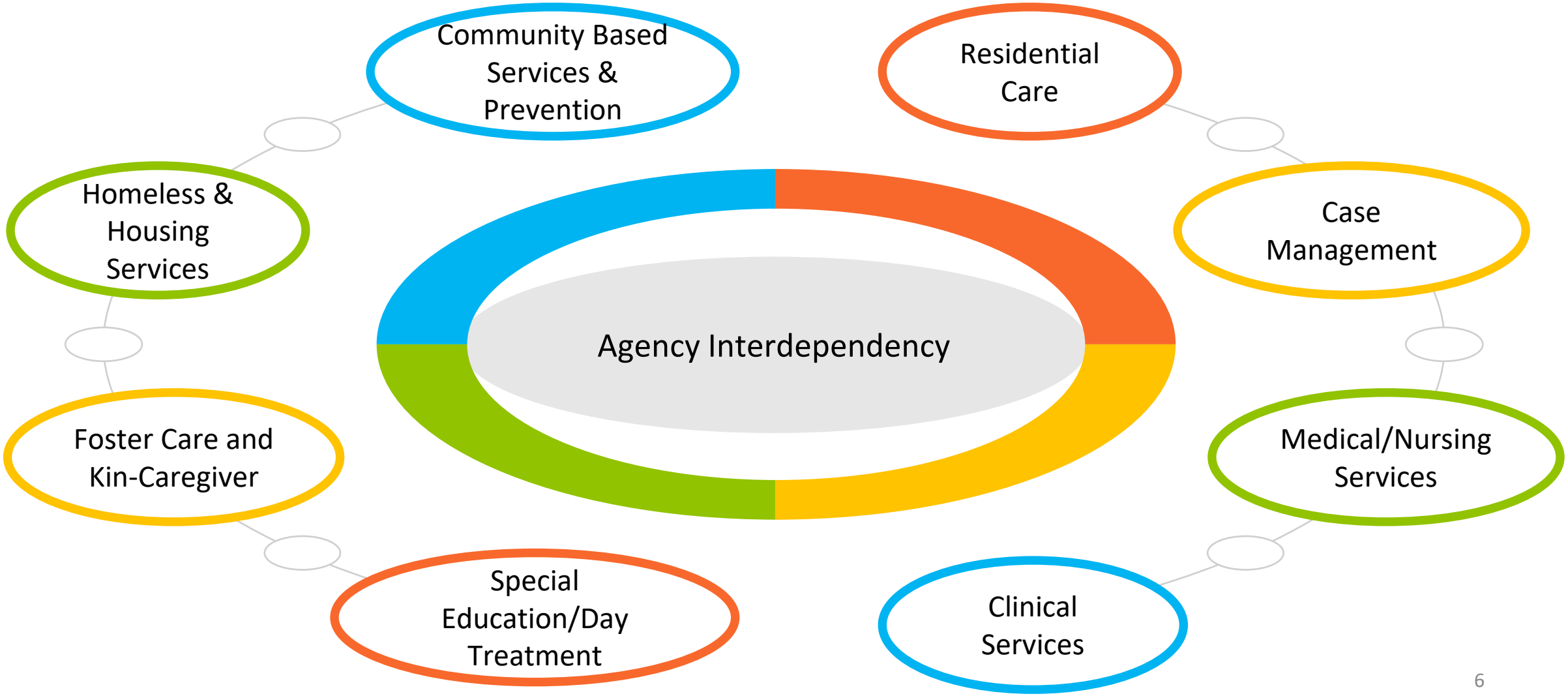
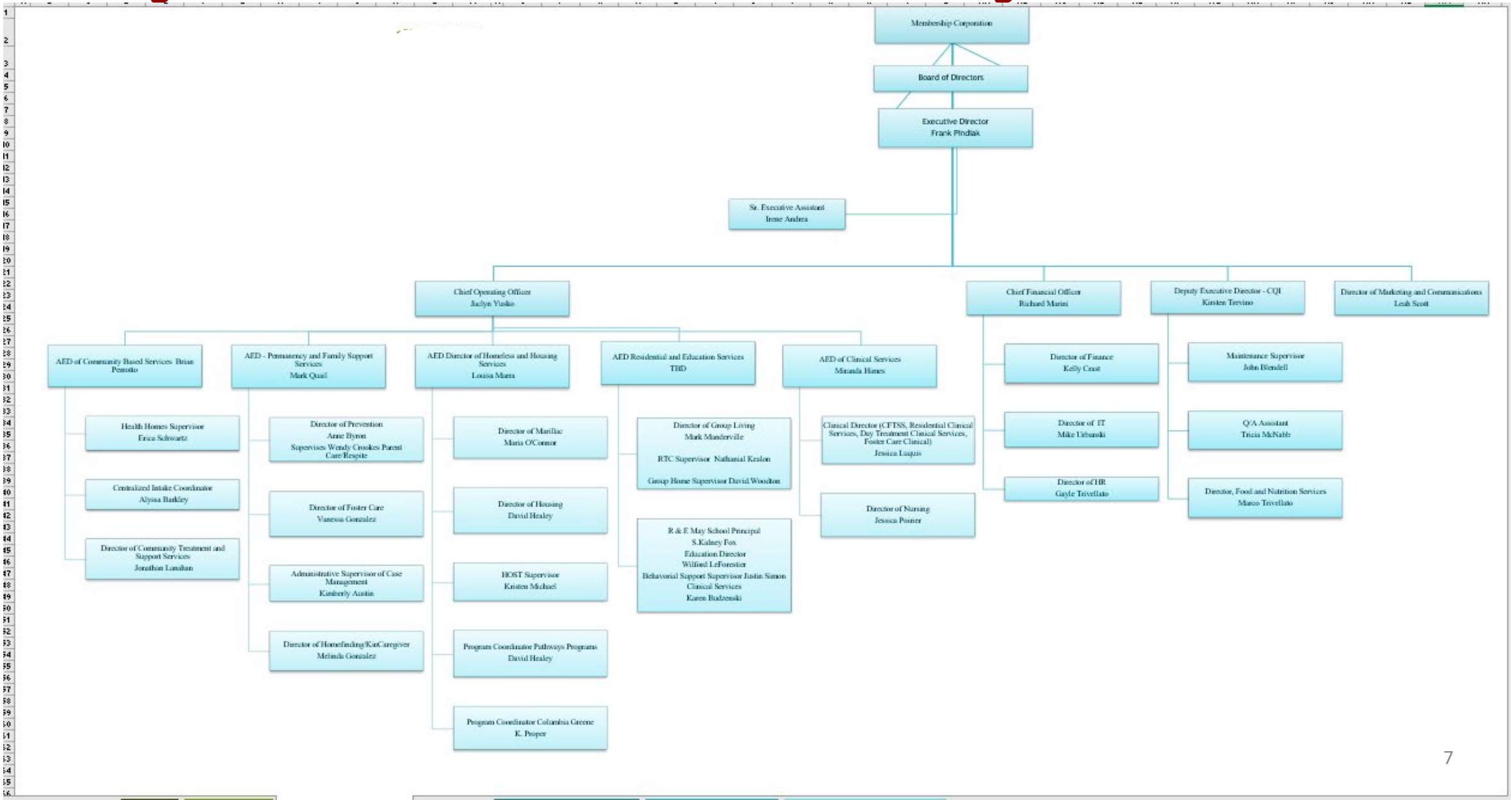
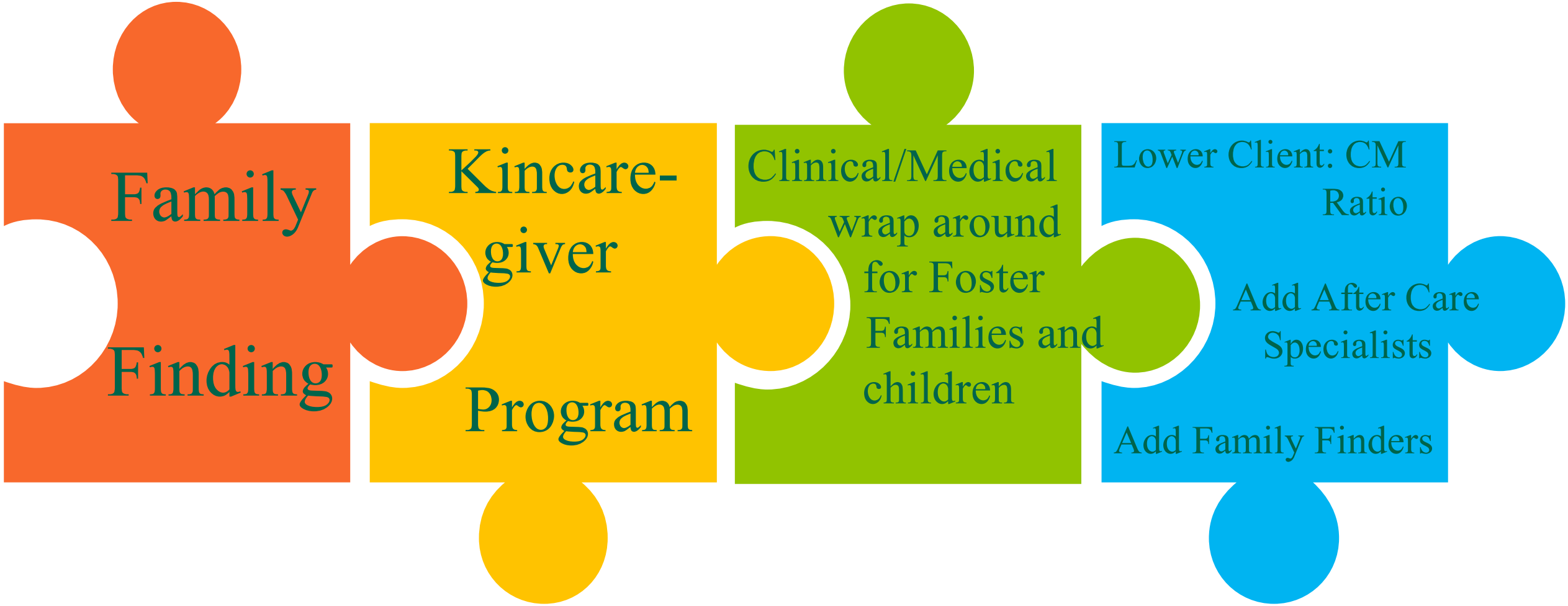


Days of Care vs. Permanency for Children



Permanency for Children: A Fresh Look



Why Family Finding

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Restoration of Dignity

Rethinking Family

Collaboration

Trauma Focus

Lifetime Network

Family Finding Timeline

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A Lifetime Network of Supports in 6 Steps

Kin-Caregiver

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In March 2021 St. Catherine's was awarded an OCFS funded grant supporting two (2) Kinship Caregiver programs spanning four (4) counties in New York State

Supporting the Caregiver

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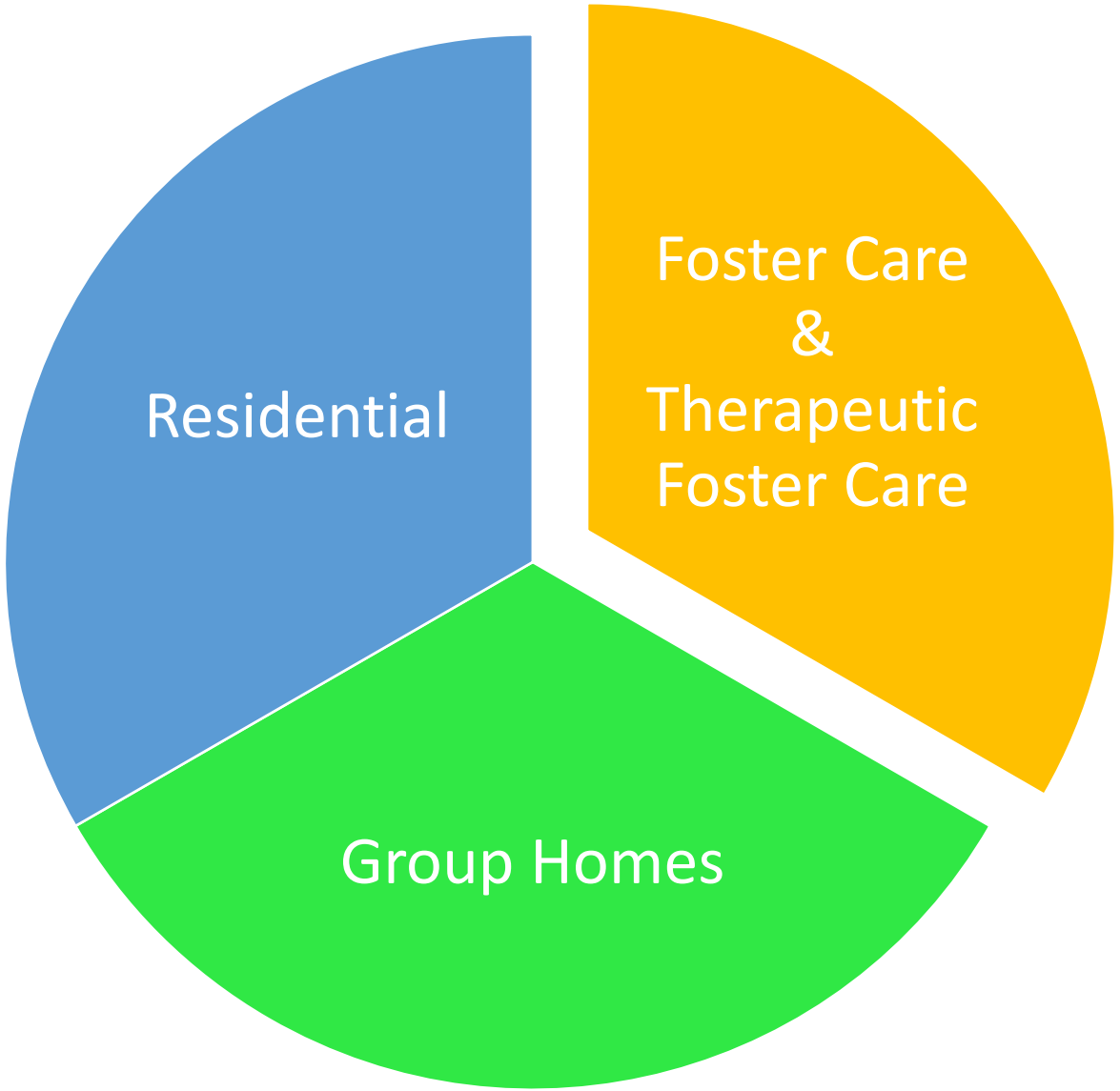
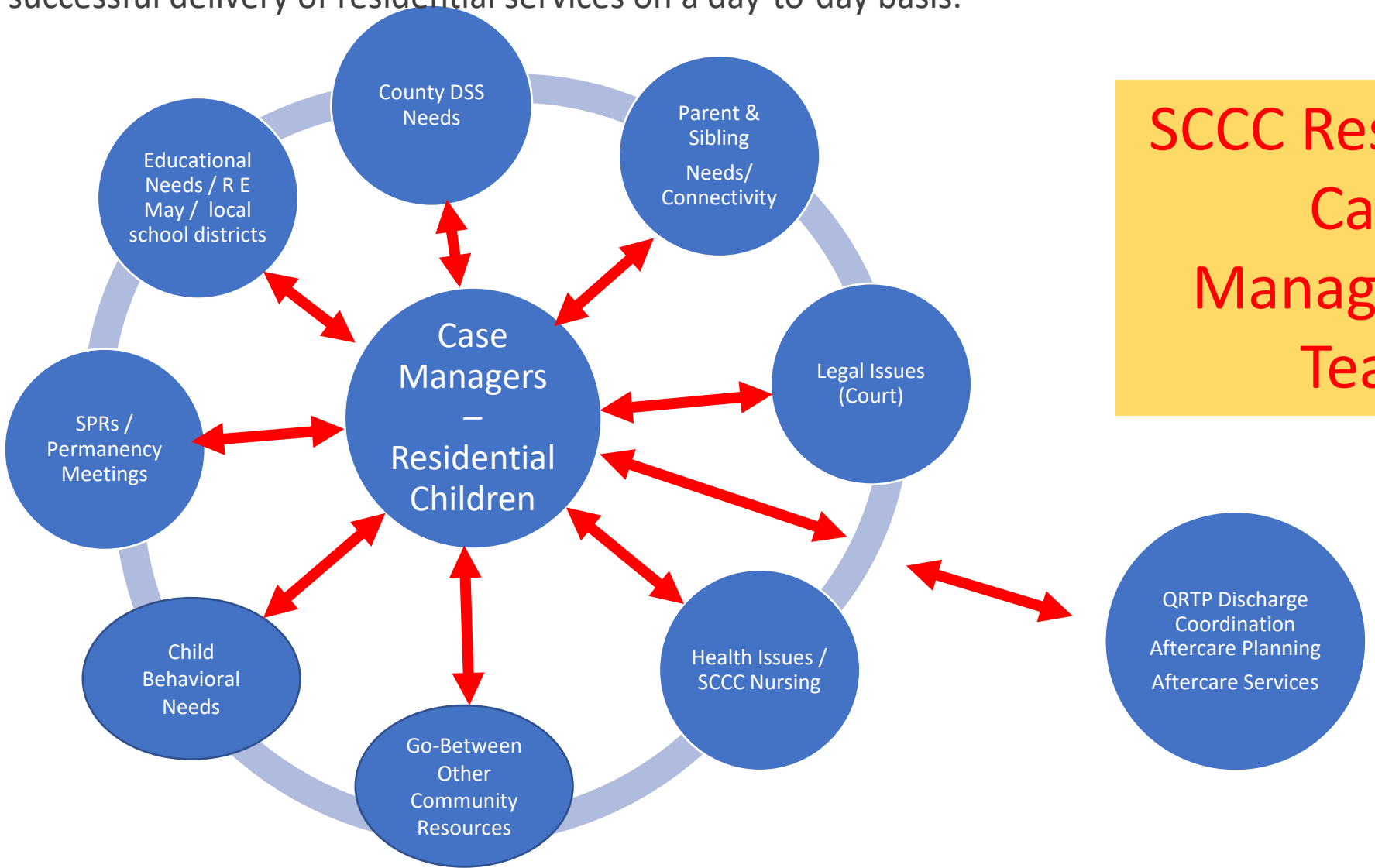
Clinical/Medical Services: 29i License



Strengthening Residential Case Management Model

There is a needed web of connectivity that makes our residential case management successful. Ongoing communication and interaction with the case management team (status updates, inviting them to meetings, etc.,) are vital to our successful delivery of residential services on a day-to-day basis.



SCCC Residential Case Management Team

QRTP Discharge Coordination
Aftercare Planning
Aftercare Services

Residential Case Management Services: Tasks

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Educational Needs
- Liaison w R E May School
- Liaison w local school districts
- Assist in timely enrollment
- Transportation, at times, to/from school
- Coordinate child participation re-entry mtgs (behavioral events and/or susp.)
- Assist local school officials re child behavioral concerns
- Initiate IEPS, if requested
- Coordinate permission slips and other needed paperwork

Discharge / Aftercare
- Agency primary contact persons
- Coordinate all discharge planning
- Coordinate all aftercare planning
- Coordinate all aftercare services

County DSS
- Primary point of contact
- Communication go-between for many county DSS issues & SCCC
- Go-to for school issues/updates, progress reports, behavioral reports
- Coordinate county meetings w child and family
- Communicate residential behavioral reports/status, follow-up plans
- Coordinate needed paperwork

Legal Issues
- Transport child and others to court dates
- Support child w virtual
- Attend court hearings, as called upon
- Coordinate needed paperwork
- Provide materials to courts or lawyers, as directed
- Coordinate family visits, as needed, at same court date

Child Behavioral
- Support child in day-to-day behavioral regulation
- Reinforce residential and school guidelines

Parents / Sibling Needs
- Coordinate visits (some virtual)
- Referral or direct support w family therapy
- Facilitate certain phone contacts w child
- Support their attainment of treatment goals
- Referral/navigation (e.g., connect to legal services)
- Support w misc. needs (e.g., bus tokens to get to DSS)
- Support them w any grievances
- Transportation, if needed, to various functions
- Coordinate needed paperwork (e.g., certain consents, updates)

SPRs / Permanency Meetings
- Participate in treatment team functions
- Lead meetings, as called upon
- Engage w and facilitate input of various members

Other Internal and Community Resources
- Support health services in various ways (e.g., medication consents, as called upon)
- Transport for misc. activities, if needed (or to events from other appts)
- Referral and coordination for misc. child needs
- Coordinate needed paperwork

Primary Constraint: Limited Case Management Resources

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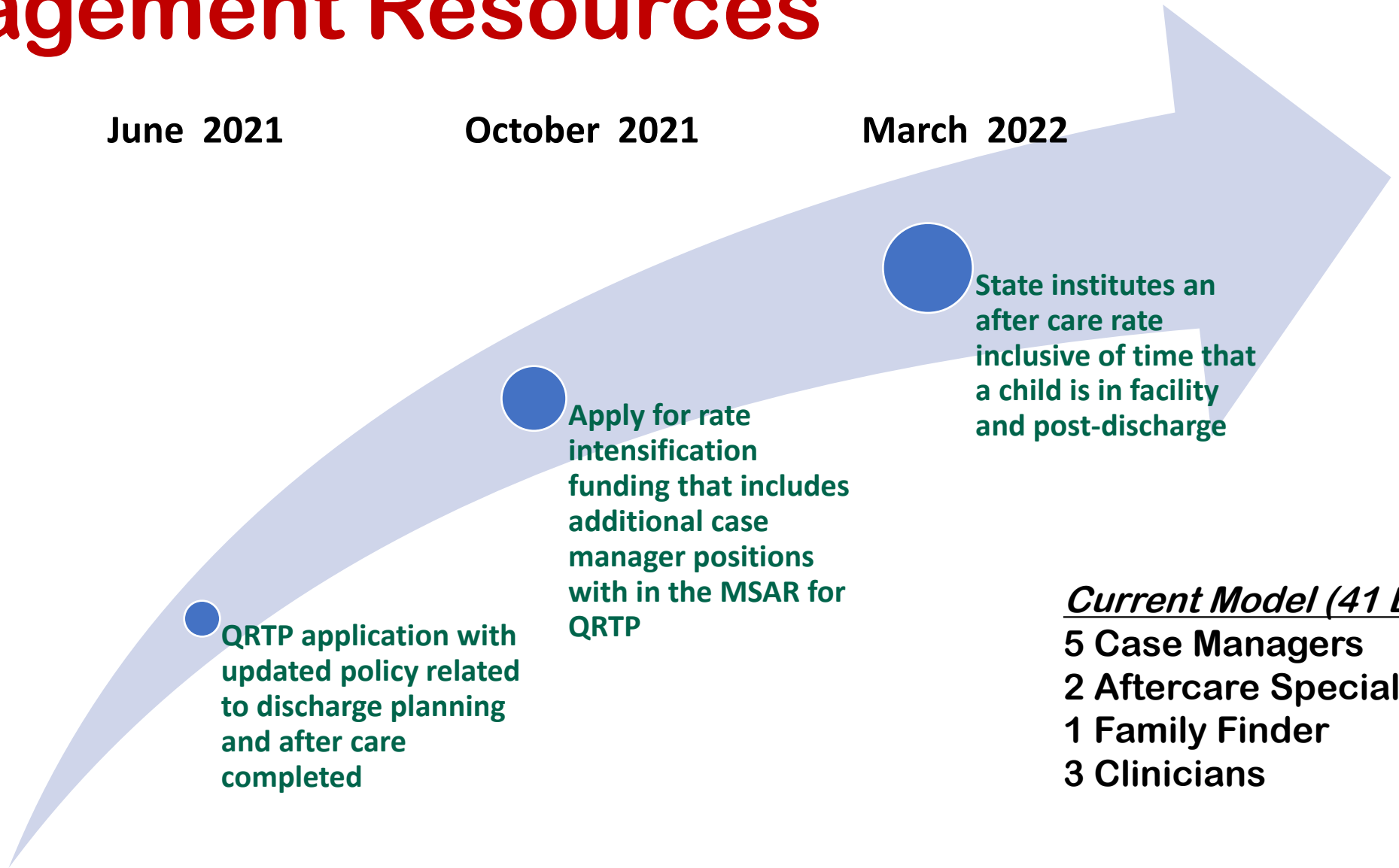

Current Model (41 Beds)

5 Case Managers
2 Aftercare Specialist
1 Family Finder
3 Clinicians

Interdependency: The Key to Success

Residential Case Managers

Education Clinicians

Residential Nursing

Education Leadership

- ✓ Meet In Person
- ✓ Share How Roles Are Changing
- ✓ Share FFPSA Dynamics
- ✓ Ask Key Questions

Residential Child Care Leadership

Residential Clinicians

Education Nursing

Executive Leadership

St. Catherine's Commitment:

A commitment to trauma-informed care.

- Restraint Reduction model. (ongoing)
- Implement Restorative Practices. (ongoing)

Ensuring SCCC exceeds State requirements for the QRTP "specified setting" designation. (Spring '21)

Foster care recruitment and retention. (ongoing)

Review/revise SCCC policies and procedures to maximize our commitment to permanency and family care. (begin Spring '21)

- Comprehensive discharge planning and concurrent planning efforts. (ongoing)
- Aftercare policy and procedures. (Spring '21)

Motivational Interviewing training and implementation. (Spring –Winter '21) On-going workgroups. (05/22)

Family Finding training. (November 2018 & February 2022)

- Booster training and further staff development. (Fall-Winter '21)

Strategic focus on prevention services. (ongoing)

Qualified Residential Treatment Program (QRTP)

- Any child or youth placement in a QRTP will be subject to a 30 day review by Qualified Individual & 60 day review by family court, assessing appropriateness of placement
  - Qualified individual: more details to come; Letter of Intent process launched earlier this year.
- Subject to review and approval for continued placement, for children and youth staying in QRTP for certain periods of time (requires signed approval by state agency head for continued placement):
  - 12 consecutive months
  - 18 nonconsecutive months
  - For a child under age 13; for more than 6 consecutive or nonconsecutive months

QI PROCESS

A collaborative triad is in place with St. Anne and La Salle to assist referring counties. Several have signed contracts with the collaboration

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SCCC cannot perform QI process for the children referred to us.

SCCC can perform QI process for the children referred to other foster care agencies.

QRTP Requirement IV / Nursing Staff and Other Licensed Clinical Staff

4. **The program must have registered or licensed nursing staff and other licensed clinical staff who provide care within the scope of their practice, as defined by state law, on-site in accordance with the selected treatment model, and available 24 hours a day and seven days a week.**

   Congregate care programs with access to nursing staff or other licensed clinical staff employed by the VFCA operating the program, whether located at the program site or another site operated by the VFCA, will meet this requirement so long as the medical staff meet the criteria of working regular business hours and being available 24 hours a day and seven days a week.

QRTP Requirement VI / Discharge Planning and Family-based Aftercare

6. **The program must provide discharge planning and family-based aftercare support for at least six months post-discharge from the QRTP.**

A. Discharge Planning

Discharge planning must begin on the first day of placement. The discharge plan must be created in conjunction with the child's permanency team. The discharge plan must be developed with input from health care providers, mental health service providers, other service providers involved with the child, the parent/caretaker, identified kin or fictive kin resources and the child, when appropriate.

B. Family-Based Aftercare Support

As described in the federal FFPSA, QRTPs are required to provide six months of family-based aftercare support. This aftercare support must be provided in any instance where a child/youth is discharged from a QRTP to a family-like setting, including a relative or foster home placement. Aftercare support is not required when a child/youth is transferred to another QRTP or congregate care setting.

AFTERCARE in child welfare, for all service areas, is clearly a best practice.

These services provide continuing support from a staff member that has developed a connection to the child, with a more gradual phasing out of care, and extended guidance in providing referral/linkage to services in the home community during the child's transition out of agency care.

When St. Catherine's is not contracted for aftercare services, the agency makes every effort to provide that warm hand-off to other contracted organizations that are working with the child and family in the home community and to provide referral/linkage to applicable services in the home community as the child transitions home.

Discharge Planning, Aftercare, and the Primary Contact Person

The Primary Contact Person (usually SCCC Case Manager) coordinates the child's transition home. This key agency staff member:

- ❑ Is involved in treatment/discharge reviews and is responsible for certain steps in the discharge process.
- ❑ Provides aftercare, as assigned, OR arranges a warm hand-off to internal or external resources that provide aftercare services that are referenced in the discharge plan.
- ❑ Ensures that the child's discharge information is regularly updated in St. Catherine's electronic record. This includes information for the child's well-being -- health, mental health, educational services, etc.
- ❑ For the six-month period post-discharge, monitors and responds, as needed, to the aftercare element for the assigned child to ensure effective service delivery.

Family-based Aftercare

1. CRITERIA	Aftercare services are initiated when the child is discharged from the St. Catherine's QRTP to a "family-like setting." This includes discharge to the birth family, other relative, other primary resource person, or foster home.
2. EXCEPTION	Aftercare is not required for the QTRP when the child is transferred to another QRTP or congregate care setting.
3. DUE DILIGENCE	The family may refuse to participate in the aftercare services offered by St. Catherine's. Regardless of the family commitment, the St. Catherine's primary contact person documents the ongoing efforts to engage the child and family, meeting or exceeding the State's standards -- logging each month's contacts and attempted contacts, through month 6 post-discharge, in the child's CONX case record.

Family-based Aftercare

QRTP Minimum Contact Expectations and Goal Setting

Provision of Aftercare and Discharge Planning in Qualified Residential Treatment Programs

(MIN.) EXPECTATIONS

- Discharge planning and associated aftercare services planning must begin within 72 hours of the youth's entry into a QRTP or EMPOWER placement.
- Goals related to discharge and aftercare must be developed and presented in the first support plan and in every subsequent support plan thereafter while in the QRTP or EMPOWER placement.
- The goal(s) should be accompanied by clear objectives that are measurable and may change throughout the youth's placement at the QRTP or EMPOWER to reflect progress toward achieving the goals.

WHILE THE CHILD IS IN CARE ("IN FACILITY")

In-Facility Discharge and Aftercare Planning must include, at a minimum:
Casework Contacts

w/ youth	2 FTF per month	
w/perm resource (family)	1 FTF per month	(contact can include youth)
Permanency team	1 x month (while active in program)	

In-Facility services include the Assessment of Family and Youth Needs with referrals to community resources as needed.

Family-based Aftercare

QRTP Minimum Contact Expectations

POST-DISCHARGE

Post-Discharge Aftercare Services must include, at a minimum:

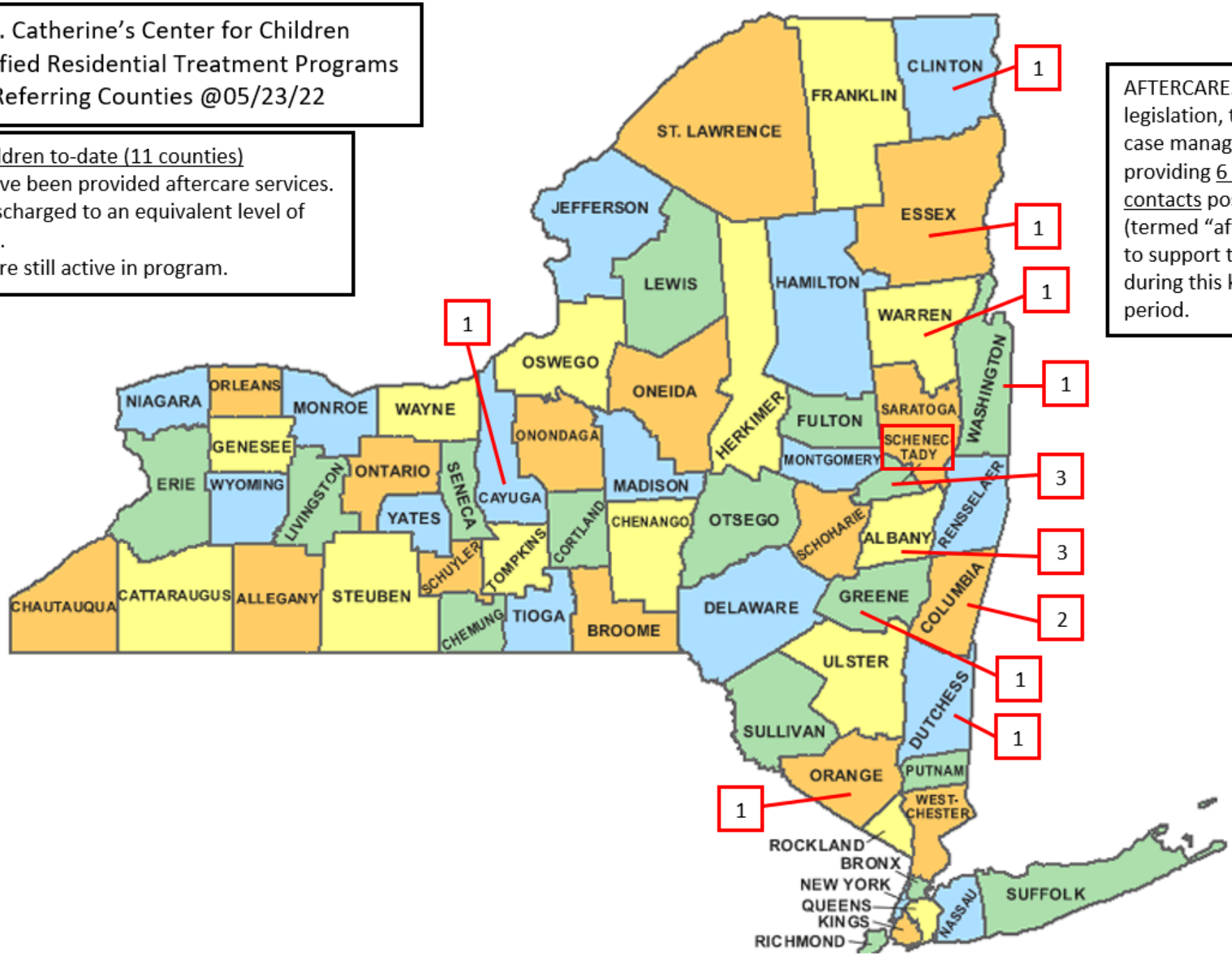
Casework Contacts

w/ youth	2 FTF per month	
w/perm resource (family)	1 FTF per month	(contact can include youth)
Permanency team	2 per aftercare period	1x no less than 30 days prior to cessation of aftercare activities

(1) St. Catherine's Center for Children
Qualified Residential Treatment Programs
NYS Referring Counties @05/23/22

16 children to-date (11 counties)

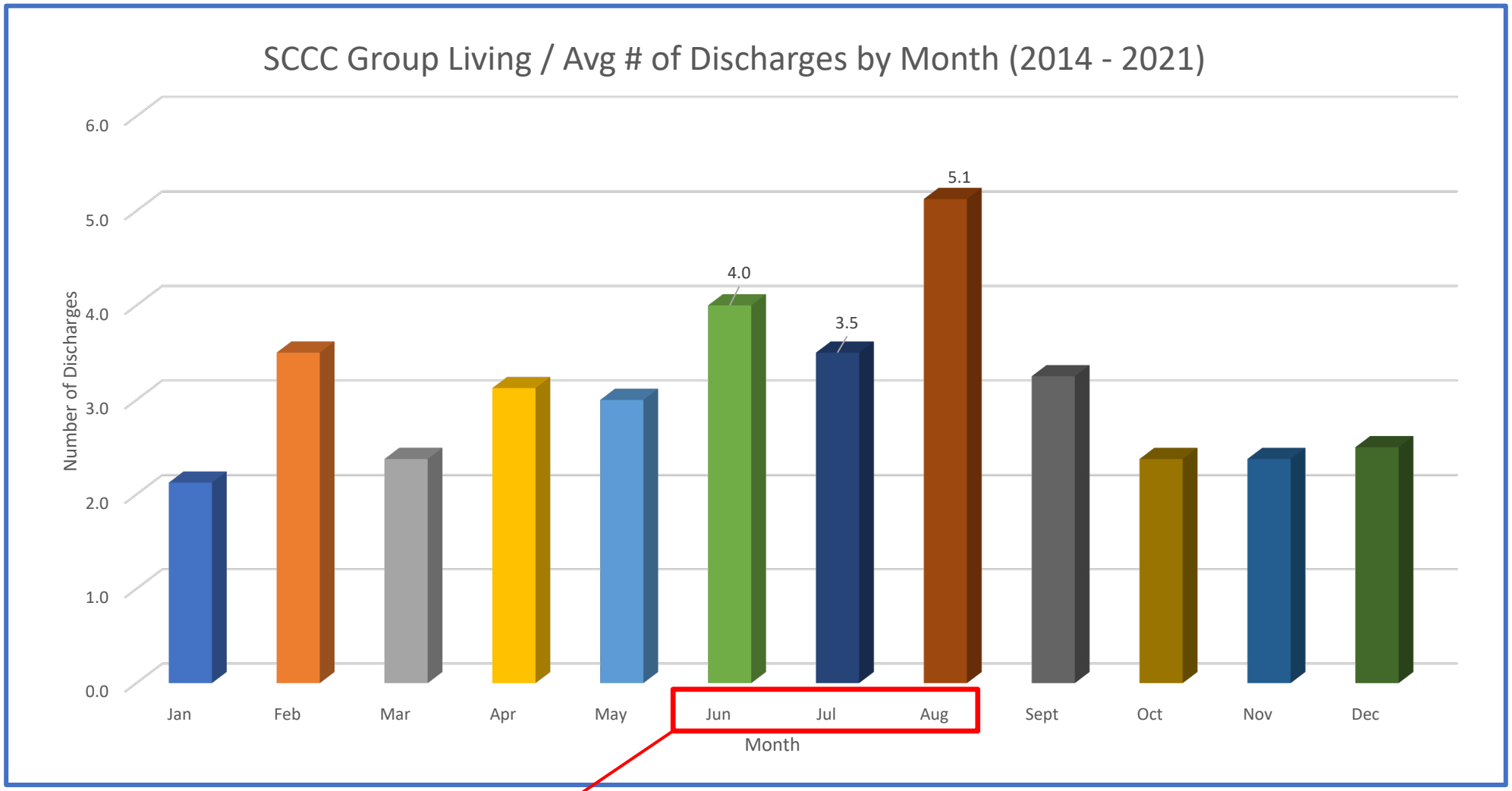
- 2 have been provided aftercare services.
- 1 discharged to an equivalent level of care.
- 13 are still active in program.



AFTERCARE. As part of FFPS legislation, the SCCC residential case management team is providing 6 months of family contacts post-discharge (termed "aftercare" services) to support the child and family during this key transition period.

St. Catherine's – QRTPs (Hubbard, Byron, Copson)

AGENCY "AFTERCARE" SNAPSHOT 05/23/22	
12	QRTP "Tracked" / In-Facility Aftercare Billing Triggered (aftercare/discharge planning always apply moving into the future (unless 853))
7	Discharge Likely / Beds Opening in June / ("In facility" aftercare to start for all newly admitted children that are not 853 designation)
5	Discharge Possible / Beds Opening in June (i.e., new in facility aftercare to start)
1	Discharge Probable / Beds Opening in Aug (i.e., new in facility aftercare to start)
11	Discharge Resource Needs Work / Possible Beds Opening in Fall (i.e., new in facility aftercare to start)
(+/-) 5	Vacant Bed Calculation (avg. occupancy)
41	Total Licensed Beds


SCCC Group Living / Avg # of Discharges by Month (2014 - 2021)
Number of Discharges
6.0
5.0
4.0
3.0
2.0
1.0
0.0
4.0
3.5
5.1
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sept
Oct
Nov
Dec
Month

St. Catherine's Potential Residential Discharges in the Coming Weeks (n=14)

Program	Name (Last First)	QRTP Tracked	Discharge Probability	Admission Date	Anticipated Discharge Date	Additional Detail
Copson House		No	AA Firm	4/26/2022	6/20/2022	firm 853 end of school yr?
Copson House		No	AA Firm	2/11/2021	6/23/2022	853 end of school yr?
Copson House		No	AA Firm	1/27/2021	6/23/2022	firm 853 7/5/22 or sooner
Hubbard House		No	AA Firm	6/4/2021	6/30/2022	firm to SCCC FC (TFC Kingston) end of school yr
Byron Children Center		No	AA Firm	10/12/2017	6/30/2022	to foster home (not SCCCC) end of school yr
Copson House		No	AA Firm	5/21/2021	6/30/2022	RTP
Byron Children Center		No	AA Firm	6/27/2019	6/30/2022	discharge to fparent (no firm date but pending)
Copson House		No	A Good	7/21/2021	6/30/2022	to former FH, pending
Copson House		No	A Good	4/9/2021	6/30/2022	RTP, shaky, but little to barriers
Hubbard House		No	A Good	2/1/2021	6/30/2022	RTP, alt resource
Copson House		No	A Good	3/10/2017	6/30/2022	could stay, needs approp school
Copson House		QRTP	AA Firm	4/19/2022	6/15/2022	RTP possible at court date 05/25 / aftercare - Columbia
Hubbard House		QRTP	AA Firm	4/9/2021	6/30/2022	RTP solid w trial planned / aftercare - Clinton
Byron Children Center		QRTP	A Good	10/31/2019	6/30/2022	to foster home (not SCCCC) end of school yr / aftercare - Albany

Thoughts / Feedback / Ideas ??

> Strengthening our interdependence and lines of communication.

> Formalizing and documenting our discharge planning efforts, from intake forward.

> Utilizing other SCCC services or partnering agencies to meet aftercare expectations.

> Making aftercare a meaningful, efficient and effective process.

Strategy Mapping

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Challenges

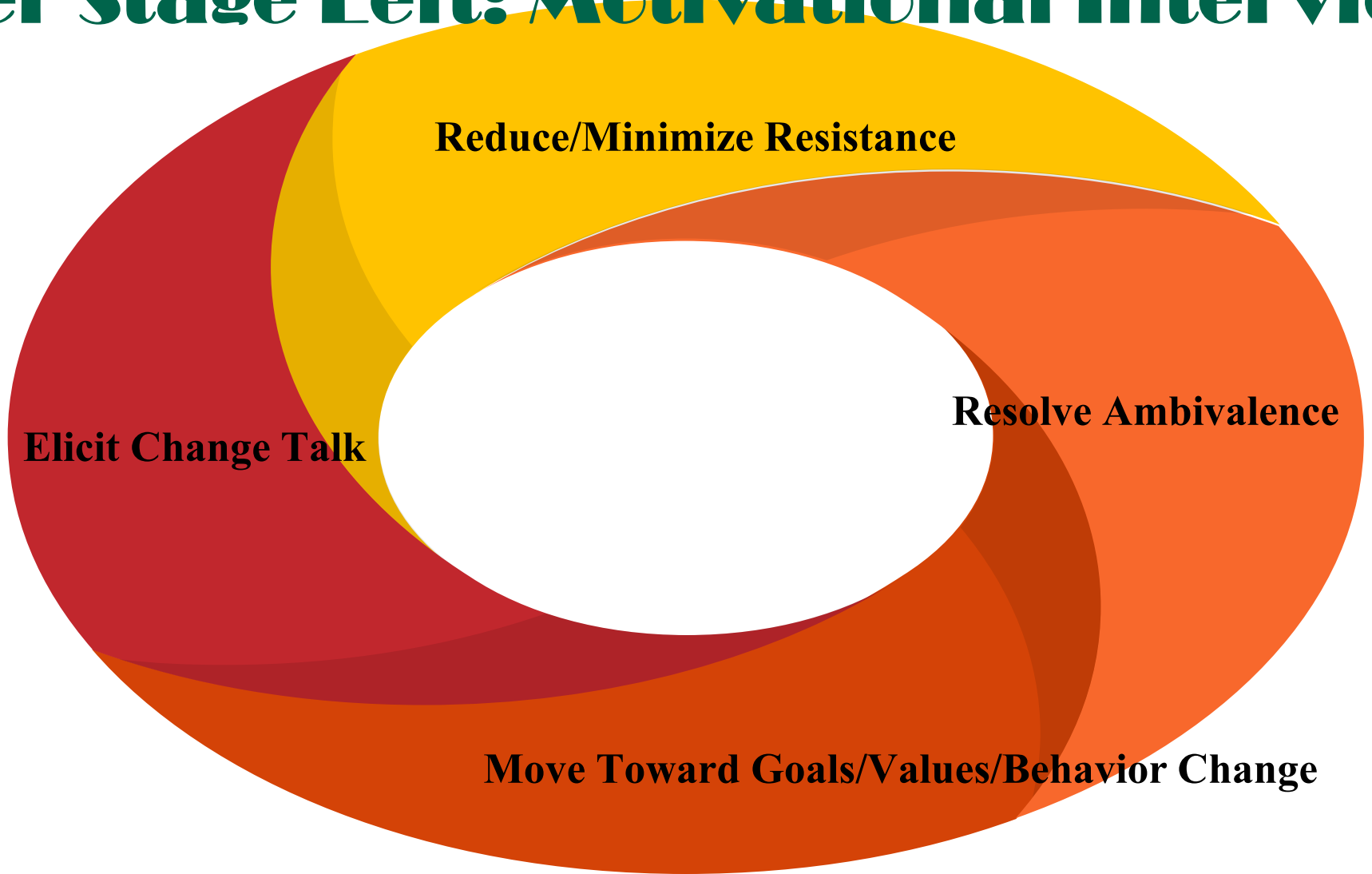
- Census vs. Permanency
- Discharge Planning?
- After Care
- Evidenced Based Practice?

Strengths

- Trauma Informed
- Continuum of Care: Community Based, Homeless/Housing, Education, Foster Care
- Some Kin Foster Parents
- COA Accredited

Evidenced Based Practice (eye roll)

Enter Stage Left: Motivational Interviewing!



Motivational Interviewing

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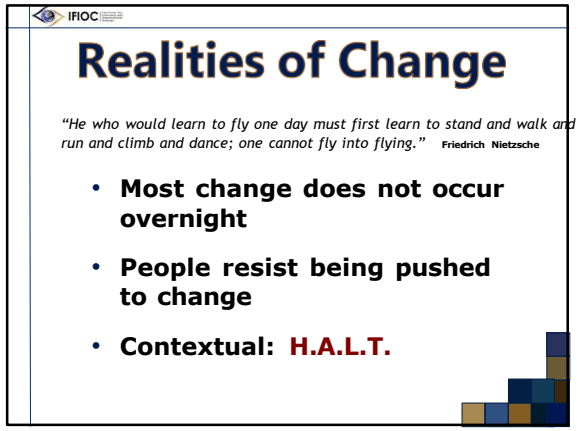
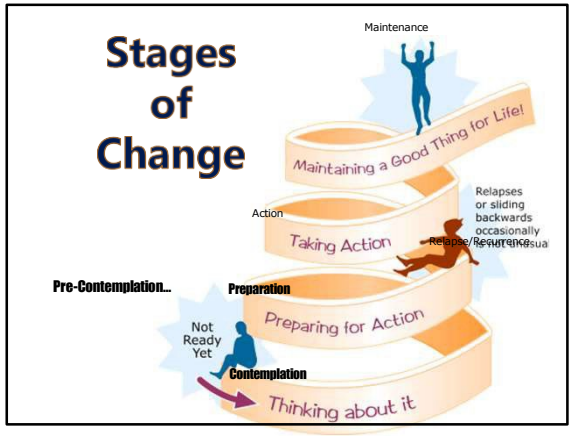
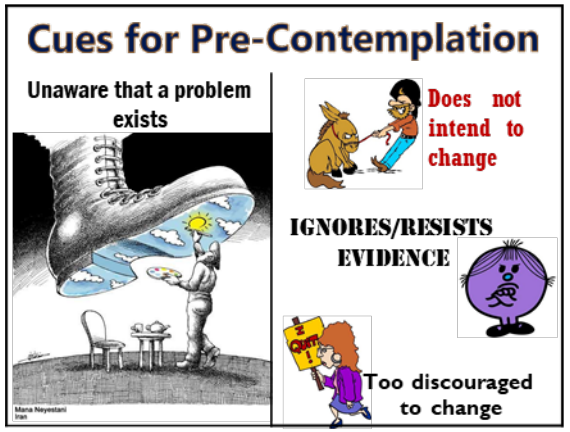
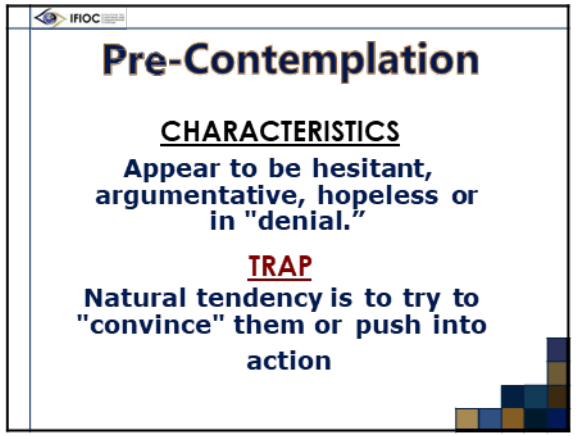
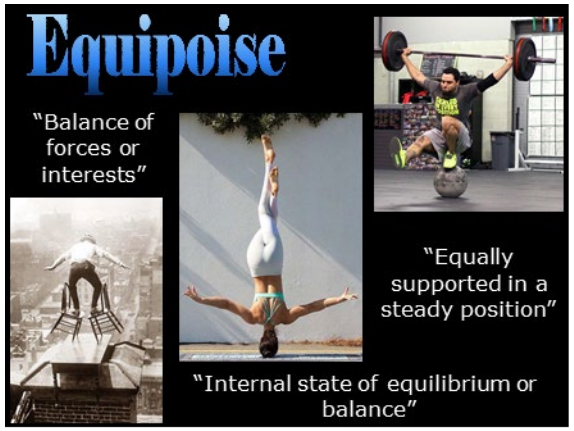
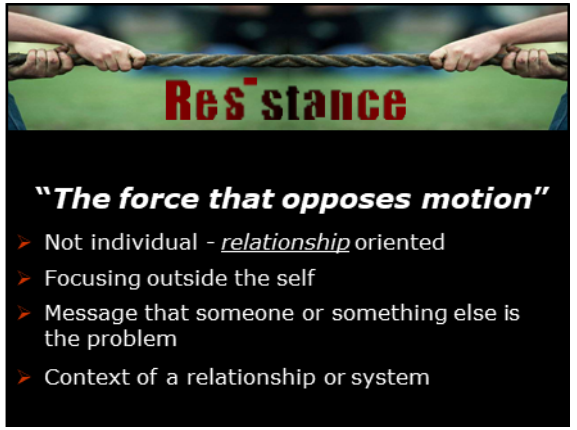












Casey Jackson, MSW, MAC, LICSW, CDP
IFIOC: The Institute for Individual and Organizational Change

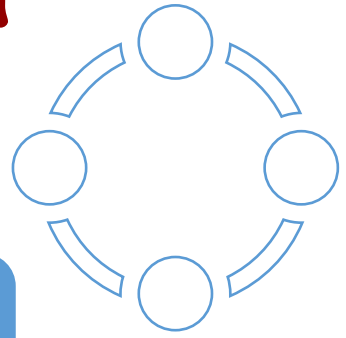
Trauma Informed (eye roll again?)

ST. CATHERINE'S CENTER FOR CHILDREN

What is the best feed back you receive regarding your residential (and other interdependent programs) using Trauma Informed Care?

What is the biggest criticism you receive regarding your residential (and other interdependent programs) using Trauma Informed Care?

How is Restorative Practice, Trauma Informed?



- Encourages Empathy, Positive Relationship and Attachment
- Model for Conflict Resolution, Learning and Progress Out of Challenge
- Repairing Harm, Accountability, Restoring Relationship or Terminating Relationship with Care

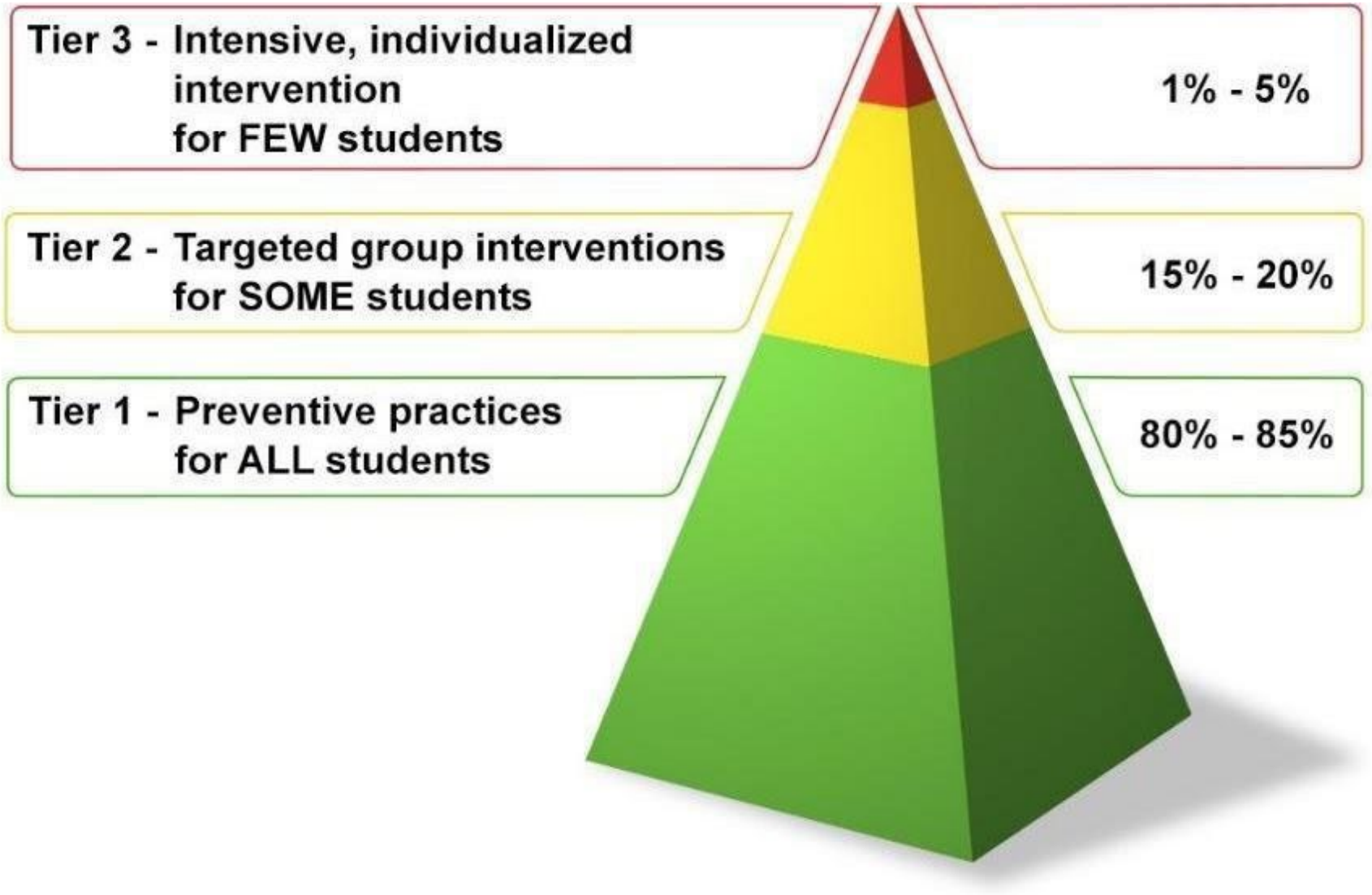
How Can We Build A Restorative Culture and Community?

ST. CATHERINE'S CENTER FOR CHILDREN

Restraint Reduction: No Magic Pill

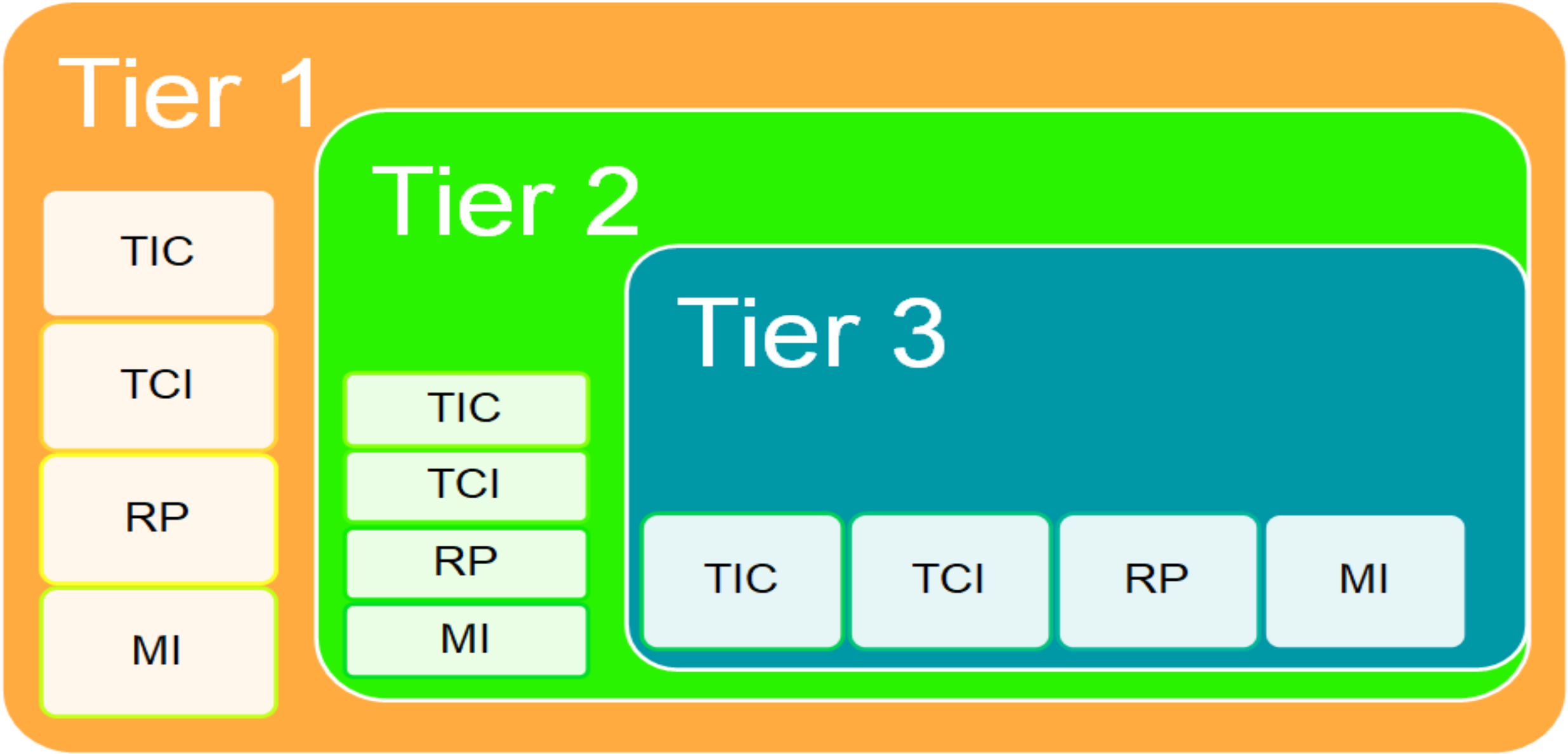
ST. CATHERINE'S CENTER FOR CHILDREN

Multi-Tiered Interventions



St. Catherine's Multi-Model Implementation:

ST. CATHERINE'S
CENTER FOR CHILDREN



	Trauma Informed Care	Therapeutic Crisis Response	Restorative Practice	Motivational Interviewing

Tier 3	• Trauma Specific Treatment
	  • TF-CBT
	  • Progressive Counting
	  • EMDR
	  • PBS/Sexual Trauma Therapy
		• Time Away (TSS)
		• Crisis Co-Regulation
		• Emergency Interventions
		• Post Crisis Response
		• Enhanced Supervision 1:1
			• Family Conferences/Collaborations
			• Formal Restorative Conference/Re-Entry Meeting
				• Sustain Self-Efficacy
				• Support Self-Affirmation
				• Identify and Re-Assess Values

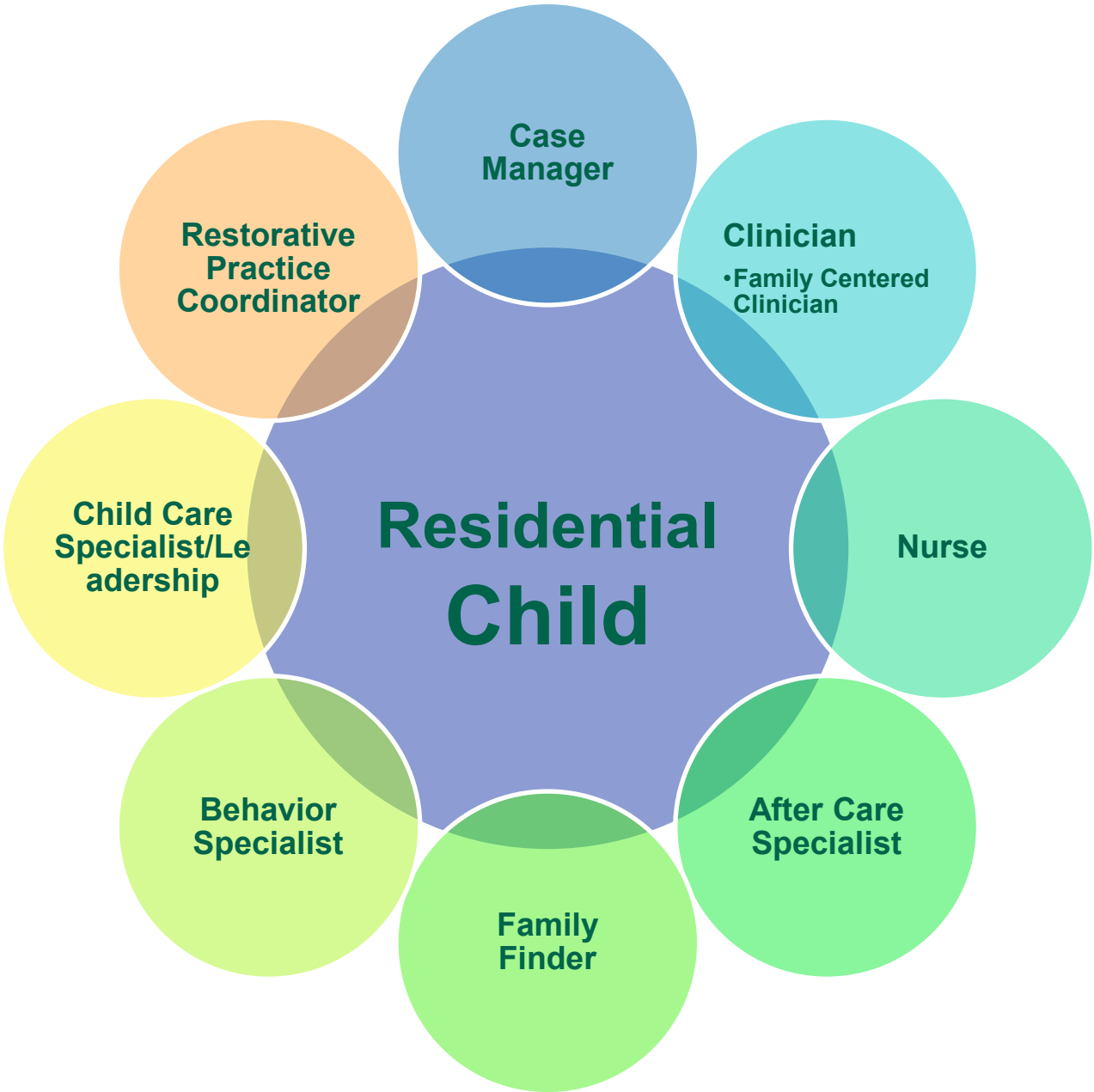
Tier 2	• Address Social Determinants of Health • Trauma Assessment • Staff Educated on Client Trauma Hx to Mitigate Re-Traumatization • Skill Building Group • Group Counseling	• Directive Statements • Redirection / Distraction • Proximity • Emotional First Aid	• Peer Mediation • Restorative Problem-Solving Circles • Formal Restorative Conference • Community Service	• Strategically Respond to Change Talk • Reflect Change Talk • Evoke Change Talk • Move Change Talk to Sustained Talk • Make a Plan
Tier 1	• Staff Use Trauma Informed Approach • Assumption we all experience adversity • Relationship Building • Psycho-education • Social Emotional Learning • Trauma Screening • Self Care • Emotional Regulation • Treatment Planning	• Managing the environment • Hurdle Help • Prompting • Caring Gestures • Life Space Interview • ICSP's	• Community Building Circles • Negotiation Skills Training • Peer Mediation • Restorative Circles • Community Service • Student Circle Keeper Training • Family Engagement • Responsive Policy and Procedure	• Staying in "Equipoise" • High Empathy Response • Reflective Listening • Clients Feel Heard and Understood • Roll with Resistance • Explore Ambivalence

The Data:

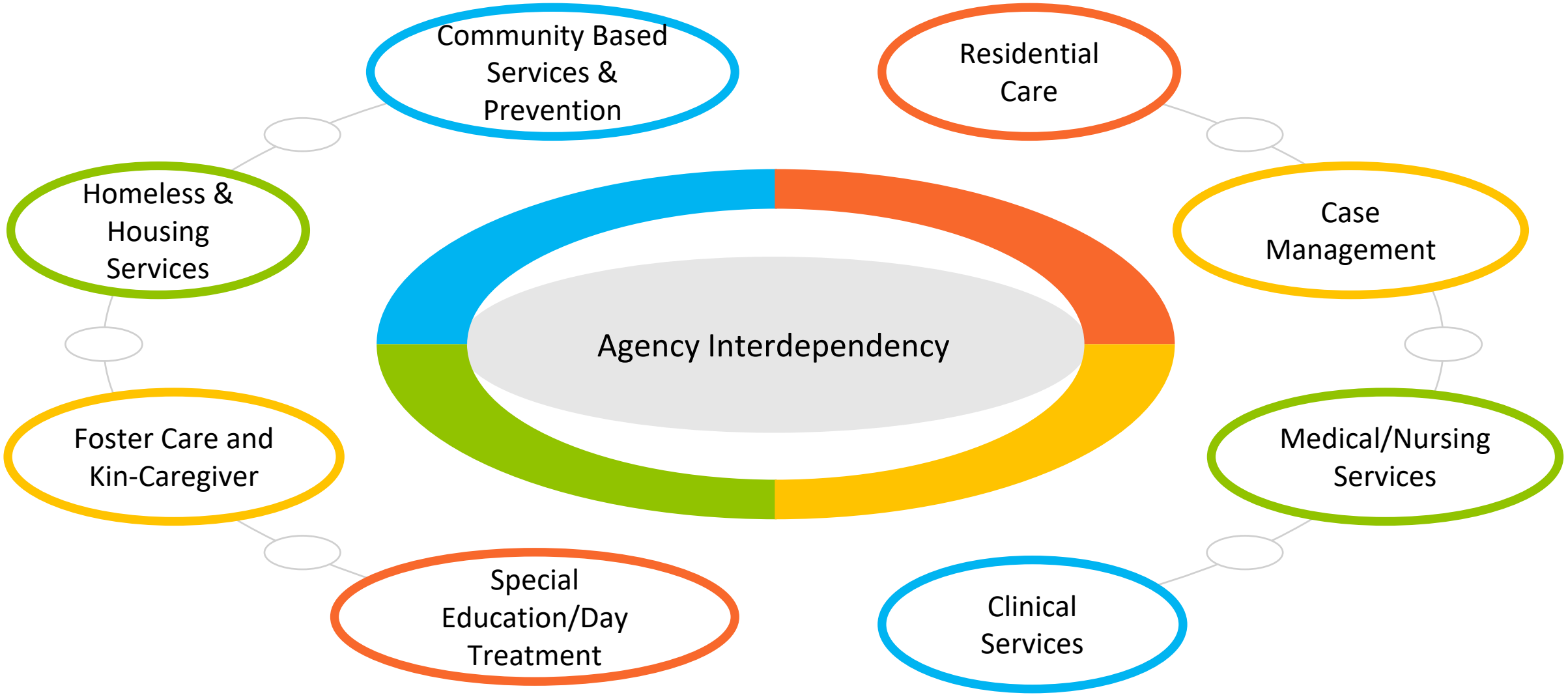
	Jan.21	Feb.21	Mar.21	Apr.21	May.21	Jun.21	Jul.21	Aug.21	Sept.21	Oct.21	Nov.21	Dec.21	Jan.22	Feb.22	Mar.22	Apr.22	May.22	Jun.22
Restraints	47	26	19	29	22	22	8	15	5	9	8	14	26	10	9	10	6	10

The Big Picture for a Residential Child

Supportive Roles:
Quality Assurance Residential
Staff Development Residential
Restraint Reduction Specialist



Supporting the Family: Family First



Meet the Team: Questions

ST. CATHERINE'S
CENTER FOR CHILDREN

Alyssa Barkley: Director for Intake and Managed Care Relations

Minister Germon: Assistant Supervisor Copson House (Group Residence II)

Miranda (Mandy) Himes: Associate Executive Director for Clinical Services

Nathaniel (Nate) Kealon: Supervisor Copson House (Group Residence II)

Wilford (Bill) LeForstier: Assistant Director R & E May School

Mark Quail: Associate Executive Director for Permanency and Family Support Services

Justin Simon: Behavior Support Supervisor R & E May School