



Implementing Intensive Services Foster Care – ISFC

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Agency Background:

- Presenter Information
- Agency Experience:
 - Reason for starting the agency
 - Initial TFC practices
 - ITFC planning & implementation
 - SB 163 Wraparound integration
 - EPSDT integration
- Consulting Relationships

FFA Based Programs:

- FFAs: Created in 1986 to:
 - Recruit, screen, certify, train and provide professional support services to foster families to care for “the more difficult nature of foster children being placed in foster care who are more emotionally disturbed, difficult to manage and without family support than ever before” – *later changed to also include “who require that level of care as an alternative to a group home*
- ITFC: Created in 1990 and amended in 2008 to:
 - Enable foster children with “severe emotional disturbance” or who have “serious behavioral problems” and are at imminent risk or were in a psychiatric hospitalization or RCL 9 or higher level group home to be in a foster family home with highly trained and skilled foster parents to receive intensive services and supports
- ISFC: Created in 2017, Implemented December 1, 2017, to:
 - Supplant ITFC to care for children and youth with intensive needs, including, but not limited to **Medical, Therapeutic** or **Behavioral** needs.

FFA Based Programs:

- TFC: Created as part of the 2012 Katie A. v. Bonta lawsuit settlement, implementation – 2018
 - Therapeutic Family Care (TFC) is an EPSDT funded Specialty Mental Health Service (SMHS) for children and youth, up to age 21, who meet Medical Necessity requiring intensive and frequent mental health support in a family environment for short-term, intensive, highly coordinated behavioral health services where a “Professional Therapeutic Parent” serves as a mental health services provider under the supervision and direction of a LPHA
 - IMPORTANT – **TFC is not a “Program”, it is a Specialty Mental Health Service** which uses “Therapeutic Parents” to deliver rehabilitation interventions prescribed within a mental health treatment plan. TFC Parents need to be “foster/resource parents” under an FFA!

ISFC Overview:

- Intensive Services Foster Care is a state licensed Foster Family Agency model for eligible foster children/youth whose needs for safety, permanency, and well-being require specially trained resource parents and intensive professional and paraprofessional services and support in order to remain in a home-based setting, or to avoid or exit congregate care in a short-term residential therapeutic program, group home, or out-of-state residential center.
- ISFC – ITFC: Practically speaking, ISFC & ITFC are very similar in terms of the program goals, target population, et cetera; with the primary distinction being that ISFC has far fewer statutory requirements and/or restrictions. “**Flexibility**” is a key distinction between the two models.

ISFC Overview:

- **IMPORTANT:**

- **CDSS has a clear expectation that ISFC providers are willing to take difficult and challenging foster children and youth!**
- **ISFC is viewed as a significant alternative to STRTP/group home placements, and a critical service in serving foster children/youth in community-based, family settings**
- **ISFC providers MUST have the capacity and skill to:**
 - ✓ **Recruit & Retain Resource Parents capable and willing to work with a more challenging population**
 - ✓ **Deliver a broad array of Services & Supports necessary to meet case plan goals**
 - ✓ **Work Collaboratively with Public & Private agencies**
 - ✓ **Measure & Track outcomes**

ISFC Overview:

• Family Care Network, Inc. ISFC Program Goals:

- Place foster children/youth singly or at most in pairs, with a Resource Parent who is carefully selected, trained and supervised, and matched with the child/youth's needs and strengths;
- Create, through a team approach, an individualized treatment plan that builds on the foster child/youth's strengths and addresses his/her needs;
- Train and empower the therapeutic ISFC Resource Parents to act as a central agent in implementing the youth's treatment plan;
- Make available an array of therapeutic interventions for the foster youth, the youth's family, and the resource parents;
- Provide intensive oversight of the child/youth's treatment, often through daily contact with the resource parent; and
- Enable the foster youth to successfully transition from ISFC to placement with the child/youth's family or permanent family placement by continuing to provide therapeutic interventions that support youth permanence.

ISFC Overview:

- **ISFC Basic Program Elements:** (From new WIC §18360 et seq.)
 - General Target Population: Foster youth/NMD regardless of age, ethnicity, culture, gender or sexual orientation. They will have an open Social Services/CWS, Probation case, and require a foster care placement either as a treatment alternative to institutional or group care, or are in need of specific services and supports necessary to move them quickly to a permanent placement or independence.
 - Target Behaviors: Must be able to serve foster youth/NMD representing a broad range of ages and needs. This has included: youth/NMD returning from group homes or psychiatric care, youth/NMD with multiple placements, youth/NMD in need of intensive behavioral therapy/treatment and interventions, youth/NMD manifesting serious behavioral/emotional problems, i.e., angry/assaultive, sexually acting out, suicidal, depression, anxiety et cetera, LGBTQ youth/NMD, juvenile justice-Probation involved youth/NMD, CSEC population, medically fragile youth, youth/NMD in permanency services and supports, developmentally disabled youth/NMD and youth/NMD requiring assistance in transitioning to self-sufficiency in independent living.

ISFC Overview:

- **ISFC Basic Program Elements:**

- Training:

- ✓ 40 hours pre-approval
- ✓ 24 within first 12 months after placement of an ISFC child
- ✓ 12 annual each year thereafter, [*NOTE: TFC requires 24 annual hours, FCNI has adopted a higher standard so that all ISFC Parents are TFC qualified*]
- ✓ Two Parent Family Requirements:
 - **First parent:** 40 hours pre-approval **Second parent:** 20 hours of pre-approval
 - 24 within first 12 months after placement 20 within 12 months after placement
 - 12 annual each year thereafter 12 annual each year thereafter
- ✓ **Waivers:** An ISFC family may have the pre-approval training hours waived to accept or retain an eligible ISFC child under certain conditions:
 - One-parent household: the initial 40 ISFC training hours are completed within 120 days
 - Two-parent households: the second parent has to complete the initial 20 hours within 180 days
 - Training hours within 12 months and annually as required

ISFC Overview:

- **ISFC Basic Program Elements:**

- Training Requirements:

- ✓ ISFC Resource Parents must meet all of the basic training requirements associated with RFA
 - ✓ Additional Requirements:
 - Providing care and supervision to children and youth with intensive medical, therapeutic or behavioral needs
 - Specific subject matters may be customized to each ISFC family based on the population of children the family intends to serve (CSEC, AWOL, Medically Fragile, Sexual Offender, etc.)
 - Additional training may be required by the county placing agency depending on the special needs of an eligible child

Best Practice: Train all ISFC Parents to meet the TFC training requirements! [Only if you have a Mental Health contract]

NOTE: *Best Practices are not Requirements – they are FCNI Practices!*



ISFC Overview:

- **ISFC Basic Program Elements:**

- TFC Training Requirements: (In addition to RFA & ISFC training)

- ✓ Introduction to Individualized Mental Health Treatment of children/youth
- ✓ Introduction to Therapeutic Parenting as an important component of Mental Health Services
- ✓ Child development and behavior, including age-appropriate interventions
- ✓ Child & Family Teams (CFT's)
- ✓ Wraparound Philosophy & Principles
- ✓ Needs & Services & Mental Health Services Planning, and the Resource Parents' Role
- ✓ Cultural awareness/sensitivity and culturally relevant services, including presentations from TFC Parents, former foster youth, and other services beneficiaries
- ✓ Required record-keeping & EPSDT progress-note documentation
- ✓ Skill Development in the delivery of SMHS activities

ISFC Overview:

- **ISFC Basic Program Elements:**

- Capacity:

- ✓ No more than TWO ISFC children can be placed together.
 - ✓ Prior to placing two ISFC youth or a subsequent foster child, the FFA shall provide each county placing agency with a written assessment of the risk and compatibility and obtain approval.
 - ✓ To accommodate sibling groups, the total number of foster youth can be five, but there must be at least one ISFC eligible sibling

Best Practices:

1. 1 Foster Youth per Family is always BEST!
2. Work with your county partners to develop a “second-child Assessment” within the CFT process. This will help expedite and simplify facilitating a second-child placement!

ISFC Overview:

- **ISFC Basic Program Elements:**

- Staffing:

- ✓ Social Workers – same requirements as FFA

- Best Practices:**

- Use licensed or license eligible for SMHS
 - Caseload Size – 6-8:1
 - ✓ “Client Support Staff” – [Supplants ITFC–In-Home Support Counselor]
View them as **“Augmented Care & Supervision”**
 - Defined as “professional and paraprofessional staff who meet experience and education requirements and are operating within the scope of practice of their license or certification, to provide support and services to the eligible child and other individuals”
 - Shall review the individual needs and services plan with the ISFC parents and the CFT as needed

ISFC Overview:

- ISFC Basic Program Elements:

- Staffing:

- ✓ “Client Support Staff”:

- Training Requirements:

- 40 hours training before being assigned responsibility to an ISFC family
 - 20 hours of ongoing in-service training within first 12 months after becoming an ISFC client support staff

- Educational Requirements:

- Minimum of a bachelor’s degree and **six** months of experience working with children who have serious emotional or behavioral needs or children who have special needs, including, but not limited to, intensive medical needs
 - Minimum of an associate’s degree and **one year** of experience
 - Educational waivers allowed for client support staff who have direct client supervision with at least **two years** experience working with this population

ISFC Overview:

- **ISFC Basic Program Elements:**

- Staffing:

- ✓ “Client Support Staff”:

- Best Practices:**

- Use staff who meet the eligibility requirements for TBS/IHBS
 - Use volunteer tutors, mentors & college interns whenever possible

ISFC Overview:

- ISFC Basic Program Elements:

- Rates:

- ISFC providers will receive **\$6,092**
 - **\$3,682** is for the ISFC provider
 - **\$2,410** is the minimum amount required to pay the Resource Parents

Best Practice: If you have a SMHS Contract, make all of your ISFC parents TFC eligible and for those foster youth who meet “medical necessity” open a TFC Case which will allow you to pay the Resource Parent is significant additional amount!

ISFC Overview:

- **ISFC Basic Program Elements:**

- WIC §18360 et seq./Program Statement Addendum Components:

1. Agency Experience
2. Program Description
3. Program Goals
4. Target Population
5. Culturally Relevant Services
6. Core Services
7. Treatment Practices
8. Needs & Services Planning
9. Resource Family Approval

ISFC Overview:

- **ISFC Basic Program Elements:**

- WIC §18360 et seq./Program Statement Addendum Components:

- 10. Program Staffing

- 11. Treatment Services(SMHS)

- 12. ISFC Resource Parents Requirements

- 13. Resource Parent Philosophy, Training & Supervision

- 14. ISFC Foster Youth Placement & Supervision

- 15. Emergency Services

- 16. Community Engagement

Family Care Network Best Practices:

- Resource Parent Recruitment & Retention:
 - The most important component of a successful ISFC program is the quality, commitment and skills of the approved Resource Parents
 - **Strategies:**
 - ✓ Two Approaches:
 1. Recruit for your general FFA & groom ISFC families from your existing pool
 2. Recruit specifically for ISFC/TFC
 - ✓ Messaging: Recruitment information needs to be very specific, realistic, and detailed, clearly defining the ISFC resource parents role and responsibilities, and the nature of the foster youth being served
 - ✓ Collaboration: Now is the time to collaborate with your county partners – they need ISFC & they have Recruitment/Retention money!
 - ✓ Targeting: Successful recruitment is very dependent upon strategic targeting!

Family Care Network Best Practices:

- Resource Parent Recruitment & Retention:
 - **Expectations:** FCNI has created to “mission critical” documents for our ISFC program:
 1. Essential Elements of ISFC service delivery
 2. ISFC Resource Family Expectations, these include:
 - There must be one full-time ISFC parent in the home
 - Participate in training and support groups;
 - Demonstrate a higher level of skill and ability to work with SED or behaviorally challenged children and provide de-escalation techniques;
 - Fully participate in the youth and family or treatment team process and carry out activities necessary for fulfilling the client’s needs and services plan;
 - Maintain detailed case notes and records as required by the program;
 - ISFC parents providing Therapeutic Family Care must complete weekly Specialty Mental Health Services notes as required;
 - Fully comply with all state and agency regulations/requirements for foster parenting;
 - Fully comply with all state regulations and agency policy regarding the reporting of unusual incidents;
 - Work compatibly with FCNI staff, placement workers and adjunct agency staff;
 - Carefully follow treatment and therapeutic techniques, methods and interventions which are prescribed for the management, growth, and well-being of ISFC foster children/youth.
 - Repeated disregard or non-compliance with the above will result in a disqualification from participating in this program or decertification as an FCNI ISFC Resource Parent.

Family Care Network Best Practices:

- Resource Parent Recruitment & Retention:
 - **Training & Support:**
 - ✓ FCNI has established a very comprehensive Resource Parent Training program which includes:
 - Pre-Approval/Placement Training Requirements for RFA, Adoptions, ISFC & TFC
 - Comprehensive list of Training Courses– most of these have been developed in-house, basically the same training our direct services, clinical staff receive, including:
 - Resource Family Orientation
 - Home Health & Safety
 - Core Practice Model
 - Therapeutic Parent Handbook– our proprietary, published Resource Parent Handbook
 - Mandatory Forms, Disclosures and Handouts
 - CPR/First Aid

Family Care Network Best Practices:

- Resource Parent Recruitment & Retention:
 - **Training & Support:**
 - ✓ FCNI has established a very comprehensive Resource Parent Training program which includes:
 - Comprehensive list of Training Courses, continued:
 - Water Safety
 - Suicide Prevention
 - CARE –a proprietary, individualized or group training curriculum developed by FCNI
 - Crisis Intervention and Behavior Management Training
 - Medication Training
 - Specialized Training – Required to meet Unique Foster Youth Needs
 - Specialty Program Training
 - Risk Management
 - Intensive Services Foster Care Based Programs

Family Care Network Best Practices:

- Resource Parent Recruitment & Retention:
 - **Training & Support:**
 - ✓ Resource Parent Training Program, continued:
 - Annual Training Requirements
 - Training Reminder Procedures
 - ✓ **Substantial Resource Parent Support:** one-on-one, support groups, weekly clinical supervision, et cetera
- Program Staffing:
 - Social Work Services
 - Rehabilitation Specialist
 - Mental Health Therapist
 - Educational Coordinator
 - Resource Family Development Specialist
 - Parent Partners

Family Care Network Best Practices:

- Program Staffing, continued:
 - Other — It is a best practice to include community-based volunteers whenever possible to enhance the treatment process.
 - FCNI routinely links clients with: Mentors; Interns; Tutors and Reading Specialist; and Community-based, community-linked services and supports
- Core Practice Model:
 - Target Population
 - CFT/IPC Participation
 - Placement-Matching Process
 - Assessment & Case/Treatment Planning
 - ✓ CANS Integration with CWS & Mental Health
 - Case Management & Monitoring
 - Treatment Services:
 - ✓ Permanency Services
 - ✓ SMHS

Family Care Network Best Practices:

- Interagency Relationships:
 - Public & Private partnerships, collaborations & relationships are “mission critical”
- Wraparound Integration
- Braided/Blended Funding:
 - ISFC Rate
 - EPSDT Contract
 - Wraparound Integration
 - Community Resources
- TFC Discussion – SMHS contracted!
- Outcomes Evaluation
- Q & A

ISFC All-Day Training Workshop:

The Family Care Network, in partnership with the Department of Social Services will be presenting an all-day ISFC Training Workshop. This will include a comprehensive review of successfully operating an ISFC program, covering statutory requirements, best practices, lessons learned & preparing an ISFC Program Statement Addendum!

- **When:** March 23, 2018
- **Time:** 8:30 AM to 4:00 PM
- **Where:** Family Care Network Conference Center
1255 Kendall Rd.
San Luis Obispo, CA 93401
- **Cost:** \$100, includes: materials, morning snacks & lunch
- **Registration:** Visit our website www.fcni.org *After February 1, 2018*
- **Lodging:** We will be obtaining a block rate at a facility near our office
- **CEUs:** Will be available at an additional charge

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