



# **Enhanced Care Programs: Lessons Learned Supporting Youth with Complex Care Needs**

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**Presenter:**

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# Seneca Family of Agencies

WHO WE ARE: UNCONDITIONAL CARE

Seneca was founded 37 years ago as a residential treatment facility serving 6 youth. Today, our programs reach 18,000 kids and their families each year across California and Washington State, spanning the behavioral health, education, child welfare, probation and immigration systems.

# Goals for Today

- Explore Philosophy of Unconditional Care
- Define Enhanced Care Programs: E-STRTP and E-ISFC
- Share unique fiscal and programmatic features of each model
- Discuss lessons learned
- Q&A



# Unconditional Care

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Seneca's philosophy of Unconditional Care® is a commitment to doing “whatever it takes” to meet a child and family's needs.

As a clinical treatment model, Unconditional Care® is designed to assess and address client needs in three critical ways:

- **Relational (Attachment Theory)** -- how each child and caregiver's internal working model of relationships influences their behaviors and attachments;
- **Behavioral (Learning Theory)** -- how behaviors are learned and sustained by the child and family's environment; and
- **Ecological (Systems Theory)** – how environmental stressors/strengths and the natural support system of the family influence relationships and behaviors.

# Enhanced Care Development Timeline

➤ **1990**

- ❑ Seneca co-writes California legislation to create therapeutic foster care (ITFC)
- ❑ Seneca implements ITFC , initially focused on step-down options for children served in Seneca residential program

➤ **2012-2015**

- ❑ Seneca pilots the first iteration of ‘enhanced care’ where the foster parent is provided with housing and an additional stipend to provide ‘Unconditional Care’
- ❑ Seneca launches second iteration of specialty foster care integrated with an existing wraparound program

## ➤ 2017-2022

- ❑ California implements Continuum of Care Reform (CCR) & Resource Family Approval (RFA) focused on reducing residential care and standardizing family-based care
- ❑ Seneca launches a version of enhanced intensive foster care in a 'neighborhood' setting
- ❑ California 'decertifies' out of state residential programs; 45-day timeline to return all children to the state
- ❑ Seneca partners with several counties to help support youth returning from out of state in individualized enhanced care programs
- ❑ Seneca launches first enhanced program with a "staffed" model instead of a foster parent-based model.

# Traditional Intensive Residential and Home-Based Placements for Youth in California

## Short Term Residential Therapeutic Programs (STRTP)

STRTPs provide an intensive level of supervision and therapeutic services to prepare youth for a lower level of care (e.g. foster or adoptive homes or reunification with families/guardians). STRTPs are designed to serve youth with intensive behavioral health challenges in smaller census programs than traditional “group homes.”

## Intensive Services Foster Care (ISFC)

ISFC serves foster youth with specialized behavioral or physical health care needs. ISFC provides a more intensive level of care in a home-based family setting. ISFC resource (foster) parents receive a higher monthly rate to provide close supervision, structure, consistency, and to work as a team with service providers, social workers, family members, and other members of the child’s family team.

# Enhanced Homes Model

## Overview: E-ISFC

- Serves youth 6 to 21
- Alternative to residential/congregate care
- Full-time enhanced caregiver
- Housing, competitive stipend, and respite provided for enhanced caregiver
- Seneca placement program staff available 24/7
- Length of stay of 6 months or less
- No more than one youth per home
- Coordinated, multi-system response services integrated into program model







# **Enhanced Homes Model**

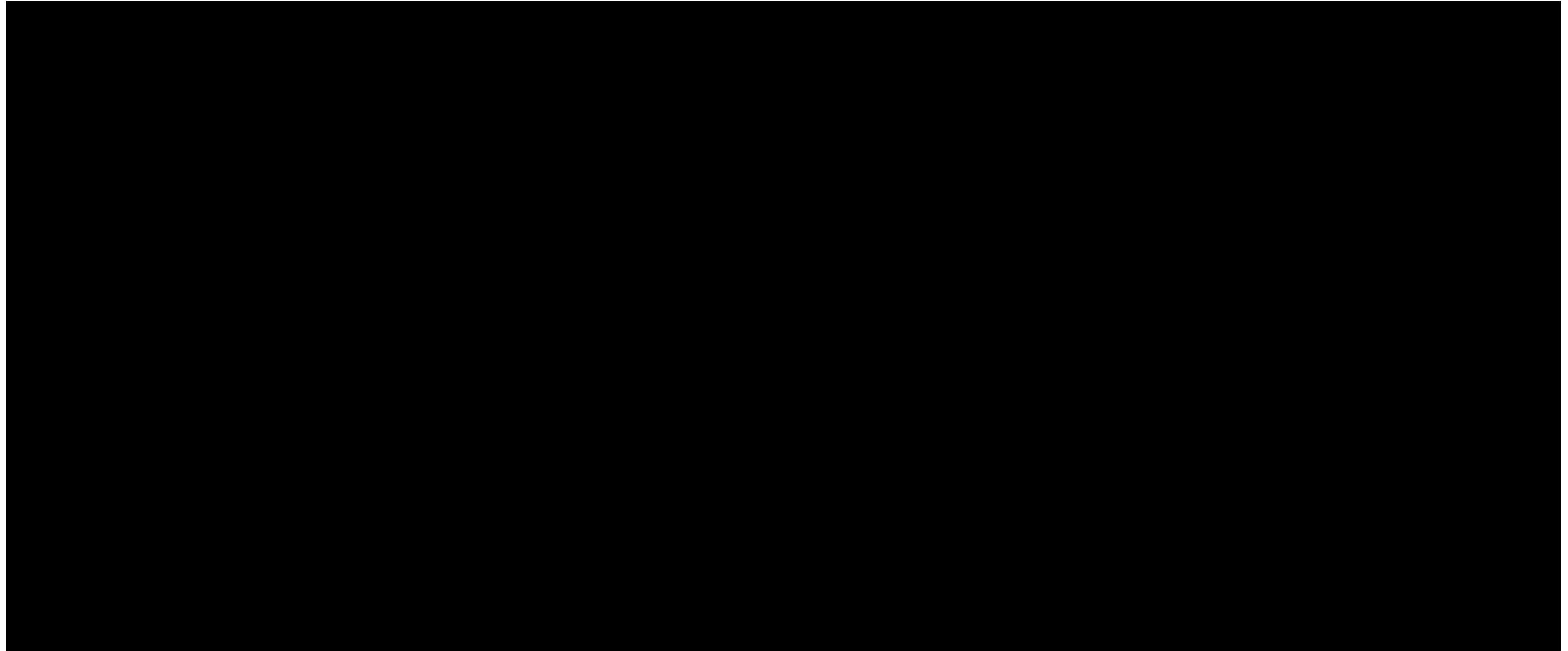
## **Overview: E-STRTP**

- Serves youth 6 to 21
- Staffed model, no enhanced caregiver
- Serves 1-2 youth per facility (highly individualized)
- Designed for youth with the most intensive level of need, and/or for youth for whom the presence of a caregiver is triggering
- Length of stay of 6 months or less
- Coordinated, multi-system response services integrated into program model

# Lessons Learned

- Sustainable funding for recruitment is critical
- Recruitment, training, and onboarding enhanced caregivers can take 12-18 months.
- Start-up funding is essential
- Multi-system buy-in and shared ownership
- Shared financial risk
- Total alignment on vision and values is critical
- Necessity for flexibility in the continuum to avoid bottle-necks or overutilization
- Willingness to shift our collective understanding of what is needed (needs are hard to predict)

# Seneca Riverside Enhanced Care Model



# Thank you!

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