



Dear STRTP Residential Care Provider:

With the support of the Department of Social Services, County Associations, and the California Alliance of Child and Family Services, a coalition of state, county, and provider representatives has met over the past several months to consider the viability of a statewide technical assistance approach to support residential care providers in addressing the challenges of serving youth with complex needs in the foster care system, as the state, counties, and providers work to achieve the objectives of the Continuum of Care Reform initiative.

This coalition is planning a series of Regional STRTP Provider forums in late August and would like to ask for your assistance in making these forums successful. We will be hosting forums in Roseville (Sacramento area) (8/14), Fresno (8/21), Orange County (8/23), and Altadena/LA (8/24).

This coalition has identified ten essential organizational competencies that we believe will help Residential Care Providers and county placing agencies build and maintain the culture and climate necessary to provide effective and authentic trauma-informed care for youth with complex needs.

We are hoping that you may be able to help us by preparing a 5 minute presentation in one of more of the regions, that describes how your organization is currently embracing one or more of the identified competencies.

The organizational competencies are described in the following:

- 1. Agency Mission, Vision and Values in Support of Short Term, Therapeutic, Community Based Care**

Key organizational guidance, including Mission, Vision and Values statements, board governance documents, and agency policies and procedures reflect a fundamental understanding that children and youth served by the organization experience long term success when their treatment episodes are of high quality, when they are limited to the time necessary to achieve specific, individualized goals, and when youth are supported fully in maintaining and improving their community and family connections. This organizational belief fosters clarity about which youth, with which challenges and strengths are best suited for the agency's programs. The service's design and delivery must have diagnostic and behavioral integrity. Relatedly, strategic planning, change management and

quality assurance processes are vibrant, informative and reflect themselves in service enhancements over time.

2. **Integrated Core Practice Model Implementation and Practice**

The state's *Integrated Core Practice Model* (ICPM) contains essential principles, values and behaviors for effective family practice. Using System of Care proven theory and practice, the ICPM establishes assessment, engagement, service delivery, monitoring/adapting and transition services as the primary domains of care driven by real teaming, and within an authentic Family-Centric framework. Provider agency personnel at all levels should be trained and supported to practice the essential elements of the ICPM, in order to align their care and service approaches with their public agency partners.

3. **Agency-Provider Partnership**

While the mission, vision and competencies contained within this document recognize the critical role which high quality residential care demands, it is equally imperative that providers, placing authorities, behavioral health plans, schools, and state departments develop genuine partnerships to ensure the best care, treatment, services and support for California's foster youth. This includes mutually trusting and accountable relationships between STRTPs and state licensing personnel, who hold unique roles in assisting and supporting effective care delivery.

4. **Intake/Assessment and Referral Processing**

Effective intake procedures require what may be complex and time-consuming processes. Critical **county-provider-youth-family** interactions are required during the referral, review, assessment and placement process. Historically, referral to a provider is made unilaterally by a public placing agency; the decision to accept a youth into care is made unilaterally by a provider based on a "packet" of information about the youth and family. In many cases, the process invites little to no dialogue among youth, family, current caregivers, the provider and placing agency staff who can contextualize youth strengths and needs and provider capabilities, and inform a far more thoughtful decision. Far too often, referral information is deficit-based and absent contextual youth or family strengths/assets which might allow a provider to recognize points of engagement/intervention. Thoughtful shared processing of referral and service needs and decisions must be an authentically shared county-youth-family-provider process. This requires:

- a. Mutual trust among provider organizations, placing agencies and State Departments. Voices and preferences of youth included in placement decision making
- b. Youth and Parent Partners (persons with lived experience) are present at, or carry out the Intake and Client Orientation procedures

- c. Intake packets/Referral Data focus on strengths/needs, as opposed to focusing primarily on deficits/problems, in order to contextualize youth needs and behavior.

5. Trauma Informed

Effective trauma-informed residential programs not only have clinical staff who are trained in evidenced-based and trauma-informed therapies, but ensure that direct care staff, as well as administrative and support persons, understand and are aware of the individual trauma triggers for youth in care. All staff should be able to deal proactively by intervening in ways that do not replicate or activate those triggers, and support biological family and caregiver connectedness, notwithstanding the behavioral challenges that may result in the short term.

Just as critically, agency/facility policies and practices, and leadership and supervisory practices support an organizational culture of trauma sensitivity. Leadership practice should reflect evidence that secondary trauma for staff and team members is a reality and the organization supports staff accordingly.

Supporting effective trauma informed care in a consistent manner may be experienced as conflicting with the need of ensuring safety, establishing necessarily compliant behavior, and enforcing group norms. Effective agencies do not train staff simply to manage “problem behaviors”, but make risky behaviors such as self-harm, suicidal, conflict (“fight”) and flight behavior (“AWOL”) a focus of intervention. Training and practice integrate trauma-informed approaches in the milieu that go beyond individual or group therapy, empowering and supporting residential care staff who are on the “front lines” in helping youth to manage the high levels of dysregulation that lead to reactive aggression, self-harm and run-away behaviors.

6. Family Finding

Research is clear that youth who leave care with functioning connections to biological kin/family are far more likely to maintain their treatment gains and sustain a long-term trajectory toward independence and adulthood. While family finding is often considered a domain of the public placing authority, providers must be encouraged and empowered to partner with, and in some cases to lead thorough, ongoing family finding and engagement, to assure that meaningful and healthy connections are established and sustained deep into transition/discharge processes. Effective permanency solutions and planning require open, empowered and transparent Child and Family Teaming processes.

7. Involvement of Biological Family/Mentoring Adults

Effective residential care services are structured and delivered in ways that involve family/caregivers in service delivery for youth. This involves an authentic

integration of family while youth is in residence, in order to identify and link the youth to a caring adult who will be there for the youth after treatment. Learning new relationship skills, testing parenting strategies, and having access to coaching by professionals, appear to be critical to this desired outcome.

Beyond the typical weekly or regular family therapy sessions, these practices may include, for example, inviting caregivers/siblings into settings where family connections can be monitored and supported, where family and caregivers can enjoy meals together with youth, interact with other youth, and have extended opportunities to engage with their own youth in residential care. Likewise, assuring the active and supported participation of bio caregivers in CFT processes is critical.

It may also include meeting with and serving youth and families in their homes and communities, so that caregivers and clinicians can monitor and support the building of family connections in their natural ecology. Program statements should reflect agency ability and capacity to accompany youth home into their communities to provide these transitional and other supports.

8. Focus on Skills Building Toward Post Care/Transition

Service and program approaches focus on what the post-treatment service ecology and plan is, for each young person. This begins not at the end of the service episode, but is built into the assessment and care planning conversation at every point.

This focus is intended to prepare the young person to succeed beyond the residential program, by gaining interpersonal, pro social and emotional regulation skills, which along with needed support and services, will make possible the youth's continued stability and success. Service goals, interventions and all aspects of the care plan revolve around and are consistently framed for the youth and their biological kin/caregivers, in terms of "When s/he is discharged home to you..." When properly implemented, this assures the youth that his/her stay in care is goal-driven and that family placement is the universally preferred plan.

9. Focused Transitional Care Services

Underscoring the essential elements of trust-based care and authentic youth engagement, STRTP providers ensure that the relationships which are most trusted by the youth endure beyond their residential care episodes. This may mean that a therapist, staff, or child care staff who is trusted, is empowered and supported by both the agency and their county systems of care, to maintain professional, supportive and meaningful professional contact.

Agency Program Statements and county contracts must have a consistent focus and emphasis on the transition planning and identification, arrangement for and transition to post care supports and services.

10. Individualized, Evidenced Based Therapies

While often assumed, the inclusion of formal clinical interventions which have proven effective for youth is fundamental to STRTP success. Providers must select, train to, and implement empirically established and evidence-informed interventions appropriate to the population served.

The common objective of these therapies is, of course, to help youth learn skills for managing their emotions and behaviors that can be used in the community (adaptation skills). Interventions must focus on development of self-management skills. Youth in successful residential settings learn to be pro-social and responsible in their interactions. These interventions often take the form of, among others:

- Trauma-Focused Cognitive Behavioral Therapy
- Functional Family Therapy
- Pro Social Skills Training Model

For each of the forums we are grouping the conversations as follows:

1. Review of Agency Mission, Vision and Values (1)
2. Agency-Provider Partnership and Intake/Referral Processing (3, 4)
3. Trauma Informed and Individualized Evidenced Based Care (1,5, 10)
4. Family Search and Engagement and Bio Involvement (6,7)
5. Focused on Transitional Care Services (8,9)

If you are able to help us out with a brief discussion of how you are embracing any of these topics in your organization, please complete the attached form and email it to stuart.oppenheim@cfpic.org

If you would like to discuss this further before making a commitment please let us know at the same email and we will be happy to set up a call

Thank you for your help in supporting your peers in this exciting enterprise!