

# QUALITY GUIDELINES FOR SERVICES

Revised March 2017

## CHESTERFIELD -COLONIAL HEIGHTS COMPREHENSIVE SERVICES

**Introduction:** The following are guidelines designed to represent ideal and effective services delivered to children and families in our locality beyond minimum standards. We continue to work collaboratively with our private provider partners to coordinate the most effective and cost containing services for our families and community. This document will start with an overview of all services and then break down each program type with detailed expectations for quality services. Each program area is further outlined by expected responsibilities of the administration and staff.

### **Provider Expectations**

#### **Values and Practices:**

- Fully understand and implement the System of Care philosophy, child-centered, family-focused, and community based approach to services.
- Follow ethical and professional codes with families and community partners
- Utilize trauma informed approach with services
- Practice Family Engagement skills:
  - Attend to the family's schedule for setting meetings and be cognitive of timeliness
  - Encourage positive communication with all identified family members
  - Encourage self-reliance for families by continually planning for transition/discharge
  - Communicate openly and regularly with all parties involved
  - Continuously work towards step down initiatives towards successful discharge
  - Be creative, flexible and collaborative with service implementation
  - Respond quickly to serious incidents

#### **Treatment planning should:**

- Reflect goals as indicated and aligned with community's goals
- Identify child/family strengths and build on them to the extent possible
- Provide measurable and realistic outcomes
- Utilize evidence-based practices to the extent possible
- Include step down, transition and discharge planning beginning at onset of placement and based on child's progress and available community resources with input from IFSP
- Be creative, flexible and collaborative with service development
- Identify and meet timelines of service
- Continuously evaluating the needs and strengths of the child and family
- Continuously evaluating the effectiveness of the services and make modifications as needed

## Service Definitions

### ***Community Based Services (CBS)***

**Definition:** Services provided to children and families while living in the community (family/home setting) to support and maintain appropriate and safe community living by linking and empowering families to utilize and access existing and stable community resources. These services may include services through the Office on Youth, Parks and Recreation, Community Services Board, school system, or places like church or the YMCA.

These services are for the purpose of temporarily supporting families that do not have access to services and supports within their home community. Examples of community based services that are purchased are: Parenting/family skill training, parent support/coach, intensive care coordination, support groups, after school programs, recreational programs, camps, mentoring, respite, vocational programs, job coaches, art therapy, house improvements/modifications, companion care, outpatient clinical assessments, crisis stabilization, and/or intervention services, such as outpatient, group, and/or family therapy; substance abuse services, family support services, and transitional services from residential care.

### ***Intensive In- Home Counseling***

**Definition:** Services to child (under age 21) and family in a community setting provided by an organization that is currently licensed by the Virginia Department of Behavioral Health and Developmental Services and offered through Department of Medical Assistance/Medicaid and CSA funding. Child must meet medical criteria for services through having a serious emotional disability. The goal of service is to keep the child within the home and to decrease the risk of out of home placement by improving family dynamics; provide modeling; improve interpersonal relations between family members in the home; and provide clinical interventions to help improve functioning.

IIH services shall also include: Crisis intervention; 24 hour emergency response; Care coordination with other required services; Communication Skills; Family counseling; Outpatient therapy provided by the IIH provider or coordinated with another provider; Training to increase appropriate communication skills; Services shall also be used to facilitate the transition to home from an out-of-home placement when services more intensive than outpatient clinic care are required for the transition to be successful.

### ***Independent Living Services***

**Definition:** Individualized services not otherwise offered in the community and provided to older youth for the purpose of transition to independence, self- sufficiency, and /or adult services.

## **Treatment Foster Care Services**

**Definition:** Services to child in a non-relative foster care home, licensed through the Virginia Department of Social Services as a Licensed Child Placing Agency. TFC is for a circumstance that exceeds the scope of traditional services provided by the local department of social services. Services include pre-trained foster families with mandatory ongoing training, case management, and 24-hour crisis response. Agencies will actively collaborate with Social Services on the permanency needs of children.

SEC Guidance: "Treatment foster care (TFC) means a community-based program where services are designed to address the special needs of children. Services to the children are delivered primarily by treatment foster parents who are trained, supervised, and supported by agency staff. Treatment is primarily foster family based and is planned and delivered by a treatment team. Treatment foster care focuses on a continuity of services, is goal-directed and results oriented, and emphasizes permanency planning for the child in care."

### **Levels of Care Criteria:**

Non-treatment Foster Care: Children served at the non-treatment level of foster care may be developmentally on target, demonstrate age appropriate behaviors, able to participate in community activities without restriction, or be the sibling of a child who meets the criteria for ongoing TFC placement in the same foster home. Children shall be served at the Non-treatment Foster Care level if the assessment indicates treatment foster care services are not needed.

Assessment Level Treatment Foster Care: Children served at the assessment level of treatment foster care are those who are newly placed with a licensed child placing agency and for whom an assessment to determine the appropriate level of foster care services is being conducted.

Level 1 Treatment Foster Care: The needs of a child served at Level 1 ongoing treatment foster care require monitoring or the LCPA may need to provide services to lessen the likelihood that identified needs will become more acute or return after being "resolved". Children served at Level 1 will typically demonstrate a relatively low level of social/emotional/behavioral/medical/personal care needs or impairment for normal range of age and development.

Level 2 Treatment Foster Care: The needs of a child served at Level 2 ongoing treatment foster care require that significant action (interventions, services, supports, etc.) be taken to address, remedy or ameliorate the identified needs. Children served at Level 2 will typically demonstrate a relatively moderate level of social/emotional/behavioral/ medical/personal care needs or impairment for normal range of age and development.

Level 3 Treatment Foster Care: The needs of a child served at Level 3 ongoing treatment foster care are of such acuity or severity that they require intensive action (interventions, services, supports, etc.) be taken to address, remedy or ameliorate the needs. Without such intervention the child may be at risk of residential placement. Children served at Level 3 will demonstrate a high level of social/emotional/ behavioral/medical/personal care needs or impairment for normal range of age and development.

## **CONGREGATE CARE FACILITIES**

**Definition for Residential Level C- locked:** Intensive mental health services (psychiatric assessments and treatment, individual, group, and family therapy) provided to youth in a state licensed secure and locked facility with the primary concern for youth safety (for self or towards others). Typically, these services are short term and focused on psychiatric intervention, medication, safety concerns, and behavioral stabilization. Psychiatric interventions include stabilization of medication for serious psychiatric symptoms. Services actively involve families and community partners in successful and sustainable discharge planning for the youth. Education is provided to youth on site. Youth must meet medical criteria for placement and youth over the age of 14 must provide consent for treatment.

**Definition for Residential Level C- campus:** Intensive mental health services (psychiatric assessments and treatment, individual, group, and family therapy) provided to youth in a state licensed facility. Therapy (individual, group and family), psychiatric services, behavior modification, and constant staff supervision are main elements of the program. Services actively involve families and community partners in successful and sustainable discharge planning for the youth. Education is provided to youth on site. Youth must meet medical criteria for placement and youth over the age of 14 must provide consent for treatment.

**Definition for Group home:** Residential services provided to youth in a licensed (DBHDS or DSS) community home setting. Weekly therapy (individual, group and family), psychiatric services, behavior modification, and constant staff supervision are main elements of the program. Education is provided to the youth in the community. Youth are linked to community resources and encouraged to practice self-sufficiency and age /ability appropriate activities and skills. Services are funded through a combination of Medicaid and CSA funds. Youth must meet medical criteria to be placed in a DBHDS licensed homes and have documented emotional and mental health needs.

## **Private Day School**

**Definition:** Educational services provided in a private school setting as determined and directed by a student's Individual Education Program. Monitor the implementation of all aspects of the child's IEP. Provider ensures that teachers are certified in special education; adhere to state standards of instructional time; assist in administering SOL testing (or equivalency); work in partnership with parent and LEA; implement the IEP and provide written progress on the IEP goals; and work with the LEA to provide documentation for the development of the IEP and participate in IEP meetings.