PROCEDURE

Series:	**Operating Procedures**	**COA: RPM 2; PQI 4** **CFOP: N/A**
Procedure Name:	Placement Stability Plan	
Procedure Number:	OP-1116	
Review Date:	02/03/12, 11/17/14, 12/03/14, 6/15/15	
Revision #/Date:	04/01/16, 5/25/2017, 12/12/19, 02/17/21, 05/25/21	
Effective Date:	(1)12/30/08	
Applicable to:	BFP and Case Management Agency	

PURPOSE:

Ensuring the stable placement of children entrusted to BFP's care is a chief priority in decision making. To provide guidelines to promote placement stability of children residing in out of home care. This operating procedure specifically applies to children who are under the primary supervision of Brevard Family Partnership as the Lead Agency.

PROCEDURE:

References

BFP Policies/Procedures: GOV 202, GOV203
Center for The Study of Social Policy Protective (CSSP) and Promotive Factors

Guiding Principles of Practice

BFP and its partners adhere to case practice that promotes the CSSP 5 Protective and Promotive Factors essential for healthy developmental functioning of those served.

1. Youth Resilience
2. Social Connections
3. Knowledge of Adolescent Development
4. Concrete Support in Time of Need
5. Cognitive and Social Emotional Competence

BFP's Intake and placement philosophy is based on the following principles:

- BFP on call respondents are available 24 hours per day, 7 days per week.
- Trauma informed and early identification of trauma to ensure access to timely interventions.
- All family foster homes consist of safe, stable environments free of early identifiable indicators of possible placement disruption.
- Each family foster home meets the child's specific needs with child's safety and wellbeing of primary importance.
- Each family foster home best supports their ties to the family and community.
- Foster homes are trained on healthy adolescent development.
- Each family foster home shares responsibility for the child's educational, medical, social, recreational, and emotional health.
- Each home serves the child's best interest, special needs, and cultural characteristics whenever possible.

- Foster homes promote cognitive and social-emotional competence for the children in their care.
- Foster homes support and encourage youth in their care to create, develop and maintain social connections, and concrete supports in times of need.
- All efforts are made to ensure siblings are placed together and are placed within their home county and same school zone to preserve the child's community connections and to allow close proximity to biological families and siblings whenever possible.
- Any sibling group that is separated is reviewed on at least a quarterly basis to expedite the facilitation of a placement together.
- Intake and Placement ensures that all placement information is current in the Florida SACWIS system known as FSFN, as well as ensures the hard file is current and accessible to authorized personnel; and
- Intake and Placement works in partnership with expecting and parenting youth, their support system as appropriate, resource parents and other applicable child welfare staff to: Present information in a manner that will resonate with expectant or parenting youth; address the dual developmental needs of adolescents and young children; promote youths' transition to adulthood while parenting; and facilitate father involvement when appropriate and feasible.

To promote the maintenance of social connections before a child is placed in foster care, non-custodial parents, relatives, and non-relatives/fictive kin will be given first consideration and subsequently will have been ruled out as a placement resource. Once it has been determined that licensed care is required, the BFP Intake Specialist seeks the most appropriate, family-like placement based on the child's need. Through use of the Pre-Placement tool assessment, children placed are matched to the most appropriate and available home. The "All About Me" form is used when the child is age appropriate.

To promote and support family foster homes, the Intake and Placement team ensures that the placement process is communicated thoroughly; that family foster families are provided with all legally permissible information about the children's history and permanency goals, if available, and allow for a pre-placement phone call or meeting with prospective family foster home and the child. Upon placement, if a placement need or issue were to arise, the Intake and Placement team ensures that there is a timely response with initiating an assessment by the Assessment Specialist, if needed, initiate a Standing Team or Family Team Conference, ensures that the Clinical Services Coordinators are aware of any needs to locate appropriate services to support the child and the family foster home.

Mechanisms to Determine Level of Care

The BFP System of Care has internal leveling system continuum of care in addition to expanded placement alternatives with current Medicaid Managed Care for child welfare children to create a robust system responsive to each child's individualized needs. Each placement level is characterized by the foster parent compensation, placement review frequency, enhanced training requirements of foster parents (in addition to licensure standards) and the criteria of the child. See Attachment A. The Child and Adolescents Functioning Scale (CAFAS) may also be administered as an additional assessment tool to be used to determine the appropriate level of care and to make service recommendations. The following family care levels are encompassed with the BFPs system of care:

Pathway Home (Traditional Foster Care)

Child has minimal or no impairments in daily living activities. Child requires some outpatient services and community coordination for support and reinforcement. Child is stable in current living environment.

Foster Parent Requirements: One or two parent home, no restriction on employment and training in debriefing process and the impact of separation.

Criteria for child: Child requires out of home care and there are not any relatives or non-relatives within the child's support network that are either willing or able to meet the standards of approved caregiver.

Connections (Enhanced Foster Care)

Child has some mild impairment that result in sporadic disobedience and uncooperativeness. Child is capable of being redirected and adhering to behavior and/or treatment plan. Child requires customized behavior and treatment plan.

Foster Parent Requirements: Meets criteria for Pathway Home and foster parents must be specially recruited and trained in intervention to meet child's needs. Ten hours of training is required that can include childhood development, discipline, limit setting, consequences, problem solving, relationship building, permanency planning, stress management, confidentiality, and cultural competence.

Criteria for child: Child has a serious emotional disturbance, is a victim of child abuse or neglect and required out of home care as determined via an investigation by DCF or contracted community-based care agency.

Passages (Enhanced Foster Care)

Child has moderate impairments, may have some non-compliant and inappropriate behavior, child demonstrates some difficulty complying with reasonable rules and expectations within the home, typically accepts and processes consequences for undesirable behavior.

Foster Parent Requirements: Meets criteria for Connections and it is recommended that at least one parent must be available 24 hours per day to respond to crisis that may require that one of the foster parents not work outside the home. Two parent household is strongly recommended (a single parent will be given special consideration to parenting experience and availability of support network) and an additional 20 hours of training is required. Twenty hours of training can include children with serious emotional disturbances, trauma, removal and loss, mentoring of biological parents, behavior management, theories and skills.

Criteria for child: Child has a serious emotional disturbance, child is a risk of hospitalization or child has been hospitalized, admitted to residential treatment center or crisis stabilization during the last two years, child has a history of abuse or neglect, child no longer meets the Medical Necessity Criteria established in Agency For Health Care Administration (ACHA) Specialized Therapeutic Services Coverage and Limitations Handbook for Specialized

Therapeutic Foster Care Level 1 or Specialized Therapeutic Foster Care Level 2, history of self-injurious behaviors, sexual acting out, Baker Acts, history of current maladaptive behaviors marked by elopement episodes, current or past use of illegal substances, current or past frequent need for Mobile Response Team intervention impaired self-control, heightened aggression, stealing, immaturity, failed placements due to behavior history or current delinquency involvement.

Solutions (Treatment Foster Care)

Model of foster care treatment for children aged 12-17 with severe emotional and/or behavioral disorders and/or severe delinquency. Solutions aims to create opportunities for youth to successfully live with families rather than in group or institutional settings and to simultaneously prepare them or their parents to prepare them with effective parenting.

Foster Parent Requirements: Provide youth with consistent reinforcing environment where he or she is mentored and encouraged to develop academic and positive living skills and provide daily structure with clear expectation and limits with well specific consequences delivered in a teaching-oriented manner. Foster parents will provide close supervision of the youth's whereabouts and help and support the youth in avoiding deviant peer relationships and associations while providing them with assistance needed to establish pro social relationships. Training requirements include Cultural Sensitivity, Self-Care, Behavior Management, Stress Management, and the mentoring of biological and/or adoptive families in addition to training in specialized populations such as children who have been sexually and commercially exploited and lesbian, gay, bisexual, and transgender youth.

Criteria for child: Youth displays ungovernable behaviors such as truancy or runaway involvement. Youth must have cross over youth system involvement (or be at risk of such involvement), or diagnosis of conduct disorder or oppositional defiant disorder, use of substances or other mental health Axis 1 or 2 diagnosis that are aged 12-17 with severe delinquency and/or emotional or behavioral disorders who are in need of out of home placement and cannot be successfully maintained in lower levels of care.

Specialized Therapeutic Level 1

The Agency For Health Care Administration (ACHA) Specialized Therapeutic Services Coverage and Limitations Handbook states that Level 1 is for enrollees who have a serious emotional disturbance, including a mental, emotional, or behavior disorder as diagnosed by a psychiatrist or other licensed practitioner of the healing arts. Without specialized therapeutic foster care, the enrollee would require admission to a psychiatric hospital, the psychiatric unit or a general hospital, a crisis stabilization unit or a residential treatment center or has, within the last two years, been admitted to one of these settings and a history of delinquent acts and has a serious emotional disturbance. The enrollee may exhibit maladaptive behaviors such as destruction of property, aggression, running away, use of illegal substance, lying, stealing etc. The enrollee may display impaired self-concept, emotional immaturity or extreme impulsiveness and immaturity which impairs decision making and places the enrollee at risk in a non-therapeutic community setting or there is a history of abuse and neglect and serious emotional disturbance. The enrollee's emotional and behavioral patterns are marked by self destructive acts, impaired self concept, heightened aggression, or sexual acting out. Additional

signs of social and emotional maladjustment such as lying, stealing, eating disorders and emotional immaturity may also be identified. Individual may have also been determined through the Clinical Review Process that the enrollee cannot be adequately treated with less intensive services, been a victim of abuse or neglect and been determined by the Department of Children and Families, district Child Welfare and Community Based Care program office to require out of home care.

Note that no more than two specialized or regular foster care children or children committed to the Department of Juvenile Justice may reside in a home being reimbursed for specialized therapeutic foster care services. Only in the case of placement of a sibling(s) of the therapeutic foster care child may the two-child limit be exceeded and only when the specialized therapeutic foster home has the licensed capacity. The waiver must be approved by the office of Substance Abuse and Mental Health.

Foster Parent Requirements: The specialized therapeutic foster parent(s) serves as the primary agent in the delivery of therapeutic services to the enrollee. Specialized therapeutic foster parents are specially recruited and trained in interventions designed to meet the individual needs of the enrollee. One of the following individuals must serve in the role of specialized therapeutic foster care clinical staff for each enrollee: Psychiatric Nurse, Clinical Social Worker, Mental Health Counselor, Marriage and Family Therapist, Mental Health Professional or Psychologist. Providers of specialized therapeutic foster care services must be certified by Brevard Family Partnership's program office and the Area Medicaid office or Juvenile Justice as a specialized therapeutic foster care services provider and be enrolled in a Managed Care Medicaid Plan as a specialized therapeutic foster care provider. Providers must be certified annually by the designated Substance Abuse and Mental Health office, the district Child Welfare and Brevard Family Partnership program office or Juvenile Justice and area Medicaid staff as meeting the specific qualifications to provide these specialized services. Certification will be withdrawn if the provider fails to continue to meet the specific qualifications to provide these specialized services.

Group Home Placement

Child's behavior is not suited for placement in a family foster home setting or less restrictive placement. This level may also be used as a step-down option for residential treatment or other settings for children and youth who are unable to return home and/or provide consistency for children who experience multiple placements in a short time period.

Group Home Requirements: Group homes are designed to provide consistency and may be gender specific or coed based on a positive peer culture model that can include such services for residents as family therapy when appropriate, individual and group therapy, psychiatric services, medication management, educational components in which program goals are to provide successful transition for those children and youth returning home or to a family foster care placement. This level helps residents to become more confident, develop ability to control behaviors, increase motivation and learn life skills that will help them to achieve personal goals. Group Home rules and regulations ensure safety of day-to-day residents and effective day to day operations.

Criteria for child: Child's behavior cannot be managed in a family foster home setting, child has experienced disruption in less restrictive placements, child has attended inpatient residential

and group home is step down option for residential treatment, child has experienced multiple placements in a short time period and group home placement will provide consistency in a structured environment that is needed to stabilize a child.

Maternity Home

Houses teen moms and their babies. This level of care specializes in supporting teen moms to develop the necessary skills to care for their child(ren) through support, education, and resources connection. Youth are provided, parenting classes, life skills, career development, counseling and other means of evidenced-based programs and support as we lovingly transition them into adulthood.

Criteria for child: Expectant mother or youth who is providing care for their child.

Specialized Therapeutic Level 2

Criteria for child: Level 2 is for an enrollee who meets the criteria for Level 1 and who exhibits more severe maladaptive behaviors such as destruction of property, physical aggression toward people or animals, self inflicted injuries and suicide indications or gestures or an inability to perform activities of daily and community living due to psychiatric symptoms. The enrollee requires more intensive therapeutic interventions and the availability of highly trained specialized therapeutic foster parents. Specialized therapeutic foster care services may be used for crisis intervention for an enrollee for whom placement must occur immediately in order to stabilize a behavioral, emotional, or psychiatric crisis. The enrollees must be in foster care or commitment status and meet Level 1 or Level 2 criteria. The Clinical Review process must be utilized to determine the level of specialized therapeutic foster care services required by the enrollee and review each child/adolescent status to reauthorize services no less than every six months. A specialized therapeutic foster home may be used as a temporary crisis intervention placement for a maximum of 30 days. Any exception to the length of stay must be approved in writing through the Clinical Review Process.

Note that no more than two specialized or regular foster care children or children committed to the Department of Juvenile Justice may reside in a home being reimbursed for specialized therapeutic foster care services. Only in the case of placement of a sibling(s) of the therapeutic foster care child may the two-child limit be exceeded and only when the specialized therapeutic foster home has the licensed capacity.

Foster Parent Requirements: The specialized therapeutic foster parent(s) serves as the primary agent in the delivery of therapeutic services to the enrollee. Specialized therapeutic foster parents are specially recruited and trained in interventions designed to meet the individual needs of the enrollee. One of the following individuals must serve in the role of specialized therapeutic foster care clinical staff for each enrollee: Psychiatric Nurse, Clinical Social Worker, Mental Health Counselor, Marriage and Family Therapist, Mental Health Professional or Psychologist. Providers of specialized therapeutic foster care services must be certified by Brevard Family Partnership program office and the Area Medicaid office or Juvenile Justice as a specialized therapeutic foster care services provider and be enrolled in an MMA Plan as a specialized therapeutic foster care provider. Providers must be certified annually by the designated Substance Abuse and Mental Health office, the district Child

Welfare and Community Based Care program office or Juvenile Justice and area Medicaid staff as meeting the specific qualifications to provide these specialized services. Certification will be withdrawn if the provider fails to continue to meet the specific qualifications to provide these specialized services. The waiver must be approved by the office of Substance Abuse and Mental Health.

Specialized Therapeutic Group Home (STGH)

An ICD-9-CM diagnosis of a) 295.0 through 298.9 or b) 294.8, 294.9 through 301.9, 307.1, 307.23, 307.5 through 307.7, 308.0 through 312.4, 312.81 through 314.9 and 303.0 through 305.9 and either have been enrolled in a special education program for the seriously emotionally disturbed or emotionally handicapped or have scored 50 or below on the Axis V Global Assessment of Functioning Scale or CGAS with the past six months. The justification to the score must be well documented and detailed on the certification form. The enrollee must be diagnosed by a psychiatrist or other licensed practitioner of the healing arts as having a moderate to serious psychiatric, emotional, or behavioral disorder and due to the emotional or psychiatric symptoms, is exhibiting severe maladaptive behaviors or an inability to perform activities of daily living. The enrollee must require intensive, structure mental health interventions and the availability of highly trained therapeutic group care staff. The enrollees must have reached the maximum health benefit from a more restrictive setting, or a less restrictive treatment option may have been tried or considered and not found sufficient to meet safely the enrollee's treatment needs. Each enrollee must be reviewed via the Clinical Review process and must reauthorize no less than every six months for the first twelve consecutive months of placement and then no less than every month for the following 12 consecutive months. The focus of service must be directly related to the enrollee's mental health or substance abuse condition. The intensity and individual utilization of treatment services must be determined by and must be directly related to the enrollee's specific needs as identified in the individualized treatment plan and reflected in the clinical record.

Specialized Therapeutic Group Homes are community based psychiatric residential treatment services designed for children and adolescents with moderate to severe emotional disturbances. They are provided in a licensed residential group home setting serving no more than 12 children and adolescents. Treatment includes provision of psychiatric, psychological, behavioral, and psychosocial services to enrollees who meet the specified clinical criteria. STGH is intended to provide a high degree of structure, support, supervision, and clinical intervention in a home like setting. Services are highly supportive, individualized, and flexible and are designed to maximize an enrollee's strengths and reduce behavior problems or functional deficits stemming from a mental health disorder. The goal of STGH is to enable an enrollee to self manage and work toward resolution of emotional, behavioral, or psychiatric problems towards the long-term goal of returning to a normalized living situation with a family, foster family, in a residential group care setting or an independent living situation. Providers must comply with the regulations listed in the Agency for Health Care Administration (ACHA) Specialized Therapeutic Services Coverage and Limitations Handbook.

Residential Treatment Statewide Inpatient Psychiatric Program: (SIPP)

All admissions are non-emergency and voluntary, medical clearance must be given by a physician or other medical professional. If the recipient has chronic medical problems, the child or adolescent has age-appropriate cognitive ability and under CFR 441.152 Federal

Requirements A, B, and C shall meet criteria for admission to SIPP. Ambulatory care resources available in the community do not meet the treatment needs of the recipient (42 CFR 441.152(a). Recipient meets criteria for inpatient psychiatric services. A reasonable course of acute inpatient and/or intensive outpatient services has failed to resolve symptoms to permit placement in a less restrictive setting. Proper treatment of the recipient's psychiatric condition requires services on an inpatient basis under the direction of a physician (42 CFR 441.152 (a). A Suitability Assessment from an approved Qualified Evaluator that recommends residential treatment level of care.

The following criteria must also be met; recipient has a primary DSM IV diagnosis, established through documented comprehensive bio psychosocial diagnostic assessment, that indicates that presence of a psychiatric disorder that is severe in nature and requires more intensive treatment than can be provided on an outpatient basis, the rating on DSM IV for Axis V for the admission diagnosis is less than 70, the recipient continues to experience problems related to the mental disorder diagnosed above and one of the following categories; self care deficit, impaired safety threat, impaired through and or perceptual process (reality testing) or severely dysfunctional patterns. The recipient continues to have serious impairment of functioning in one or more major life roles (family, interpersonal relations, self care etc) as evidenced by documented presence of deficits in cognition, control, or judgment due to diagnosis, circumstances resulting from those deficits in self care, personal safety, social/family functioning, academic or occupational performance or prognostic indicators which predict the effectiveness of treatment.

The provider describes a proposed plan of treatment that includes medical, psychiatric, neurological, psychological, social, and educational and substance abuse assessments at an inpatient level of care. The services can reasonably be expected to improve, within a time frame of three to six months, the recipient's condition or prevent further regression so that services will no longer be needed.

Placement Documentation

Florida Safety Families Network (FSFN) is the Florida's Statewide Automated Child Welfare Information System (SACWIS) and the official child welfare case record. FSFN entries contain a specific record of all case activities provided by the investigator, care manager or other child welfare professionals working on the case who have FSFN access. Notes create a point-in-time log of the child welfare professional's activities. Case notes and documentation of meetings create an audit trail for compliance with federal and state requirements. Case notes are a vitally important record of activities pertaining to any given case and are used to transfer information about a case within the Department, among care managers and service providers and in court. Up-to-date notes ensure that information known and activities that have been occurred are known to any other person who needs to access immediate and relevant information about a case or provider. A child welfare professional's notes may be subpoenaed and used as evidence in legal proceedings.

Each child movement must be recorded in the FSFN system. Information pertaining to the child's placement should be updated within 24 hours of any change and available to authorized personnel at all times. BFP's point of contact is responsible to input the information into the FSFN system through the BFP movement form.

Multi-Disciplinary Staffing

This staffing process facilitated by the Intake and Placement Manager or designee. The MDT process is designed to provide an ongoing assessment of the treatment needs of those children with complex needs and/or those who have been identified as in need of specialized services. The MDT is responsible for making level of care and/or treatment recommendations based upon information provided during the meeting.

Mechanisms to Assist in the Prevention of Placement Disruptions

Although there are multiple reasons why a child's placement may disrupt, at times it is a result of the lack of access to identified services. As a result of the child not engaging in services, the child may destabilize resulting in the foster parent's inability to manage the behavior effectively. BFP offers robust supports to prevent placement disruption including access to a Clinical Services Specialist, use of the Mobile Response Team, a foster parent mentoring model, a Foster Parent Navigator that assist foster parents with any unmet needs, challenges or barriers, and STC/FTC supports. Additional supports to primary Care Managers to ensure that the minimization of barriers to a child receiving the necessary and required services. Professional contracted providers are also utilized in addition to the community resources that already exist in Brevard County and with whom working agreements have been prearranged.

Another reason for placement disruption may be a lack of concrete support in time of need deployed to the foster home. This may contribute the foster parent's inability to effectively manage the child's behavior. BFP provides crisis intervention to each foster home through the Mobile Response Team (MRT) 24 hours per day, 7 days per week to provide stabilization support that may otherwise result in placement disruption. In addition, the following supports can be accessed through BFP's subcontracted providers:

- Assessments and Written Recommendations
- Psychological Evaluations
- Home Based Interventions
- Paraprofessional Support/Parent Education
- Psychiatric Evaluation/Medication Management
- Behavior Management/Support
- Safety and Crisis Planning
- Home Based Therapy
- Dialectical Behavior Therapy
- Cognitive Behavior Therapy
- Trauma Treatment and Evaluations

Placement Changes:

If a placement change were to occur, the family foster home, families, and children, will be provided sufficient advanced notice, when applicable. The Intake and Placement team will discuss with the family foster homes any reasons for the placement move or disruption, how the family feels about the move and any interventions that could be in place to prevent and/or to support for future placements. If appropriate, there will be an assessment of the child's needs to achieve safety, well-being, and permanency.

BY DIRECTION OF THE CHIEF EXECUTIVE OFFICER:

PHILIP J. SCARPELLI
Chief Executive Officer
Brevard Family Partnership / Family of Agencies

APPROVAL DATE: 5/27/21

Attachment A

CATEGORY OF FAMILY CARE SUPPORT	PATHWAY HOME (Traditional 0-80)	FAMILY TIES (SIBLING PLACEMENT)	CONNECTIONS (Enhanced 80-120)	PASSAGES (Enhanced 120-160)	SOLUTIONS (Treatment Foster Care 120-180)	Family Care	Specialized Therapeutic Foster Care Levels 1 and 2 (120-160)	Teaching Family Model (*TFM)* (120-180) Target Date: January 1, 2017	GROUP HOME PLACEMENT (120-180)
BOARD RATE	**Board Rate:** $ 14.49 0-5 $ 14.67 6-11 $ 19.50 12 and older	**Board Rate:** $20.00 per day per child and Monthly Stipend of $200 per sibling group paid to foster parent	**Board Rate:** $ 27.00 0-11 $ 37.00 12 and older	**Board Rate:** $ 37.00 0-11 $ 47.00 12 and older	**Board Rate:** $75.00 12 and older	**Board Rate:** $57.96	**Board Rate:** **$16.96 0-17**	**Board Rate:** TBD	**Board Rate:** **Ranges:** $100.00 to $250.00 daily
REVIEW FREQUENCY	Minimally every 180 days	Minimally every 90 days	Minimally every 90 days	Minimally every 90 days	Minimally every 90 days	Minimally every 90 days	Minimally every 90 days	Minimally every 90 days	Minimally every 90 days
REQUIREMENTS OF FOSTER PARENTS	**One OR two parent home** **No restrictions on employment** **State License** **Training details** **Debriefing Process** **Impact of Separation**	**Ensure sibling groups of 4 or more remain together in family foster home placement while in foster care.** **One OR two parent home** **No restrictions on employment** **State License** **Training details** **Debriefing Process** **Impact of Separation**	**Meets criteria for Pathway Home AND** **Foster parents must be specially recruited and trained in interventions to meet child needs, 10 hours of training** **Training details** **Normal Childhood Development** **Discipline, limit setting, consequences, problem solving and relationship building skills**	**Meets criteria for Connections AND** **It is recommended that at least one parent be available 24 hours per day to respond to crisis** **Two parent household is strongly recommended .20 hours of training is required.** **Training**	**Solutions is a model of foster care treatment for children 12-18 years old with severe emotional and behavioral disorders and/or severe delinquency. Solutions aims to create opportunities for youths to successfully live-in families rather than in group or institutional settings, and to simultaneously prepare their**	**Child requires care due to developmental delays, mental retardation, autism, etc.** **The services of a Certified Behavioral Analysis are required to provide support and care.** **Placement in a family care will aid in the ability to maintain a child or young person with intellectual disabilities**	**Medicaid Criteria**	**House Parent Model versus Direct Care Shift Staff:** ***TFM* is a unique approach to human services characterized by clearly defined goals, integrated support systems, and a set of essential elements.**	**Designed to provide consistency. May be gender specific or coed based on a positive peer culture model that can include such services for residents are family therapy when appropriate, individual and group therapy, psychiatric services, medication management, educational components in which program goals are to provide successful transition for those children and youth returning home or to a family foster care placement. Helps residents to become more confident, develop ability to control behaviors, increase motivation and learn life skills that will help them to**

			Permanency Planning Stress Management Confidentiality Cultural Competency	**details: Serious Emotional Disturbances in children Trauma. Removal and Loss Working with biological families as a Mentor Behavior Management, Theories and Skills**	**parents (or other long-term placement) to provide them with effective parenting. Four key elements of treatment are (1) providing youths with a consistent reinforcing environment where he or she is mentored and encouraged to develop academic and positive living skills, (2) providing daily structure with clear expectations and limits, with well-specified consequences delivered in a teaching-oriented manner, (3) providing close supervision of youths' whereabouts, and (4) helping youth to avoid deviant peer associations while providing them with the support and assistance needed to establish pro-social peer relationships.**	**from requiring a higher and more restrictive level of care.**		***TFM* has been applied in residential group homes, home-based services, foster care and treatment foster care, schools, and psychiatric institutions. The model uses a married couple or other "teaching parents" to offer a family-like environment in the residence. The teaching parents help with learning living skills and positive interpersonal interaction skills. They are also involved with children's parents, teachers, and other support network to help**	**achieve personal goals. Group home rules and regulations ensure safety of day-to-day residents and effective day to day operations.**

								maintain progress.	
CRITERIA FOR CHILDREN	**1. Child requires out of home care and there are not any relatives or non-relatives within child's support network that are either willing or able and meet standards or approved caregiver**	**This is for sibling groups of 4 or more to keep siblings together while in foster care.**	**1. Serious Emotional Disturbance (SED) 2. Victim of Child Abuse or Neglect 3. Child requires out of home care as determined via an investigation by DCF or contracted community-based care agency. 4. Child displays verbal and/or physical aggression. Child is currently prescribed psychotropic medications. Child requires enhanced supervision to ensure safety**	**1. SED 2. Child at risk of hospitalization OR child has been hospitalized, admitted to RTC or crisis stabilization during the last two years 3. Hx of abuse or neglect 4. No longer or does not currently meet the Medical Necessity Criteria for STFC/I or STFC/II. 5. Hx of self-injurious**	**Youth displays ungovernable behaviors such as truancy, run away episodes, may have Cross Over Youth involvement or diagnosis, or conduct disorder or oppositional defiant disorder, use of substances, mental health Axis or Axis 2 diagnosis that are male or female, 12-18 years of age with severe delinquency and/or severe emotional and behavioral disorders who were in need of out-of-home placement and could not be**		**Medicaid Criteria**	**Youth who are at-risk, juvenile delinquents, in foster care, mentally retarded/developmentally disabled, or severely emotionally disturbed; families at risk of having children removed**	**1. Child's behavior cannot be managed in family foster home setting and/or: 2. Child has experienced disruption in and/or. 3. Child is at risk for or has attended inpatient residential and group home is step down option for residential less restrictive placements treatment and/or 4. Child has experienced multiple placements in a short time period and group home placement will provide consistency in a structured environment that is needed to stabilize child.**

			from self-harm, aggression towards others, etc. Child has displayed behaviors consistently within the past 90 days. Child has been or is at risk for school suspensions. Child requires adult intervention to manage behaviors in both the home, school, and community settings. Child is at risk for a higher level of care without some therapeutic intervention and support.	**behaviors, sexual acting out, Bakers Acts, hx maladaptive behaviors marked by elopement episodes, current use of illegal substances, current or past frequent need for Mobile Response Team intervention, impaired self-control, heightened aggression, lying, stealing, immaturity, failed placements due to behavior, hx of or current DJJ involvement**	**adequately served in lower levels of care**				