

Community Residential Rehabilitation Host Home

VBH-PA Practice Standards

Community Residential Rehabilitation (CRR) Host Homes are child treatment programs that are licensed under Chapters 5310, 3860 and 3130 of the Pennsylvania Code and certified by the Office of Mental Health and Substance Abuse Services (OMHSAS) and the Office of Children, Youth and Families (OCYF). CRR host homes are family dwellings that provide 24-hour living arrangements and mental health treatment for children and adolescents whose psychiatric and/or behavioral health needs are such that they cannot be treated effectively within their own home, but can benefit from treatment in a natural home like environment within a community. It is an important level of care within the continuum of child and adolescent mental health treatment.

The CRR Host Home level of care may be a good treatment option for young children requiring out of home treatment, older adolescents with mental health needs who are preparing to live independently, children whose mental health symptoms are expected to improve in a family environment rather than group treatment environment, as a step down from RTF, or as an increased intensity of service when community and home based interventions are not sufficient. The goal of treatment in a CRR Host Home is to stabilize the child's mental and/or behavioral health symptoms enough for return to the legal family, or to foster care or independent living.

The goal of this document is to develop standards and outline practice guidelines for treatment of youth in CRR host homes. These standards are intended to clarify expectations and define the parameters of reasonable practice for the provision of CRR host homes. Overall, this document is reflective of the current level of quality within the network and the commitment of all stakeholders to continually strive to improve the quality of CRR host homes.

These standards are intended to support, not replace, licensing, accrediting and credentialing regulations in the state of Pennsylvania. In some instances, the standards exceed baseline licensure requirements. The standards were developed through a series of meetings hosted by VBH-PA, with representatives from all network CRR host home providers, county representatives, and representatives from oversight entities.

Staffing Requirements

The treatment staff in a CRR Host Home includes host parents, therapists, case managers and support staff.

Therapists are Master's prepared mental health clinicians. A license is preferred but not required. Therapists are required to complete an initial pre-service training program. The therapist will also

complete a minimum of 40 hours of applicable training annually, no more than 20 hours of which are provided by the direct supervisor.

The home case manager must have a bachelor's degree and 2 years' experience working with youth who have behavioral health disorders. The home case manager will also complete a minimum of 40 hours per year of training and related education, at least 20 hours of which is not provided by the direct supervisor.

Host Parents

Becoming a CRR host family is an extraordinary commitment. It involves passing the selection process, meeting specific standards, and completing many hours of training. Most importantly, it is a commitment to an ongoing relationship with the service provider, in a partnership to provide a safe and therapeutic home for a high risk youth.

CRR is considered a residential level of care and is dually licensed. Providers must therefore ensure that their host families meet both OMHSAS and OCYF requirements.

Host parents must commit to be on site whenever the youth is present. The host parent lives within the home, and is responsible for the daily care of the youth, except when relief or respite care is arranged by the provider agency for brief time periods.

Potential host parents must:

- Have a minimum of a high school education
- Pass Child Abuse, criminal and FBI clearances
- Receive orientation to help them understand the needs of youth who use this service, and host parent responsibilities.
- Review all program policies and procedures
- Have positive references

All prospective host parents must take part in bi-annual physical health evaluation and be free from significant illness.

Prospective host parents complete a study–evaluation process to determine if they are suitable candidates, and what types of children they may serve.

VBH-PA recommends that the CRR provider agency begin the study-evaluation period by conducting a prospective host parent orientation. At the initial orientation session, experienced host parents should be present and talk to applicants about life with a foster child. Candidates for host parenting should also hear about actual cases, to help them better grasp the significant behavioral and mental health issues that may be present in the children they will host.

Host Home

An in-depth home study is also required prior to accepting the applicants as a host family. The home study includes:

- Financial documentation (10 years of income history; ensuring income stability and sufficiency)

- Evidence of safe driving
- Ensuring that all family members are free of communicable diseases
- Home safety, including:
 - Water source (if waster source is from a well, then water is tested)
 - Available space as it relates to mandated requirements
 - Railings on stairs and other safety features

If the host family is accepted, the home study will be reviewed annually and the home physically re-evaluated every year. The providing agency will have a policy and procedure in place to address how concerns with the physical environment and corrections are addressed, as well as when a home study must be updated or revised. For example, an addendum to the home study is necessary if there is a change in household composition. It is expected that issues with home safety and livability must be addressed in writing by the CRR provider agency following any negative event..

Host Parent Training

Host parents complete initial and ongoing formal training pertaining to mental health treatment of children, safety concerns, and specific regulations and policies. Typically, parents are trained by a combination of teaching offered by program staff from the CRR provider agency, academic programs and participation in conferences or workshops.

Initial training related to the host parent role in mental health treatment of children should include the following basic topics:

- Emergency medical and first aid training, including CPR.
- Safe crisis management and de-escalation techniques.
- Principles of child care and limit setting
- Child abuse recognition and responsibilities
- Basic household safety, including fire safety and evacuation
- Confidentiality and HIPAA regulations
- Medication administration, storage and documentation
- Overview of children’s mental health diagnoses
- Daily documentation
- CRR provider agency policies, including reporting injury or illness
- CASSP principles

Additional training in related topics, such as behavioral health techniques, collaboration with biological parents and schools, utilizing community resources and parenting skills are expected

Ongoing education for all host parents will follow regulatory requirements and must be done at the following level at a minimum:

- Primary Host parent = 40 hours per year
- Secondary Host parent = 20 hours per year

- Crisis management, HIPAA, OSHA requirements are reviewed annually
- CPR recertification every 2 years

Training and supervision will specifically address the requirements of mandated child abuse and neglect reporting. Prior involvement of office of Children and Youth (OCY) may not excuse the provider from reporting suspected child abuse or neglect as it is revealed. The CRR host home parents and staff are expected to report every event to ensure protection and advocacy for the youth in their care.

Host Parent and Staff Supervision

It is considered best practice for providers to support host families, both formally and informally. In addition, all staff working with the family will receive support and supervision to ensure good clinical practice.

Host parents: Both clinical and administrative supervision will be conducted with host parents. The therapist on the case will meet weekly with the host parents, to review treatment issues and progress. The therapist must be an experienced mental health professional.

The host parents will also receive supervision by a home case manager on a regular basis, no less frequently than twice per month. The home case manager will gather documentation and observe the condition of the host home.

Clinical staff support will be available by telephone to CRR host parents 24 hours per day, every day.

VBH-PA encourages providers to hold monthly support groups for host parents. This is a time for discussion, updates and encouragement. Host parents will be encouraged by the agency to join state or local Foster Parent associations.

The therapist and case manager will receive supervision with an experienced PhD or qualified master's level clinician at a minimum of 2 hours per month.

Psychiatric services, psychological services and respite care will be available as needed.

Program Access

VBH-PA expects the CRR providing agency to make ongoing efforts to recruit and train new households, to ensure the capacity for accepting new cases.

Response to referrals should be consistent and timely. The CRR host home provider will respond to referral sources quickly (1 to 3 business days) when referral is made, so that the referring agent is able to assist the child and family quickly.

The CRR host home provider will make every effort to place children geographically close to home. (This may not be possible, especially with specialized requests or complex cases.) Households will be matched to meet specialized needs (for example, medically fragile children or those with sexually maladaptive behaviors.)

CRR host home is a voluntary service.

Admission/Orientation

Youth referred for treatment in a CRR host home will have the opportunity whenever possible to meet the potential host home parents prior to placement. This can occur even if the youth is currently being treated in a residential treatment facility, and may occur once or twice as desired.

In addition, the youth's parents or legal guardians will be offered the opportunity to meet the potential host parents. This meeting may be done in a neutral public space if needed, to protect the confidentiality of other youth in the CRR host home. The host parents may also choose to see the youth in his or her home setting. It is helpful if the potential host parents bring photographs of their home and the youth's bedroom for the parents and youth to see. In addition, written materials concerning the CRR treatment program and parent rights and responsibilities should be provided.

Intake Meeting

At the time of admission, an intake meeting will be held to obtain needed consents, answer typical parent and child questions, exchange contact information and answer questions about school.

Typical parent questions include:

- May I talk to my child?
- When can I see my child?
- Will you provide transportation for visits?
- Who provides clothing, toiletries?
- Will my child be safe?
- What about food choices/other preference issues?
- Can they bring personal items from home?
- May I attend doctor visits?

Typical youth questions also include:

- Can I take my things?
- What is my bedroom like?

At the intake meeting, parents will ideally meet staff on their youth's treatment team. If the admission is emergent and the team is unavailable, the members of the team will be identified at that meeting whenever possible. The youth may or may not participate, according to his or her comfort level.

The following should be ensured at the time of the intake meeting:

- Provider contact information is given to parents/legal guardians
- Host family contact information given to parents/legal guardians
- Policies, roles and responsibilities are reviewed
- Parents/legal guardians have confidentiality, mandated reporting explained
- First appointment for family therapy is made
- Development of treatment goals begins
- Parents/legal guardians and youth aged 14 years and over sign releases and other intake forms

Host family may ask the family what approaches work best with their child, to begin to establish consistency where desirable. The CRR Provider staff and host family will encourage the parents to participate as partners in treatment. The family is encouraged to talk freely with the host parents.

Immediately following admission

The CRR provider staff will contact the child's parents/legal guardians within first 1 - 3 days after admission. At the first therapy session, the therapist will review rules and key documents again with parents to ensure understanding.

Every effort is made to increase the child's comfort and improve adjustment in first week of CRR stay. This includes measures such as:

1. Ensuring that treatment staff is present in the host home at time of admission. If this is not possible, the staff must visit the child at the host home within 24 hours
 - The treatment staff will again visit the youth in the host home after brief time; may take youth out in the community. Household rules will be reviewed again, to ensure understanding.
2. The host parents will review household rules.
3. The host parents will assist the youth to feel welcome and to personalize the environment. This may include taking the youth to buy sheets for bed; also may assist in buying new clothing or other needed items.
4. The youth will be permitted to call home the first night after arriving
5. The youth is assisted to do a self-inventory, and begins to participate in goal planning. This may be done separately from parents/legal guardians if relationship is conflictual.

School Orientation

The CRR host parents and staff will promote success for the child in integrating within their new school. This will include ensuring that:

1. Parents/legal guardians sign releases in the intake meeting
2. Provider facilitates an initial meeting with school
3. Provider coaches and empowers parents/legal guardians to advocate for child in school setting
 - Provider assists in getting educational advocate if necessary;
 - Provider helps family understand school regulations and children's rights

Treatment: Physical health access

Youth in CRR will have all necessary routine and emergent dental and medical care. The host parents will abide by all instructions of medical providers for youth with medical issues.

Additional behavioral health services are available to the youth as needed, including psychiatric care, medication management, addiction services, specialized outpatient therapy (such as trauma or abuse therapy), respite care and BHRS.

Therapy

The CRR Host Home level of care is distinguished from other levels of foster care by the treatment inherent in the program. Youth receive individual and family therapy routinely, and may also receive medication management, crisis intervention, respite care and specialized therapy as needed.

Therapy is to be recovery oriented, and grounded in accepted practices. The therapist must have training, experience and supervision for any therapy that is given. CRR host home is an unnatural, restrictive and intrusive service, and every effort will be made to reintegrate the youth into a permanent living environment as quickly as possible. CRR host home is not to substitute for less therapeutic levels of foster care when these are sufficient to support the youth.

The youth will receive **individual therapy** at a minimum of one time per week, from a qualified mental health professional. Issues impacting the child's well-being will be addressed in therapy.

Referrals for specialized therapy (sexual abuse, trauma focused, drug and alcohol) are encouraged when appropriate. Coordination and collaboration is expected.

- At times this specialized outpatient therapy may be arranged close to the youth's biological home, to encourage continuity after discharge from CRR host home.

Family therapy is provided weekly. The frequency may be modified as progress occurs, or if the family is in crisis; however, at no time is it appropriate for family therapy to occur less than twice per month. The youth's family is defined broadly for the purpose of family therapy, to capture important relationships outside of the traditional nuclear household.

It may be difficult to engage the parents and other family members initially. Issues such as joint custody arrangements, poverty and lack of transportation are common. It is expected that the CRR host home provider will make every effort to engage parents and overcome challenges creatively. Experiential therapy and activities, telephonic sessions and assisting parents to obtain treatment for their own mental health needs are expected.

If there are no parental rights, therapy with parents is at discretion of the office of Children and Youth. (OCY) OCY may prohibit family therapy with the parents if it is deemed harmful to the youth. In these cases, family therapy should be done within the CRR host home, with host parents, and the focus of therapy will be how to live within a family. The relationship with the host family is a critical part of treatment under CRR host home model.

In circumstances where the youth is not expected to return home, but the family is permitted contact, family therapy is recommended to assist in processing life events and preparing for closure.

Family therapy may also take place with pre-adoptive families or with other family guardians. Family Therapy may occur without the youth at times.

The youth's family members should be given referrals to outpatient therapy and other treatment whenever appropriate.

Integration of natural and community supports are integral to CRR host home treatment. Widening the circle of social support beyond the immediate family is healthy and growth enhancing. The neighborhood, school, and community often offer social resources worth exploring. Interests, strengths, and skills can often lead an individual or family to gain skills and to feel comfortable and accepted. CRR host parents and staff are expected to engage the youth whenever possible into community activities and natural supports. In addition to supports available in the host home community, activities close to the biological home should be accessed when possible for the sake of continuity after discharge.

Interfacing with other services:

The CRR program staff is expected to be the clinical lead for the youth. They are responsible for ensuring that all other services for this youth are coordinated and informed. When other services are present within the host home or biological home, the CRR program staff will ensure that:

- Appropriate releases are obtained immediately
- Collaboration and communication occur at a high level
- Both service providers clarify goals and interventions
- Ongoing contact between lead clinicians occurs
- Everyone is invited to the 30/60 day reviews and ISPT meetings

Discharge

At time of discharge, overlap between CRR services and next level of care (such as Family Based Mental Health Services, outpatient therapy, Strengths Based Treatment, etc.) is expected. Joint therapy sessions are desirable while the youth is still within the CRR host home.

A written summary from the lead clinician or program coordinator is required within 2 weeks of discharge. Releases should be obtained so that this summary can be forwarded to the parent, county, new service provider, BH-MCO and others as needed.

The host home provider is expected to follow up to ensure that discharge and follow up appointments have been attended.