

AB 12 Implementation: Feedback from THP-Plus Program Providers

Characteristics of THP-Plus Provider Respondents

Fifty THP-Plus providers responded to a survey regarding implementation of AB 12. Included below are the characteristics of the providers who answered the survey.

Program Size

The programs represented vary in size from the capacity for 2 participants to the capacity for 210 participants, with an average of 26 spaces (N=49).

History as a THP-Plus Provider

87.5% of respondents have provided THP-Plus services for **1-5 years**
6.3% have provided services for **5-10 years**
6.3% have provided services for **less than 1 year**
(N=49)

Additional Services

41.7% of respondents also operate a **FFA**
37.5% of respondents also operate a **THPP**
35.4% of respondents also operate a **group home**
16.7% of respondents provide other **foster care placements**
(N=48)

Budgets

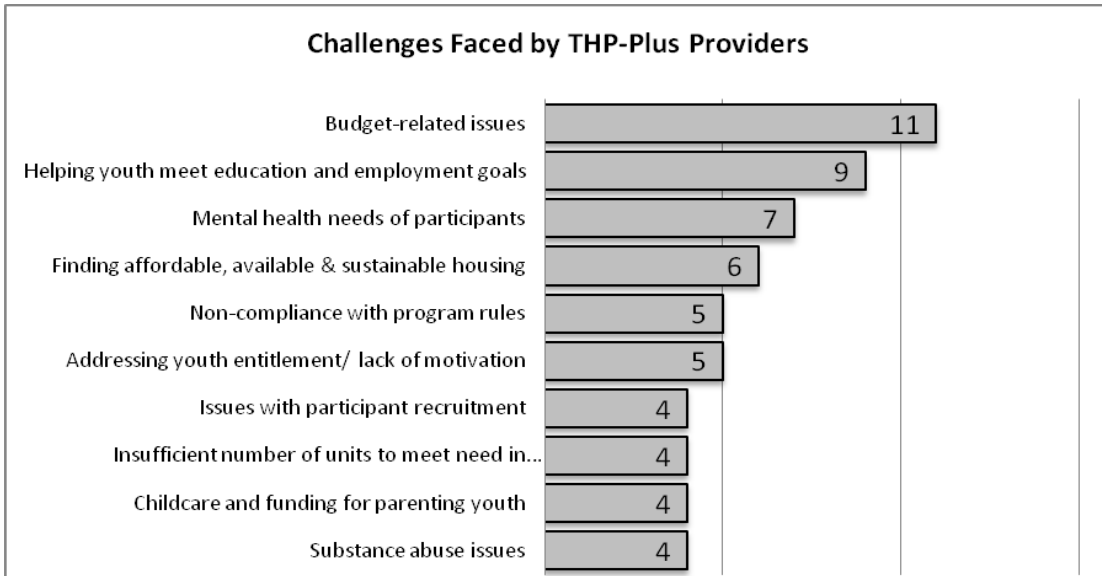
THP-Plus Providers reported the following **annual organizational budgets**:

42.9% Over \$5 million
35.7% \$1 - \$3 million
14.3% Up to \$999,999
7.1% \$3 - \$5 million

Based on the budgets of 27 agencies, the **average annual budget for a THP-Plus program is \$1,183,371.**

Challenges Experienced by THP-Plus Participants

When asked to describe the biggest challenges faced by THP-Plus providers, respondents identified the following issues:



Other challenges that were mentioned by respondents include: helping youth budget; a lack of sufficient community support services; domestic violence/ intimate partner abuse; working with host families on promoting self-sufficiency; balancing the needs of youth with paperwork requirements; and managing relationships with County departments.

Youth Exits from THP-Plus Programs

Youth exit THP-Plus programs for a variety of reasons. The vast majority of respondents, 73.7%, indicated that a primary reason youth are asked to exit their program is because they are not complying with the program’s rules.

Additional primary reasons providers indicated youth are exited their programs include:

% of Providers

- 44.7% Lack of progress on meeting TILP goals
- 28.9% Use of drugs and/or alcohol
- 18.4% Non-payment of rent
- 13.2% Violent behavior
- 18.4% Other: Voluntary exits; Decrease in budget; Friction with host family; Eviction from apartment complex

(N=38)

Plans to Become a THP-Plus Foster Care Provider

Of the 37 THP-Plus providers who responded to the question, 45.9% indicated that they plan to become a THP-Plus Foster Care provider. An additional 51.4% are not sure at this point if they will become a THP-Plus Foster Care provider.

Proposed Goals of THP-Plus Foster Care

THP-Plus providers unanimously agreed (N=37) with the following program goals for the new THP-Plus Foster Care program:

1. Assist THP-Plus Participants in securing and maintaining appropriate, stable housing.
2. Improve THP-Plus Participants' ability to secure and maintain meaningful employment.
3. Promote educational achievement, advancement and/or vocational training.
4. Assist THP-Plus Participants in gaining the skills to access critical community services and establish essential community connections for meeting personal needs.
5. Assist THP-Plus Participants by providing incremental responsibilities to enable them to gain the necessary life skills to successfully live independently.

Proposed Program Components of THP-Plus Foster Care

Providers expressed feedback and concerns related to specific program components:

Program Component	Feedback/Concerns
<p>1. Health and Safety: The program shall assist youth in ensuring their own health and safety by: A) assisting youth in obtaining housing and furnishings which are in good/excellent condition, safe and sanitary; B) providing instructions to participants on accessing 24/7 emergency assistance; accessing health care; and assisting participants in securing medical, mental health or substance abuse services as needed.</p> <p><i>100% of providers agreed with this program component.</i></p>	<ul style="list-style-type: none"> • The program component should not state that providers are responsible for ensuring participants get their medical care from licensed providers
<p>2. Case management: The program shall be appropriately staffed to ensure proper case management/social work and crisis assistance, as well as one-on-one life skill training, coaching, support and guidance.</p> <p><i>97% of providers agreed with this program component.</i></p>	<ul style="list-style-type: none"> • This will have a cost impact • Need to define “appropriately staffed”

<p>3. Team decision model: Each THP-Plus Foster Care participant shall be encouraged to establish a transitional-living or similar community-based support team, and the program shall utilize a team-driven service delivery model.</p> <p><i>88% of providers agreed with this program component.</i></p>	<ul style="list-style-type: none"> • Should use this model if a youth is struggle in a critical area, but shouldn't be required for everyone. Should ask youth what role they want program to play in identifying supports. • Sometimes there can be too many people involved • Will this be different than County-facilitated TDMs?
<p>4. Life skills assessment: Each THP-Plus Foster Care participant shall be assisted in completing a comprehensive life skills assessment (Ansell-Casey or similar) and in developing their own, independent transitional plan, based on the life skills assessment as well as other needs, aspirations and goals. The program shall have the capacity to assist participants in developing life skills in seven life domains: A) planning and organization; B) educational advancement; C) employment and career; D) community supports; E) personal living; F) finances and savings; and G) health and safety.</p> <p><i>94% of providers agreed with this program component.</i></p>	<ul style="list-style-type: none"> • Need to clarify if this is the role of THP-Plus Foster Care or the role of ILP

<p>5. Mental Health Needs: The program shall provide or link participants to regular mental health support that is community based and includes case management and skills development.</p> <p><i>97% of providers agreed with this program component.</i></p>	<ul style="list-style-type: none"> • Concern was raised as to whether this is a responsibility of the provider. One respondent noted that providers should not be responsible for participants opting out of mental health services since they are adults. Another provider said that this should be an optional component unless addressing mental health needs is part of a participant’s case plan. • Often youth are non-compliant or inconsistent with mental health services • The program may not be best suited for youth with severe mental health needs • Working with youth who have dependency in another county will require Medi-Cal transfers • One provider expressed concern about the ability of the Mental Health Department to work well with young adults
<p>6. Permanent supports and relationships: The program shall identify and link participants to essential community supports, services, resources and relationships outside the child welfare system to community-based resources that can be sustained and permanent when the youth exits the program (for instance, develop mentors, permanent lifelong connections).</p> <p><i>100% of providers agreed with this program component.</i></p>	<ul style="list-style-type: none"> • Providers can link youth to supportive services, but it is up to the youth to maintain the relationships • Social Workers should share in this responsibility given their longer-term history working with the youth • Youth may not want providers involved in their relationships with their permanent supports

<p>7. Exit: The program shall incrementally increase the responsibilities of the youth to promote a smooth transition out of the program. As the youth approaches the exit time period, THP-Plus Foster Care programs will not cut off the youth suddenly. Programs will provide a graduated decrease of support so there is not an unbearable loss of services.</p> <p><i>100% of providers agreed with this program component.</i></p>	<ul style="list-style-type: none"> • There may be times a youth is asked to leave without planning/transition time • This program component needs to be more clearly defined • As youth are exiting, it is important to provide more assistance in finding affordable permanent housing
<p>8. Intake: The program shall be completely voluntary with an application and interview process.</p> <p><i>94% of providers agreed with this program component.</i></p>	<ul style="list-style-type: none"> • Comprehensive assessments from CPS/Probation needed at time of intake • If program is an entitlement, intake should focus on informing youth of requirements to stay in program • Program guidelines should be mandatory • Necessary to assess if a youth will be appropriately served by program or if a referral should be made • Should involve the youth, CWS, ILP coordinator, and potential provider • Programs should not receive pressure from County to take youth program doesn't believe are prepared, as currently exists in THP+
<p>9. Housing Accessibility to Community: Participants shall be afforded the opportunity to be housed in their identified community; accessible to transportation, employment, school/educational opportunities, family, friends and necessary community services.</p> <p><i>97% of providers agreed with this program component.</i></p>	<ul style="list-style-type: none"> • One of the providers noted that a lack of affordable housing in the community may make this component difficult • Another provider expressed concern for staff safety in some dangerous neighborhoods • One provider noted not wanting to work with youth who are still dependents in another county

<p>10. Serve the greatest needs: Preferential treatment should be given to those with the greatest need for the services and resources provided by the program, i.e., their risk for homelessness, clearly defined special needs such as sexually exploited minors, high level mental health needs, and/or parenting youth. THP-Plus Foster Care programs should not only serve youth who are most likely to succeed.</p> <p><i>71% of providers agreed with this program component.</i></p>	<ul style="list-style-type: none"> • Four providers said all youth should have an equal opportunity to participate • Three providers noted that often those with the greatest needs aren't able to follow program rules • Two providers said there may be other services, or may be a need for other community services, for higher needs youth who may require specialized services • Two providers noted that the most needy youth often have the most difficulty with independence • Two providers noted that motivation for success should be equally, or more, important than need • Agree; although it will be a different program model than THP-Plus that will need different expectations • Should be within reason: priority to high needs, but also youth capable of succeeding in program • Agree; although there needs to be clear expectations and clear consequences • Some of the outcomes will not be as easy to attain
<p>11. Flexibility: The program should be flexible with the ability to adjust services based on the specific needs of the client.</p> <p><i>100% of providers agreed with this program component.</i></p>	<ul style="list-style-type: none"> • Within flexibility, there should be clear expectations and clear consequences. Concern was expressed that social workers may allow youth to not follow program expectations without receiving consequences.

<p>12. Strength-based service delivery: The program shall encourage and promote healthy behavior. Service delivery shall be strength-based and solution-focused. Emphasis shall be placed on preserving THP-Plus Foster Care participants in the program and teaching problem-solving skills. Natural consequences should be allowed rather than "top down" rules and enforcement, to promote personal responsibility.</p> <p><i>97% of providers agreed with this program component.</i></p>	
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Additional suggested program components:

- Tiered system for youth as they take on increasing amounts of independence and responsibility
- Time limits for when youth are not being productive
- Development of youth shelters for 18-25 year olds as they wait for THP-Plus
- Ease of transition from THP-Plus Foster Care to THP-Plus
- Communication between programs and counties need to be outlined or expectations clarified
- Needs-based case plans should be implemented with clear program rules, requirements, and expectations
- Create program that is less “system-like” as these are young adults (take into consideration age and developmental stage)
- Questions for discussion: What happens if a participant doesn’t meet with their social worker monthly? If they do not attend their court hearings every 6 months? If a provider exits a youth from their program, but the youth is still in THP-Plus Foster Care system?

Consequences for Non-Compliance with Program Expectations

88.2% of providers think that they **should receive a copy of the mutual agreement** outlining the rights and responsibilities of the youth and the agency when a youth is living in its THP-Plus program (N=34).

If a particular participant is not following through with the requirements of a specific THP-Plus Foster Care program, providers felt:

85.3% The youth should be **given a certain amount of time to fix the problem**

Amount of time to be given:

<i>N</i> =	
13	1 month or less
9	1 – 2 months
2	Up to 3 months
6	Case-by-case basis

67.6% There should be a **meeting with the county social worker, the youth, and the THP-Plus Foster Care provider** to try to solve the problem.

When to hold the meeting:

<i>N</i> =	
18	Right away
6	After the youth has had an opportunity to fix the problem
(N=24)	

11.8% Foster care **funding should stop** until the youth starts complying again.

<i>N</i> =	
3	Would continue to provide housing during funding gap
3	Would not provide housing during funding gap

If a youth is going to be terminated from a particular program, the following parties should **receive notice prior to the youth exit** from the program:

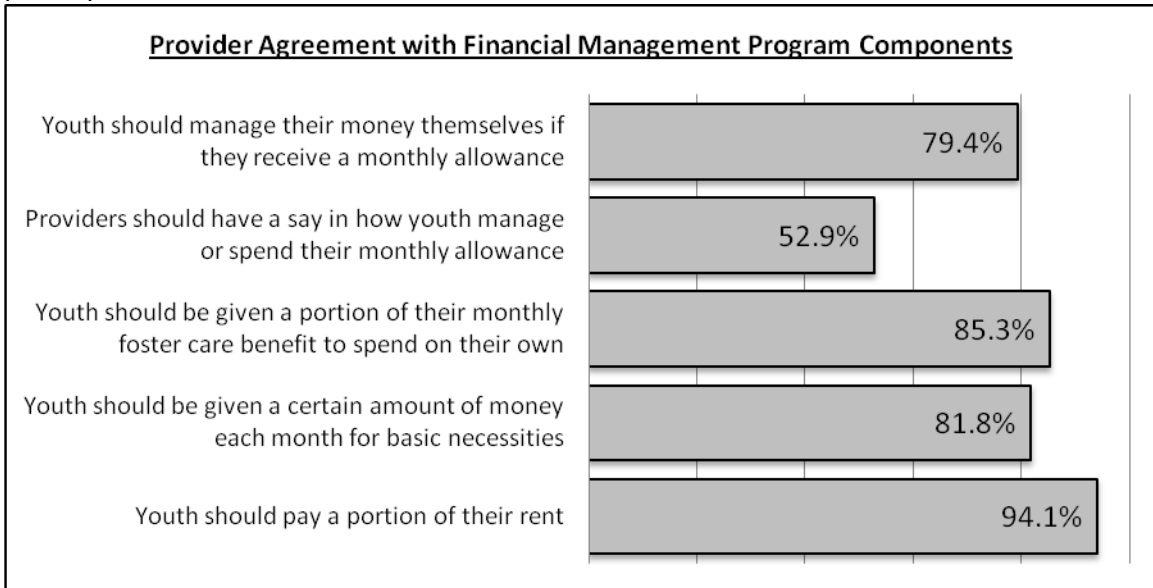
73.5% Youth and County
 8.8% Youth only
 17.6% Other ideas: ILP; Other service providers; attorney; support team; care provider
 (N=34)

If there is a **disagreement between the THP-Plus Foster Care provider and the youth** regarding program expectations or other issues with the living arrangement, the disagreement should be resolved through:

- 64.7% Team meeting with the youth, the THP-Plus Foster Care Provider case manager and the youth’s county social worker
 - 26.5% Team meeting with a youth and the THP-Plus Foster Care case manager
 - 17.6% The THP-Plus Foster Care provider and the youth should have to resolve the conflict on their own
- (N=34)

Role of THP-Plus Foster Care Provider in Finances of Participant

Providers expressed the following views on the role of the provider in the finances of participants:



THP-Providers provided feedback and comments concerning a couple specific components related to the financial management of participants:

Program Component	Feedback/Concerns
Programs should give youth a monthly allowance to spend on basic necessities	<ul style="list-style-type: none"> • Stipend should only be given to those without employment • Should start with gift cards instead of cash until responsibility is demonstrated • Youth need an incentive to provide for themselves • They could have a savings account maintained by the agency, but not an allowance as it is not a group home or residential facility
Youth should manage their money themselves if they receive a monthly stipend	<ul style="list-style-type: none"> • Thirteen providers agreed, but felt there should be a level of supervision and accountability • Three providers felt it should be a gradual process that begins with closer monitoring/guidance and is tapered to increased independence with money management • Many youth are coming to the program with limited money management skills • Agree, but think utility payments and groceries should be closely monitored

Program Services & Requirements in the THP-Plus Foster Care Program

88.2% of THP-Plus providers think that requiring THP-Plus Foster Care providers to make sure youth are **meeting at least one of the participation requirements** is a good idea (N=34).

Some providers elaborated their response, stating that this requirement:

- N = 7 Is for the youth’s benefit in achieving self-sufficiency
- 6 Provides youth with accountability and responsibility
- 3 Is the responsibility/role of the provider
- 1 It is necessary to document progress
- 1 Youth behavior impacts provider

Of those who disagreed with this requirement, three explained that this should be the responsibility of the social worker, not the host parent or provider.

77.8% of providers felt **all of the supportive services currently provided in THP-Plus should be provided** in the new program.

65.6% of respondents **do not think there should be any required differences in services** between THP-Plus and a THP-Plus Foster Care placement (N=32). Providers with this response shared that the program goals and services are similar (N=3) and the youth in both programs have similar needs (N=4).

94.1% of providers felt **youth should have to meet eligibility requirements and have approval from a provider** to decide if a youth can move into a THP-Plus Foster Care placement.

Case Management in the THP-Plus Foster Care Program

Providers also offered feedback on the structure of case management in the new program.

97.1% of respondents think should be a **minimum case manager to youth ratio**

N =	
7	1 case manager to 8 youth
15	1 case manager to 10 youth
6	1 case manager to 15 youth
1	1 case manager to 15-20 youth
5	Other: Dependent on needs of youth

Providers felt THP-Plus Foster Care **youth advocates or case managers should visit participants:**

73.5%	One time per week
20.6%	Every two weeks
5.9%	One time per month

Several providers noted the value of making this decision on a case-by-case basis, dependent on the individual needs and progress of the youth. Some providers suggested tapering meetings off as a participant's time in the program increases.

Guidelines on Roommates of THP-Plus Foster Care Program Participants

82.4% of providers think it is a **good idea to allow youth to live with a roommate(s) who is not in foster care.**

Those who did not agree with this guideline expressed the following feedback:

- The discrepancy in requirements for youth in foster care and youth not in care would be difficult
- Roommate choice should be a platonic relationship
- Roommates should sign an agreement about division of payments, verifying the other youth has sufficient income
- Roommate should be screen to see if he/she is responsible, at least 5 years older than participant, and a positive influence on youth
- A spouse should be allowed *if* they have children together

66.7% of providers think it is a good idea to require that if a participant lives with a roommate(s) who is not in foster care, the **roommate should be required to get a criminal background check.**

Those who disagreed with this guideline shared the following feedback:

- It should be up to participant who they live with
- Who would fund for background checks?
- It is unrealistic to background check all potential roommates (e.g. in a college dorm setting)
- What would be looked for in a background check? What would determine eligibility?
- Need to consider how this would impact participants with a criminal background

93.9% think it is a **good idea to allow youth to live with a roommate who is in the standard THP-Plus program, but no longer in foster care.**

Those who disagreed expressed the following concerns and feedback:

- There is a different set of rules and expectations
- There are concerns if roommates are not carefully matched
- Should be done only if the two are siblings as most youth do not respect others who are similarly-aged

Guidelines on Substance Use in the THP-Plus Foster Care Program

If youth participants are found with alcohol or illegal drugs, providers felt that the following responses are appropriate:

29.4%	Participant should receive referrals to treatment services
20.6%	Treatment services should be mandated.
44.1%	Alternate responses

Respondents who suggested alternate responses felt that reactions to alcohol or illegal drug use should be individualized, ranging from allowing for natural consequences to verbal warnings to treatment services to program termination, depending on the severity and frequency of use.