

ALTERNATIVE FAMILY CARE (CHILD RESPITE SERVICES)

I. Definition of Service

Alternative Family Care is available to children or adolescents who have been voluntarily placed directly into respite or temporary foster care by their parent or legal guardian. The child is placed in a safe and secure home with one or more adult caregivers who have received specialized training in the care of children/adolescents with emotional or substance abuse disorders. This level of care provides more intensive treatment and supervision than traditional or kinship family placement.

Services that may be provided in this setting include supervision, mentoring, counseling, behavioral management and crisis intervention, as needed. The care coordinator, in collaboration with the Alternative Family Care parents, assures that the youth receives needed psychiatric and/or psychological treatment services, medical care and education.

This level of care is considered transitional. It is typically appropriate for children/adolescents who have been recently discharged or are being diverted from residential treatment, or who need maintenance in the community while transitioning between placements or different levels of care.

II. Admission Criteria

All of the following are necessary for admission to this level of care:

- A. The child/adolescent demonstrates symptoms consistent with a covered DSM-IV-TR diagnosis, which requires and can reasonably be expected to respond to therapeutic intervention.
- B. The child/adolescent exhibits unpredictable, risk-taking, or problematic behaviors significant enough to warrant placement in a structured home environment to support his/her efforts to meet basic needs, utilize appropriate judgment and coping skills, and comply with treatment.
- C. The child/adolescent demonstrates a capacity to respond favorably to counseling and training in areas such as problem solving, life skills development, and medication compliance.
- D. The child/adolescent demonstrates the capacity to function adequately in a family and community environment with the added structure of a specialized family care program, and it has been determined that he/she cannot reside with his/her biological, adoptive, or surrogate family at the time of admission.
- E. A thorough evaluation is conducted to assess factors which may impact the appropriateness of the placement, including but not limited to psychosocial, occupational, educational, cultural and linguistic issues and should be considered when making level of care decisions.

III. Exclusion Criteria

Any of the following are sufficient for exclusion from this level of care:

- A. The child/adolescent requires a higher or lower level of care.
- B. Other less or more restrictive living arrangements are needed to meet the child/adolescent's needs.
- C. The child/adolescent has medical conditions or impairments that would prevent beneficial use of services, or the child's lack of stabilization on medications would impede placement at this level of care.
- D. The primary problem is social, economic, or medical (i.e., housing, family conflict, etc.) without a concurrent covered psychiatric condition, or admission is being used as an alternative to incarceration.

IV. Continued Stay Criteria

All of the following are necessary for continued treatment at this level of care:

- A. The child/adolescent's condition does not meet criteria for a higher or lower level of care.
- B. Treatment planning is individualized and appropriate to the individual's changing condition with realistic and specific goals and objectives aimed at achieving discharge from this level of care in the most time-efficient manner consistent with sound clinical practice. Treatment may include family or other support systems, social, occupational, and interpersonal goals.
- C. Progress toward the goals of treatment is clearly evident, or adjustments have been made to the treatment plan to address the lack of progress.
- D. Care is rendered in a clinically appropriate manner and focused on the child/adolescent's behavioral and functional outcomes described in the treatment plan.
- E. Treatment includes psycho-pharmacological interventions, when medically necessary.
- F. Family care interventions are coordinated with external systems or providers, including behavioral health care, the Department of Social Services, medical providers, probation, and others, as necessary.
- G. Ongoing problems with the child/adolescent's home that would negatively impact a successful return to that environment.

V. Discharge Criteria

Any of the following are sufficient for discharge from this level of care:

- A. The child/adolescent meets criteria for a higher or lower level of care.
- B. The child/adolescent, family, guardian, and/or custodian is not participating in treatment or following program rules to such a degree that Alternative Family Care is ineffective or unsafe, despite multiple documented attempts to engage their participation.
- C. Consent for treatment is withdrawn.
- D. The child/adolescent is not making progress toward treatment goals and there is no reasonable expectation of progress at this level of care.

VI. Frequency of Review

Daily