Implementing Intensive Services Foster Care – ISFC

FAMILY CARE NETWORK, INC.
Agency Background:

• Presenter Information

• Agency Experience:
  ➢ Reason for starting the agency
  ➢ Initial TFC practices
  ➢ ITFC planning & implementation
  ➢ SB 163 Wraparound integration
  ➢ EPSDT integration

• Consulting Relationships
FFA Based Programs:

- **FFAs**: Created in 1986 to:
  - Recruit, screen, certify, train and provide professional support services to foster families to care for “the more difficult nature of foster children being placed in foster care who are more emotionally disturbed, difficult to manage and without family support than ever before” – later changed to also include “who require that level of care as an alternative to a group home”

- **ITFC**: Created in 1990 and amended in 2008 to:
  - Enable foster children with “severe emotional disturbance” or who have “serious behavioral problems” and are at imminent risk or were in a psychiatric hospitalization or RCL 9 or higher level group home to be in a foster family home with highly trained and skilled foster parents to receive intensive services and supports

- **ISFC**: Created in 2017, Implemented December 1, 2017, to:
  - Supplant ITFC to care for children and youth with intensive needs, including, but not limited to Medical, Therapeutic or Behavioral needs.
FFA Based Programs:

• **TFC:** Created as part of the 2012 Katie A. v. Bonta lawsuit settlement, implementation – 2018
  
  - Therapeutic Family Care (TFC) is an EPSDT funded Specialty Mental Health Service (SMHS) for children and youth, up to age 21, who meet Medical Necessity requiring intensive and frequent mental health support in a family environment for short-term, intensive, highly coordinated behavioral health services where a “Professional Therapeutic Parent” serves as a mental health services provider under the supervision and direction of a LPHA

  - IMPORTANT – **TFC is not a “Program”, it is a Specialty Mental Health Service** which uses “Therapeutic Parents” to deliver rehabilitation interventions prescribed within a mental health treatment plan. **TFC Parents need to be “foster/resource parents” under an FFA!**
ISFC Overview:

• Intensive Services Foster Care is a state licensed Foster Family Agency model for eligible foster children/youth whose needs for safety, permanency, and well-being require specially trained resource parents and intensive professional and paraprofessional services and support in order to remain in a home-based setting, or to avoid or exit congregate care in a short-term residential therapeutic program, group home, or out-of-state residential center.

• ISFC – ITFC: Practically speaking, ISFC & ITFC are very similar in terms of the program goals, target population, et cetera; with the primary distinction being that ISFC has far fewer statutory requirements and/or restrictions. “Flexibility” is a key distinction between the two models.

• The Goal of the ISFC program is to ensure that youth in foster care can receive the services they need in a home-based family care setting to avoid or exit a short-term residential therapeutic program, group home (GH), or out-of-state GH care.
ISFC Overview:

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

• **Family Care Network, Inc. ISFC Program Goals:**

  ➢ Place foster children/youth singly or at most in pairs, with a Resource Parent who is carefully selected, trained and supervised, and matched with the child/youth’s needs and strengths;

  ➢ Create, through a team approach, an individualized treatment plan that builds on the foster child/youth’s strengths and addresses his/her needs;

  ➢ Train and empower the therapeutic ISFC Resource Parents to act as a central agent in implementing the youth's treatment plan;
ISFC Overview:

- **Family Care Network, Inc. ISFC Program Goals:**
  
  - Make available an array of therapeutic interventions for the foster youth, the youth's family, and the resource parents;
  - Provide intensive oversight of the child/youth's treatment, often through daily contact with the Resource Parent; and
  - Enable the foster youth to successfully transition from ISFC to placement with the child/youth's family or permanent family placement by continuing to provide therapeutic interventions that support youth permanence.

- **FCNI Essential Elements of ISFC:**
  
  - Included in the Addendum
ISFC Overview:

• ISFC Basic Program Elements: (From new WIC §18360 et seq.)

  ➢ General Target Population:

  ✓ Foster youth/NMD regardless of age, ethnicity, culture, gender or sexual orientation.

  ✓ They will have an open Social Services/CWS, Probation case, and require a foster care placement either as a treatment alternative to institutional or group care, or are in need of specific services and supports necessary to move them quickly to a permanent placement or independence.

  ✓ “Eligible Child” means a child or nonminor dependent in foster care who has intensive needs, including, but not limited to:

    1. Medical,
    2. Therapeutic, or
    3. Behavioral needs (WIC 18360(b))
ISFC Overview:

• **ISFC Basic Program Elements:** (From new WIC §18360 et seq.)

  ➢ **Target Behaviors:** Providers must be able to serve foster youth/NMD representing a broad range of ages and needs. This includes:
    - youth/NMD returning from group homes or psychiatric care,
    - youth/NMD with multiple placements, youth/NMD in need of intensive behavioral therapy/treatment and interventions,
    - youth/NMD manifesting serious behavioral/emotional problems, i.e., angry/assaultive, sexually acting out, suicidal, depression, anxiety et cetera,
    - LGBTQ youth/NMD,
    - juvenile justice-Probation involved youth/NMD,
    - CSEC population,
    - medically fragile youth,
    - youth/NMD in permanency services and supports,
    - developmentally disabled youth/NMD and youth/NMD requiring assistance in transitioning to self-sufficiency in independent living.

  ➢ **CSEC Discussion:**
ISFC Overview:

• ISFC Basic Program Elements:

  ➢ Staffing:
    ✓ Social Workers – same requirements as FFA

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

• ISFC Basic Program Elements:
  ➢ Staffing:
    ✓ “Client Support Staff”:
      • Training Requirements:
        o 40 hours training before being assigned responsibility to an ISFC family
        o 20 hours of ongoing in-service training within first 12 months after becoming an ISFC client support staff
      • Educational Requirements:
        o Minimum of a bachelor’s degree and six months of experience working with children who have serious emotional or behavioral needs or children who have special needs, including, but not limited to, intensive medical needs
        o Minimum of an associate’s degree and one year of experience
        o Educational waivers allowed for client support staff who have direct client supervision with at least two years experience working with this population
ISFC Overview:

- ISFC Basic Program Elements:
  - Staffing:
    - “Client Support Staff”:
      - **Best Practices:**
        - Use staff who meet the eligibility requirements for TBS/IHBS
        - Use volunteer tutors, mentors & college interns whenever possible
ISFC Overview:

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

- **ISFC Basic Program Elements:**
  - **Training Requirements:**
    - ISFC Resource Parents must meet all of the basic training requirements associated with RFA
    - Additional Requirements:
      1. Providing care and supervision to children and youth with intensive medical, therapeutic or behavioral needs
      2. Specific subject matters may be customized to each ISFC family based on the population of children the family intends to serve (CSEC, AWOL, Medically Fragile, Sexual Offender, etc.)
      3. Additional training may be required by the county placing agency depending on the special needs of an eligible child
  
  **Best Practice:** Train all ISFC Parents to meet the TFC training requirements! *Only if you have a Mental Health contract*
ISFC Overview:

- ISFC Basic Program Elements:
  - **TFC Training Requirements**: (In addition to RFA & ISFC training)
    - Introduction to Individualized Mental Health Treatment of children/youth
    - Introduction to Therapeutic Parenting as an important component of Mental Health Services
    - Child development and behavior, including age-appropriate interventions
    - Child & Family Teams (CFT’s)
    - Wraparound Philosophy & Principles
ISFC Overview:

• ISFC Basic Program Elements:
  ➢ TFC Training Requirements: (In addition to RFA & ISFC training)
    ✓ Needs & Services & Mental Health Services Planning, and the Resource Parents’ Role
    ✓ Cultural awareness/sensitivity and culturally relevant services, including presentations from TFC Parents, former foster youth, and other services beneficiaries
    ✓ Required record-keeping & EPSDT progress-note documentation
    ✓ Skill Development in the delivery of SMHS activities

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

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

Best Practices:

• 1 Foster Youth per Family is always BEST!
• Good placement matching is the best “Risk Management” strategy
• Don’t make placements out of expediency – it’s not fair to the family, and especially the foster youth!
ISFC Overview:

- ISFC Basic Program Elements:
  - Capacity:

Best Practices:

- Work with your county partners to develop a “second-child Assessment” within the CFT process. This will help expedite and simplify facilitating a second-child placement!
- **San Luis Obispo** – DSS approach to a “Collaborative Assessment” process, designed to eliminate delays in the placement process!
Family Care Network Core Practice Model:

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

• Resource Parent Recruitment & Retention: Collaboration
Family Care Network Core Practice Model:

- Resource Parent Recruitment & Retention:
  - **Expectations**: FCNI has created two “mission critical” documents for our ISFC program:
    - FCNI Essential Elements of ISFC service delivery – see addendum
    - FCNI Resource Family Expectations, these include:
      1. There must be one full-time ISFC parent in the home
      2. Participate in training and support groups;
      3. Demonstrate a higher level of skill and ability to work with SED or behaviorally challenged children and provide de-escalation techniques;
      4. Fully participate in the youth and family or treatment team process and carry out activities necessary for fulfilling the client’s needs and services plan;
      5. Maintain detailed case notes and records as required by the program;
Family Care Network Core Practice Model:

- Resource Parent Recruitment & Retention:
  
  ➢ **Expectations**: FCNI Resource Family Expectations:

  6. ISFC parents providing Therapeutic Family Care must complete weekly Specialty Mental Health Services notes as required;

  7. Fully comply with all state and agency regulations/requirements for foster parenting;

  8. Fully comply with all state regulations and agency policy regarding the reporting of unusual incidents;

  9. Work compatibly with FCNI staff, placement workers and adjunct agency staff;

  10. Carefully follow treatment and therapeutic techniques, methods and interventions which are prescribed for the management, growth, and well-being of ISFC foster children/youth.

  11. Repeated disregard or non-compliance with the above will result in a disqualification from participating in this program or decertification as an FCNI ISFC Resource Parent.
Family Care Network Core Practice Model:

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

• Resource Parent Recruitment & Retention:

  ➢ **Training & Support:**

    ✓ FCNI has established a very comprehensive Resource Parent Training program which includes:

      ▪ Comprehensive list of Training Courses, continued:

        o **Water Safety**
        o **Suicide Prevention**
        o **CARE** – a proprietary, individualized or group training curriculum developed by FCNI
        o **Crisis Intervention and Behavior Management Training**
        o **Medication Training**
        o **Specialized Training** – Required to meet Unique Foster Youth Needs
        o **Specialty Program Training**
        o **Risk Management**

      ▪ Intensive Services Foster Care Based Programs
Family Care Network Core Practice Model:

- Resource Parent Recruitment & Retention:
  - Training & Support:
    - Resource Parent Training Program, continued:
      - Annual Training Requirements
      - Training Reminder Procedures
  - Resource Parent Support:
    - One-on-one support & training,
    - Support groups,
    - Weekly clinical supervision,
    - Training & information meetings,
  - Respite Practices
Family Care Network Core Practice Model:

• Program Staffing:
  - Social Work Services
  - Rehabilitation Specialist
  - Mental Health Therapist
  - Educational Coordinator
  - Resource Family Development Specialist
  - Parent Partners
  - Other — It is a Best Practice to include community-based volunteers whenever possible to enhance the treatment process. FCNI routinely links clients with:
    - Mentors;
    - Interns;
    - Tutors and Reading Specialist; and
    - Community-based, community-linked services and supports
Family Care Network Core Practice Model:

- Integrated Services Approach:
  - Interagency Placement Committee
  - Child & Family Teams:
    - Requirements,
    - Expectations,
    - Use
Family Care Network Core Practice Model:

• “In the Trenches” the Nuts & Bolts of ISFC Panel:
  ➢ Placement Process:
    ✓ Referral Screening
    ✓ Placement & Matching Process
    ✓ Staff Assignment
  ➢ Assessment & Care Planning:
    ✓ Child & Family Teams
    ✓ CANS Assessment
    ✓ Safety Planning
    ✓ Needs & Services Planning
    ✓ Mental Health Treatment Planning
    ✓ Resource Parent Involvement
Family Care Network Core Practice Model:
• “In the Trenches” the Nuts & Bolts of ISFC Panel:
  ➢ Case Management & Client Monitoring:
    ✓ Agency roles & responsibilities
    ✓ Routine practices
    ✓ Critical incidents
    ✓ Plan updates
    ✓ CFT role
Family Care Network Core Practice Model:
• “In the Trenches” the Nuts & Bolts of ISFC Panel:
  ➢ Core Services & Supports:
    ✓ Permanency Services
    ✓ EPSDT funded Specialty Mental Health Services
    ✓ TFC Integration
    ✓ Resource Parent Role & Responsibilities
    ✓ 24/7 Emergency Services
    ✓ Transition & Aftercare Planning & Services
  ✓ Working with Medically Fragile:
    • Walden Family Services – Special Healthcare Needs Program(SHCN)
    • Heidi Dilley & Rochelle Emerick
WFS Special Healthcare Needs Program History (SHCN)

• Walden Family Services has been serving medically fragile children since 2001

• Foster and adoptive homes provide an alternative to hospitalization or institutionalized care for children with serious medical conditions

• Children in SHCN Foster/Adoptive placements are medically cleared to reside in a family environment, are active, able to attend school and other activities

• Walden SHCN parents are held to high standards of care and cooperation with medical plans for children
CA State Assembly Bill 636
“The Bates Bill”

Enacted into law on
February 22, 1993

The bill authorized placement of children with medical needs in specialized foster care homes who might otherwise be kept in hospitals or skilled nursing facilities, to give them a family environment
What makes a child medically fragile?

For a child to qualify for placement under California Law, one or both of the following must be present:

1. A chronic disease or illness that without proper care could rapidly lead to permanent injury or death.

2. Dependency upon medical technology for survival.
What Medical Needs do SHCN children have?

Each medically fragile child is unique, and therefore their treatment plans are individualized to fit their specific needs. Walden has worked with children who:

- Have a life threatening illness such as Diabetes, Cancer, Hepatitis, HIV, Leukemia, etc.
- Rely on Medical Technology such as Apnea Monitors, Feeding Tubes, Pacemakers, Kidney Dialysis, Oxygen, etc.
- Are born prematurely with failure-to-thrive, Shaken Baby Syndrome, in-utero drug exposure, or feeding, vision, breathing, hearing and other difficulties.
- Need short-term medical care due to an injury or short-term condition such as severe burns, head trauma, full-body casts, etc.
Walden’s Resource Parents of SHCN Children are...

• Usually full-time stay at home caregivers to accommodate care routines and frequent appointments

• Trained at an orientation plus individualized, child-specific training by a medical professional prior to providing any supervision/care for the child being placed in their care

• Able and willing to transport their medically fragile child to multiple medical appointments, birth family visits, school, or other outings as outlined by the treatment team

• Organized and detail-oriented, keeping accurate and timely records of medications, appointments, etc.

• Motivated to ensure that all of the child’s follow-up appointments are met and documented on health visit forms, and follow the child’s Individual Health Care Plan (IHCP)
Individual HealthCare Plan

- The IHCP is a legal, binding document that outlines the child’s specific medical needs and required follow-up.

- The document is prepared and signed by all team members at the Placement Meeting.

- Copies are provided to Resource Parents, Walden, and CSW.

- IHCP must be followed as written, and Walden Nurse can assist team in understanding specific requirements.

- IHCP is updated every 6 months by PHN or Walden Nurse Consultant.
Family Care Network Core Practice Model:

• **Miscellaneous Issues:**
  - Integrating Wraparound Services
  - Blended/Braided Rated Funding:
    - ISFC Rate
    - EPSDT Contract
    - Wraparound Integration
    - Community Resources

**ISFC Rate:**
ISFC providers will receive $6,092
$3,682 is for the ISFC provider
$2,410 is the minimum amount required to pay the Resource Parents, *Plus TFC increment if available*
Family Care Network Core Practice Model:

- **Miscellaneous Issues:**
  - Blended/Braided Rated Funding:

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

- **Outcome Tracking:**
  - Care Shepherd™
  - ITFC
  - CANS
  - CQI

**FCNI Outcomes** (ITFC/ISFC-Based): 770 Foster Youth = 89%

Success based on:
- Stabilized Family Placement
- Diverted from group home placement
- Reunification, permanency or transition to Independence
Family Care Network Core Practice Model:

- **Program Statement Addendums:**

  - WIC §18360 et seq./Program Statement Addendum Components:
    1. Agency Experience
    2. Program Description
    3. Program Goals
    4. Target Population
    5. Culturally Relevant Services
    6. Core Services
    7. Treatment Practices
    8. Needs & Services Planning
    9. Resource Family Approval
Family Care Network Core Practice Model:

• **Program Statement Addendums:**

  - WIC §18360 et seq./Program Statement Addendum Components:
    10. Program Staffing
    11. Treatment Services (SMHS)
    12. ISFC Resource Parents Requirements
    13. Resource Parent Philosophy, Training & Supervision
    14. ISFC Foster Youth Placement & Supervision
    15. Emergency Services
    16. Community Engagement
Family Care Network Core Practice Model:

- **Wrap Up:**
  - Additional Questions & Comments
  - Therapeutic Parent & Skills for LIFEBOOK
  - Addendum:
    - Therapeutic Parent & Skills for LIFEBOOK Flyer
    - FCNI Essential Elements of ISFC
    - Walden Family Services – Proposed Medically Fragile Placement Level Determination Matrix
  - Reception
**Addendum:**

The Therapeutic Parent is an easy to read, easy to understand step by step guide to therapeutic family and foster care. We have incorporated best-practices, evidence-based/informed methods, trauma informed interventions, cultural awareness and the most effective practices available today. The Therapeutic Parent will not only help the novice caregiver navigate the complex system of foster care, but it will also further develop the skills of a more seasoned caregiver.

The Skills for Life-Book is a revised and expanded second edition to the Lifebook. In this new edition, you will find a diverse approach to supporting a variety of users seeking the skills needed for self-sufficiency. This updated workbook has been redesigned to accommodate a wide range of ages and skill levels, providing a step-by-step guide to learn essential lifeskills in eight life domains. The Skills for Life-Book is appropriate for ages 14 years through adulthood, and can be tailored to focus on individual skill development needs. Life domains covered include: Planning & Organization, Educational Achievement, Employment & Career, Community Supports, Personal Living, Finance & Savings, Health & Safety, and Healthy Relationships.

**To order, go to fcni.org/books**

For questions or bulk pricing, please contact:

Allie Loucks at Family Care Network, Inc.
(805) 503-6275 • aloucks@fcni.org
Addendum:

- **FCNI Essential Elements of ISFC:**
  - **Voice and Choice:**
    - Foster parents are treated as “professional” members of the Family Care Network therapeutic foster care program.
    - Foster families, foster children/youth and their biological family (unless prohibited for safety reasons) are active partners at every level of the foster care process.
    - Foster parents are given “voice, choice and preference” in the planning and decision making process and their input is always valued.
    - As long as it is consistent with licensing regulations, foster parents are able to determine activities, behavioral incentives and interventions which fit with their family values and practices.
  - **Child and Family Teams:**
    - The Family Care Network’s therapeutic foster care program is a team-driven process.
    - The foster family, biological family, Family Care Network staff, child/youth and community connections work together to develop, implement and evaluate a coordinated case plan for each foster child.
    - The team may also include the child’s county placement worker, Mental Health, CASA and/or any other stakeholder involved in the life of the client.
Addendum:

• FCNI Essential Elements of ISFC:

  ➢ Natural Supports:

  ✓ The Family Care Network actively seeks out and encourages the full participation of a diverse group in the Youth and Family Team drawn from the family’s and child’s network of interpersonal and community relationships.

  ✓ The Family Care Network works to shift dependency on governmental systems and professional services to natural community supports and connections, seeking a balance of formal and informal family and community supports.

  ➢ Collaboration:

  ✓ The Family Care Network makes every effort to coordinate services and supports so they appear seamless rather than disjointed to the foster family, foster child/youth and their family.

  ✓ The Youth and Family Team works cooperatively and shares responsibility for developing, implementing, monitoring and evaluating the foster child’s case plan.
Addendum:

• FCNI Essential Elements of ISFC:
  ➢ Community-Based Services:
    ✓ The Family Care Network makes sure that services and supports provided to foster parents, foster children and their families are based in the community in which they reside.
    ✓ The Family Care Network helps foster families and foster children develop appropriate community supports and linkages.
  ➢ Culturally Effective Services:
    ✓ The Family Care Network makes sure that services and supports provided to foster parents, foster children and their families are built on the values, preferences, beliefs, culture and identity of the children, youth and families we serve and their respective communities.
    ✓ The Family Care Network recruits and trains foster parents who reflect the distinct values, beliefs and cultures of the children we serve in order to make appropriate, culturally competent placements.
Addendum:

• FCNI Essential Elements of ISFC:

➢ Individualized Services:

 ✓ The Family Care Network respects each foster family’s, foster child/youth’s and their biological family’s beliefs and traditions, and actively seeks to understand their unique perspectives and needs.

 ✓ Services are individually tailored to the unique situation, strengths and needs of each foster family, foster child/youth and their biological family.

 ✓ The Child and Family Team creates a specific services plan to meet the foster child/youth’s goals and needs, and unique characteristics and needs of the foster family.

 ✓ There will always be a crisis/safety plan to manage potential emergencies at the foster home and the child/youth’s family home during home visits.

➢ Strength-Based Services:

 ✓ The Family Care Network will develop and implement treatment and services plans and supportive activities which build on foster child/youth strengths, capabilities and positive characteristics, in full consideration of the unique strengths and skills of the child/youth’s foster family.
Addendum:

• FCNI Essential Elements of ISFC:
  ➢ Persistence:
    ✓ Despite challenges, the Family Care Network team persists in working towards completing the goals included in the child’s plan, with a positive attitude and a solution focused approach until the plan is successfully completed.
    ✓ The Family Care Network believes that undesirable behavior, events or outcomes are not an indication of “failure”, but instead reflect that there may be a need for alternative or modified plans for meeting the foster child’s needs.
    ✓ The Family Care Network understands that there may be instances where the foster child’s/youth’s behaviors present a risk to their and/or the foster family’s safety, and that case plans must be modified in order to meet the child’s and family’s needs.
  ➢ Outcome-Based Services:
    ✓ The Family Care Network uses observable and measurable indicators to measure outcomes and monitor foster children/youth, foster family and biological family’s progress toward identified case plan goals, and to modify case plans accordingly.
### Addendum:

**WFS - Medically Fragile Placement Level Determination Matrix**

<table>
<thead>
<tr>
<th>Assessment Area</th>
<th>CCR - Level of Care 4 SHCN - Simple Medical Condition</th>
<th>CCR - Level of Care : Intensive Foster Care Services SHCN - Complex Medical Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Neurological Issues</strong></td>
<td>- Controlled seizure disorder with medications</td>
<td>- Seizure disorder not controlled with medication</td>
</tr>
<tr>
<td></td>
<td>- Establish cerebral shunt, over 6 months ago</td>
<td>- Breakthrough seizures</td>
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<tr>
<td></td>
<td>- Child over 2 years of age</td>
<td>- Cerebral shunt placed or revised less than 6 months</td>
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<tr>
<td></td>
<td></td>
<td>- Child under 2 years of age</td>
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<tr>
<td><strong>Respiratory Care</strong></td>
<td>- Reactive airway disease diagnosis in child under 2 years</td>
<td>- Moderate or severe asthma diagnosis requiring daily respiratory treatments, supervision and monitoring</td>
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<tr>
<td></td>
<td>- Requires as needed medication and treatment</td>
<td>- Regular follow-up with Pulmonologist required</td>
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<tr>
<td></td>
<td>- Mild asthma diagnosis with as needed treatment</td>
<td>- Cystic Fibrosis</td>
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<tr>
<td></td>
<td>- Intermittent oxygen, stable condition</td>
<td>- Continuous oxygen or intermittent oxygen and unstable condition</td>
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<tr>
<td></td>
<td>- Apnea monitor, minimal apnea spells</td>
<td>- Tracheotomy</td>
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<tr>
<td></td>
<td></td>
<td>- Ventilator dependent</td>
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<tr>
<td></td>
<td></td>
<td>- CPAP required while sleeping</td>
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<tr>
<td></td>
<td></td>
<td>- Apnea monitor with ongoing apnea spells or other respiratory diagnosis</td>
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<tr>
<td><strong>Wound care/Fractures</strong></td>
<td>- Simple fracture</td>
<td>- Daily or more sterile dressing changes (burns, large wounds)</td>
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<tr>
<td></td>
<td>- Simple wound care/dressing changes, healed without infection</td>
<td>- Spica cast</td>
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<tr>
<td></td>
<td></td>
<td>- Newly placed prosthetic for missing appendage (6 mos post op)</td>
</tr>
</tbody>
</table>
**Addendum:**

- **WFS - Medically Fragile Placement Level Determination Matrix**

<table>
<thead>
<tr>
<th>Assessment Area</th>
<th>CCR - Level of Care 4 SHCN - Simple Medical Condition</th>
<th>CCR - Level of Care - Intensive Foster Care Services SHCN - Complex Medical Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diabetes</strong></td>
<td>- Oral hypoglycemic medications</td>
<td>- Insulin dependent diabetics - caregiver administers or supervises injections, monitors blood glucose levels, counts carbs</td>
</tr>
<tr>
<td><strong>Elimination</strong></td>
<td>- Constipation managed with medication or occ. suppository - Mild, occasional enuresis, encopresis</td>
<td>- Colostomy/ileostomy/vesicostomy/urostomy - Persistent enuresis, encopresis &gt; 5 years of age - Renal dialysis - Peritoneal dialysis</td>
</tr>
<tr>
<td><strong>Hematology Disorders</strong></td>
<td>- Stable sickle cell, hemophilia, Von Willebrands disease</td>
<td></td>
</tr>
</tbody>
</table>
## Addendum:

- **WFS - Medically Fragile Placement Level Determination Matrix**

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</tr>
</thead>
</table>
| **Potentially life-threatening diseases/Communicable infection control precautions** | - Suspected HIV or HEP C per material positive screening  
- MRSA exposed but not diagnosed | - HIV/AIDS positive blood test  
- Hepatitis C  
- Requires anti-viral treatment, infectious disease follow up and strict handling of all bodily fluids  
- MRSA diagnosed |
| **Dietary Needs/Feeding Issues**                     | - Failure to thrive (if this is the only diagnosis)  
- Has supplemental nutritional drinks  
- High calorie dietary needs | - GT supplements or continuous feeds  
- Close monitoring of intake  
- Cleft lip/palate pre-surgery with feeding issues/concerns  
- Monitoring for weight gain, aspiration, etc. |
| **Potentially life-threatening diseases - Non-communicable** |                                   | - Receiving chemotherapy for cancer treatment  
- Post-op organ transplant requiring medications and close monitoring by caregiver for relapse rejection or complications  
- May require isolation or limited exposure  
- Severe chronic cardiac problems  
- Central line actively (PICC, Broviac, Port-a-Cath, Hickman) |
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