2022 PROGRAM SPECIFICATION

PROGRAM #: 419

STANDARD PROGRAM: Foster Care Treatment Services and Training TARGET POP: Youth and Family

# 

YEAR: 2022 UNITS : N/A CLIENTS: Children/Youth Referred by HSD ALLOCATION: TBD

UNIT DEFINITION: Actual Expenses

GEOGRAPHICAL AREA TO BE SERVED: Racine County

DAYS/HRS OF SERVICE AVAILABILITY: 24/7

MINIMUM STANDARDS:

Provider must agree to comply with the following terms and conditions:

- Standard contract language

- Certification standards where applicable

- Fiscal and program reporting criteria

- Allowable Cost Policy

- Audit criteria

- Policies and procedures as defined in Racine County Human Services Department Contract Administration Manual

- Maintain adequate liability coverage

- Recognize that authorization for services is approved by Racine County Human Services Department.

- All informational materials (program descriptions, brochures, posters, etc.) must identify it as a RCHSD program through the use of a standardized RCHSD format provided by Racine County.

- The program must be identified as a RCHSD program in all public presentations and media contacts/interviews.

- Civil Rights/Affirmative Action Policies

- Fair Labor Standards Act

- Criminal and Caregiver background checks, drug screening, driver’s license checks for all staff working within the project scope.

PROGRAM DESCRIPTION:

This program provides comprehensive foster parent training and treatment services to children who are or have been in an out-of-home placement. The program constitutes three key components: Foster Home Training, Level 3 Foster Home Treatment, and Supportive Services.

Staff Qualifications: The Treatment Social Worker will have the following qualifications:

* Master’s Degree in Social Work, Psychology, Child Development, or Counseling.
* A license or certification under Ch. 457, Stats., and ch. MPSW 3, 6, 11, 12, or 17.
* Aminimum of 2 years experience working with seriously disturbed adolescents.
* Knowledge of the neurological, biological, and psychiatric components of emotional disturbances.

**Foster Home Training**

The Foster Care Training Program is a comprehensive program designed to educate all licensed foster parents on relevant social welfare issues and social system practices.  The program utilizes innovative and effective strategies to train all foster parents.  Educational opportunities include a full range of courses on all aspects of foster care and parenting.  Local experts are solicited from agencies and organizations to present material to foster parents. Information is presented in a comprehensive manner.  Group participation and interaction is encouraged through role-play and teaching exercises.  Foster parents with particular experiences are frequently matched with expert presenters. This collaborative training method not only educates foster parents, it builds peer support and assists foster parents with community networking enabling them to fulfill their foster children’s individual needs.

The training program is designed to meet the needs of all licensed foster parents, veterans, new recruits and those who wish to provide a specific foster care service (i.e., drug-affected children, teenage mothers).  The training program is culturally sensitive and designed to meet the training needs of foster parents of all races, religions and backgrounds.

The training program services include orientation training (PRE-PLACEMENT & FOUNDATIONS curriculum) and elective course training.  The PRE-PLACEMENT & FOUNDATIONS training is offered a minimum of five times annually at varied times, days and locations. The elective training is offered at least three times monthly during the school year and once monthly during the summer months. The training program also solicits presenters, arranges and prepares training locations, organizes handouts, promotes the training sessions and networks with the community to co-sponsor and/or promote other local training opportunities.  Other program services include collecting attendance records for each individual foster parent and providing records to RCHSD for monitoring, training staff participation in foster parent meetings and monthly agency meetings.

The foster parent trainer will work with the foster parents to develop peer support networks and alert foster parents to any Wisconsin Foster Parent Association, as well as The Coalition for Children, Youth and Families, and community events. A minimum of 20 hours per week, including prep and travel time, is to be devoted to foster parent training.

Specific services and methods of the training program are as follows:

Pre-Placement, Foundation & Kinship Training

It is important to give new foster parents a good foundation from the start to help them prepare for the more difficult behaviors and issues our foster children face today.  Racine County uses the PRE-PLACEMENT & FOUNDATIONS training curriculum. The PRE-PLACEMENT & FOUNDATIONS training functions as an educational and social opportunity for prospective foster parents as well as newly licensed foster parents.  The PRE-PLACEMENT & FOUNDATIONS training generally consists of ten, three hour sessions and involves activities, discussions, problem solving, visual aids, brainstorming sessions, videos and real life experiences.

The thirty hour series of sessions is offered at minimum five times per year. At least two sessions annually is available for foster parents on Saturdays. Each series is generally conducted over a 6-8 week period.  The foster parent trainer also provides "private tutoring" for foster parents who need to make up missed sessions as approved by the Foster Care Coordinator and Training Supervisor and is available during both daytime and evening hours to meet the needs of the foster parent. Kinship training is tailored to address and meet the needs of relative caregivers and consists of a six hour session offered twice per year.

It is required that each applicant for a foster home/treatment foster home license complete the PRE-PLACEMENT & FOUNDATIONS training before they are eligible for a child placement.

Pre-Placement, Foundations and Kinshp training sessions are taught by agency staff, the foster parent trainer, foster parents and professionals.

The Pre-Placement & Foundations training curriculum is as follows:

Pre Placement Training: Overview and Expectations of Foster Care and Foster Parents

Module 1: Partners in Permanency

Module 1b: Partners in Permanency

Module 2: Cultural Dynamics

Module 3: Maintaining Family Connections

Module 4a: Dynamics of Abuse and Neglect

Module 4b: Abuse and Neglect Continued

Module 5: Impact of Trauma

Module 6: Attachment

Module 7: Separation and Placement

Module 8: Guidance and Positive Discipline

Module 9: Effects of Fostering

Module 9b: Foster Parent Panel and Discussion

Elective Course Training

The foster parent trainer, along with professionals and foster parents, presents elective training sessions throughout the year.  The elective training sessions are based on current issues as well as issues specific to age groups or foster care case situations. The foster parent trainer works in close collaboration with Treatment Foster Care staff to identify specific training needs for individuals as well as necessary group training sessions.

All foster and treatment foster parents are re-licensed every 2 years.  All licensed foster parents that have completed PRE-PLACEMENT & FOUNDATIONS are required to complete an additional 10 credits of elective training before their first re-licensing. Licensed treatment foster parents that have completed PRE-PLACEMENT & FOUNDATIONS are required to complete an additional 18 credits of elective training in the second 12 month period following licensure and 18 hours of training in every subsequent 12 month period. The foster parent trainer offers at least three elective training sessions per month.  Elective training sessions are offered at various locations, times and days of the week.  In addition, the foster parent trainer has training material (books, periodicals, video and audio tapes, self-tests and internet curriculum) available to foster parents who choose to earn elective credits at home. If any training is available online, the links to that training will be made available on the RCHSD website.

Examples of elective topics are as follows:

Teen Development Allegations against Foster Parents

In Depth Look at Substance Abuse Effects of Abuse on Development

Juvenile Delinquency:  Legal Issues Needs & Behaviors of Abused Children

Sexuality of Adolescents Foster Parent Self Assessment & Goal Setting

Biological Parents & Substance Abuse Legal Aspects of Abuse

CPR Training Preparing Your Children for Foster Care

Suicide Prevention Communication Techniques

Sexually Transmitted Diseases Behavior Management

Attention Deficit Hyperactive Disorder Dealing With Birth Parents

Non-Punitive Discipline Techniques First Aid Training

De-escalation Techniques Summer Time Activities for Kids

Attachment Disorder Foster Parent Burn Out

Preparing Your Foster Child for Independent Living Mental Health and Related Behaviors

Primary Families Shared Parenting

Teenage Development Understanding the I.E.P. Process

Working with High Risk Youth Preparing for Independent Nutrition

Living Victimization Issues

Separation and Loss Procedures to be Followed in Case of Emergency

Effective Advocacy within Educational/Health Systems Providing Foster Care for a Diabetic Child

Gang Awareness Boundaries and Expectations

Foster Parent Self Assessment and Goal Setting Confidentiality

Resource and Referral Information for Teen Parents Self-harm and Mutilation

Team Building Working with Oppositional Youth

The Treatment Foster Care Training may also include, but is not limited to:

Required Training - 16 hours:

Working with the Biological Family 4 hours

Boundaries and Expectations 2 hours

Communications Techniques 2 hours

Behavior Management Techniques 2 hours

Stress Management 2 hours

Separation/Bonding 2 hours

De-escalation Techniques/Anger Management 2 hours

Teenage Parent and Child Homes:  Network treatment foster parents who elect to work with teenage parents and their children will model and teach parenting skills, offer instruction in budgeting and household organization and document the teenage parent's performance in each of these areas.  These foster parents collaborate with physicians, provider agencies and schools to provide quality care for the teenage parent and her child.  They are required to provide transportation to doctors, childcare providers and school/work when necessary.

Required Training - 16 hours:

Pre-natal Care 2 hours

Resource and Referral Training 2 hours

Infant Stimulation and Development 2 hours

Money Management 2 hours

Separation Anxiety 2 hours

Child and Home Safety 2 hours

Nutrition 2 hours

Conflict in Parenting Issues & Beliefs 2 hours

Homes for Difficult to Place Adolescents:  Network treatment foster parents who specialize in working with difficult to place adolescents will provide structure, stability and consistency for severely troubled youth and their families.  The treatment foster parents help the youth develop positive social and decision-making skills and help them to accept responsibility for their own actions.  Youth who are in need of this specialized foster care will present with a variety of dysfunctional behaviors.  These foster parents are required to work closely with the RCHSD case manager, counselors, therapists and youth program staff.  Additional time is required for school and court.

Required Training - 16 hours:

Working with Oppositional Youth 2 hours

Communication/Motivation 2 hours

De-escalation Techniques 2 hours

Sexuality Issues of Adolescents 2 hours

Biological Parents 2 hours

Suicide and Teenage Depression 2 hours

Substance Abuse and Recovery 2 hours

Sexually Transmitted Diseases and AIDS 2 hours

Homes for Victims of Sexual Abuse:  Network treatment foster parents who elect to specialize in working with youthful victims of sexual abuse will provide care for children and adolescents who have been sexually abused and/or who have sexualized behaviors.

Treatment foster parents will have the ability to talk openly about sexual issues, provide much needed emotional support, assist the youth through typically traumatic court procedure and provide a safe and supportive environment where the youth are able to stabilize and begin the process of recovery.  The treatment foster parent should understand the connection between the individual's acting out behaviors and the abuse he/she has endured.  Since sexual abuse victims are at a greater risk of sexually abusing others, treatment foster parents are expected to provide increased supervision of the sexually abused child.  Appearance at designated court proceedings, sexual abuse exams and counseling programs are required as well.

Required Training - 16 hours:

Effects of Abuse on Development and Behavior 4 hours

Protecting the Child/Youth and Your Family 2 hours

Legal Aspects of Abuse and the Abuser 2 hours

Sexually Transmitted Diseases and AIDS 2 hours

Communication Techniques 2 hours

Working with the Biological Family 2 hours

De-Escalation Techniques and Anger Management 2 hours

Homes for Difficult to Place Children (i.e., ADHD):  Network treatment foster parents trained to work with difficult to place children will be able to display patience and provide structure and consistency necessary to effectively monitor children and youth who suffer from childhood disorders such as ADD, ADHD, Learning Disabilities, etc.  The treatment foster parents are required to work cooperatively with special education staff, M-Teams as well as therapists and physicians.

Required Training - 8 hours:

Education about ADHD, ADD, Learning Disabilities 2 hours

Causes and Effects

Daily Living with Affected Youth & the Interplay 2 hours

With Non-Affected Youth

Working with Schools (M-Teams and the IEP Process) 2 hours

Nutrition 2 hours

Special Training/Community Networking

In addition to the elective training offered through the training program, the foster parent trainer continually networks within the community.  Opportunities are sought to co-sponsor community training events, raising public awareness and assisting with recruitment.  The foster parent trainer also promotes relevant community training events.  If approved by the foster parent trainer, foster parents will receive training credit for attending community sponsored training events.

Training Calendar

The foster parent trainer solicits information from staff and foster parents and publishes a quarterly training calendar that is distributed to all foster parents with the foster parent newsletter. The calendar allows foster parents to pre-plan their training attendance, ensuring that their annual training obligation is met.  The training calendar also allows foster parents to target their training so that it closely applies to the foster children in their care or their preferred area of care. Publication of the quarterly training calendar will not preclude the training provider from offering additional trainings as necessary throughout the year.

Training Locations

Training locations are selected so that they are convenient for Racine foster parents including those who live in the western portion of the county.  The foster parent trainer secures training locations, prepares and cleans up training sites. If equipment is required for training, the trainer will arrange with the IS Department and other appropriate staff for necessary set-up and materials.

Training Presenters

The foster parent trainer contacts local professionals, organizations and agencies to solicit volunteers to present information to foster parents in their areas of expertise.  The foster parent trainer meets with the presenters prior to the training session to discuss the training content and the training method and to compile pertinent handouts for the foster parents.  Foster parents serving as co-presenters also meet with the presenter prior to the training.  The foster parent trainer sends confirmation and thank you letters to all presenters.

Promotion

The foster parent trainer works with the foster care unit and HSD Case Managers to ensure that upcoming trainings are promoted regularly through flyers, phone calls and personal visits with foster parents.

Foster Parent Attendance/Records

The training provider will collect attendance records for each foster parent and provide to RCHSD for attendance tracking. RCHSD then sends notice to those foster parents whose training attendance is below agency expectations.

Training Administrative Functions

The Provider is responsible for ongoing program planning, development, evaluation, staff supervision and shall work in close cooperation with RCHSD staff regarding current foster parent training needs.

**REPORTING REQUIREMENTS:**

Quarterly reports listing training participants by category, i.e., PACE training, core course training, elective course training and other training, specifying the number of hours required for each participant and the number of hours completed must be provided to the Racine County Human Services Department (RCHSD) Coordinator of Contract Services and Evaluation.   Foster Parent satisfaction surveys will be returned to the RCHSD Coordinator of Contract Services upon completion.

Client demographics must be tracked using the database provided by RCHSD. Demographics to be tracked include race, ethnicity, gender, age, the referral, start and end dates, census tracking, zip code and the marital status of the head of household as well as eWiSACWIS individual and family identifiers. This report should also include the total served in the program to date.

Quarterly Evaluation Outcome and Demographic Reports reflecting the aforementioned criteria must be provided no later than 4/15/22, 7/15/22 and 10/15/22 to the Youth & Family Division Manager and Racine County HSD Contract Compliance Monitor.

Annual Evaluation Outcome and Demographic Reports must be submitted to the Youth & Family Division Manager and Racine County HSD Contract Compliance Monitor by 2/1/23.

**Level 3 Foster Home Treatment**

The Racine County Human Services Department (RCHSD) Level 3 Foster Care Program shall always remain in compliance with Wis. Admin Code DCF 56. The following program description is provided as a supplement to DCF 56.

The RCHSD Level 3 Foster Care Program is a foster care service located within Racine County for youth who are considered at risk for medium to long term placement outside of their natural home and/or community. These include:

1. Youth who are on a court-ordered stay of placement to one of the state juvenile correctional facilities;
2. Youth who are returning to the community from a correctional placement where alternate care is a designated condition of release;
3. Youth who because of persistent treatment needs have been identified for placement in an alternate care facility (CCI, Group Care, out-of-county Level 3 foster care);
4. Youth returning to the community from an alternate care setting where a direct release to the natural home is precluded by significant levels of dysfunction in the family of origin;
5. Youth whose family of origin is considered dysfunctional to the extent placement outside of the natural home is deemed to be in the best interest of the child;
6. Youth returning to the community from either a juvenile correctional facility or child caring institution who require a transitional setting in the community to allow additional time to prepare for reintegration.

In **Level 3 Foster Care,** the population served is defined as: any Racine County youth who has been determined to be high risk/special needs. The GOAL of Level 3 foster care is to provide intensive, short-term (3-4 months), in-home therapy which will enable a youth to safely remain in a community setting or return to his/her family of origin. These services prevent the youth’s placement in a more restrictive setting, such as a CCI or residential care. In Level 3 foster care, the Level 3 Foster Care Provider is responsible for the Treatment Service Delivery duties. RCHSD staff attend monthly staffing meetings and are actively involved in the development and monitoring of the placement plan.

# **Level 3 Treatment Foster Home Service Delivery**

Program Components: The following program components would comprise the majority of services offered to the youth and families by the Treatment Social Worker assigned to the Level 3 foster care home.

Direct services provided to the home include, at minimum, the following components:

Referral & Intake: All referrals to the Racine County Level 3 Foster Home Treatment come through RCHSD. Initial contact with the Level 3 foster parent by the treatment worker shall occur within 24 business hours of placement. The initial meeting or face-to-face contact between the Level 3 foster child, foster parent and treatment worker will occur within 3 business days of placement. The Treatment Social Worker will utilize Motivational Interviewing in their interaction with caregivers throughout the duration of their involvement. The practice of motivational interviewing may be particularly useful in getting caregivers to recognize the potential benefits of actively participating in the case. Motivational interviewing helps an individual see the possibilities for— and merit in—positive change and then encourages and supports them in this effort. The practice requires the Treatment Social Worker to listen empathetically and build trust with the caregiver and child before pushing for change. If the Treatment Social Worker neglects to do this, a caregiver may resist change and put children at further risk.

Treatment Team & Treatment Planning: The Treatment Social Worker will ensure the establishment of a treatment team. The treatment team shall consist of the child, the child’s parent or legal guardian, the foster parent, and the Racine County HSD Youth & Family Division Case Manager. The treatment team may include other professionals or significant individuals in a child’s life. The Treatment Social Worker will work with the family, to the extend possible, on the establishment of the team and make efforts to have a well-balanced number of formal and informal supports and hold a team meeting within two weeks from the referral. Subsequent team meetings are determined by the Treatment Plan and are ideally held every other week.

In join effort with the treatment team, the Treatment Social Worker shall develop a written treatment plan within 30 days after the child’s placement in a level 3 foster home. The treatment plan shall include all of the following:

* Supervision and Safety
* Health, emotional, and behavioral stability
* Daily living and community integration
* Education
* Communication Skills
* Legal Status, including any permanency issues
* Regular, ongoing opportunities to engage in age or developmentally appropriate extracurricular, enrichment, cultural, and social activities under s. DCF 56.09(2m).
* Plan for crisis, if needed
* Skill development needs for caregiver(s)

The Treatment Social Worker shall provide copies of the treatment plan to all treatment team members, including the child if the child is more than 12 years old, as allowed by law.

In joint effort with the treatment team, the Treatment Social Worker shall:

* Implement and support the treatment plan.
* Meet monthly, at minimum, to formally review the treatment plan, share information and exchange ideas and opinions.
* Monitor and evaluate the progress or the treatment plan and the continued appropriateness and effectiveness of services and supports and placement of the child.
* Make treatment plan revisions and adjustments as necessary.
* Ensure revisions and adjustments are in writing.
* Design and implement new treatment strategies as needed.
* Develop an aftercare plan for a child that ensures continuity in managing a child’s needs after the child’s placement ends.

The treatment team model will use a child centered, family focused approach in working with families.  This approach is based on the Family Teaming Model which incorporates the following goals:

* Identify the unique strengths of each child and family and create an individualized plan that will best meet their needs while promoting independence and family choice;
* Ensure child and family access to care and services that are individualized, strength-based, culturally sensitive and needs-driven;
* Join with all community and system partners to create opportunities for positive programmatic and systemic change;
* Assess and monitor outcomes and implement change.

In the treatment team model, this approach includes the following:

* Consider the family as a unit;
* Focuses on family preservation unless child safety cannot be assured;
* Is community and home-based;
* Is predicated on a close working partnership with the family, and caregivers and commits to empowering families, instilling hope and helping families to set and achieve their own priorities and goals consistent with assuring the safety of their children.

The treatment team model empowers families every day through developing family teams, facilitating the creation of solid treatment plans, identifying and enhancing natural supports, and brokering the selection of quality service providers.  Family Teaming is a complex, often challenging role that requires successful communication with a variety of people and systems.

Individual Counseling: Counseling frequency will be determined by the Treatment Team and Treatment Plan. Individual counseling is provided to each of the youth placed in a Level 3 foster home, either by the Treatment Social Workers or by outside therapists. Treatment focuses on problem areas identified by the RCHSD Youth & Family Case Manager, the child, his/her family, the Level 3 foster parent and the Treatment Social Worker. If counseling is provided by the Treatment Social Worker, an individual counseling treatment plan will be developed (and reviewed) in conjunction with the Treatment Plan. Treatment progress is monitored through the individual sessions, parental reports, foster parent updates, report of significant others and progress reports from school and/or other agencies involved with the youth.

Minimum Contacts: There will be a minimum of one face-to-face contact every other week by the Treatment Social Worker to each child placed in a Level 3 foster home. This frequency of contact for all children in Level 3 Foster Care will be adjusted by the treatment team depending upon the child’s needs.

Foster Family/Household Problem Solving Meetings: The Treatment Social Worker will contact the foster parents no less frequently than twice a month with at least one face-to-face contact in the Level 3 foster home. The Treatment Social Worker meets with the foster family and child to review progress, set short term goals, resolve problems and address concerns that may have developed during the course of "day-to-day" living. These regularly scheduled meetings are intended to improve communication between the child, his/her birth parents and the foster family.

Family of Origin Counseling: Family of origin counseling focuses on helping the youth, his/her family and significant others address those family related issues which led to the individual's removal from the natural home. Family therapy will be offered by the Treatment social worker or by an outside agency if the family has an established relationship. The frequency of family therapy will be determined by the Treatment Team and/or the treating professional. It may occur as frequently as once a week or once a month. It is expected that in many instances other family members will have issues of their own (i.e., AODA, COA, marital/relationship problems, etc.) that will be addressed during the course of family therapy as well. As discharge nears, the treatment social worker reviews the client's home adjustment as an additional indicator of their readiness to return to the natural home.

Crisis Intervention Services: The Treatment Social Worker will respond to crisis situations that occur in the Level 3 foster home. Emphasis is placed on responding to those crises that jeopardize the child’s placement and/or significantly impede the child/family’s treatment progress. The Treatment Social Worker will be available to the child and caregivers during evenings, weekends, and holidays.

Liaison Services: The Treatment Social Worker is responsible for maintaining contact with the Racine County Human Services Department (RCHSD) on a regular basis and the RCHSD case manager promptly if any significant events relating to a youth, his/her placement, and/or his/her natural family (e.g., emergency room treatment or hospitalization, alcohol or other drug use, police involvement, runaway, severe depression/suicide ideation, etc.). Additionally, the Treatment Social Worker maintains regular contact with school officials, employers, treatment providers and other individuals/agencies with whom a child and his/her family interacts to check on school/work attendance, participation in treatment, etc. and to consult with them about problems or concerns.

Permanency Planning: The Treatment Social Worker is expected to actively participate in the Permanency Planning process, work cooperatively with the birth parents and foster parents and act in partnership with the Racine County Human Services Department and other provider agencies to reunite the youth with his/her family of origin.

Records: In addition to Provider’s internal record keeping, Provider will maintain records reflecting the date and time and the length of time for each treatment visit, the date of first and subsequently updated treatment plan, demographics of children and families served, and results of Client Satisfaction surveys.

**Supportive Services**

Supportive Services focus on supporting placement of children in a Level 2 Foster Home, supporting placement of children with relatives, and supporting reunification of children with parents. Services are intended to be intensive and short-term with the goal to create stability and safe functioning. Services and support are provided through the utilization of the following:

Referral & Intake: All referrals to Supportive Services come through Racine County Human Services Department upon a child’s placement into one of the following situations:

* Level 2 Foster Home following their placement in a higher level of care.
* Relative following their placement in a foster home.
* Parent following their placement in a foster home.

Supportive Services prevent a child’s placement in a more restrictive setting such as a Level 3 foster home, group home, or Residential Care Center for Children and Youth (RCCCY).

An initial staffing will occur within 48 hours following the referral. The initial staffing will occur between the Racine County Youth & Family Division Case Manager, the Case Manager’s supervisor, and the assigned Treatment Social Worker. The purpose of this staffing is to review the case plan and other pertinent case information and to determine the frequency of family contact.

The Treatment Social Worker will conduct an intake interview with the assigned caregiver and child(ren) and hold an initial face-to-face meeting within 3 business days of referral. The Treatment Social Worker will utilize Motivational Interviewing in their interaction with caregivers throughout the duration of their involvement. The practice of motivational interviewing may be particularly useful in getting caregivers to recognize the potential benefits of actively participating in the case. Motivational interviewing helps an individual see the possibilities for— and merit in—positive change and then encourages and supports them in this effort. The practice requires the Treatment Social Worker to listen empathetically and build trust with the caregiver and child before pushing for change. If the Treatment Social Worker neglects to do this, a caregiver may resist change and put children at further risk.

Treatment: The Treatment Social Worker will develop a treatment plan for each family/child referred within 30 days. The treatment plan requires input from the Youth & Family Division Case Manager, Treatment Social Worker, the caregiver, the child, birth family, and formal service providers. The treatment plan will include the following:

* Supervision and Safety
* Health, emotional, and behavioral stability
* Daily living and community integration
* Education
* Communication Skills
* Legal Status, including any permanency issues
* Regular, ongoing opportunities to engage in age or developmentally appropriate extracurricular, enrichment, cultural, and social activities under s. DCF 56.09(2m).
* Plan for crisis, if needed
* Skill development needs for caregiver(s)

The Treatment Plan will be reviewed at each team meeting and at a minimum of once per month. Treatment progress is monitored through face-to-face contacts with children and caregivers and reports from collateral contacts such as family members, schools, and other agencies involved with the child and family. Face to Face contact frequency with the child, family, and caregiver(s) should be based on the treatment plan and occur at a minimum of every other week. The Treatment Social Worker assigned to each of the homes meets with the family and youth to review client progress, set short term goals, resolve problems and address concerns that may have developed during the course of "day-to-day" living.

Linkage & Support: Supportive Services seek to support and strengthen families by building upon the principles of family-centered practice. These principles include focusing on families' strengths, engaging families in planning and decision-making, and leveraging community-based services and supports on behalf of families. Treatment Social Workers will be knowledgeable regarding community services and will link families to services in the community that are identified as a need.

Identification & Strengthening of Family Supports: Supportive Services seek to maximize families’ informal support resources. Informal support facilitates children both returning to the home and remaining in home, as families rely on outside help to strengthen the family unit and prevent relapses. Informal support can also help the family unit during moments of stress and anxiety, facilitate behavior change and prevent abuse and neglect in the family system.

Trauma-informed Approach: According to the Centers for Disease Control, childhood experiences impact adult actions and choices by affecting brain development. Adverse childhood experiences (ACEs) can impair social, emotional and cognitive development, which increases risks for poor physical, mental and behavioral health risk factors and ultimately leads to increased disease and premature death. These experiences, such as child abuse and neglect, domestic violence, household substance abuse and crime have a profound impact on how young children develop and have lasting impacts well into adulthood. Parents who have experienced ACEs as they were growing up are more likely to have difficulties that become ACEs for their children. This includes depression, suicide risk, alcohol and drug abuse, and unhealthy coping behaviors.

Supportive Services utilizes a trauma-informed approach by engaging parents with histories of trauma and recognizes the presence of trauma symptoms and the role trauma has played in their lives. Treatment Social Workers will provide parents with information regarding ACEs and conduct an ACEs survey with parents to determine their ACE score. This survey will aid both parents and workers in decision-making as well as identifying and understanding services and supports that parents may need.

Family Team Meetings: Supportive Services uses a child centered, family focused approach in working with families.  This approach is based on the Family Teaming Model which incorporates the following goals:

* Identify the unique strengths of each child and family and create an individualized plan that will best meet their needs while promoting independence and family choice;
* Ensure child and family access to care and services that are individualized, strength-based, culturally sensitive and needs-driven;
* Join with all community and system partners to create opportunities for positive programmatic and systemic change;
* Assess and monitor outcomes and implement change.

In Supportive services, this approach includes the following:

* Consider the family as a unit;
* Focuses on family preservation unless child safety cannot be assured;
* Is community and home-based;
* Is predicated on a close working partnership with the family, and caregivers and commits to empowering families, instilling hope and helping families to set and achieve their own priorities and goals consistent with assuring the safety of their children.

The Family Teaming model empowers families every day through developing family teams, facilitating the creation of solid treatment plans, identifying and enhancing natural supports, and brokering the selection of quality service providers.  Family Teaming is a complex, often challenging role that requires successful communication with a variety of people and systems.

The Treatment Social Worker will, with the family, establish a team comprised of a well-balanced number of formal and informal supports and hold a team meeting within two weeks from the referral. Subsequent team meetings are determined by the Treatment Plan and are ideally held every other week.

If establishing a team is not possible, the Treatment Social Worker will work with the family to identify and establish supports in the community (church, school, neighbor, relatives, landlord, etc.).

Crisis Intervention Services: The Treatment Social Worker will respond to crisis situations that occur in the home. Emphasis is placed on responding to those crises that jeopardize the child’s placement, return to out-of-home care and/or significantly impede child/family treatment progress. The Treatment Social Worker will be available to the child and their families during evenings, weekends, and holidays.

Liaison Services: The Treatment Social Worker is responsible for maintaining contact with the Racine County Human Services Department (RCHSD) on a regular basis and the RCHSD case manager promptly if any significant events relating to a youth, his/her placement, and/or his/her natural family (e.g., emergency room treatment or hospitalization, alcohol or other drug use, police involvement, runaway, severe depression/suicide ideation, etc.). Additionally, the Treatment Social Worker maintains regular contact with school officials, employers, treatment providers and other individuals/agencies with whom a child and his/her family interacts to check on school/work attendance, participation in treatment, etc. and to consult with them about problems or concerns.

EVALUATION OUTCOMES:

1. 100% of all Pre-Placement, Foundations, Kinship and Elective Training classes will be offered annually.

2. 100% of all Level 3 foster parents will be scheduled for or receive training within 30 days of referral for training.

3. 85% of completed satisfaction surveys will indicate the foster parent feels his/her training needs have been satisfactorily addressed.

4. 100% of Level 3 foster children and foster parents will have a face-to-face visit within 3 business days of placement.

5. 100% of children will have a designated treatment plan within 30 days of placement.

6. 100% of children will not need a higher level of need placement.

7. 100% of families will participate in Family Team Meetings during Aftercare.

8. 80% of children will be successfully maintained in a single out-of-home care placement prior to reunification.

9. 100% of children in Supportive Services who are placed in-home will not re-enter out-of-home care.

Quarterly Evaluation Outcome Reports reflecting the aforementioned evaluation criteria must be provided no later than 4/30/22, 7/31/22 and 10/31/22 to the Youth & Family Division Manager and Racine County HSD Contract Compliance Monitor.

An Evaluation Outcome Report must be submitted to the Youth & Family Division Manager and Racine County HSD Contract Compliance Monitor by 2/1/23.