Request for Information for Professional Home Based Care

Our Community Our Kids is committed to providing the highest quality care in the least restrictive community setting that is clinically effective and safe for the children in our care. Consistent with that commitment, OCOK is proposing to develop a level of care which is, short-term, 9-12 months, 24 hour, intensive, family based care we are calling Professional Home Based Care (PHBC). The purpose of this level of care is to provide a level of service in a family setting that will serve some of the most behaviorally challenging children and adolescents in the foster care system in our area. Historically and currently in Texas, these children have been served in institutional settings.

While there is certainly an important place in the system of care for more restrictive, institutional settings, it is not always the best setting to treat the trauma experienced by children. Other states have demonstrated that with the proper supports, training and services, traumatized children can be better served in family setting.

One example is Treatment Foster Care Oregon. Oregon studied adolescents who had engaged in "chronic and severe criminal" behavior. They compared those adolescents who received treatment in their treatment foster care program to those referred to institutional care and found better outcomes for children in home based care. Similar results have been seen in children and adolescents with psychiatric hospital admissions. It is our desire to demonstrate that with the proper services, supports, training and organizational culture we can also show improved outcomes for these most difficult of traumatized children in foster care in our region.

Providers who are currently providing Therapeutic Foster Care I and II will continue to offer those levels of care and services. Any agency wishing to offer only TFC I and II levels of care does not need to respond to this RFI. Those levels of care and services may be provided under your current contract with consultation with OCOK staff and will continue to be a very important part of the continuum of services offered in Region 3b. PHBC is a distinct level and care from TFC I and II and must be made a part of your provider contract.

Additionally, we want to develop PHBC system of care and services that will be effective in moving children directly to permanency with family, biological parents or relatives. It is not our intent that children in PHBC level of services will be "stepped down" to a lesser level of care where permanency will be addressed. It is our intent that these youth transition directly into permanency. This approach will require a significant cultural shift for those agencies developing a PHBC program. Included in that shift is a commitment to effective collaborative treatment with the biological parents.

One of the key components to success with a PHBC program in your agency will be the type and intense nature of your foster parent training program. There are nationally recognized trauma based training programs that have proven to be effective in preparing foster parents for this type of care. There are other trauma based foster parent training programs that have shown promise in this area. We expect agencies developing a PHBC program to adopt one of these training programs or to demonstrate that their parent training program is trauma based and contain all of the key components of those training programs.

There is a smaller subset of children in this population we would like you to specifically address, the children with lower intellectual functioning. This group of children, while small has very specific and

significant needs which deserve to be addressed in our system. We would like all responders desiring to start a PHBC program to state how they would include or exclude this group of children. Those wishing to serve this group of children should specifically and clearly state how their program would be designed to meet their needs. They should also identify any ways the care of these children might differ from the general population identified below.

OCOK understands that a professional model requires adequate reimbursement rates and we are committed to funding this at a level to support success. For Professional Home Based Care we will provide $5,000 in family development funds for each family recruited, trained and functioning as a PHBC home in the region 3b geographic area. While PHBC families can reside outside the 3b region, in order to qualify for the family development funds the family must be in the 3b geographic region. The family development funds will be distributed in the following manner; half when a PHBC family accepts their first PHBC child, and half if the child or adolescent is in the initial PHBC family placement 90 days later. If the child is not in the initial family placement, the second have will not be paid to the agency. The family development funds can be used by the provider to provide the infrastructure necessary for success of their PHBC program. These funds are a one-time payment for each new PHBC home.

To give agencies a sense of the number of PHBC families needing to be recruited, we have identified approximately 86 adolescents and children who are currently in our care who would potentially qualify for a PHBC level of care. Of that group, 14 have been identified with lower intellectual functioning.

OCOK will also dedicate resources to the development of a comprehensive recruitment campaign to support a targeted recruitment effort for families to serve both as therapeutic families, Therapeutic 1 and 2 as well as PHBC families.

Below we have outlined the requirements of agencies and PHBC foster families, characteristics of potential children to be served and questions to be answered regarding your agency's intentions in establishing PHBC services.

If your agency is interested in developing Professional Home Based Care services, you are invited to respond to the questions below. **A conference call for all interested parties will be conducted on 2-16-18 at 9:30am.** In order to be able to provide complete answers to your questions during the conference call, please submit your questions in advance. If you fail to submit your questions in advance we cannot guarantee full and complete answers to your questions during the call. We will not be providing written responses to questions asked during the conference call. **Please send your questions to PHBC@oc-ok.org by end of business on 2-9-18. Responses to the RFI questions should be sent to PHBC@oc-ok.org by end of business on 3-2-18. We anticipate that contract amendments will be executed in the month April.**

Requirements for Professional Home Based Care

The following is the definition and requirements used for this PHBC Request for Information. This definition is to serve as requirements for providers to operate PHBC services and oversee PHBC homes in the OCOK network.

Assessments – the following elements are required as part of the assessment process for the PHBC level of care. It is understood that all items below may not be done prior to placement. Items required prior

to placement are so designated. It is also understood that there will be times when a child meeting the criteria for PHBC who is newly removed may not have any of the required placement assessments. Those cases will be considered on a case by case basis.

- A psychological evaluation completed less than one year prior to consideration for admission (prior to placement),
- Psychiatric evaluation,
- Child and Adolescent Needs and Strengths Assessment (CANS) (prior to placement),
- Family Needs and Strengths Assessment (FNSA) for the biological parents,
- Trauma assessment.

Treatment Planning:

- Treatment Plans are reviewed every 90 days by child's care coordinator and the entire treatment team. The entire treatment team is defined as the CPA case manager, CPS case manager, foster parents, CASA, attorney ad litem, child's therapist, biological parents and the parent therapist and family therapist.
- It is expected that the internal team will review goals monthly.
- Biological family will also have goals in the treatment plan with emphasis on training/support to be able to fulfill their parental role in order to accomplish a successful transition home.
- Each child is expected to participate as appropriate.
- The plan should clearly delineate who is responsible to connect with all the family members.
- Level of functioning should be the criteria for the determination of level of services, not diagnosis.

Expected Length of Stay:

- PHBC is not long term foster care. Lengths of stay should be expected to be nine months to one year. Utilization Management (UM) reviews will be conducted by the OCOK care management staff as part of the every 90 day treatment planning meeting.
- Since the plan for each child is to move from PHBC to permanency with family, the progress of the biological family must be a central factor in the discharge plan and the length of stay for the child.
- Joint family therapy with all members of the family should start as soon as possible but no later than three months before reunification.
- If an agency develops a PHBC program for the group of children who are developmentally or intellectually delayed, the length of stay can be expected to be longer. However, UM will be conducted every 90 days throughout their stay.

PHBC parents must;

- Be available to meet the needs of the child and respond to crises involving the child at all times. In order to achieve this at least one parent cannot work outside the home.
- Have no more than 2 children who meet criteria for PHBC in the home. In some cases 3 children who meet or have met the criteria for PHBC will be allowed if 1 child is ready for discharge.
- Not have a child under age 3 in the home.

- Limit the number of biological children. Any home with biological children living in the home must also have a written plan that insures the efficiency and safety of that home.
- Demonstrate successful completion of a trauma based training program specifically designed to increase their skills and capacity to work with children meeting the clinical criteria for PHBC services.
- Accept a child back into their home upon discharge from a psychiatric hospital. PHBC parents may NOT submit a 24 hour discharge notice if a child in their care is admitted into a psychiatric hospital.
- Demonstrate the capacity to show continuity of effort with children who may frequently run away and/or have admissions into psychiatric hospitals.
- Single parent families may become PHBC families. However, single parent families must have a written plan for additional support as needed. The plan must include the number of children allowed in the home to ensure effective treatment and safety.

Requirements of Agencies: Agencies chosen to provide PHBC level of care must;

- Be licensed to provide care for children qualifying for Intense level of care,
- Provide a proven; trauma based, clinical training for PHBC parents. The intent of the training is to enhance the clinical capacity and expertise of their parents. Training for PHBC parents must an evidence based training, or a promising practice training or have all the key components of those trainings,
- Provide child specific training to ensure that the specific needs of the child being placed with the parents are being met,
- Be able and willing to treat all clients regardless of their race, religion, gender, sexual orientation or gender identity,
- Provide 3 days a month respite for PHBC parents.
- Limit the PHBC case manager case load to no more than 8 kids.
- Conduct weekly visits in the home.
- Provide an on-call crisis person available to their PHBC families; preferably someone who is licensed.
- Provide “planned vacancy period” from filling a vacant bed for at least two weeks after successful discharge. OCOK and the provider will reach an agreement of the amount of planned vacancy rate that will go to the provider and the foster parents.
- Demonstrate the use of an operational disruption mitigation plan.
- Provide wraparound services as part of their PHBC program. These services can be provided internally if the provider is certified to provide those services or they can be provided through another certified provider.

The following is a list of potential behaviors and levels of functioning of children who will be served in PHBC. Two distinct groups of children are identified here. The first group is made up of children who are demonstrating the following behaviors and are in the range of intellectual functioning of an I.Q. of 70 or above.

The second group is made up of a much smaller group of children are similar behaviors listed below and have a developmental or intellectual delay. We would like all responders desiring to start a PHBC program to state how they would include or exclude this group of children. Those wishing to serve this

group of children should specifically and clearly state how their program would be designed to meet their needs.

Children and adolescents served in PHBC will have one or more of the following characteristics;

- Multiple placements in various types of settings (ie: residential treatment, juvenile justice, psychiatric hospitals and foster homes).
- Extreme physical aggression that causes harm to others.
- Recurring major self-injurious actions to include serious suicide attempts.
- Other difficulties that present a critical risk of harm to self or others.
- Severely impaired reality testing, communication skills, cognitive, affect, or personal hygiene.
- Abuses of alcohol, drugs, or other conscious-altering substances whose characteristics include a primary diagnosis of substance dependency.
- Developmental or intellectual delays whose characteristics may include one or more of the characteristics above and/or the following; impairments so severe in conceptual, social, and practical adaptive skills that the child's ability to actively participate in the program is limited and requires constant one-to-one supervision for the safety of self or others, and a consistent inability to cooperate in self-care while requiring constant one-to-one supervision for the safety of self or others.
- Either the general population group or the developmentally or intellectually delayed group of children may have medical needs that will need to be addressed as well.

Request for Information: Please respond to the following questions.

1. Describe your organization's demonstrated experience in serving this population. Please provide an actual scenario of how you provided this service using a fictional name.
2. Provide an overview of the treatment model/approach you would use (ie: Support staff qualifications, training model for staff and foster parents, Pre-placement visits, in-home supports, 24 hour crisis response, caseload size, clinical oversight, frequency of visits to the home, respite, etc.).
3. Outline how your model will include the biological families in treatment and service planning for the child toward reaching their permanency goal.
4. Outline how your model will mitigate placement disruption in support of children with runaway behaviors and children who may need psychiatric or medical hospitalizations periodically.
5. Within the PHBC mental health/behavioral realm of needs are their specialty populations that you intend to serve? (ie: Coexisting Diagnosis such as Substance Abuse, Primary Medical Needs or other medical issues such as diabetes, Autism, I/DD, etc.).
6. Outline your annual goals for number of PHBC homes you plan to develop and what your Recruitment Plan entails.
7. What is the timeline to develop this capacity?
8. Outline how you will partner with other agencies or stakeholders to serve these children, if appropriate. This should include behavioral health services, respite care for parents and any other service you deem appropriate.
9. The daily rate of payment for PHBC will be $277.37 per day. Please propose the following;

a. A daily pass-through rate to the parents, and
b. A planned vacancy rate to be paid for empty beds for both the agency and the parents.

10. OCOK will be providing family development funds to agency for each new PHBC family. How would you propose using those funds to enhance the success of your program?