

ACS CHILDREN CENTER
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**GUIDE TO PROGRAMS FOR CHILDREN
IN NEED OF FOSTER CARE**

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INTRODUCTION:

Out-of-home placement programs provide **Family Foster Care** and **Residential Foster Care** for children who have been removed from their parents by Family Court or have been placed voluntarily by their parents. Children placed in foster care should be placed in a *level of care* that is the least restrictive setting that meets the child's service needs. A family foster home is the least restrictive and preferable setting, even for children who have physical, medical, learning, or emotional disabilities. Within levels of care are various *types of programs* that provide specialized services within that program.

A. Levels of Care:

Level of Care refers to the degree of restrictiveness of a placement facility. The level of care in which a child is placed also refers to the range of services provided by the various programs as it relates to the needs of the child, services to the family, and activities geared toward achieving the most appropriate permanency-planning goal. Each level has its own criteria for determining appropriateness. A child must be placed in the least restrictive and most homelike setting that can safely maintain the child and provide the service needs of the child. The more restrictive the placement, the more stringent are the requirements that must be met to justify the particular placement.

Level 1: Foster Home (FBH)

Foster Boarding Homes represent the least restrictive and most desirable out-of-home placements for any child. Children are able to reside in a family setting with open access to the local community.

Level 2: Agency Operated Boarding Home (AOBH)

An apartment type setting for 6 children

Level 3: Group Home (GH)

Group Home (GH) – a facility for 7-12 children

Level 4: Group Residence (GR)

Group Residence (GR) – a facility for up to 25 children

Level 5: Institution (INST)

An institutional program for 13 or more children

B. Types of Programs:

Within and among the various levels of care there are specialized programs geared to meet individual developmental transition needs and permanency planning goals as, for example: pre-adoptive foster homes, mother-child programs and programs for hard-to-place children. The following presents an overview and provides a description of the various types of out-of-home placement programs based on the characteristics of the population served and the particular services provided.

Specialized programs within ACS:

Family Foster Care:

- 1) Kinship Foster Care
- 2) Regular Foster Care
- 3) Medical Foster Boarding Foster Care
- 4) Treatment Family Foster Care (TFFC)
- 5) Multi-Dimensional Treatment Family Foster Care (MTFFC)

Residential Foster Care:

- 6) Rapid Intervention Center (RIC)
- 7) Maternity Mother Child Blended Program (MMCB)
- 8) Special Medical Needs Program
- 9) Developmental Disability Program (DD)
- 10) Programs for Sexual Behavior Problems and Sexually Abusive Behaviors
- 11) Programs for Sexually Exploited
- 12) Agency Operated Boarding Home
- 13) Regular Group Home
- 14) Residential Treatment Center (RTC)
- 15) Extraordinary Needs Foster Care
- 16) Hard To Place (HTP)
- 17) GLBTQ

FAMILY FOSTER CARE

1: Kinship Foster Care:

A relative home related within the third degree, a home with a foster parent who is a relative not within the third degree or is a non-relative with a significant relationship with the child's family, such as godparents that is approved to provide foster care for a specific child who was court placed with the Commissioner on neglect. A first consideration in placing a child is the availability of a relative who is willing and able to provide care. The relative and all adult members of the relative household must be cleared by the New York State Central Registry (NYSCR) and the home must be adequate to provide a safe and stable environment for the child. In an emergency placement, the ACS Borough Office can temporarily approve the placement of a related child in a relative or non-relative home. The Borough Office completes the Expedited Home Study and then refers to the Office of Placement Administration to identify a contract foster care agency to complete the Full Home Study and supervise the Kinship Foster Boarding Home. Kinship placements reflect a belief that appropriate extended family placement represents the best possible choice for a child removed from parents because it minimizes the disruption of family, community and cultural ties and recognizes the positive role that the extended family can play in raising children.

2. Certified Foster Boarding Home:

A family-type home which has been certified through a regular home study to care for certain children prior to their placement in the home. Up to 6 children may be placed (unless NYSDSS exception is obtained).

3. Medical Foster Boarding Home:

A family-type home which has been certified through a regular home study to care for medically fragile children. The foster parents are specially trained to handle all specialized medical needs of the children.

4. Treatment Family Foster Care (TFFC):

Program Overview

The Treatment Family Foster Care (TFFC) program is designed to serve children/youth up to age 21 (with a minimum IQ of 65) who have moderate to severe behavioral issues and emotional conditions and can be supported within a family setting. The children/youth will be placed in a family setting for a short term (average of 12 months) based on the severity of his/her emotional or behavioral condition. Typically, placements for a children/youth with moderate to severe emotional condition should be single placements but ACS will allow placements of up to two (2) children. However, exceptions can be made for siblings and other family groups to be placed together in one home. Other decisions to place multiple children shall be made within the context of the ACS-IOC and FTC conferencing guidelines and in collaboration with the appropriate ACS staff. If a provider determines that a foster parent has the ability to accept and support multiple children, follow-up discussion and approval should be made during the

FTC conference. The provider should present evidence to support the decision for placing multiple children in a home, and offer plans for ongoing support and monitoring for such foster parents. Foster parents will be recruited, trained and supported to become part of the Treatment Team. The foster parents will receive pre-service training, participate in group support meetings, and have access to program staff back-up and support 24 hours a day/7 days a week. The foster parents will be contacted regularly by telephone to relay information about the child's behavior and to discuss the implementation of the treatment plan.

Target Population

The Provider must be prepared to serve populations with moderate to severe emotional conditions including but not limited to:

1. antisocial behavior,
2. delinquency,
3. disruptive behaviors
4. conduct disorders and
5. psychotic disorders.

Some children/youth to be served may present with moderate to severe emotional/mental health conditions, in such cases the primary reason for referral should be the severe behavior problems. The TFFC provider should use due diligence to address or refer the family for other mental health services. If the emotional/mental health needs are the primary service factors, the family must be referred to one of the Specialized Family Foster Care Developmental Disability providers.

5. Multidimensional Treatment Foster Care (MTFC):

Inclusion Criteria:

- 11 up to 18 years old
- Motivated and involved family resource / Families that present with the potential for successful permanency planning
- Youth has been not benefitted from other attempts at Intensive Therapeutic Treatment
- Unsuccessful treatment in other FAP Intervention levels (FFT, MDFT, and MST)
- Youth in which the placement alternative in a congregate care setting
- Youth experienced other types of residential placement.

Exclusion Criteria:

- Youth considered to be a danger to self, foster family or community
- Youth presents only with internalizing issues
- Youth whose only behavioral problem is substance use or sexual offending (if part of a wider constellation of issues, then is eligible)
- No permanency plan exists or likely to be developed early on in the placement (during the first month or so)
- IQ below 70
- Youth that present as;
 - Actively suicidal
 - Actively homicidal
 - Actively psychotic

Intervention:

Components:

Interventions for family, youth, and foster parents, in a family setting, to change the trajectory of negative behavior by improving social adjustment across settings (home, school, community, peers).

Treatment Goals:

- Close supervision
- Fair and consistent limits
- Predictable consequences for breaking rules
- Supportive relationship with at least one mentoring adult (foster parent)
- Reduced exposure to peers with similar problems

Interventions:

- Behavioral parent training and support for foster parents, as well as pre-service training and respite; Use of Parent Daily Report

- Family therapy for birth parents, and aftercare resources
- Skills training for youth
- Supportive therapy for youth
- School based behavioral interventions and academic support via use of point and level systems and school card, as well as constant contact with DOE
- Psychiatric consultation and medication management, if needed.

RESIDENTIAL CARE

6. Rapid Intervention Center (RIC):

Program Overview

The Rapid Intervention Center (RIC) program provides a short-term stabilizing and safe living environment within which RIC staff can attempt to facilitate behavioral change in youth and mediation of family relationships leading toward placement stabilization. Prior to making the referral to the RIC, the referring provider must demonstrate that they have been unable to address the needs of the youth and family even with the use of existing community-based resources. The RIC is designed to help in:

1. Crisis Stabilization by:
 - Developing individualized assessments and strength-based treatment plans tailored to the child/youth and family's particular needs; and
 - Ensuring that services are appropriate for the child/youth's clinical needs and promote and sustain education achievement.
2. Creating/Determining stable and permanent family living situations by:
 - Promoting caregiver and birth parent involvement in case planning from intake to discharge and beyond;
 - Ensuring or articulating goals that are consistent with those of the youth and/or family's overall service plan; and
 - Empowering foster parents and foster care staff to ensure a smooth transition back to a proper and stable placement.
3. Development and Continuity of positive family relationships by:
 - Empowering families to seek support services that support family reunification.

Target Population

Include but is not limited to:

1. Youth 13 to 21 years in an emotional or behavioral crisis including youth that have a DD diagnoses and youth who are chronically AWOL, including the following:
 - Child has an I.Q. under 70 and exhibits disruptive behaviors that are detrimental to the youth and/or living environment;
2. Persons-In-Need of Supervision/Juvenile with a history of violence or gang involvement and/or mild/moderate criminal behavior needing short-term stabilization;

3. Youth with substance abuse issues, including youth dually diagnosed with substance abuse and mental health issues which interfere with the youth's functioning; and
4. Youth who have been victims of commercial sexual exploitation and who are not safe in a home setting or in their communities.

7. Maternity Mother Child Blended Program (MMCB):

Program Overview

Maternity and Mother/Child Blended (MMCB) residential care programs are available for single females who are either pregnant or parenting and need supportive services that cannot be provided in a foster home setting. The purpose of blending the Maternity and Mother Child facilities is to avoid movements and to keep mothers and children together.

In addition to the services provided in all residential care programs, this program will offer the services designed for pregnant and parenting youth as listed below. Programs will address the needs of the youth as well as foster parents, and birth parents, caretakers or discharge resources in designing each service plan. The intervention components include:

- Parent training and support for the foster and birth parents
- Family therapy for the birth parents or other aftercare resources
- Skills training for the adolescents
- Supportive individual and/or group therapy for the adolescents
- School-based behavioral interventions and academic support in a GED Program
- Psychiatric consultation and medication management when needed
- A structured behavior management system: (Goal Attainment Point System – GAPS) which is tailored to the youth's specific treatment goals.

Target Population

MMCB residential care programs accept females, ages 16 to 20 years old, which are either pregnant or parenting in foster care. Pregnant and Parenting youth in foster care less than 16 may be eligible for the MMCB program. Youth that reside in the community must be between 16 and 17.5 years to be eligible for the MMCB and require parental consent.

8. Special Medical Needs Program:

Program Overview

Specialized Residential Care for Youth with Special Medical Needs provides comprehensive residential care services for children who cannot safely remain with their birth family or, if already in placement, in a regular family foster care setting. The overarching goals of this program are to provide safe and appropriate care for youth with special medical needs in a facility that meets the child's clinical, medical, developmental and emotional needs. It is expected that the program will:

- Explore the possibility for and expedite the return of the child to their birth parent or family by putting comprehensive supports and services in place that strengthen the family unit;
- Train and educate the parents/caretakers to properly care for their child's special medical needs and/or developmental disabilities; and
- Identify youth who may need to be referred to an Adult Residential Care facility, in the earliest stages of placement, and make referrals as appropriate.

Residential care services for these youths are intended to be provided in a structured environment that will allow them to have their needs met on a 24-hour day basis. Facilities must be fully integrated with licensed medical and trained child care staff. It is expected that frequent assessments will be conducted to ensure that treatment plans are responsive to the youth's and family's needs. In addition to addressing the service needs of the youth, the provider must work closely with birth parents or other potential caretakers and maximizing their chances for reunification or adoption, when feasible.

Target Population

The Specialized Residential Care to Youth with Special Medical Needs populations include, but are not limited to:

- a. Oxygen-dependent and airway-compromised children;
- b. Children with neural tube defects (spina bifida) and neurodevelopmental disabilities;
- c. Children with significant dysfunctions of major organ systems (e.g., heart, kidney, liver);
- d. Children with diabetes and severe endocrine and metabolic disorders;
- e. Children with debilitating neurological disorders including progressive encephalopathies (mitochondrial disease) and non-progressive encephalopathies (cerebral palsy);
- f. Children with significant hematological disorders, such as sickle cell disease;
- g. Burn victims and victims of physical trauma resulting in physical disabilities;
- h. Children who are dependent on devices such as feeding tubes and wheelchairs;
- i. Children who are undergoing chemotherapy and other complex modes of management of serious and/or chronic illnesses;
- j. Youth with HIV and/or AIDS who are on a combination drug therapy, as well as HIV-exposed children whose HIV status is not yet determined;
- k. Children with ophthalmologic/optical conditions leading to loss of vision;
- l. Children with orthopedic conditions resulting from congenital malformations; and
- m. Children with otological/aural conditions leading to loss of hearing.

9. Developmental Disability Program (DD):

Program Overview

Specialized Residential Care for Youth with Developmental Disabilities provides comprehensive residential care services for children who cannot safely remain with their birth family or, if already in placement, in a regular family foster care setting. The overarching goals of this program are to provide safe and appropriate care for youth with developmental disabilities in a facility that meets the child's clinical, medical, developmental and emotional needs through the use of clinical interventions and specialized supports. It is expected that each residential placement will:

- Explore the possibility for and expedite the return of the child to their birth parent or family by putting comprehensive supports and services in place that strengthen the family unit;
- Train and educate the parents/caretakers to properly care for their child's special medical needs and/or developmental disabilities; and
- Identify youth who may need to be referred to an Adult Residential Care facility, in the earliest stages of placement, and make referrals as appropriate.

Residential care services for these youths are intended to be provided in a structured environment that will allow them to have their needs met on a 24-hour day basis. Facilities

must be fully integrated with DD specialists and licensed medical and trained child care staff.

Target Population

The Specialized Residential Care program for Youth with Developmental Disabilities will provide services to youth who have developmental disabilities that include but are not limited to the following:

- Neurological Impairment and Severe Muscular Disorder
- Intellectual Disability
- Autism Spectrum Disorder
- Cerebral Palsy
- Down Syndrome
- Seizure Disorder

10. Programs for Children with Sexual Behavior Problems and Sexually Abusive Behaviors:

Program Overview

The residential care program for children with sexual behavior problems and youth with sexually abusive behaviors provides specialized services to children/youth that cannot safely remain in a family setting. Through the supports and structure of this specialized residential care program, the child/youth will learn impulse control, guidelines for appropriate sexual behavior, privacy, appropriate boundaries and how to improve/increase their self-esteem. The children/youth will be held accountable for their actions, gain an understanding of, and the skills to address the underlying reasons for their actions, address their own history of trauma, grief/loss, and abuse (if any), develop empathy for their victims, and change their behavior. Birth parents/Caregivers will be encouraged to participate in the treatment process.

Target Population

This program is designed for adjudicated and non-adjudicated children/youth (up to age 21) that exhibit sexually inappropriate behavior; and adjudicated and non-adjudicated youth with sexual behavior problems and sexually abusive behaviors, including a history of inappropriate sexual touching and other acting out behaviors that are best served in a highly structured residential setting. Some of the youth/children may have a dual-diagnosis, such as substance abuse or mental health issues, which are determined to be treatable either at the time of referral or during/after referral to this program. However, the sexual behavior problems or other inappropriate sexual behavior should be the primary reason for the referral, and the provider must utilize due diligence where possible and appropriate to address the other issues as they are assessed.

11. Programs for the Sexually Exploited:

Program Overview

This program provides specialized residential care to youth who have been sexually exploited who have treatment or safety-related needs that inhibit them from safely and comfortably remaining in a family setting and who require the specialized treatment provided by residential care facilities. Youth will receive a high level of services that will address the underlying issues of being sexually exploited. Interventions will promote healing and positive progress and help youth develop skills that would allow them to thrive in a family setting and reduce vulnerability to future exploitation and abuse.

Target Population

Sexually exploited youth ages 12 to 17 including but are not limited to:

- Youth who have been victims of sexual grooming,
- Youth victimized for the advancement of sexual gratification or profit for example; prostituting a child, creating or trafficking in child pornography, sexually explicit performances by a child such as dance at strip clubs, work in topless clubs or massage parlors, and
- Youth who have participated in survival sex / sex for favors; i.e., gang initiation.

Some of the youth/children may have a dual-diagnosis such as substance abuse or mental health issues, which is determined to be treatable either at the time of referral or during/after referral to this program. However, the sexual exploitation should be the primary reason for the referral, and the provider must utilize due diligence where possible and appropriate to address the other issues as they are assessed.

12. Agency Operated Boarding Homes:

Agency Operated Boarding Home (AOBH) – a family-type home for the care and maintenance of not more than six children. The services and qualifications for an AOBH may be useful for larger sibling groups, the independent living program or a mother/child program.

Service Provided:

- Basic physical and emotional care
- Supervision
- Visitation and communication with biological family
- Religious, Educational and Social opportunities
- Casework services

13. Regular Group Homes:

Placement of a child in a group home or group residence (congregate care facility) is considered an appropriate level of care if criteria a, b or c is met.

(a) A child's placement at this level is appropriate if all of the following apply:

1. Child is twelve (12) years of age or older *
2. Child's original application for placement was due, at least in part to the Child Service Needs

3. Services or supervision needed by the child cannot be provided in an FBH or AOBH.

14. Residential Treatment Center (RTC)

Program Description

The Residential Treatment Center (RTC) is an institutional setting designed for care for children with psychiatric disorders in a highly structure and inter-disciplinary manner. All of the support services, including the school, are on the agency premises. Services are provided by highly trained childcare staff, with a high ratio of staff to children, and are carried out in a therapeutic milieu in a planned manner.

Services Provided

- An individualized prescriptive treatment program with specific objective, which are short and long term goals based upon diagnostic evaluation formulated through an inter-disciplinary team effort.
- Individual and group therapy
- Intensive on-campus special education programs, with remediation and vocational components.

Target Population

Child needs high level of structure and a wide range of supportive services and programs within a facility. Child has special needs (including mildly to moderately retarded and mildly brain damaged). Child has severe emotional and behavioral problems, which require 24-hour supervision.

Eligibility Criteria

The child must be diagnosed as having personality or behavioral problems, psychiatric disorder, serious intellectual incapacity or brain damage, the child has serious difficulty relating to peers and authority figures.

15. Extraordinary Needs Foster Care (ENFC):

Program Description:

The program is targeted for older adolescents with a wide range of emotional, social and behavioral problems. This includes those youngsters who have experienced psychiatric hospitalizations, as well as combinations of multiple psychotropic medications, histories of substance and alcohol abuse, and histories of cruelty to animals and/or sexually acting out behavior. Services will be delivered by a multidisciplinary team which includes masters level social work clinicians, certified alcoholism and substance abuse counselors, psychologists, psychiatrists, nurse, recreation specialist, special educators, child care staff, and child and family advocates.

Services Provided:

- Structured setting and 24 hour supervision
- On-site educational program & vocational services
- Individual and group counseling
- Health and Nutrition Services
- Recreation and Socialization Services
- Peer Support Program

- Independent Living Services
- Parent Skills Training
- Parent Advisory/Support Group
- Referrals will be provided to family members where extensive psychiatric, drug/alcohol abuse counseling, or other critical services are needed.
- After care and follow-up services

Target Population:

The program is designed for adolescents who have had multiple failed placements or have been hospitalized and their needs cannot be met in a family setting, residential or hard to place program. These children have a primary diagnosis of mental illness as per DSMIV.

Eligibility Criteria

The child must have an IQ between 59-79 and referrals should be made after the child has been deemed inappropriate for the RTC & HTP programs.

16. Hard to Place (HTP)

Program Description

The Hard-to Place program was developed to provide a safe, nurturing, structured environment for adolescents ages 12 to 18 that exhibit severe behavioral, emotional, intellectual and/or developmental problems. This program adheres to a structured daily living schedule, giving emphasis to self-discipline, education and the development of appropriate social and independent living skills. Multi-faceted, individual treatment plans have developed in this program to address the many and various needs of the hard-to-place population, including linkages with mental health, juvenile justice, substance abuse, family planning, educational and vocational programs.

Services Provided

- Individual, group and family therapy session emphasis is placed on group therapies and peer counseling to address behavioral disorders.
- Psychological services.
- Drug and alcohol counseling.
- Appropriate educational and vocational services, diagnostic workups, comprehensive evaluations and treatment plans.
- Daily, age-appropriate supervised recreational activities by agency staff is another aspect of the therapeutic program.

Target Population

The Hard-to-Place program is designed to meet the needs of adolescents who require special programs or who have repeatedly AWOLed from other facilities. Children who are identified as hard-to-place have severe physical, emotional, intellectual and/or developmental problems. The child fitting the hard-to-place criteria has a severe disability of a nature that either the program the child is placed in, is unable to meet his/her needs, or the child causes major disruptions to the program or both.

Eligibility Criteria

Any adolescent age 12 to 18 who exhibits severe behavioral and/or emotional problems, has an I.Q. for 70 or above, and has experienced 3 or more replacements in a calendar year, may be considered appropriate for hard-to-place programs providing at least one of the following circumstances also applies:

- Youngster is placed in a time-limited and/or unstable placement (i.e., Transitional Centers, DRC, biological home)
- Youngster has a history of failed foster care placements

17. GLBTQ

Program Description

The GLBTQ program provides a safe home and caring support for youth in foster care who identify as gay, lesbian, bisexual, transgendered or questioning.

Services Provided:

- Case management to help residents and their families overcome obstacles and connect them to needed services
- Individual, group and family therapy
- Substance abuse screenings and prevention counseling
- Access to medical services on site and referrals to specialists
- Training in independent living skills
- Assistance with job searches, resume building and interviewing skills

Eligibility Criteria:

Any adolescent age 12 to 20 and has an I.Q. for 70 or above.