

# DIVISION OF FAMILY & CHILDREN SERVICES

## Take a second....What would your Universal Application say?

Think back to when you were 13-17 years old

On the index card, write the following (without your name!)

- Your age
- Trauma history
- General Behaviors
- Mood and Anxiety Behaviors
- Sexual Behaviors
- Physical or Verbal Aggression
- Education Status / Performance
- Substance Usage



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**Partnership in Advocating for Children in Foster Care with Complex and Specialized Needs**

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## DIVISION OF FAMILY & CHILDREN SERVICES

### How does the agency define complex care youth?

- Youth without placement/hard to place – multiple hotel or office stays, multiple placement disruptions
- Criminal Activity/DJJ Involvement
- Complex medical needs
- Entered care often without agency-initiated actions
- NOW/COMP Waiver Eligible Youth (age 18-22)
- Confirmed CSEC/Human Trafficking
- Substance Use
- Dual Diagnosis
  - Mental health needs
  - Developmental delays (IQ 70 and Below)
  - Autism



**Intersecting with complex and/or  
historical trauma**

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## Remember the Golden Rule...

*Do unto others as you would have them do unto you*

Meeting the needs of complex care youth requires the accountability and involvement of all systems, not just DFCS.

- We want you to leave the presentation feeling empowered to be a contributing member in a complex care youth's foster care case.
- Take a servant leadership approach. ALWAYS consider how you can help; don't add more to a case manager's already full plate.
- If you're unsure how to help, ask for tasks or "assign" yourself follow up or action items.

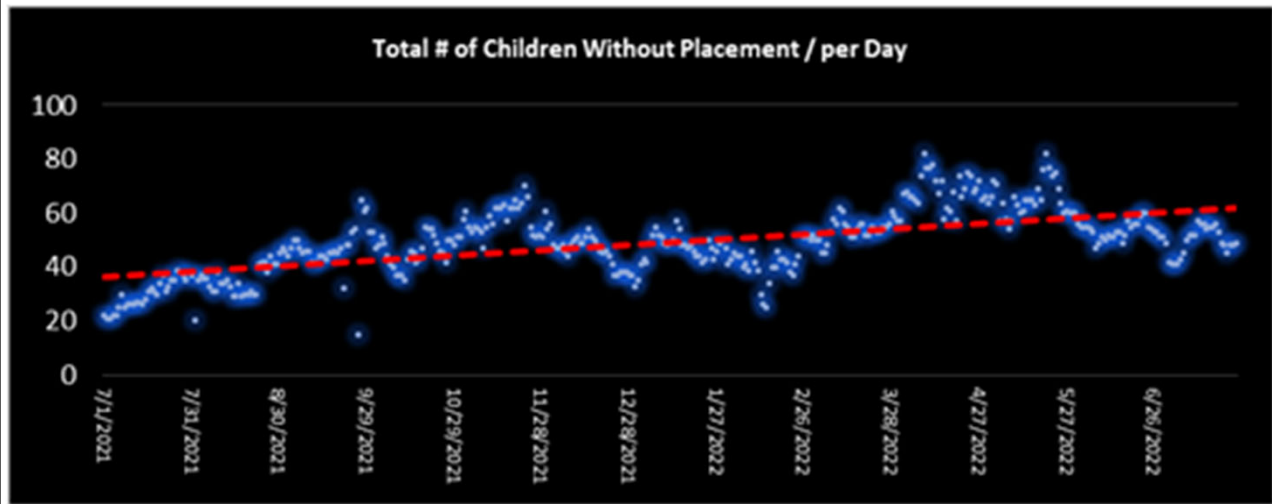
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## How do we receive custody of complex care kids?

- Often it can be a recommendation of “last resort” – desperation for a solution to unsolvable problems
- Delinquency Hearings
- Recommendations from private providers / LIPT
- Parents frustrated over inability to “fix” their kids mental health issues
- Post Adoption / Post Guardianship Cases
- No Dependency Cases

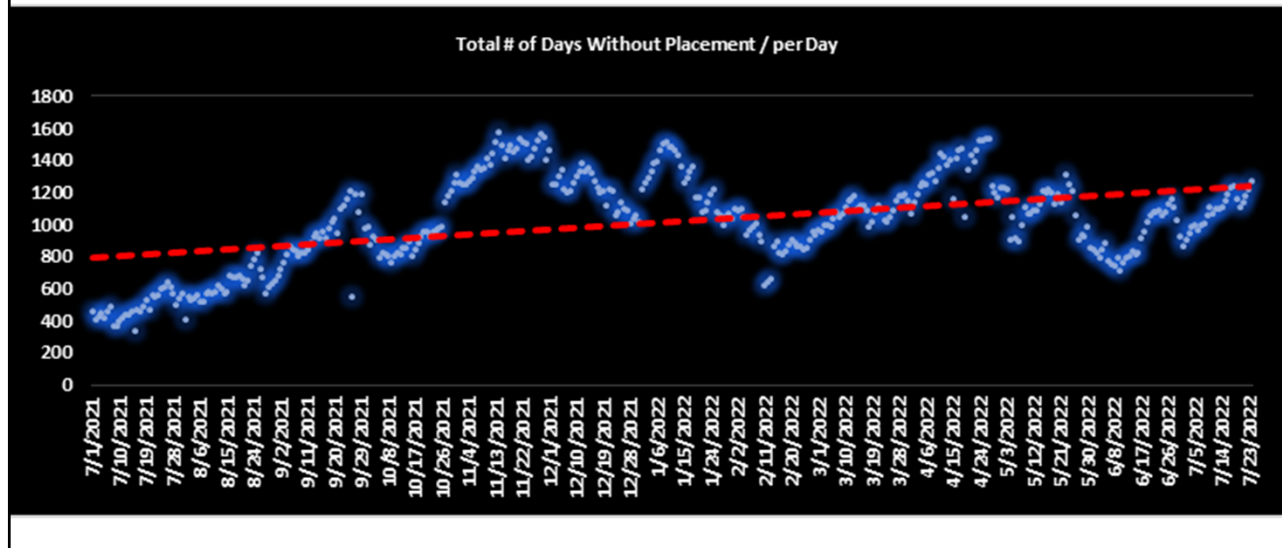
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## Hoteling: Total Number of Children without Placement/Day



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## Hoteling: Total Number of Days without Placement/Day



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## Hoteling: Average Time without Placement (Days)

Row Labels	Distinct Count of Child's name	Count of Today's Date	AVG Time Without Placement (Days)
<b>2021</b>			
July	96	928	9.67
August	111	1087	9.79
September	119	1396	11.73
October	141	1432	10.16
November	143	1740	12.17
December	108	1389	12.86
<b>2022</b>			
January	131	1475	11.26
February	126	1157	9.18
March	179	1678	9.37
April	193	2068	10.72
May	207	2015	9.73
June	162	1599	9.87
July	95	1188	12.51
<b>Grand Total</b>	<b>948</b>	<b>19152</b>	<b>20.20</b>

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## How do we address the needs of complex care youth?

### Case-Specific Strategies

- Specialized placement finding and system navigation support (CCTU)
- Attorneys to assist in systemic navigation and change (Well Being Attorney, Medicaid Attorney, Others)
- Placement Alternative Support Services (Complex Care Coordinator)
- Extra support for complex care youth and caregivers

### Systemic Strategies

- State supported provider staffing
- Amerigroup support
- DBHDD engagement
- DJJ engagement
- Juvenile Court engagement
- Staff and Provider Education

**YOU! CASA and the Courts**



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## What is CCTU's role with complex care youth?

- Unit designed to help the field manage the quality and continuity of care for complex care youth
- Collaborate with external and "sister" agencies: Amerigroup, placement providers, DBHDD, CHOA, etc.
- Assist with placement preservation and disruption prevention
- Consult with field staff regarding complex care youth
- Educate field staff through regional training and over-the-shoulder support



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## How do we identify placements for the "hard to place"? What happens when we can't find a placement?

- Ensure staff are completing Universal Applications thoroughly – don't just forward them – OPEN THEM
- If they are blank – even for a new entry – ensure a transfer staffing is held – fill out the universal during it - if staff don't know the answers tell them to ask, read the record, call the parent, taking an hour to get to know a kid will save MANY hours later....
- Ensure the UA doesn't contain inflammatory language unless its warranted (arson, feels no remorse, aggressive). Use others to review it and help edit it!
- Ensure it has strengths or at least OTHER information - what do they like doing, what is their favorite food, are they allergic to animals, what's their favorite subject, what type of redirection works with them
- Make sure we are giving the foster parent or placing agency the birth parent contact info –lets change the culture!
- Don't accept "we don't know" – find.it.out.



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## Placement Alternative Support Services - PASS

- Strategic case consultation and tangible support
- Children Without Placement (CWOP) more than 5 days
- Weekly discussions – constant movement and efforts - "What will it take?"
- Training: Placement Disruption Prevention, Universal Applications, Unbundling the No, Post Placement Support
- Inclusion of state office resources and state-wide support (systemic engagement)
- Previous issues of power struggles, barriers, current atmosphere of collaboration, partnership and system engagement
- TANGIBLE support (tasks, actions)

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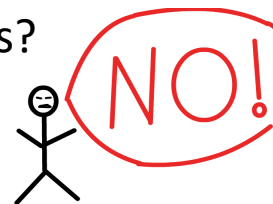
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What does the placement search look like for complex care youth? (Hint: it's chaos and begging)

Why do our caregivers say "No" to our kids?

Why do our kids say "No" to our caregivers?

How do we unbundle that NO?



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### **With our Caregivers: What is the NO Based on?**

- Previous interaction with the case manager/CASA/Court/county/region?
  - o Ex: being late to pick a kid up, not communicating etc.
- Inconsistent information / Info that doesn't fit / perception of dishonesty?
  - o Child on a list of medications but with no behaviors
  - o Child in a GNET school but no medications
  - o Generic verbiage "aggressive" "destroys property" "attacks staff" "runs away"
- Consider how you as a CASA can help ensure a Universal Application is accurate
- Sometimes you may be the BEST historian – offer to "mine the record" or "fill out the universal" for us!
- How do we make caregivers WANT to help us? (relationships, gratitude, responsiveness)
- Consider how CASA can support foster parents locally (meals, funding for extra curriculars, help identifying respite plans regularly and in advance)
- Address relationship issues IMMEDIATELY – Apologize, take responsibility, do better – if someone is upset always consider what YOU can do DIFFERENTLY

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### **With our Kids: What is the NO Based on?**

- Previous bad experiences?
- An idea of what a specific placement may be like (a group home vs a foster home)?
- Their current placement has some sort of secondary gain (Ex: Hotel Life)?
- They have an idea of another option (home, relative, etc)?
  - Can you help explore those options for them/with them?
- They don't have enough information?

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**UnBundling the No with our Kids**

- Talk to them about placement options / caregivers IN ADVANCE
- CASUAL BUT FREQUENT CONVERSATIONS is the best way to address DIFFICULT conversations
- Ensure their secondary gain / hotel life isn't quite so sweet (if they are in a hotel due to their behavior / if they are being difficult)
  - o Have them check in / out of hotel every day
  - o Remove TV from hotel room
  - o Limited electronics access
  - o Stay on a schedule (up early, to bed early)
  - o Not just "hanging out" all day – being productive / working
  - o School Work / Volunteer work
  - o Do not let a youth's behavior hold you hostage / scared to make a move – ANY MOVEMENT IS GOOD MOVEMENT



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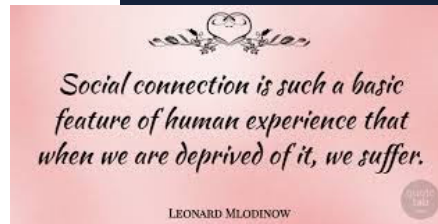
**UnBundling the No With Our Kids**

- Show the youth the website / information about the placement
- Ask the youth's bio family to support the placement / placement options
- Ask the youth to "interview the placement"
- Ensure you address high-stakes deal breakers way in advance (ex. No cell phones)
- Have the youth "tour" several placements – engage them in the decision-making process

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## Building Rapport with Complex Care Youth

- **Treat them how you'd like to be treated**
  - Be respectful
  - Choose your words carefully
  - Honor commitments
  - Provide unconditional positive regard
  - Be transparent about your role or why something can't/doesn't happen
- **The "work" is building a positive and reliable connection with the young person**
  - Connect with them frequently
  - Ask what they want you to know about them, their family, their life
  - Ask to be added to their contact lists at their placement
  - Schedule a weekly "check in" time
  - Take them off site (COVID precautions withstanding)



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### Preventing Unnecessary Placement Moves



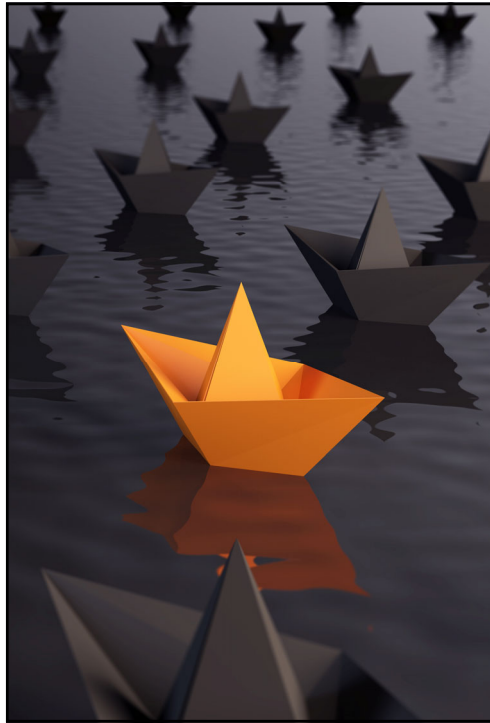
What would happen if we called a kid within 48 hours of a new placement?

What if we visited them within a week?

What if, when things were rocky, we called MORE and visited MORE?

**YOU, CASA, CAN BE THAT SUPPORT!**

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## Preventing Unnecessary Placement Moves

- Ensure Respite is in Place
- Follow up, follow up, follow up
- Don't avoid contact with caregivers who are upset/frustrated
- Provide support/Ask for support (and it doesn't have to all come from DFCS!)
- If you know you've placed a hard kid....go ahead and connect with community supports – have a church reach out to bring meals, offer support in advance of a problem
- Engage with Provider and CPA Leadership ALWAYS

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What do we do when a disruption occurs?

We don't rescue, we don't make it an emergency if it is not, we acknowledge the seriousness and complexity of the decision and ensure it's a wise one.

We Pause.

*Pause.*

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## How do we apply PAUSE to placement disruptions?

The PAUSE process engages county, regional, and state resources; community and stakeholder supports; placement resources; biological families and concerned connections; and the youth themselves in conversation in order to stabilize placements, reduce the number of placement changes, and promote efforts toward permanency.

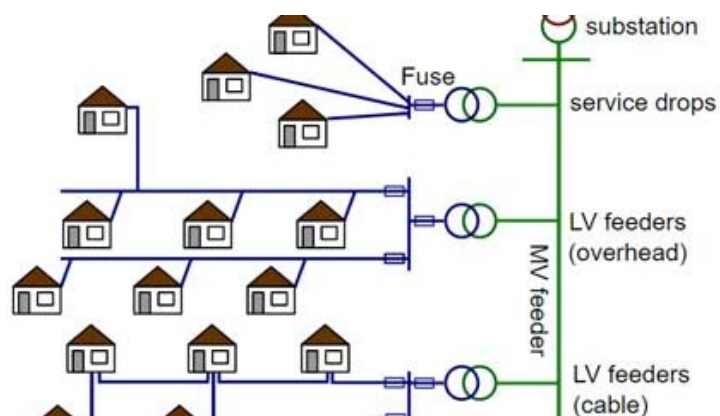
- Explore resources and ideas that will preserve and/or stabilize the placement
- Create action steps to preserve and/or stabilize the placement.
- If a placement cannot be preserved, action steps for a move to a different placement with appropriate supports is defined.
- It encourages everyone to TAKE A DEEP BREATH

\*\*if you accepted every resignation the first time it was given...where would you be?\*\*

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Keep it a  
**“system”**  
 problem??



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## Hoteling

- Practice should be reviewed carefully – it should be uncomfortable for staff, providers, foster parents, CRRU, if a youth is in a hotel. That is NOT a placement.
- Recent Push:
  - 130 \$5000 incentive grants provided to get youth out of hotels
  - 600 youth in and out of hotels from Jan – June
  - Most weeks 50-70 kids in hotels on any given day

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## PASS TRENDS

- Same kids, different day, same counties, same regions
- Cobb, Gwinnett, Clayton, Henry, Richmond, Region 8 (Muscogee)– there are places that have the problem under control
- Receiving kids from the bench – ensure a SBAR is going to Dana and that you are staffing with your SAAGs, considering appealing orders etc.
- Youth with intense delinquency issues, low IQ, Autism
- Lack of formal assessments / plans for complex care youth

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### What is the PRTF Admission Process?

- When PRTF is necessary to meet mental or behavioral health needs insurance/funding must be in place AND an open PRTF bed needs to be identified
- The child's treating clinician makes a referral for PRTF services through Availity.com. This triggers a "claim" review for Amerigroup's Utilization Management team. The UM team determines if the child meets "medical necessity" for PRTF.
  - Amerigroup usually initially approvals for 30 days
  - Denials can be appealed through the "Administrative Review" process
  - Funding can be secured even if a bed isn't available
- Concurrently, the treating clinician, or DFCS, can outreach to the 6 PRTFs in the state to request admission. Each PRTF reviews the child's clinical info to determine if they meet criteria for their program. Most PRTFS have a wait list.

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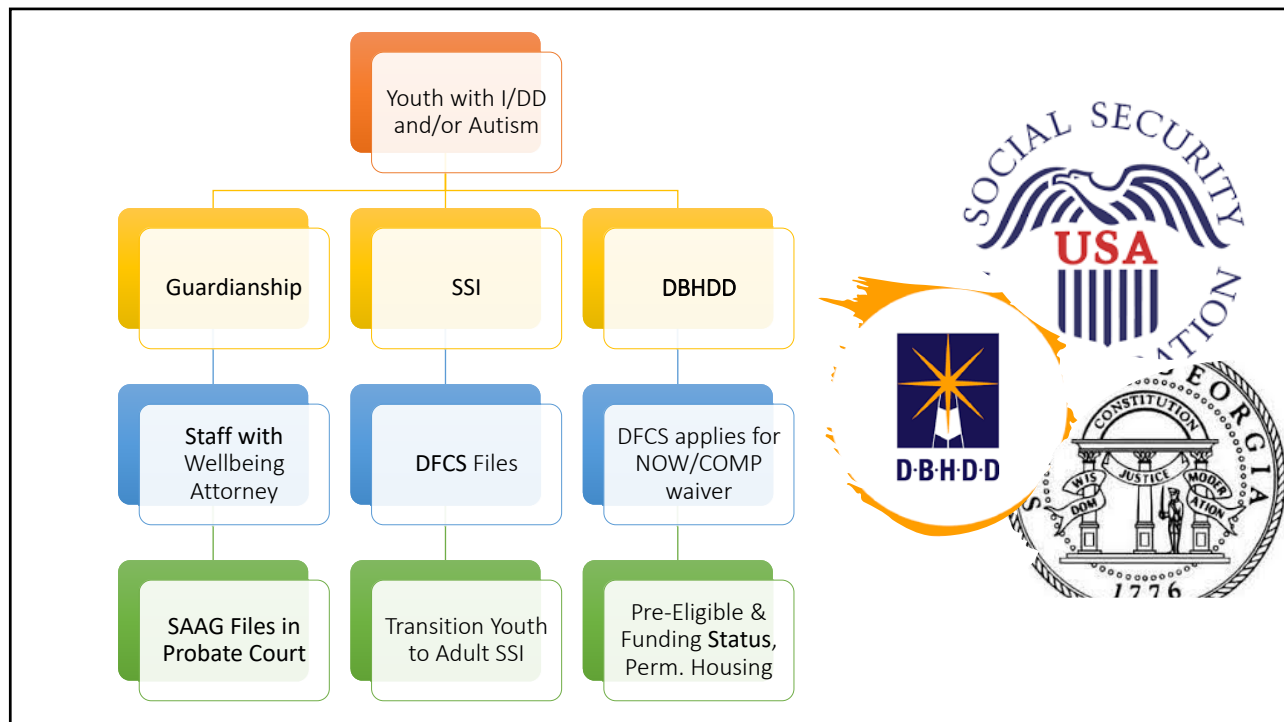
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### Amerigroup Supports

- When a child enters foster care and receives Amerigroup insurance, they're assigned an Amerigroup Care Coordinator. Amerigroup also has Complex Care Coordinators.
- Amerigroup leadership makes efforts to work alongside DFCS (i.e., attending PASS calls, participating in the crisis and emergencies, having their own "Top 100" list / CWOP list)
- DFCS is working on reducing denials for services
  - All service denials now being emailed to a central email inbox
  - Medicaid Attorney and Complex Care Coordinator tracking and filing appeals for PRTF and other denials
  - Medicaid Attorney creating process for Fair Hearing Requests



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## How can CASA Support....

- **Case Managers**
  - Ask how you can participate in the work
  - Delegate tasks/action items to yourself
  - Communicate differing POV with empathy
- **Complex Care Youth**
  - Show up
  - Trust that they can handle and process the good and bad "outcomes"
  - Remember this is their life, we get the privilege and responsibility to be a participant in it
- **Systemically**
  - Advocate, even if it's uncomfortable
  - Hold "the system" accountable (including yourself), even if it's uncomfortable
  - Think critically about your perceptions of "normal"

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# Questions?

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