

GUIDELINES for FY09 Family Foster Care, Group and Shelter Contracts

ALL REQUESTS for foster, group and shelter placements MUST come through the Foster Care Unit during office hours. For group care placement permission must be given by central office (Aida Torres) prior to submitting referral. In order to effectively utilize our resources, we need to make sure that we are matching children/youth to the most appropriate available resource. (For example, we do not want to use a shelter space for a child we can place in a foster home. We want to save the shelter spaces for children/youth who are more difficult to place or come in after hours.) Caseworkers must be given prior approval for placements by foster care coordinator. Under no circumstances should caseworkers call providers (including the shelters) directly to arrange a placement (separate instructions are provided for after hours shifts).

You may read the entire contracts on the s-drive under either John Bates' or Nicole Cunningham's names (s – contract – N-Cunningham or J-Bates – FY09). The name of the contract manager is indicated with the contract information below. If you ever have concerns about the quality of service provided, please address the issue with the provider first and then make your concerns known to the contract manager. Things will not change or get better unless we work together to address and resolve problems.

SHELTERS

- **Gov. Terry Shelter (762-5566)** Gov. Terry Shelter continues to care for youth ages 9 – 17. Exceptions to take younger children can sometimes be made – especially for sibling groups. *Caseworkers are expected to submit a Level of Care form requesting placement as soon as a child is placed in a shelter and to participate in weekly reviews at the shelter as the worker and shelter staff help prepare the child for a foster/group placement or return home.* As a general rule, shelter placements should be for no longer than 30 days. Under special circumstances, the shelter does have some capacity to keep kids up to 90 days when it is in the best interest of the child. *A new feature of this contract is that Child, Inc., parent organization of the shelter, has offered to allow workers to arrange family/sibling visits at the Child Inc. office at 507 Philadelphia Pike. Arrangements must be made with Child, Inc. in advance. The Child Inc. office is near the shelter.* Planning is a collaborative process. The DFS caseworker has primary responsibility for planning with the family and for completing and implementing Plans for Child in Care. (Contract Manager: Nicole Cunningham)
- **Children and Families First Shelter Homes (658-5177).** This contractor has converted some homes trained to be IRT foster homes into shelter foster care homes. They are able to accept children/youth ages 9 - 17 with challenging behaviors as long as they are not a danger to themselves or to others. When caseworkers refer a child who needs immediate placement and a foster home cannot be found due to the difficulty of care, the Foster Care Unit will use these

shelter foster homes. By the end of June there will be 8 shelter homes in Kent/Sussex and 1 shelter home in New Castle County. During daytime hours, the Foster Care Unit will call the C&FF Intake Worker who will provide information about the shelter foster home available. This information will then be provided to the caseworker so placement arrangements can be made. *Caseworkers are expected to submit a Level of Care form requesting placement as soon as a child is placed in a shelter foster home and to participate in weekly reviews.* As a general rule, shelter placements should be for no longer than 30 days. Under special circumstances, the shelter foster homes do have some capacity to keep kids up to 90 days when it is in the best interest of the child. Planning is a collaborative process. The DFS caseworker has primary responsibility for planning with the family and for completing and implementing the Plans for Child in Care. (Contract Manager: John Bates)

GROUP HOMES

- **Elizabeth W. Murphey School's (734-7478)** contract has been renewed for 28 beds---children/youth from ages 9 – 17. Exceptions to take younger children can sometimes be made – especially for a sibling group. Referral to Murphey must be approved by central office (Aida Torres) prior to contacting Murphey. Murphey School is appropriate for children/youth from neglectful or abusive homes who need to be stabilized and socialized before they can succeed in a foster home. Murphey is also appropriate for children/youth who have not been able to tolerate the intimacy of a foster family or who have been in several homes and failed. Often these children/youth do better in structured group setting. Planning is a collaborative process. Murphey School will plan with families when appropriate at the Murphey counseling office and will arrange visits with parents/siblings at Murphey School. Murphey School has primary responsibility for completing and implementing the Plan for Child in Care. (Contract Manager: John Bates)
- **People's Place II (424-3580) in Milford have two group homes:** One group home for girls 8 girls ages 12 – 17, one group home in Townsend for Boys 12-17 and a duplex in Milford for 4 boys and 4 girls ages 12 – 17. All referral to People's Place II group homes must be approved by Central Office (Aida Torres) will give caseworkers permission to make referrals based on vacancies. People's Place II is primarily intended for youth stepping down from psychiatric or drug/alcohol treatment facilities or for youth who have had multiple failed placements. These group homes are for youth with more challenging behaviors than can be accommodated in a foster home or at Murphey School. Planning is a collaborative process. People's Place II will work and plan with families when appropriate. The contractor has primary responsibility for completing and implementing the Plans for Child in Care. (Contract Manager: Nicole Cunningham)

- **Our Lady of Grace (738-4658)** in New Castle County accepts up to 5 children ages 5 – 9. This is an especially appropriate placement for a young sibling group. Planning is a collaborative process. The caseworker has primary responsibility for planning with the family. The caseworker and the contractor will jointly develop the Plans for Child in Care with the contractor having primary responsibility for implementing the Plan. (Contract Manager: John Bates)
- **Bayard House – Home of Divine Providence – (654-1184)** is for pregnant teens. Caseworker will work with foster home coordinators to make referral for this group home. *A great new feature of this contract is that there is now a possibility for teen mothers and their babies to stay in this program for up to six months following the birth of the baby (for teen mothers who have been in the program during their pregnancy only).* Planning is a collaborative process. The caseworker has primary responsibility for planning with the family and for completing and implementing the Plans for Child in Care. (Contract Manager: John Bates)

FOSTER CARE

Regular foster care has been greatly reduced for all of our providers. What our contractors will now primarily offer is specialized, treatment or special medical foster care. All referrals for foster care placement must be made through the Foster Care Unit. It is important that planning remain a collaborative process with our contractors and their foster parents. Contractors will have primary responsibility for planning with birth families. (When there is more than one child placed in foster homes of more than one agency, the DFS caseworker will most often have primary responsibility for planning with birth families.) Contractors will also have primary responsibility for developing and implementing the Plans for Child in Care. DFS caseworkers will collaborate in planning and will provide oversight. Below is a brief description of each category:

Basic or Regular Foster Care – LOC 1 – 3, GTF 1-2

Specialized Foster Care – GTF 3 The foster family will care for no more than two specialized children at a time. The foster family is expected to participate in all service planning meetings, school meetings, medical and dental appointments, mental health appointments and treatment and other service areas on behalf of the child. This will include providing transportation most of the time. These families must be able to provide a well-supervised, consistent structured environment. This category includes teen mothers parenting their babies.

Treatment Foster Care – GTF 4 and 5 The foster family will care for one adolescent who, because of past history characterized by abuse, neglect, abandonment, adjudication and other serious trauma, exhibits a wide range of behavioral and emotional issues and needs. These youth may be returning from residential/institutional care after receiving maximum benefits from the placement facility. Adolescents with offenses adjudicated for inappropriate sexual behavior, those at risk or who have a history of runaway, and

those with conduct disorder will fall into this category. The treatment family is the primary focus of intervention with youth in family foster care. The treatment parents are responsible for carrying out in-home treatment strategies designed by the treatment team and specified in the treatment plan. They are expected to integrate any treatment services provided outside the home. The treatment family is expected to participate in all service planning meetings, school meetings, medical and dental appointments, mental health appointments and treatment and other service areas on behalf of the child. This will include providing transportation most of the time. These families must be able to provide a well-supervised, consistent structured environment. The provider must have the services of a licensed behavioral health professional available for consultation.

Specialized Physical and Medical Foster Care – Generally GTF 3 This category is for young children who have acute or chronic medical disabilities. These children require extensive medical supervision and constant caretaker attention. Some examples of conditions may include but are not limited to diagnoses of AIDS, cerebral palsy, spina bifida, recovery from acute surgery and high-risk infants. Some children may be technology dependent and may require private duty nursing as well as family foster care. The foster family is expected to participate in all service planning meetings, school meetings, medical and dental appointments, mental health counseling and treatment. This category includes children/youth with developmental disabilities – those with chronic disabilities that result in substantial functional limitations in major life activities such as self-care, receptive and expressive language, learning, mobility, self-direction and the capacity for independent living. Low functioning children/youth with developmental disabilities who are adjudicated delinquent may be served in this program area.

Here is a list of contractors and the number of beds in each category:

Children's Choice (Contract Manager: Nicole Cunningham)

- Regular (10 beds)
- Specialized (39 beds)
- Treatment (10 beds)
- Special medical (2 beds)

Pressley Ridge (Contract manager John Bates)

Treatment (18 beds)

Children and Families First (Contract Manager: John Bates)

- Regular (15 beds)
- Specialized (12 beds)
- Treatment (6 beds)
- Special Medical (5 beds)

CHILD, Inc. (Contract Manager: Nicole Cunningham)

- Specialized (20 beds)

NET (Contract Manager: John Bates)

- Specialized (4 beds)
- Treatment (4 beds)
- Sex offender (4)

Progressive Life (Contract Manager: John Bates)

- Specialized (10 beds)
- Treatment (7 beds)

First Home Care (in VA) (Contract Manager: Nicole Cunningham)

- Sex Offender (Foster Care – 2 beds)
- Sex Offender (Group Care – 1 bed)

People Place Group Home (Contract Manager – Nicole Cunningham)

- Girls Milford 8 beds
- Boys Townsend 8 beds
- Coed Milford 4/4

Elizabeth Murphey Group Home (Contract Manager John Bates)

- Coed 28 beds

Our Lady of Grace Group Home (Contract Manager John Bates)

- Young Sibling Groups 5 beds

FOSTER CARE CONTRACTUAL SERVICE DESCRIPTION

A. Family Foster Care

1. Regular Foster Care (25 Slots)

This care is designed primarily for children who have no unusual special needs or have mild special needs requiring regular medical or therapy appointments. Legal Risk foster care/adoptive families (a subset of Regular foster care) is designed for children who may become free for adoption. The foster family would work with

the birth family toward reunification but, if that were not possible, the foster family would be the long-term resource for the child through to adoption.

Service and Provider	Slots
Regular Foster Care	25
Children's Choice	10
Children & Families First	15

2. Specialized Foster Care (85 Slots)

This care is designed for emotionally disturbed children or adolescents requiring more supervision and structure. The program should anticipate providing ongoing training and support services such as behavior management, respite and recreational aides as needed. Specialized foster care also includes teen mothers parenting their baby. The foster family will be expected to model and teach appropriate parenting and child rearing to the adolescent mother.

Service and Provider	Slots
Specialized Foster Care	85
Children's Choice	39
Children & Families First	12
Child, Inc.	20
NET	4
Progressive	10

3. Treatment Foster Care (51 Slots)

This care is designed for children or adolescents with behavioral or emotional disturbances or mental health problems that may have necessitated residential treatment. Adjudicated youth that have completed their residential treatment goals or program requirements and require an intensive step down service may also be included in this category. These youth may be returning from residential/institutional care after receiving maximum benefits from the placement facility. Adolescents with offenses adjudicated for inappropriate sexual behavior or those with conduct disorders will fall into this category. The child's behaviors are such that the professional staff feels he/she is in need of treatment foster care in order to solidify the gains made in prior residential treatment. The Division is

especially interested in a program that can approve families who are willing to work with youth while they are participating in residential treatment with the goal of placement with them when treatment is completed.

Service and Provider	Slots
Treatment Foster Care	51
Children's Choice	10
Children & Families First	6
Pressley Ridge	18
NET	4
Progressive	7
Sex Offender Foster Care	6
First Home Care (in VA)	2
Net	4

4. *Specialized Physical and Medical Foster Care (7 Slots)*

This care is designed for children who have acute or chronic handicapping conditions which may be life threatening without routine specialized medical care and treatment. Children with developmental disabilities will also be served in this program area. These chronic disabilities, which are attributable to mental or physical impairments, tend to be life-long and results in substantial functional limitations in major life activities such as self-care, receptive and expressive language, learning, mobility, self-direction, and the capacity for independent living and economic self-sufficiency. The successful bidder will outline how they will serve this population and provide a plan that will integrate supportive services to foster families including respite care.

Service and Provider	Slots
Specialized Medical Foster Care	7
Children's Choice	2
Children & Families First	5

B. Shelter Care (19 Slots)

This care provides up to thirty days of shelter and situational/crisis intervention counseling for children age nine through eighteen (9 to 18). If a child needs to remain in care beyond 30 days, the contractor should have the capacity to serve up to four children/youth in the shelter as group care.

Service and Provider	Slots

Shelters	19
Child, Inc.	10
Children & Families First	9

C. Group Care (58 Slots)

This care is designed for those children who, at time of placement, cannot manage intimate family relations. These children and youth may have had multiple placements, may have run away, or suffer from a number of behavioral or emotional disturbances. These children and youth can typically manage for a period of time in a more structured group setting until they are ready for and can function in a family setting; Age range 9 – 17, except Our Lady of Grace that serves ages 5 – 9.

Service and Provider	Slots
Group Homes	58
Bayard House (Preg. Teens)	1
Murphey School	28
Our Lady of Grace (5-9)	5
People's Place (Girls only)	8
People Place (boys only)	8
People's Place (4-male / 4-female)	8