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# NORTH SOUND REGIONAL SUPPORT NETWORK CHILDREN'S HOSPITAL ALTERNATIVE PROGRAM

## STANDARDS OF CARE

### Definition

The Children's Hospital Alternative Program (CHAP) is a treatment foster care program that is intended to provide intensive, community-based, wraparound services to children/youth with serious emotional/behavioral disturbances and their families. The values inherent in the CHAP philosophy define the practice. Values, policies and practice are inextricably linked. Core values include:

- Child/family voice (the parent/child was heard and listened to at all junctures of planning) and choice (the parent/child had a valid option at inclusion in the decision making process),
- Integration of services and systems,
- Flexibility in approaches to working with families,
- Care that is unconditional, individualized, strengths-based, family-centered, culturally competent, and community-based.

### Eligibility Criteria

Children/youth ages 5 through 17 with serious emotional/behavioral disturbances  
Global Assessment of Functioning of 40 or below  
Compatibility with a community-based program  
Voluntary

### Intake Process

CHAP staff will record all incoming calls requesting information and/or services in a CHAP Intake Log. At the point of first inquiry, no screening will occur. It is the role of CHAP staff to accept referral information and to mail out applications and written program descriptions.

The Intake Log will include:

- Name of caller,
- Date of call,
- Phone number of caller,
- Name of child/family needing services,
- Child's existing DCFS/NSRSN connections, and

- Disposition (i.e., date that Program information packet and application was mailed out). When the completed application is received by the Program, CHAP staff will copy and mail to both the designated DCFS and NSRSN representatives within 5 working days. This activity will be recorded in the Intake Log.

*The DCFS and NSRSN CHAP representatives will meet monthly to review applications and following that review, CHAP intake staff will be advised to take the following next steps, which will also be recorded in the Intake Log:*

- Schedule that child for review by the Inter-Agency Review Committee and add supplemental information (including DCFS Group Care packet, CHAP interviews with key informants, CHAP summary of information to assist Committee with screening decisions) to the application packet in preparation for the upcoming Committee meeting  
or
- Inform referral source of decision not to pursue CHAP at this time.

### **Inter-Agency Review Committees**

Each CHAP program will develop and maintain a consistent Inter-Agency Review Committee that will meet at a frequency needed to maintain capacity and accomplish the tasks defined below.

The Committees will be comprised (at a minimum) of the following members, with each group represented having one vote:

- A regular delegate from DCFS, or their designee (1 vote)
- A regular delegate from NSRSN/Snohomish county, or their designee (1 vote)
- CHAP program staff to include only: The program manager or designee, the Clinical Director, the program Intake Staff, the foster home recruiter, and the support staff recorder (1 vote)
- A tribal representative – for those programs whose county’s incorporate tribes (1 vote)
- Representative from an independent family or consumer/advisory group (1 vote) and
- Representatives from at least one local allied system, i.e. DDD, Juvenile Justice, schools, etc. (1 vote each)

CHAP Inter-agency Review Committees will be expected to represent the diversity of the communities they serve and to develop Committees that include at least six diverse groups, i.e., (DCFS, NSRSN, provider, Tribal representative, consumer advocate/family advocates and at least one other local child-serving system).

CHAP staff will chair Committee meetings and take adequate steps to assure confidentiality during this process.

Decisions will be made by majority vote. Four voting members will constitute a quorum. Of that quorum, the funders (DCFS and NSRSN/Snohomish County) and the

CHAP provider must be represented, along with at least one other voting member of the Committee.

### **Role of Inter-agency Review Committees**

1. Determine eligibility and compatibility with the program model for applications that have been screened and referred by DCFS and/or NSRSN
2. Make program acceptance/denial decisions
3. Advocate for safety and supervision needs
4. Suggest alternative treatment approaches and referrals for children and families denied by this Committee
5. Brainstorm treatment approaches for children accepted
6. Review Program updates – discharges, etc.
7. Review waitlists of children previously accepted and make service recommendations
8. Review requests for service extensions, make recommendations and extension decisions.
9. Keep formal meeting minutes

### **Formal minutes of Inter-Agency Review Committee Meetings will include:**

- Members in attendance or absent
- Program updates (i.e., program issues)
- Waiting list updates and committee recommendations
- Updates on child/youth currently being served in CHAP
- Referrals/applications with committee decisions
- Extension requests with committee decisions
- Next meeting date

## **Program Standards**

### **1) Self-Contained Treatment Team**

- a) Services shall be provided by a treatment team of skilled CHAP clinicians who share a common identity and purpose and serve a limited number of clients. CHAP clinicians will have expertise in serving children/youth with serious emotional/behavioral disturbances, and be trained and supported to implement the CHAP model.
- b) Programs will provide sufficient staff to support the service plan and the child's success in the home/foster home.

### **2) Crisis Response**

- a) Crisis services shall be provided on a 24-hour basis by CHAP staff who are familiar with the children and their families.

- b) Children/youth in the program and their families (biological and foster) shall have 24-hour direct access to an on-call staff member who is available for telephone and/or face-to-face intervention.
- c) Every child/youth will have a crisis plan that contains specific interventions/strategies (i.e., who does what, when). This plan will be updated as dictated by changing circumstances, but at least every 180 days.

### **3) Foster-home based Treatment Model**

- a) Each child/youth accepted into the program shall be matched with a specific family who will provide either the out-of-home placement and/or the ongoing respite (regularly scheduled and emergency) for that child, regardless of their in-home or out-of-home status.
- b) Foster parents are professional team members. They are active participants in the treatment planning process and play a key role in the implementation of those in-home treatment strategies which are part of the overall treatment plan.
- c) Foster parents are supported with respite (both regularly scheduled and emergency), frequent face-to-face contact with clinical staff, assistance during crisis, ongoing training, peer support groups and other necessary services to prevent burnout.

### **4) Respite**

- a) A minimum of two nights (48 hours) respite per month shall be provided for every CHAP client, regardless of in-home or out-of-home status.
- b) Emergency respite shall be available to all CHAP clients. Emergency respite shall be provided by the child's regular respite provider whenever possible.

### **5) Intensity of Services**

- a) A comprehensive array of therapeutic services shall be provided at the level of intensity necessary to stabilize the child and family, promote positive change and assure successful community integration.
- b) Staff will have the flexibility to use resources as needed to intensify services.
- c) Treatment teams will have the capability to change strategies and revise the service mix in order to achieve desired outcomes.

### **6) Psychiatric Services**

- a) The CHAP psychiatrist shall evaluate all children at intake and shall participate in all subsequent 90-Day Reviews/Quarterly Meetings.
- b) The psychiatrist provides medication evaluation and ongoing management/monitoring or consultation with community prescribers/primary care providers, as needed, for all CHAP clients.

- c) The psychiatrist shall be available for consultation with CHAP staff a minimum of one hour per week, and for emergency consultations as needed.

#### **7) Community-Based Services**

- a) The majority of CHAP services shall be provided in the home or in other community environments, rather than in the office. CHAP staff shall provide intensive modeling and training through face-to-face interventions in community settings.
- b) Services shall include the development and enhancement of natural supports. The community is enlisted to provide support and assist the family with problem solving. The goal is for families to become more independent and self-reliant, in preparation for transition to less intensive services.

#### **8) Individualized Treatment Plan**

- a) Each CHAP client shall have an individualized treatment plan.
- b) Treatment plans shall be individualized, developed in collaboration with the child and family, and build upon child/family strengths.
- c) The treatment plan will outline a clear strategic plan that will be used to guide the provision of service and focus the team's efforts on achieving specific goals.
- d) The treatment plan will break goals into do-able steps that enable the child and family to recognize and celebrate progress at each accomplishment.
- e) Treatment plans will be updated as needed to reflect the changing circumstances of the child/family and revisions in treatment strategies.

#### **9) Quarterly Team Meetings and Progress Reports**

- a) Quarterly team meetings will be scheduled for all CHAP clients.
- b) A Quarterly Report summarizing progress and detailing goals/strategies for the next quarter will be generated from this meeting and distributed to all team members.
- c) Discharge/Aftercare planning is addressed at each Quarterly Review.
- d) The final Quarterly Report will include a summary of treatment progress and recommendations for future services.

#### **10) Extension Requests**

- a) All requests for extensions beyond the expected length of stay (six months for in-home, twelve months for out-of-home), shall be submitted in writing to the Interagency Review Committee.
- b) All requests shall include a summary of the progress to date, rationale for extended treatment, and a specific plan for accomplishing the identified needs.

- c) The CHAP team is responsible for formulating an alternate discharge plan in the event that an extension is denied by the Committee.

### **11) Discharge to Aftercare**

Aftercare is a six-month transitional period that follows the completion of formal CHAP services. The purpose of Aftercare is to gradually reduce services and continue to support the child/family as they transition to outpatient or less intensive services.

- a) All CHAP clients shall have an Aftercare Plan developed prior to discharge from CHAP Treatment Services.
- b) The CHAP team will formulate an individualized Aftercare Plan that is based on the specific needs of the child/family.
- c) The CHAP team either implements the follow-up plan directly or arranges for its effective implementation. CHAP continues to offer consultation as needed.
- d) All CHAP team members are formally notified when Aftercare services will begin.
- e) All team members are informed about service expectations, team members' responsibilities, and goals for this phase of treatment.
- f) The CHAP treatment team assures a planful transition into Aftercare services.