



A Complex Care Case Study

About Jazmin:

Jazmin is a 12-year-old young woman with Type 1 Diabetes who has been in out-of-home care since she was 8 years old. With a history of neglect and abandonment, Jazmin has developed an extremely strong sense of independence and ability to fend for herself by necessity. Jazmin loves to make music and play guitar, enjoys cooking with others, and is extraordinarily technologically savvy.

During her time in care, Jazmin was placed in a couple Non-Related Extended Family Member (NREFM) homes, as well as several STRTPs over the past two years. Unfortunately, Jazmin would regularly leave these placements without permission and be absent for upwards of 30 days at a time without managing her insulin dependence. On numerous occasions, Jazmin found herself in the presence of adults she cared about whom made choices that put her at risk of harm and exploitation. On at least two recent occasions while Jazmin was absent from the home or facility she was formally placed in, she went into diabetic shock and was hospitalized.

During her last hospitalization, Jazmin's doctors were clear that if Jazmin was unable to manage her diabetes and entered into diabetic shock again, she would be facing an extremely grave medical crisis and her liver could fail. Given the significant medical and safety concerns associated with Jazmin's strong inclination to rely on her sense of independence and street savvy when leaving her placements, it was clear that Jazmin would benefit from a higher level of engagement and supervision than had been available in the past. Jazmin's most recent hospitalization occurred at the same time that California decertified out of state facilities, leaving Jazmin's team with a complex care case and few options.

Seneca's Enhanced Intensive Services Foster Care with 24/7 Staffing Model:

Prior to the state's decertification of all out of state placements, Seneca had developed its Enhanced Intensive Services Foster Care (E-ISFC) model to provide a more intensive tier of Intensive Services Foster Care placement for youth with complex needs. The goal of E-ISFC is to provide an alternative to residential treatment and to provide shorter-term stabilization for youth with the goal of stepping down to a less intensive home-based placement.

The E-ISFC model builds on a traditional ISFC home by incorporating a dedicated professional parent. Professional parents differ from traditional ISFC resource parents in several key ways, including (1) experience in a helping profession, as well as prior experience working with youth with complex needs; (2) capacity for 24/7 availability to respond to youth needs, with at least one parent acting full-time as a professional parent and not working outside the home; (3) a commitment to providing unconditional care for the youth regardless of any behavioral challenges that emerge, with a no eject, no reject policy; and (4) successful completion of rigorous supplemental training and continuing education.

To further enhance the level of support and therapeutic intervention available, Seneca staff are available to provide in-person support in the home 24 hours per day, seven days per week. This can include scheduled therapeutic support, checking in during challenging periods, or responding to crises in the home as they arise. Designed to be short-term, professional parent homes support youth stabilization and creation of a sustainable permanency plan. Enhanced ISFC homes are intended to be linked directly with supportive community-based services like Wraparound and Mobile Response to prevent placement disruption and to build natural support systems around a youth with intensive needs and support step-down into traditional ISFC or FFA homes.

Seneca's Plan to Support Jazmin:

As the concern for Jazmin's safety escalated and her previous placements all began turning her down one-by-one, the county Deputy Director of Child Welfare reached out to Seneca's COO, with a plea for help. The request was to see if Seneca would be able to develop and deliver an individualized care plan for Jazmin that encompassed placement, wraparound, intensive and integrated behavioral health, and permanency support. Seneca's leadership team immediately began holding provider meetings with the county team to learn more about Jazmin's strengths and needs, and whether Seneca could keep Jazmin safe and offer the kind of care and treatment that would allow Jazmin to step-down and succeed in her NREFM home.

The Seneca team quickly determined that Jazmin would benefit from more individualized attention in an E-ISFC home, which had largely been missing in her life and experiences to date. In addition to individualized attention, Seneca offered a different perspective: instead of trying to contain Jazmin and stop her from leaving placement without permission, the Seneca team sought to identify what would support Jazmin in choosing to stay. Building an individualized program around Jazmin's preferences, interests, hobbies and natural supports was a significant paradigm shift. Seneca had a new professional parent named Maria available and ready and excited to care for Jazmin. Maria has a background as a healthcare assistant and understood and was prepared to manage Jazmin's medical needs. As soon as the E-ISFC caregiver was identified, the Seneca team began quickly setting up a new home at Seneca's main administrative headquarters. The choice to locate this E-ISFC placement on Seneca's main campus was a strategic one, as it provided a more cost-effective way for Seneca to provide a pool of available staff from programs throughout the region who could help provide a range of supports to Jazmin and Maria at any time of day.

To prepare for Jazmin's arrival, Seneca's health services team worked with Jazmin's pediatric social worker and medical team at the hospital where she had been treated to make sure all of Jazmin's medical needs would be well attended to during her placement. The hospital staff even trained Maria and Seneca's health services team via Zoom on how to manage insulin dependency. In addition, Seneca's health services team provided constant guidance and support for Maria and the multidisciplinary team to assess and manage COVID-19 safety risks for Jazmin, Maria and all staff. This consultation and guidance included protocols for staff working with the family inside the home, protocols for how to respond if Jazmin did not adhere to mask-wearing requirements, social distancing, proper use of hand sanitizer and PPE, and disinfecting common spaces.

A great deal of thought and consideration went into the process of transporting Jazmin from the hospital to Seneca's E-ISFC home (which was a significant distance away). When it was time for Jazmin to discharge from the hospital, Seneca flew one of Jazmin's new core team members to meet Jazmin in

the hospital to begin building rapport and engagement. Seneca's staff person talked to Jazmin about coming to Seneca's E-ISFC home voluntarily, and even held a Zoom with additional Seneca staff to introduce themselves and share more about what Jazmin could expect from being part of our program. Seneca sought and received permission from the placing county to engage Jazmin's primary natural support person (her NREFM) in our planning and engagement with Jazmin during that hospital visit. The Seneca team met with the NREFM prior to meeting with Jazmin to make sure we were aligned, and then invited the NREFM to join our team in talking with Jazmin. This decision was rooted in Seneca's strong belief that engaging natural supports safely and appropriately – rather than keeping them away – will lead to better treatment outcomes and stability for youth.

Jazmin did agree to come to the program voluntarily, but due to safety concerns and Jazmin's history of running away from her care team in parking lots before being transported to other placements, Jazmin's placing county did decide to utilize a secure transport vehicle. Seneca's staff person who had been in the hospital with Jazmin rode with her in the secure vehicle, and she was able to listen to music, choose a healthy lunch on the drive, and talk more with the Seneca staff as they got to know one another.

Before Jazmin was transported and over the course of one week, Seneca quickly mobilized a multidisciplinary team to provide staff supports to Jazmin and Maria as needed, including mental health counselors, a clinician, a therapist, behavioral coaches, an education specialist, and a permanency specialist. To support initial stabilization for Jazmin and Maria, Seneca coordinate a staff schedule in which there is always one staff awake and available on site, in addition to on-call staff available as back-up during both the daytime and overnight hours. These staff can be present in the home with Maria and Jazmin as much as feels supportive, but are also able to simply be in close proximity on the Seneca campus if Maria and Jazmin want some alone time to bond and be together. Seneca's existing 24/7 community-based and residential programs make a staffing structure like this both feasible and as cost-effective as possible.

Jazmin has now been with Seneca in her E-ISFC placement for two weeks. Her sophistication with technology has already proven to be a skill that requires some additional planning, and Seneca's IT team has been consulting with Seneca's treatment team and is planning to participate in a Child and Family Team meeting to set up additional protections to keep Jazmin safe and prevent her from using technology to devise creative ways to leave the campus. Jazmin did leave campus briefly during her first few days in our program but came back willingly within 30 minutes after her caregiver found her lingering at a nearby business and convinced her to return. Seneca's commitment to unconditional care means that not only will we always take Jazmin back after she leaves placement, but that we *want* to welcome her back and we want to understand how to provide the best care for her so she will want to come back on her own accord.

Seneca and Jazmin's placing county have been teaming together in really important and transformative ways. For example, we are already having impactful conversations about how to incorporate the adults in Jazmin's life into her care and treatment in appropriate and skilled ways. We are optimistic that with such collaborative and creative approaches, we will be able to identify and support real and sustainable permanency options for Jazmin.

Blended Funding for Complex Care:

Designing an effective and individualized program is dependent on integrated funding from child welfare and behavioral health to provide all the necessary services and supports. In the complex case study

described here, the placing county's social services agency was ready and willing to pay for the entire cost of the placement and therapeutic supports, even without the involvement of behavioral health.

Recognizing the importance of leveraging Medi-Cal EPSDT to access federal revenue and support the provision of mental health services to which youth are entitled, Seneca began persistently reaching out, including sending emails every day/multiple times a day to the placing county's behavioral health department to reiterate that Seneca could not move forward with the placement without a behavioral health contract in place. The social services department began doing the same, reiterating the importance of establishing a behavioral health contract with Seneca that addressed the myriad needs Jazmin had including provisions for Specialty Mental Health Services, Therapeutic Behavioral Services, Therapeutic Foster Care, Medication Management, and step-down Wraparound services.

Within two weeks, there was an agreement that a behavioral health contract was possible and Seneca was able to begin providing all the required documentation to establish a contract. As a result, Seneca can provide a comprehensive array of behavioral health services to support Jazmin's transition to a lower level of home-based care. As this case study illustrates, designing and delivering the individualized services needed to effectively meet the needs of youth who require complex care necessitates creativity, collaboration, partnership and an unconditional commitment to do whatever it takes.