

Mental Health Treatment Resources for Youth and Adolescents in Foster Care

A project with Voices for Children and the Pediatricians in Community Program
at Washington University School of Medicine

By Wendy Valicek, MD

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Introduction

Hello!

First, let me say thank you for the hard work you are doing for children in need!

My name is Wendy W. Valicek, and I am a Pediatric resident who had a free month in November 2006 to learn about any aspect of pediatrics that interested me. Because I plan to be a general Pediatrician when I finish residency in a year and a half, and I have a particular interest in underserved populations, I chose to spend this time learning a bit more about kids in foster care. During the course of this project, I visited several residential facilities and service agencies, and the following pages include a detailed summary of what I found. Below is a quick reference chart for some of the most common services provided.

On the next page is a copy of the letter I left with each place I visited, so they could get back in touch with us if needed.

Residential Treatment Programs for Youth in Foster Care

SERVICES	Emergency	TLP (Transitional Living Program)	ILP (Independent Living Program)	Sex Offenders	Locked Unit	Family Counseling
Evangelical	NO	YES	YES	YES	YES	YES
Marygrove	YES	YES	YES	YES	NO	YES
Edgewood	YES	NO	NO	NO	YES	YES
Epworth	YES	YES	YES	NO	YES	YES

Please note: This booklet is not intended to be an exhaustive resource for mental health services for children in foster care. Rather it is the result of a month of research into the subject. I hope that it will be helpful and time saving for those who are seeking out such services.

September 30, 2008

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Hello!

My name is Wendy Valicek, and I am a Pediatrician who is currently participating in an internship with Voices for Children (formerly known as St. Louis City's Court Appointed Special Advocates (CASA)). The project I will be working on in the course of the internship involves ascertaining which mental health resources are available to the teens and young adults in the foster care system in St. Louis, working to facilitate the receipt of these services by the children served by Voices for Children, and identifying the services that are not readily available but would be beneficial for this population. My goal is to meet with representatives of various placement providers and pertinent agencies like yours to learn more about what mental health services are currently in place, which will in turn assist Voices for Children's staff and volunteers in identifying the most appropriate resources for each child.

I would appreciate your taking the time to meet with me to discuss the mental health services your organization provides, as well as any services you feel are still needed for the teens and young adults in the foster care system of the city of St. Louis. Thank you for facilitating this partnership. If you have any questions or concerns, please feel free to contact Mary Beth Wolff, Legal Director of Voices for Children at 552-2278.

Sincerely,

Wendy Valicek, MD

Residential Treatment Programs

Child Center ~ Marygrove

Edgewood Children's Center

Epworth Children and Family Services

Evangelical Children's Home

CHILD CENTER ~ MARYGROVE

2705 Mullanphy Lane

Florissant, MO 63031

837-1702

www.childcentermarygrove.org

Visited on 11/27/06

*Contact: **For Sequoia, Drury and Sequoia Apartment Program:** Mike Baer, Director of Transitional and Independent Living – 830-6215*

For Residential, Cypress, Therapeutic Foster Homes, and Strengthening Families Program:

Michelle Koerner, Director of Admissions and Therapy – 830-6202

***For Overnight Emergency Program and Kids Care:** Ronda Carter, Director of Crisis Services – 750-3515*

Overall impression: Child Center~Marygrove is located on 49 acres of land in the corner of a neighborhood in Florissant. Marygrove and Child Center of Our Lady, formerly two agencies with similar missions of serving traumatized children and adolescents, merged on July 1, 2006. Historically, Marygrove was founded in 1849 by the Sisters of The Good Shepherd, and Child Center was founded in 1947 by the Daughters of Charity. The newly-merged organization continues to serve more than 100 children and young adults every day on the former Mullanphy Estate. Much of the acreage is preserved in a serene and natural landscape of trees, flowers and wood-dwelling animals. And, with a beautiful terrace overlooking the Missouri River, the campus is a perfect environment to care for severely traumatized children.

The driving force behind the agency is Sr. Helen Negri, Executive Director of Child Center~Marygrove. She is a powerhouse of charisma and creativity and has garnered a substantial amount of funding for the agency. A professional with 30 years in Social Work, she cares deeply for the children who come to Child Center~Marygrove. Understanding their need for normalcy and a soothing environment, Sr. Helen delights the children with her menagerie of several stray cats that roam her office, two large aquariums, and just outside her office, she has a variety of feeders for the birds, deer, squirrels and other animals that roam the campus day and night.

The residential facilities are basic brick, cinderblock, and clapboard. Inside the living areas are flat screen TVs, video game stations, pool tables and sturdy but nice furniture. Thanks to the generosity of the Child Center~Marygrove's board members, the children have access to personal computers for homework and recreation.

The staff at the agency help the children achieve positive results by using the same techniques which work at other residential facilities: consistency and allowing the kids to make choices with clear consequences and rewards.

Services: (described in further detail under "Programs" section)

- ❖ **Emergency Program:** Short term safe housing where CD authorities can place infants – age 18 who are victims of domestic violence, abuse, or neglect
- ❖ **Kids Care Crisis Nursery:** Respite program where parents can bring kids from birth to 18 years, if parents feel home circumstances put the child at risk
- ❖ **Open Residential:** Several un-locked units house kids ages 5.5 – 19
- ❖ **Cypress Cottage:** Intensive treatment unit for 13 males age 12 – 18 who have committed a sexual offense or have other severe psychiatric problems

- ❖ **Therapeutic Foster Homes:** Two houses just outside Child Center~Marygrove's gates which allow 5.5-21 year-olds to live with a house parent in more of a family setting
- ❖ **Transitional Living:** Two psychiatric group homes on campus hold 12 males, 10 females, ages 16 – 21
- ❖ **Independent Living:** Scattered Site Apartments for youth ages 17 – 21
- ❖ **Strengthening Families Program:** Parenting programs taught on Child Center~Marygrove's campus, free of charge to the parents or visiting resources of residents at Child Center~Marygrove and interested adults from the community

Intake Procedure:

Referrals come from many sources, but most are from the Children's Division, Missouri Alliance, County and City Juvenile Courts, and the Dept. of Mental Health. Rarely, private families will pay for residential services if they feel their child will benefit from the structured environment at Child Center~Marygrove, but few families can afford this. Intake screening is performed by Michelle Koerner, Mike Baer, or Ronda Carter and they determine if each child referred can benefit from one of the services described above, and if there is any space available. Child Center~Marygrove provides Level 3 – 4 services, but does not have a locked unit. Also, individuals with an IQ<55 are generally unable to benefit from the services they provide. They frequently take children with dual diagnoses.

Residential Programs:

- I. **Overnight Emergency Program:** Open 24 hours per day, 7 days per week. This unit has 3 rooms and can hold up to 8 kids, ages 0 - 17 years. Children are brought here by a police officer or state social worker if they need a temporary safe place to stay. They are allowed to stay until a determination is made about the suitability of their family's living conditions, which often takes about one week. A visit to St. Louis Family Court is part of the arrangement when kids stay in the Overnight Emergency Program. While in care, the children also receive food, clothing, counseling, physical and sexual abuse screening, medical care and treatment.
- II. **Kids Care Crisis Nursery:** A respite program where parents can bring their children if they are concerned that the children are at risk for abuse. Common reasons for this need include overwhelming parental stress, homelessness, domestic violence, lack of food or utilities, parent/sibling illness, a death in the family, or parents needing drug/alcohol treatment. Open 24 hours per day, 7 days per week. Cares for up to 6 kids at a time, accepting ages 0 – 17. Each child is allowed to stay up to 12 days per year, based on state funding. Children admitted to the program are provided with food, shelter, clothing, health examinations, and a developmental assessment is performed by nursery staff. The family in crisis is also educated about various ways to handle emergencies. Follow-up services and community support referrals are also made to give the family the tools they need to successfully manage the child after discharge.
- III. **Open Residential:** Five Level 3 facilities, for kids who need to improve their social and behavioral functioning, and/or are waiting for development of their permanency plan.
 - Willowood Cottage:** Holds 15 boys ages 5.5 – 12
 - Evergreen Cottage:** Holds 15 girls ages 5.5 – 12
 - Aspen Cottage:** Holds 15 girls ages 12 – 18.5
 - Rosewood Cottage:** Holds 15 girls ages 12 – 18.5
 - Cedar Cottage:** Holds 15 boys ages 12 – 19

- A. General Rules: Age ranges are slightly flexible, and kids are separated according to age and gender.
- B. Residents/Staff: Children live in small, family-like groups with a unit manager for each house. Cottage staff promotes the development and practice of self-control, cooperation, and responsibility. All staff is required to have either a college degree or 5 years experience in this field.
- C. Level/reward system: Goal development and expectations are developed for each child according to their age and level of function. As residents achieve greater levels of responsibility and personal growth, they are allowed a greater degree of personal decision making and independence. One of the biggest rewards is to be allowed to walk or ride your bike around the big paved circular walkway that surrounds the play yard. This is a major opportunity for fun social interaction, and kids love to be able to participate. It is good practice as kids learn to develop appropriate social skills, and also a good reward system for the staff to use. Kids are allowed to petition for higher levels of independence and staff try to work with each child at his or her level. Also, in the monthly newsletter, one resident is congratulated each month for the good job he or she is doing.
- D. Extra Activities/Programs: Youth in the Cedar Cottage recently repainted the inside of their house as a group project, and the unit manager hopes that this will inspire them to take better care of their living space. Many other group activities, both on campus and off, are coordinated by the active Recreation Therapy Department.

IV. **Cypress Cottage:** Level 4 unit designed specifically for boys ages 12 – 18 who have been charged with a sexual offense or have severe emotional and psychiatric problems.

- A. General Rules: Although this unit is not formally “locked”, security is heightened here. Boys placed in this home will participate in more focused therapy sessions to try to decrease their tendencies towards sexual perpetration.
- B. Residents/Staff: Has 13 beds, and increased supervision compared to the other cottages.
- C. Level/reward system: Learning to modify their behavior, process their offense(s), and coming to grips with any sexual abuse they may have suffered.
- D. Extra Activities/Programs: To a limited extent, these boys participate in on-campus recreational activities along with other Child Center~Marygrove residents, with increased staff supervision.

V. **Therapeutic Foster Homes:** Two cottages located just outside Child Center~Marygrove’s campus, called Clinton Cottage and Sycamore House, function as a step-down unit from residential living on campus. They are designed for ages 6 – 21.

- A. General Rules: Youth placed in these cottages are evaluated for their suitability to move into private foster homes.
- B. Residents/Staff: Each house holds 3 or 4 residents, and is supervised by a permanent house parent; the goal is to approximate a family environment.
- C. Level/reward system: Like in Child Center~Marygrove’s other units, residents are given clear expectations and encouraged to achieve progressive personal development.
- D. Extra Activities/Programs: Youth in these homes attend school and are encouraged to hold down part-time jobs and/or participate in other extracurricular activities. The benefit of staying in such close proximity to Child Center~Marygrove, however, is that the youth can still participate in all of its individualized treatment programs.

VI. **Transitional Living Program:** Level 4 open units designed for young adults who have emotional or behavior problems which prevent them from being successful in other settings.

Two different houses on campus—Sequoia House and Drury House—are referred to as psychiatric group homes with an emphasis on transitional living. Accepts ages 16 – 21, but will allow kids to stay until age 22 if they are in the DMH system. Even after youth graduate from the Transitional Living Program, they are closely followed for one year.

- A. General Rules: Youth must be enrolled in high school or G.E.D. classes, free of substance abuse for > 6 months, and willing to work on transitional skills. When an adolescent arrives at Drury or Sequoia House, he or she is asked to sign a contract indicating that they are willing to participate fully in the program. The transitional program director (Mike Baer) tries to give each adolescent as much ownership in this decision as possible, since they are unlikely to be successful unless they have made an active choice to be there.
- B. Residents/Staff: Sequoia House holds 10 females, while Drury House holds 12 males. There is at least one or two staff members present in each houses at all times (Ratio is 1 Staff to 8 Residents). These houses are located on a different part of Child Center~Marygrove's campus from the rest of the cottages, to give the residents a feeling of greater privacy and independence. Sequoia House has 4 private and 4 semi-private rooms, while Drury House has all private rooms.
- C. Level/reward system: The first 90 days are set aside for the resident to stabilize and acclimate to the program and the surrounding community. All residents are initially allowed to take two walks off campus per week, and as they show greater degrees of responsibility they are allowed greater freedom. About 50% of the residents eventually acquire jobs or take classes at local community colleges. Another reward/consequence system involves the personal computer that each resident in Drury is given upon arrival – if they use it to visit inappropriate web sites, their monitor is taken away. A personalized treatment plan is designed for each young person entering transitional living, with the resident's direct involvement. Success is defined as achieving one's individual treatment goals and learning basic independent living skills. This generally takes about 2 years.
- D. Extra Activities/Programs: Each house has its own well-equipped kitchen and dining hall, so residents learn how to prepare their own meals. They also receive instruction on money management, housekeeping, and how to utilize public transportation. These youth are encouraged to obtain employment and become involved in the surrounding community, and staff provides transportation as much as possible. Of course, an integral aspect of the program is individual and group therapy to achieve comprehensive psychosocial rehabilitation.

VII. **Independent Living Program:** Called Sequoia Apartment Services, this is a springboard for residents who have graduated from Child Center~Marygrove or other treatment programs, but are not yet equipped to live without supervision. Participants can be age 17 – 21 years, average entry age 18 years old.

- A. General Rules: Youth must be attending school full time or have full time employment. They must be willing to work with staff in accessing their independent living skills.
- B. Residents/Staff: Child Center~Marygrove has about 12-15 apartments in St. Louis County. Each resident has his or her own apartment, furnished with donations. Initially, Child Center~Marygrove also covers grocery and utility expenses. Regular contact with Marygrove staff is a requirement of the program, and a supervisor is available by pager around the clock.

- C. Level/reward system: Each resident works with staff to develop a personalized goal plan, and the ultimate goal is to mainstream each resident into the community.
- D. Extra Activities/Programs: Educational grants are available to most students who choose to continue their schooling. If a resident is not attending school, he is referred for vocational rehabilitation for assistance in obtaining a job.

Other Programs:

- ❖ **Strengthening Families Program:** This is a CD/Family Court approved Parenting Program conducted on the Child Center~Marygrove campus by a Licensed Professional Counselor. The concept is that parenting teens with behavioral, learning, or psychiatric problems is a very difficult job, and parents may reap the most benefit from sharing family experiences with other parents in similar situations. Any interested parent, grandparent, foster parent, pre-adoptive parent, or even adult sibling is welcome to participate in these group sessions. Sessions meet weekly for 2.5 hours, are offered free of charge and include dinner. Topics include:
 - ~Positive values derived from family, spiritual, ethnic, and cultural roots
 - ~Enhancing parent-child relationships
 - ~Rites of passage and stages of growth from childhood to adulthood
 - ~Ways to achieve a violence-free, healthy lifestyle for the whole family

Mental Health Therapies:

Staff Psychiatrist (Dr. Zia) sees each child living at Child Center~Marygrove that is on medication at least once every other month for a psychiatric assessment (more frequently if necessary). Dr. Zia sees all kids requiring Level 4 services at least once per month.

Psychologist is a consultant and will do psychological testing as needed for residents.

The majority of the therapy provided is conducted by Licensed Clinical Social Workers and Licensed Professional Counselors. Each child generally has one *individual therapy* session per week, and at least one *group therapy* session per week. Group therapy is conducted within the living units, and is specific to what that group of children needs.

There are specialized group therapy programs offered at set times covering such topics as: orientation to Child Center~Marygrove, developing your self-image, healthy sexuality, and dealing with the effects of sexual abuse. *Family therapy* is also regularly conducted.

If a resident requests to see a particular therapist in the community, the clinician is welcome to see the child on the Child Center~Marygrove campus or the child can use the bus system to commute to the source of therapy.

Recreational therapy is used extensively at Marygrove, as mentioned above. Many of the kids participate in the Children's Home Activity Meet Program (CHAMP) League in sports such as volleyball, basketball, soccer, track, and flag football. There is a Child Center~Marygrove Field Day every July which involves skits, trivia games, cage ball, a dunking booth, an obstacle course, and of course plenty of prizes and treats! In fact, every month there is a campus-wide activity to look forward to, such as the October Spook House or the December Talent Show. During the summer, kids are regularly taken on outings to historical sites, local parks, and bike trails. They also play in the Olympic-sized indoor pool, and in the gym or on the outdoor grass field. During the school year, the recreation department staff meets with small groups and offers classes in personal health, hygiene, fitness, nutrition, relaxation techniques, and journaling. *Spiritual health* is encouraged at Child Center~Marygrove, and there are signs near the entrance stating when residents or visitors can attend mass. However, residents are not expected to embrace Catholicism.

Only basic Judeo-Christian values are emphasized at Child Center~Marygrove. Residents are invited to attend a weekly “Sharing Program” which allows them to have regular religious experiences.

Physical health care is overseen by an area Pediatrician (the father of one of the Transitional Living staff members) who is on call for general examinations and emergencies.

School/Educational Plan:

There is an on-campus school, but only about 10 students attend it at any given time. The children who use the on-campus school are there mostly because of behavioral difficulties and are IEP’d on grounds; they are graded both on their behavior each day and on their level of participation. These students attend remedial classes in reading, math, language, and art, and some of the teaching is done by local school district teachers. The goal is to mainstream each child into the local school district as quickly as possible, because Child Center~Marygrove’s philosophy is that children will achieve greater long-term success if they are able to attend public schools. To this end, Child Center~Marygrove’s educational services staff has developed very good working relationships with educational coordinators in the local Hazelwood school district. The educational services staff consists of case managers, childcare specialists, and special education teachers. One of their major goals is to develop a current IEP for each resident. They work with area public and special education school districts to coordinate each student’s educational plan as well as their behavioral goals.

Students attending the on-campus school are in classes year-round. Some students attend both Hazelwood schools and some on-campus classes. These students are eligible, under Title I funds, to also receive summer classes which are aimed at correcting any academic deficiencies.

Overall summary of strengths and challenges:

Strengths: emergency services, robust funding, sophisticated technological media, active recreation therapy department, flexibility in the amount of therapy each youth wishes to receive, emphasizing personal accountability and ownership of any progress made by asking youth to sign a contract before entering the transitional or independent living programs

Challenges: No secure care facilities (although all of the buildings do have basic locks), Cypress Cottage for male sex offenders is right next to all the other cottages, on-campus school may be under-utilized

EDGEWOOD CHILDREN'S CENTER

330 North Gore Avenue
St. Louis, MO 63119
919-4800
www.eccstl.org

Visited on 11/28/06

Contact: Pam Jaudes, Associate Director of Permanency Program

Overall impression: Edgewood sits on a 23-acre campus in the heart of Webster Groves. This is an excellent location for them to maintain fertile funding sources. The people in charge at Edgewood are innovative, and they strive to provide a diverse array of therapies to help their kids succeed. Like most large residential programs, Edgewood was originally an orphanage in the 1800s. However, the difference with Edgewood is its particular focus on special education for kids with severe behavioral and emotional disorders and/or developmental delay. All residential treatment centers will have to address these problems, which are pervasive amongst foster kids, but Edgewood takes it one step further. This is because they also have a special school for kids who are autistic or have communication disorders, so their teachers are trained in all of these areas. Since all of these problems exist on a single continuum, it is most beneficial to have staff who are familiar with the full spectrum of disorders, and who can work together to develop novel treatment plans.

Services: (described in further detail under “Programs” and “Education” sections)

- ❖ **Locked Unit:** Holds up to 10 females, who are aggressive or flight risks.
- ❖ **Open Residential:** Houses 30 kids, males age 5 - 14 and females age 6 – 17
- ❖ **Edgewood School:** Special Education school which serves kids ages 3 – 17. All 40 residential kids attend this school, plus 130 other kids from the community.
- ❖ **Childhaven School:** Serves children from the community with communication disorders, such as Autism or Asperger's Syndrome, ages 3 – 12.
- ❖ **Family & Community Services:** Using Edgewood facilities as home base, 4 supervisors and 20 social workers provide **Family Reunification Services, Intensive In-home Services, and Intensive Community Psychiatric Rehabilitation Services.**
- ❖ **Permanency Program:** Edgewood has a **Foster Care Team**, contracted from CD, which cares for about 100 kids at a time, and four **Missouri Alliance workers** who care for about 8 kids at a time.
- ❖ **Respite Care:** A program where adults from the community (and some of Edgewood's own social workers) spend a few hours one day per week with a child who needs more adult support. Edgewood also has **3 respite beds** available for emergency use.

Intake Procedure:

Referrals come to Edgewood from the following sources:

- Residential children are most often referred by CD/DFS. Many of these children have suffered from abuse, neglect, or other severe trauma and most have been in several different foster homes, institutions, and treatment centers before coming to Edgewood. They are children who have not been able to succeed in any setting that they have ever known. Others come from normal backgrounds, but have experienced severe emotional and/or behavioral problems in all facets of their lives. Most of the children Edgewood serves have potentially average intelligence, but are two

or three years behind in school because of their emotional problems. They express their pain through severe behavioral symptoms. They have poor peer relationships, and many are self-destructive. They do not trust adults and do not expect adults to be protective and nurturing. It costs about \$200/day for each child to receive Edgewood's residential services. They provide Level 3 – 4 services, with no locked units, and no Level 4+ services. Edgewood frequently admits children with dual diagnoses.

- Special education/day treatment and Childhaven students are referred by their home school district or their families
- Family and Community Services serves children and families referred by DFS, DMH, and in-house referrals.
- Permanency families come from in-house referrals and other child welfare agencies.

Residential Programs:

- VIII. **Locked Unit:** Level 4 unit for 10 older females (approx. age 12 – 17) who are aggressive or at risk of running away. Otherwise, same as open residential.
- IX. **Open Residential:** Level 3 open units, for kids who are unable to be placed in a less restrictive setting, and/or are waiting for development of their permanency plan. Accepts boys ages 5 – 14, and girls ages 5 – 17 (because boys become physically more difficult to manage at a younger age).
 - A. General Rules: Average stay 6 months. Although all of these kids have emotional/behavioral problems, this setting is not appropriate for kids with very low IQ or who are sexual perpetrators.
 - B. Residents/Staff: There is generally a 4:1 resident to staff ratio, both in school and in the homes. There are 3 separate houses, each holding about 10 kids. There is one unlocked house for females (in addition to the locked unit listed above), one for younger boys, and one for older boys.
 - C. Level/reward system: Every day, the residents are given two spreadsheets detailing their performance goals -- one for school and one for home. One of the benefits of all residents attending the on-campus school is that the teachers and house staff can easily evaluate the resident's performance in both settings, and can work together to help each resident achieve success. The spreadsheets have a point system, and residents can achieve levels of success based on how many points they garner. Each level involves slightly expanded privileges, such as going on group trips, etc.).
 - D. Extra Activities/Programs: All residents are educated on life skills and social skills. In addition to the basic psychiatric care they receive at Edgewood, they can also benefit from occupational therapy, speech and language therapy, art, music, and recreational therapies. They also go on several planned trips with staff.

Other Programs:

- ❖ **Family & Community Services:** Edgewood places great emphasis on the prevention of family dissolution. It is contracted directly with CD to provide services which seek to prevent kids from entering the foster care system. Through this contract, Edgewood has 4 supervisors and about 20 social workers who provide the following services:

- **Intensive In-Home Services (IIS):** Each SW cares for 2 families at a time, and provides services for 8-10 hours per week for an average of 6 weeks. The children covered are 0 – 17 years old, and usually an IIS case is opened when the only other alternative is out-of-home placement of the child. These SW serve as “family specialists” who help the family identify problems and goals, use community resources, and achieve safer family functioning. For this type of help to be successful, at least one adult member of the family must be involved in the treatment plan.
- **Intensive Community Psychiatric Rehabilitation Services (ICPR):** This is a slightly different program intended to help families of children who have harmful behavioral problems and a mental health diagnosis. These cases are usually referred by BJC Behavioral Health or other mental health providers. When families reach the end of their rope and are considering out-of-home placement, ICPR can provide in-home crisis intervention and training to help the child stay in their home safely. The ICPR worker meets with the family several times per week on a limited-time basis to develop a treatment plan which includes building communication skills, daily living skills, child management skills, helping families to access community resources, and helping parents to create personal support systems.
- **Family Reunification Services (FRS):** This service is used to ease the transition from out-of-home placement back into the child’s family of origin, because there are difficulties encountered by both the child and the family. Services are geared towards families that have either previously failed reunification, or would not be able to reunify without further support. Each SW works with only 3 families at a time, and provides services for 60 – 90 days. Typically the FRS starts about 4 weeks before the child comes home, and continues for about 4 weeks after the child is in the home. The FRS worker is on call around the clock for the families he/she serves.
- ❖ **Permanency Program:** Edgewood is passionately involved in the work of helping foster kids achieve permanent and beneficial placement, faster than the average 18 months that so many kids have to wait. To do this work, they employ 11 social workers via a contract with CD, to be part of:
 - **Foster Care Team:** This team cares for roughly 100 kids at a time. It consists of 7 social workers who each cover no more than 15 kids at a time. These case managers work diligently on a permanency plan for each child in their care. The initial goal is reunification, but if after about 6 months it is apparent that reunification will not be possible, they move on to other options. These include (1) kinship placement, (2) termination of parental rights, leading to adoption, and (3) alternative programs for permanent living arrangements if child is over age 15 (transitional living, independent living, etc.). To make these determinations, a Family Support Team meets at least every 3 months; this team consists of the case manager and any other adults who are invested in this child’s care. The case manager also meets with the child at least once every 2 weeks.
 - **Missouri Alliance for Children and Families:** This is a for-profit agency which is owned by 9 non-profit agencies, including Edgewood. It was established in 1998 to address the issues of foster kids who have such severe psychiatric and behavioral problems that they are unable to be taken out of residential placement. Most kids do not prefer residential placement, and it is less cost-effective (and possibly less successful) than having foster kids in well-trained, stable foster families. The main goal of Missouri Alliance is to recruit and train “*career level*” *foster parents*, and then to provide aggressive support to the child within the family. Career level foster parents are required to not work outside the home, and they are recruited specifically to care for kids who need a much higher level of support.

Their “job” is to help their foster child remain stable and achieve success, and they are paid more than regular foster parents to do this job. These career parents are also required to have higher levels of training, including how to administer medications and how to chart behavior trends. Once a child has been placed in the home with a career foster parent, Missouri Alliance workers continue to meet with the child every week and have a family meeting every month. Although Edgewood is a partial owner of Missouri Alliance, they also have 4 workers on their campus. These workers each care for only 2 foster kids at a time, because of the level of support they require. Furthermore, Missouri Alliance has a special arrangement with CenterPointe Psychiatric Hospital to expedite psychiatric care if one of these severely disturbed kids needs admission to an inpatient psychiatric unit.

- ❖ **Respite Program:** This is a program which is partially funded by DMH. Stable adults from the community, or occasionally one of Edgewood’s own social workers, contract to spend a few hours with one child at least once per week. Kids who may need this extra attention include those living in residential care who seem like they need more one-on-one time, kids living in a foster home with parents who feel overwhelmed by all their responsibilities, or other kids who attend Edgewood’s school. Adults are allowed to be creative in what activities they plan for this respite time, but they are never allowed to take the child back to the adult’s home. In the event that the parents of the child need more respite time, Edgewood maintains three beds in its residential facilities which are earmarked for emergency use for children in this program.

Mental Health Therapies:

Edgewood consults with both a Psychiatrist and a Psychologist who visit regularly to perform psychological evaluations of the kids in its residential program. The Psychologist, Dr. Edwards, sees each child at least once per month.

The kids at Edgewood benefit from the availability of many different types of therapy, including *individual therapy, group therapy, family therapy, art therapy, music therapy, speech and language therapy, occupational therapy, and recreational therapy*.

If a child needs more or different counseling than what is available on site, Edgewood will assist that child in meeting with an appropriate therapist.

Recreational therapy: One of the highlights of recreational opportunities is the 2-week summertime Camp Edgewood, which has occurred over the past two years. Because Edgewood is in Webster Groves, some of their activities take advantage of city resources such as the swimming pool.

School/Educational Plan:

One of the biggest strengths of Edgewood are its specialized schools. All 40 of the residential kids at Edgewood attend its school, and 130 other kids from the surrounding community use this school as a day treatment facility. Edgewood staff starts to work with children at an earlier age than many programs, so that they will be more likely to improve the way that they function in the school environment. Edgewood School serves kids ages 3 to 17, grades 1-12. There is a satellite school located in Affton which provides instruction in grades 1-6 and teaches 32 kids. Both campuses use a six-week extension to the school year to give staff more time for enhancing their students’ learning potential and social adjustment. Many of the kids who require this type of special schooling have average intelligence, but suffer from such severe emotional and behavioral disorders that their home school district was unable to provide a workable setting for them. Usually, the school districts that refer children to Edgewood pay the cost of special education,

and also provide transportation for those children. In Edgewood School, there are only 8-10 students per class, and each class is run by a Special Education teacher, a full-time teacher's aide, and a volunteer. Therefore, the ratio of kids to staff is usually 3:1 or 4:1. It often takes 2 years or longer before these dedicated teachers can help a child progress to the point where he or she can learn in a less restrictive environment, but that is the goal. Each student follows an individual plan for education, developed in cooperation with parents as well as professionals from the referring school district. Each child is able to benefit from all of the different types of therapies offered at Edgewood.

Edgewood also has a school program that focuses on treating children with communication disorders such as Autism and Asperger's Syndrome, as well as the developmental delays common in these children. This is a year-round program that serves children between the ages of 3 and 12 who are experiencing problems at school or at home, or other developmental delays in the areas of speech, language and social skills. Classes are small, 4-6 children with one teacher and an assistant teacher who are assisted by other professionals. The goal of the program is to help children develop skills to function in the public school and their community so that they can be successful in less restrictive environments. These skills are fostered in a variety of ways, including social skills training, special education, family therapy, speech and language therapy, occupational therapy, sensory integration therapy, music therapy, and art therapy. There are also extensive parent support services.

Usually school districts who refer children to Edgewood pay the cost of special education and related services and provide transportation for those children. Some families pay the cost for their children, based on a sliding scale of income or through private insurance coverage.

Overall summary of strengths and challenges:

Strengths: sophisticated educational services on campus, more diverse therapy types available, stronger/faster record with permanency placement, extensive knowledge of strategies to prevent family dissolution

Challenges: No transitional or independent living programs, no on-site services for kids over age 17, not equipped to house sexual perpetrators

EPWORTH CHILDREN & FAMILY SERVICES

110 N. Elm Ave.
St. Louis, MO 63119
961-5718
24-hour helpline: 727-6294
www.epworth.org

Visited on 11/29/06

Contact: Michelle Cyrus

Overall impression: Epworth has its emergency facilities in the heart of University City and its residential facilities on an 8.5 acre campus in Webster Groves. Epworth's philosophy is that it wants to be a place "where kids find strength." The kids they serve have lived through some very tough circumstances, and the staff believes that they can ultimately help each child harness the personal strength that got them through the tough times, and use that strength to move forward.

Services: (described in further detail under "Programs" section)

- ❖ **Intensive Treatment:** Knobel is the locked, intensive treatment unit, which is a secured, therapeutic residential facility for 12 residents (6 girls and 6 boys). Shoemaker is the unlocked, intensive treatment unit, which is a highly structured and therapeutic residential facility for 16 residents (8 girls and 8 boys). Both units are located on the Webster Groves campus serving residents from ages 11 to 18 years of age.
- ❖ **Residential:** Four dorms located on the Webster Groves campus serve 31 residents (16 girls and 15 boys) ages 11 to 18 years of age in an open, therapeutic setting.
- ❖ **Transitional Living:** Five apartments in a building on the University City campus can hold up to 10 young people, ages 16 – 21
- ❖ **Independent Living:** Assists an unlimited number of youth ages 17 – 21 in apartments throughout the community
- ❖ **Family Focus Treatment Program:** In-home reunification program where in-home therapy and case management services are designed to help youth return to their biological or foster homes. This is a nine month program. Youth age 11 – 17 live at Epworth for 3 months in the residential program, but are required to go home on the weekends. Then once they are returned home, intensive aftercare services are ongoing for the next six months. Families receive in-home family therapy throughout the program.
- ❖ **Family Development Services:** Epworth staff train individuals wanting to be foster parents.
- ❖ **Youth Emergency Service (YES) Program:** Shelter, food, and therapeutic support are provided to 12 young people at a time (ages 11 – 18), and associated helpline operates 24 hours a day.
- ❖ **Epworth School:** Epworth School serves adolescents who have been diagnosed with behavior disorders, emotional disorders, or learning disabilities through the Individual Education Plan (IEP) process. Student population includes Epworth residents and day treatment students referred from school districts in Illinois and St. Louis metropolitan area (including St. Charles and Jefferson Counties), and St. Louis County Special School District. Classes are held at the Epworth campus in Webster Groves, as well as in the Epworth City School, which is located at 4926 Reber Place in St. Louis.

Intake Procedure:

Referrals come from many sources, but most are from the Children's Division, DFS, Missouri Alliance, and the Dept. of Mental Health. Epworth provides Level 3 – 4+ services. They frequently take children with dual diagnoses, but their services are unlikely to be beneficial to children with an IQ<50. Also, Epworth does not accept youth who have a history of perpetrating sexual crimes. For specifics on admissions, contact Becky Applebaum at (314)918-3399 or Lisa Perry at (314)222-4860.

Residential Programs:

- X. **Knobel Intensive Treatment and Shoemaker Units:** Level 4 and 4+ (locked unit), used for kids who are experiencing an emotional, behavioral, or mental crisis and are considered dangerous to themselves or others. Accepts ages 11 - 17 years.
 - A. General Rules: This unit is used to de-escalate crisis situations, such as flight risk, suicidal tendencies, severe depression, and aggressive behavior. As soon as the behavior is stabilized, the individual is moved into a less restrictive setting. Most youth in this unit are in the state's custody, but some come from private families. When this unit is used as a short-term safety placement for one of the individuals in Epworth's general Residential unit, the stay can be as short as 2 hours. Other youth may require up to 6 months of intensive treatment. Average stay is 90 days.
 - B. Residents/Staff: This unit can accommodate 14 girls and 15 boys. Both the locked and unlocked units are highly structured. Youth in intensive care attend the Epworth school in their own self-contained classroom. Living and dining units are separated by gender. A registered nurse with psychiatric experience is available 24 hours per day. Treating staff include this nurse, youth advisors, therapists, a psychiatrist, special education teacher, and recreational therapist.
 - C. Level/reward system: As mentioned above, the environment is highly structured. Youth have particular goals they are expected to work towards while in intensive therapy, but the overall goal is being allowed to move to a less restrictive environment.
 - D. Extra Activities/Programs: Youth in this unit are seen by a consulting psychiatrist on a weekly basis. They receive individual therapy at least once per week with a licensed therapist, as well as family therapy when possible. These youth also participate in regular recreational therapy activities. The unit has its own basketball court and picnic area.

- XI. **Residential Treatment Program:** Level 3 open units, for teens ages 11 – 17 years who have significant emotional and/or behavioral challenges but are not considered a danger to themselves or others. Common problems include out-of-control behavior, parental conflict and/or neglect, physical and sexual abuse, school failure, and other severe emotional problems.
 - A. General Rules: Youth with an IQ < 50 are not accepted.
 - B. Residents/Staff: Residents live in groups of 7-8 youth in separate dormitories and are supervised around the clock by trained youth advisors. The program as a whole can accommodate 32 youth.
 - C. Level/reward system: Epworth operates under a competency-based therapeutic philosophy that builds on the strengths of each child and family. It's a practical approach that strengthens the capacity of each child to thrive in society.

- D. **Extra Activities/Programs:** Epworth has a thriving recreational therapy department, which utilizes several physical activities, a music room, computer and photography room, arts and crafts, and a flower and vegetable garden. Kids in the residential program participate in CHAMP meets and occasional outdoor adventure trips which are coordinated by the recreational therapists.

XII. **Transitional Living Program:** Designed for youth ages 16-21 who are not yet prepared to live independently in the community. Several apartments are clustered in the building next to the Youth Emergency Services, in University City.

- A. **General Rules:** Youth must be unable to find appropriate family placement, be drug and alcohol free, able to maintain employment, and have a high school diploma/GED or be willing to achieve one of these while in care. They also need to adhere to program rules regarding curfew, visitors, apartment maintenance, and quiet hours.
- B. **Residents/Staff:** The five apartments can hold up to 10 young men and women. There is 24-hour supervision, and each youth has daily contact with Epworth staff for individual or group counseling.
- C. **Level/reward system:** An individualized treatment and goals plan is designed for each young person entering transitional living, to help them achieve success based on their particular strengths and challenges. Success is defined as moving on to an Independent Living program or living independently in the community.
- D. **Extra Activities/Programs:** Participants receive individualized training in daily living skills such as budgeting, cooking, shopping, and how to access community resources. They also receive minimal financial assistance, assistance with setting and accomplishing personal goals, and guidance in dealing with issues of daily life.

XIII. **Independent Living Program:** This program provides therapy (via community therapists) and supportive services for youth, ages 17 - 21, who are ready to live in their own apartment but need additional skills, supervision, emotional support, and financial assistance to ensure success.

- A. **General Rules:** Same as the rules for the Transitional Living Program, plus these young persons should be able to make responsible personal decisions with minimal adult supervision.
- B. **Residents/Staff:** Epworth staff assist each program participant to find and obtain a suitable apartment in the surrounding community. Participants are expected to have 2-5 hours of contact with Epworth staff each week once established in the program. Youth receive up to 20 hours per week when they first enter the program to ensure they have the proper foundation to live independently with minimal supports.
- C. **Level/reward system:** Youth are supervised in this program until they either age out, or are found to be suitably independent.
- D. **Extra Activities/Programs:** Participants continue to receive daily living skills training as necessary, plus minimal financial assistance and guidance in dealing with the issues of daily life.

XIV. **Youth Emergency Service (YES) Program:** This program provides emergency services for youth ages 11 - 18, who are experiencing challenges such as family conflict, homelessness, abuse, or severe school problems.

- A. **General Rules:** This program requires formal consent from both the youth and his or her parents/legal guardians. Youth in foster care can stay up to 30 days, while other youth can only stay up to 14 days.

- B. Residents/Staff: YES can accommodate 6 females and 6 males at a time. This program can be used as a stabilization period for both youth and their families to participate in counseling sessions with Epworth's clinical staff. A licensed therapist and trained youth advisors work with the participants and their families.
- C. Level/reward system: The goal of this program is to safely reunite families whenever possible. When that is not possible, YES staff will assist youth in finding an alternative placement.
- D. Extra Activities/Programs: The program includes individual, group and family counseling, attendance at community schools or participation in educational services provided on-site or G.E.D. programs. Each child receives individual, group and family therapy by a licensed therapist. YES staff conduct weekly educational and recreation groups that address social skills, sexual responsibility, self-esteem, anger management and life skills.

XV. **Family Focus Treatment Program:** An innovative program designed to reunite and strengthen fractured families. During this nine month program, youth ages 11 – 18 gradually transition from residing at Epworth to living back in their homes with their biological or foster families.

- A. General Rules: To be admitted into this voluntary program, youth and parents must be fully committed to achieving reunification.
- B. Residents/Staff: For the first three months of the program, youth live in Epworth's Residential Treatment Center with 24-hour supervision from Monday through Friday. On the weekends they live with their biological or foster parents, and have in-home family therapy. After this phase is complete, the program moves to the "at home" phase for the next six months. During this time, weekly in-home family therapy continues, and case management services are provided to ensure that the basic needs of youth and family are being met as family cohesiveness skills are being developed. Youth can also see Epworth's consulting psychiatrists at any time during these nine months.
- C. Extra Activities/Programs: Twenty-four hour crisis intervention support is available to all families, and brief respite care is also available at Epworth (either planned or unplanned). Family Focus therapists help families connect with community resources to increase self-sufficiency. A crisis intervention fund is also available to finance necessary basic living needs.

Other Programs:

- ❖ **Youth Emergency Service (YES) Helpline:** Operates 365 days a year and 24 hours a day to help anyone calling 314.727.6294. The Helpline provides crisis intervention, counseling and referral information to anyone who calls. It is operated by trained YES staff and volunteers and has been in continuous operation since the agency was formed in 1968.

Mental Health Therapies:

Epworth employs two consulting staff Psychiatrists to care for their residents. Psychiatrists see the youth in the Knobel locked unit weekly, and are available to all other participants in Epworth's programs on an as-needed basis.

The majority of the therapy provided is conducted by Licensed Clinical Social Workers and Youth Advisors. Each child has 1-2 sessions of either *individual therapy* or *group therapy* per week. Common topics of discussion include anger management, social skills, independent living skills, self-esteem, etc. The recreational therapists also organize special group sessions on self-awareness, coping skills, and even sexual education.

If a child needs a type of therapy that is different from what is outlined above (such as therapy specific to sexual abuse), Epworth will transport that child to a place where they can receive more specialized treatment (examples given include the Children's Advocacy Center and the Center for Trauma Recovery).

Recreational therapy: Epworth's recreational facility includes a gymnasium, weight room, outdoor pool, tennis court, kitchen, sand volleyball court, music room, computer and photography room, ceramic and arts and crafts room, flower and vegetable garden, and general purpose open field areas. Several recreational therapists use many varied creative approaches to help the kids have fun while receiving all the therapeutic and educational benefits that recreational therapy can provide. They use the kitchen to teach basic cooking skills, use participation in CHAMP sports teams to teach teamwork, use dances and holiday activities to foster social skills, and enhance the kids' life experiences by taking them on floating and camping trips and visiting local cultural attractions.

Other therapies: Epworth's chaplain has developed a program which enables stable youth to participate in supervised volunteer activities in the surrounding community, and this seems to be working very well to help these youth expand their worldview and achieve healing.

School/Educational Plan:

Epworth has two schools: the self-contained school which is used by residents of its intensive care (locked) unit, and the Epworth City School which is used by any residential student whose IEP demands this level of support. However, all other kids at Epworth are encouraged to go to school in their respective districts. Epworth staff work with educational coordinators in several school districts to ensure success with this approach.

The Epworth City School provides special education services which integrate vocational training, life skills training, intensive therapy services, and basic academic studies. Students are age 7 – 21, and all have been diagnosed with severe learning disabilities, emotional disorders, and/or behavioral disorders through the Individual Education Plan (IEP) process. They include youth who are in one of Epworth's residential programs, as well as youth referred from nearby school districts because they need this higher level of supervision. Classes average only 8 students per classroom, taught by a Special Education teacher along with a trained Teacher's Aide. Additional day treatment staff includes eight licensed therapists, a physical education teacher, and a vocational coordinator. All students receive individual and group therapy weekly, and extensive teaching on social skills such as anger management and conflict resolution. Special electives include art, drawing, outdoor education, cooking, dance, and creative writing.

Overall summary of strengths and challenges:

Strengths: Youth Emergency Service Program, Family Focus Program

Challenges: No services for sexual perpetrators

EVANGELICAL CHILDREN'S HOME

8240 St. Charles Rock Road

St. Louis, MO 63114

427-3755

www.evangelicalchildrenshome.org

Visited on 11/22/06

Contact: Sarah Deweese, Intake Coordinator

Overall impression: Evangelical owns a 34-acre plot of land which comfortably supports several houses. The buildings are old, but very clean and well-kept. Their program was established in 1858 as a basic orphanage, and many of the original buildings still remain. Some have been converted from their original uses, such as the building where bread was made, which is now used as a small chapel. Kids have lots of safe grassy areas to play or just hang out. The staff seems to use a simple, consistent approach to helping kids succeed. All kids in Evangelical's programs receive a weekly allowance (this is the only program I saw doing this).

Services: (described in further detail under "Programs" section)

- ❖ **Secure Care:** Two locked units for 10 males and 10 females ages 11.5 – 16.5 (admission ages). Level 4 funding.
- ❖ **Open Residential:** Two un-locked units for 10 males, 10 females ages 9.5 – 17.5 (admission ages), plus a step-down program for 6 males ages 10 – 16.5. Level 3 funding.
- ❖ **Social and Behavioral Learning Unit:** One home for 9 males ages 10 - 17 who have comorbid psychiatric disorders and mental retardation/developmental delay
- ❖ **ASPIRE Program:** Intensive therapy program for up to 8 males age 12 – 18 who have been charged with a sexual offense
- ❖ **Transitional Living:** Two off-campus houses hold 6 males (Warson House), 6 females (Midland House), ages 16 – 18
- ❖ **Independent Living:** Can take up to 17 youth ages 17 – 21
- ❖ **Family & Personal Counseling Center:** Three dedicated therapists serve all ages of people from the community, and also provide **Family Focused Residential Services** (youth under age 17 can stay in Evangelical's residential facilities for up to 3 months while interventions are made in their home), **Family Reunification Services**, and **Intensive In-home Services**.
- ❖ **Day Treatment:** Forty kids from the surrounding community, ages 7 – 21, can attend Evangelical's school if they require special assistance.
- ❖ **Early Education Center:** Community children ages 2 – 6
- ❖ **Family Case Management:** Family Case Managers work for kids in the Missouri Alliance program; their offices are at Evangelical, but not all kids they work with are residents at Evangelical.

Intake Procedure:

Referrals come from many sources, but most are from the Children's Division, DFS, Missouri Alliance, and the Dept. of Mental Health. Because private families can seldom pay the daily cost for residential

services, most children served are in one of the above systems by the time they arrive at Evangelical. Evangelical does accept and work with private pay residents. The Intake Screener is Sarah Deweese, and she determines if each child referred can benefit from one of the services described above, and if there is any space available. Evangelical provides Level 2 – 4 services, with the level 4 unit being locked. They do not provide Level 4+ services. They frequently take children with dual diagnoses.

Residential Programs:

- XVI. **Secure Care:** Level 4 locked units, used for kids who are acutely suicidal, strong flight risk, sexual perpetrators, or otherwise dangerous to themselves or others. Accepts ages 11.5 - 16.5 years.
- A. General Rules: Each child is initially assigned a 180 day period in the locked unit, but some stay shorter and many stay longer than that. Personal belongings are checked upon each entry or exit from the unit. Suicide precautions are in place, such as non-breakable mirrors.
 - B. Residents/Staff: Two separate houses, one serves 10 males and the other serves 10 females. There are at least 2-3 staff members in the building at all times, all trained in safe crisis management.
 - C. Level/reward system: Upon admission, each participant is given a binder titled “Your Treasure Map” which outlines in detail the steps to success in the program. There are about 5 levels to help each youth work through such issues as goal development, safe processing, awareness, etc. The main reward for progressing through the levels is being allowed to move to a less restrictive environment.
 - D. Extra Activities/Programs: For males charged with sexual perpetration, there are specialized individual and group therapy sessions through the ASPIRE program. Also, residents on higher levels can go the dining hall with other residents or go off campus with staff.
- XVII. **Open Residential:** Level 3 open units, for kids who need to improve their social and behavioral functioning, and/or are waiting for development of their permanency plan. Accepts ages 9.5 - 17.5 years.
- A. General Rules: Average stay 3-6 months. Most kids have a roommate. Similar to the secure unit, personal belongings are checked upon each arrival.
 - B. Residents/Staff: Two separate houses, one serves 10 males and the other serves 10 females. There are at least two staff members in the building at all times during awake hours, and one night staff member who stays awake while the residents sleep.
 - C. Level/reward system: Upon admission, each participant is given a binder titled “Your Passport” which outlines in detail the steps to success in the program. There are 5 levels each youth is expected to progress through: orientation, goal development, action, responsibility, and honors. Each level is described, and there are worksheets to help the kids stay on task in their progress. There are petition sheets if a youth wants to try to persuade the staff that he is ready to advance (this is regularly done, and often successful). Each level involves a slightly higher allowance, and expanded privileges (going on group trips into town, etc.). There are several pages outlining the consequences of specific behaviors, which generally involve restrictions related to the infraction. However, staff emphasize that this outline is just an overview, and Evangelical tries to individualize each child’s plan for success.

- D. Extra Activities/Programs: Youth in the open houses walk up to the dining hall together each evening. They also go on several planned trips with staff. Houses take turns doing dish duty in the dining hall for a week at a time.

XVIII. **Baur House**: Level 3 residential group home designed specifically for kids who need a bridge between open residential living and transitional living or family reunification. Evangelical has found that boys tend to require this type of added support more often.

- A. General Rules: Average stay 12-24 months. May include some kids who are ready for transitional living in every way except chronological age.
- B. Residents/Staff: Group home setting for six males ages 10 - 16.5, with house parents who still provide structured supervision around the clock.
- C. Level/reward system: Boys in this program are either preparing for transitional living, or working on reunification with their families. The main reward is achieving their permanency plan.
- D. Extra Activities/Programs: To work towards reintegration into the community, most boys attend schools outside Evangelical, and participate in other recreational activities out in the community with staff support.

XIX. **Social and Behavioral Learning Unit**: Open unit for males with co-occurring psychiatric disorders and mental retardation/developmental delay. (Higher daily cost of \$200/day).

- A. General Rules: Most boys are in the same special class in the on-campus school, but occasionally some will attend special schools off-campus. Exclusion criteria include IQ>80, history of sexually predatory behavior, being at severe risk to harm self or others, or medical fragility. Average stay 6 months.
- B. Residents/Staff: This specially designed unit houses 9 males age 10 – 17. There are at least 2-3 staff members in the building at all times, all trained in safe crisis management.
- C. Level/reward system: Services are individually designed and implemented to meet the unique challenges of each boy. The main goal is to stabilize each child's condition and get them ready to live in a less restrictive environment.

XX. **Transitional Living Program**: Level 2 open units. Two different houses off campus for youth who are ready to acquire independent living skills in preparation for reintegration into the community. Accepts ages 16 – 18.

- A. General Rules: Youth must be enrolled in high school or G.E.D. classes, not abusing substances, and free from severe chronic emotional problems. Average stay 12-18 months.
- B. Residents/Staff: Warson House (formerly known as North & South House) can hold 6 males, and Midland House houses 6 females.
- C. Level/reward system: An individualized treatment and goals plan is designed for each young person entering transitional living, to help them achieve success based on their particular strengths and challenges. Success is defined as moving on to an Independent Living program.
- D. Extra Activities/Programs: Intensive instruction on money management, housekeeping, consumer awareness, etc. Youth may also enroll in a DFS Independent Living class, if eligible. They also receive individual and family counseling, as well as targeted teaching on decision making skills.

- XXI. **Independent Living Program:** Called the Steppingstone Program, the last step before full reintegration of a self-sufficient young person into his/her community. Participants should be age 17 – 21 years.
- A. General Rules: Youth must be a junior in high school or working on their G.E.D., and willing to secure employment and work at least 20 hours per week. They should also be free from severe chronic emotional problems and not abusing substances. Average stay 12-18 months.
 - B. Residents/Staff: Evangelical has 8 apartments on its main campus, plus 9 apartments off campus, for a total capacity of 17 young persons. Regular contact with care managers is a requirement of the program, and these individuals are available by phone or arranged meeting around the clock.
 - C. Level/reward system: Apartments which are on campus are designated as Phase I of the program, whereas off-site apartments are referred to as Phase II. Youth are placed in a setting where they are most likely to succeed. All participants pay a monthly rent to Evangelical, which is held in escrow until they graduate from the program. In that way, they learn the responsibility and sense of pride inherent in living independently, but also build up a personal savings to serve as a buffer when they graduate from the program.
 - D. Extra Activities/Programs: Youth continue to receive case management, family and individual therapy, and decision making and life skills training as necessary.

Other Programs:

- ❖ **ASPIRE Program (Adolescent Sexual Perpetrator Intervention, Recovery, and Education):** Intensive therapy program for up to 8 males age 12 – 18 who have been charged with a sexual offense. Services generally provided only to males living in Evangelical's residential facilities. Participants commonly suffer from other mental health problems and/or learning disabilities, which are also addressed within the continuum of services offered at Evangelical. Intervention phase typically lasts 18-21 months, and consists of individual, group, and family therapy. Many techniques are used to help these young men break out of this cycle, including extensive behavioral and cognitive therapy, learning about victim empathy, and specific social skills training. Also, because many of these boys were victims of sexual offenses at one time, they receive trauma therapy to process what happened to them. Finally, there is a relapse prevention phase of treatment which begins prior to the youth's discharge from Evangelical, and continues for a minimum of two months.
- ❖ **Family & Personal Counseling Center:** Three therapists serve all ages of people from the community to provide brief, goal-oriented interventions into several commonly experienced family and individual psychosocial difficulties. Individual, family, and couples sessions are available, paid for either by insurance or via a sliding fee scale.
- ❖ **Family Focused Residential Services** (youth under age 17 can stay in Evangelical's residential facilities for up to 3 months while interventions are made in their home), **Family Reunification Services**, and **Intensive In-home Services** all contracted with DFS or Missouri Alliance.
- ❖ **Day Treatment:** Forty kids from the surrounding community, ages 7 – 21, can attend Evangelical's school if they require special assistance (referrals made through SSD). Common concerns include moderate-severe learning disabilities, disruptive behavior, behavior disorder/emotional disturbance, ADHD, truancy, chronic suspensions, family relationship issues, and mental health problems. Length of stay varies, but typically is at least one semester. There is a maximum student to teacher ratio of 10:1. Teachers are trained to assist with special problems such

as special education needs, crisis management, behavioral skills teaching, and medication administration. Students and their families can also benefit from other services Evangelical provides, including case management services and individual/group/family therapy.

- ❖ **Early Education Center:** Community children ages 2 – 6 (who must already be potty trained) come to the center to learn from a developmentally appropriate curriculum. There are four classrooms, including the Kindergarten. The center is open from 7:00 am to 6:00 pm, and breakfast, lunch, and afternoon snack are provided for every child. Fees are based on each family's ability to pay. The center works with DFS, so it can serve families who are eligible for child care assistance. Parental involvement is strongly emphasized, with a Parents as Teachers program, Parent Workshops, and even a PTO.

Mental Health Therapies:

Staff Psychiatrist (Dr. Linda Bock) sees each child living at Evangelical approximately once every three months for psychiatric evaluations (more frequently if necessary). She visits once per week to see any kids who need assistance with their medications (dose adjustments, side-effect management, etc.)

Psychologist (Dr. H. Russell Seawright) performs yearly psychological evaluations, and also visits weekly to augment existing therapy plans.

The majority of the therapy provided is conducted by Licensed Clinical Social Workers. They see each child for 1-2 hours per week for *individual therapy*, and also run *group therapy* sessions focusing on specific topics like anger management, social skills, independent living skills, etc.

As described above, there is a specialized therapy program called *ASPIRE* designed for boys who have been charged with a sexual offense.

There is a special group therapy program called the *Phoenix group*, which is designed for girls who are suffering from the effects of sexual abuse.

If a child needs a type of therapy that is different from what is outlined above (such as family therapy) and requests to see a particular therapist in the community, Evangelical will assist that child in meeting with the therapist. However, for individual therapy sessions, it is considered a conflict of interest for the child to be taken off campus to receive services which are already provided by Evangelical staff.

Art therapy is provided to some children (if the staff feels they would benefit from it) by busing these kids to an off-site therapist. Some receive art therapy at the on-campus school.

Spiritual counseling is provided by the staff chaplain, Pastor Polly. She learns about and meets individually with each child at Evangelical, and tries to work with them in terms of their specific religious background. She also holds optional worship services every Sunday at 1:30pm, and worship workshops.

Recreational therapy: There is a large swimming pool in a fenced area in front of the school, which the kids use during the summer. There is also a gym, of course, and a recreation room in the basement with pool tables, karaoke machine, etc. Many special activities take place in the dining hall, such as game nights and talent shows.

School/Educational Plan:

The Carrie Elligson Gietner School, opened in 2000, is an extension of the prior educational program on Evangelical's campus. It is designed to help 80 struggling students, ages 7 through 21, achieve emotional well being as well as improved academic performance and behavioral functioning. Teachers are specifically trained in special education, crisis management, medication administration, teaching behavior management skills, etc. There is a maximum student to teacher ratio of 10:1. Generally, 40 of the students are residents at Evangelical, while the other 40 students come from the community as part of the Day Treatment Program described above. The school's Educational Coordinator helps determine whether each

child at Evangelical needs the special assistance provided at the on-campus school, or whether that child could be successful in one of the public schools of the Normandy district. As noted above, most of the boys in the Social and Behavioral Learning Unit attend Evangelical's school in their own self-contained classroom. Furthermore, all of the youth in the Transitional and Independent living programs attend public schools or GED programs.

Overall summary of strengths and challenges:

Strengths: Social and Behavioral Learning Unit, ASPIRE program, clarity of expectations for each child, sophisticated educational services on campus

Challenges: No emergency services

Other Services

CentrepoinTE Hospital

Hawthorne Children's Psychiatric Hospital

Family Resource Center

CENTERPOINTE HOSPITAL

5931 Highway 94 South

St. Charles, MO 63304

636-441-7300

800-345-5407

For outpatient services: 636-477-2180

www.centerpointehospital.com

Visited on 11/28/06

Contact: Jason Kirkpatrick, Lead Therapist, Masters in Clinical Psychology, LPC

Overall impression: CenterPointe is a private psychiatric facility which is one of the only facilities in the St. Louis area to serve the needs of children and adolescents. This facility came under new ownership in 2003, and continues to expand and define its vision for future services. The inpatient units are in a building which used to be a Boy Scout camp, so the surrounding campus is pleasant, with a large pond, picnic tables, trees, etc. One of CenterPointe's stated goals is to cut down on bureaucratic costs so that more money can be spent on patient care. This translates to having three masters level trained clinicians (one LPC and two MSW's) for the 40 youth served. Because CenterPointe is a privately owned facility and reimbursement for acute psychiatric care is generally poor, children/adolescent's typically have a five to ten day length of stay. This translates to CenterPointe's therapists working diligently to stabilize the patient's behaviors, identify needs, conduct a family meeting, and determine therapeutic aftercare (and occasionally placement) prior to discharge.

On the other hand, the hospital has only been under its new ownership for a few years, and they do have many exciting ideas for expanding the type of care they provide. These new owners have shown great commitment to addressing the mental health needs of the St. Louis community as a whole, especially by founding Psych Care Consultants, the largest psychiatric group in the St. Louis area. The leaders of CenterPointe have a new vision for behavioral health, which places more emphasis on educating the community to recognize mental health problems in their early stages, as well as treating them through intensive outpatient programs rather than exclusively behind locked doors. Still, the care that is provided to CenterPointe's inpatient population is certainly comparable to what is provided at other psychiatric hospitals.

Services: (described in further detail under "Programs" section)

- ❖ **Inpatient Care:** Has 40 beds for children age 3 – 17. Patients are classified according to age: adolescent age range (14 – 17), pre-adolescent (12-14) and children (3-12). All age ranges have separate programming schedules and boys and girls are separated on the adolescent unit. Adolescents have programs on a separate wing than the pre-adolescents and children. There is a third wing which provides inpatient psychiatric care for adults (32 beds)
- ❖ **Adolescent Intensive Outpatient Program:** Regular evening sessions to address the needs of adolescents (and their families) in crisis.
- ❖ **Psych Care Consultants:** A group of almost 30 psychiatrists along with equal numbers of ancillary staff, who provide outpatient care to both children and adults in seven different locations around St. Louis. CenterPointe's Chairman of the Board, Dr. Azfar Malik, also heads Psych Care Consultants.
- ❖ **Progressive Partial Hospitalization Program (PPHP):** Provides daily outpatient treatment for patients dealing with severe and persistent mental illness.

- ❖ **Residential Chemical Dependency Program:** For adults (patients over the age of 17), based on a 12-step model
- ❖ **Partial Hospitalization Program:** For adults with chemical dependency issues who no longer require residential care and adults with psychological/dual diagnosis issues but still need an intensive level of care, this program requires participation all day from Monday through Friday.
- ❖ **Adult Intensive Outpatient Program:** Half-day sessions three days per week help adults with a history of chemical dependency/dual diagnosis issues bridge the gap back into independent living.

Intake Procedure:

Referrals come from many sources, including children's hospitals, other emergency rooms, Children's Division, DFS, and Missouri Alliance. CenterPointe does accept Medicaid as well as several other insurance plans, but getting approval for inpatient psychiatric care from an insurance company is always an uphill battle. A patient must be accepted into the hospital by a psychiatrist on staff. Criteria for admission are the usual "suicidal risk, risk of harming others, or other acute crisis situation requiring stabilization." Characteristics which might make a patient unsuitable for admission to CenterPointe include significant aggression or sexual acting out. Many of CenterPointe's patients have dual diagnoses. The screening process always takes into account the volatility of each unit of existing inpatients, and whether a particular admission might jeopardize other patient's progress.

Programs:

Inpatient Treatment Program:

- **Demographics:** Inpatient facilities can hold up to 40 adolescents and children. Generally, kids ages 6–12 are considered "children" (although there have been patients as young as 3 or 4 years old), while ages 12-14 are considered "pre-adolescent" and ages 14 – 17 are designated as "adolescents." These patients are divided between 2 inpatient units, with young children generally being separated from adolescents.
- **Overview:** When a patient is admitted, he or she is assigned to one of the three therapists on staff. Typically within 72 hours of admission, this therapist meets with the child's family or legal guardians to determine what acute issues need to be addressed. During the child's stay, his or her therapist is devoted to addressing these acute issues as well as laying the foundation for outpatient care after the child is discharged. As mentioned above, the staff psychiatrist determines whether a particular patient requires admission to the inpatient unit; this same physician determines when the patient is stable for discharge. The most common adolescent issues are suicidal intent, homicidal intent, or acute psychosis. The most common disorders in the young children are severe depression and oppositional defiant disorder. A history of physical/sexual abuse is common amongst patients at CenterPointe (particularly the adolescents). Staff has developed a system of identifying patients' abuse histories without compromising the child's confidentiality.
- **Length of stay:** The average length of stay at CenterPointe is 5 -10 days. There is no maximum length of stay.
- **Psychiatric Interventions:** Two psychiatrists work at CenterPointe, the Medical Director for the child/preadolescent unit (Dr. Yanamadala) and the Medical Director for the adolescent unit (Dr. Smith). Each child is seen by a psychiatrist daily, except on weekends where patients are seen one of the two days. The psychiatrist's main objective is to evaluate the need for medication, adjust current medications, and to evaluate the patient's stability for discharge.

- **Other Therapy:** Inpatients at CenterPointe will participate in up to four group therapy sessions per day. The three therapists at CenterPointe conduct these group sessions. Therapists also try to meet with each child individually about once per day during their stay, although this is difficult to achieve. Activity therapy is utilized extensively at CenterPointe, with 2-3 art and recreational therapists coordinating many activities for the inpatients at several points throughout the day. There is an art room, gym, and volleyball court which they can use to conduct these activity therapies.
- **Education:** Patients take a break from school while they are hospitalized at CenterPointe.
- **Typical Day's Schedule:** One of the ways that CenterPointe maintains safety and progress for its inpatients is by adhering to an extremely structured schedule. Each patient is visually monitored every 15 minutes throughout the day to ensure they are doing something healthy and constructive. There is a printed schedule which breaks down the activities that inpatients are involved in for each 15 minute interval throughout the day and night (see addendum). In broad strokes, the schedule involves: wake up at 7:00am, check vital signs, breakfast from 7:30 to 8:00am, room check, group therapy, break, group therapy, individual therapy, lunch from 11:45-12:15pm, gym and activity therapy, art therapy, group therapy, relaxation/personal reflection time, more gym and activity therapy, dinner from 5:30-6:00pm, group therapy, then preparation for bedtime.

Adolescent Intensive Outpatient Program:

- **Demographics:** In two large group therapy rooms at CenterPointe, evening meetings are held three times weekly for adolescents age 13 – 17.
- **Overview:** This program is designed for adolescents who are experiencing a behavioral, psychiatric, or substance abuse crisis which is not severe enough to require inpatient services. Groups meet three times per week, from 5:00-8:30pm. Every Wednesday evening there is a Family Support Group meeting from 7:30-8:30pm to allow the family members of these adolescents to learn from and support one another. The program is best suited for adolescents who have family members or other caring individuals who can help support them through their crisis. Upon admission, an individualized treatment plan is drafted by the social worker, nurse, and psychiatrist who essentially run the program. A urine drug screen is also part of the admission process, and the program's experienced nurse discusses the results of this screen with each adolescent and his or her parent. While the adolescent is in care, the social worker contacts the family within the first 48 hours, then focuses on assisting the family during family meetings and planning for discharge and aftercare.
- **Length of stay:** The average length of stay in this outpatient program is 3 – 9 sessions, depending on the adolescent's willingness to work on his/her issues, adequacy of response to medications, and the severity of the initial crisis.
- **Psychiatric Interventions:** One of CenterPointe's psychiatrists sees each patient in this program (if medically necessary). They assist in adjusting each patient's medications, which is an integral part of this intensive outpatient program. When patients or parents have questions about their psychiatric medications, there is a nursing helpline they can call at any time (636-720-1673).
- **Other Therapy:** Each adolescent participates in three group sessions during each evening of the program. The schedule for the evening is as follows:

In/Community Group	5:00-5:30pm	Sign
6:20-6:35pm	5:30-6:20pm	Group Therapy
Light Meal		6:35-7:20pm
Skills Development Group	7:20-7:30pm	Break
7:30-8:30pm	Learn how to manage your illness	Individual groups

focus on specific issues such as coping skills, medication education, healthy living, chemical dependency, sober supports, and relapse prevention. Topics are chosen according to the needs of

current patients. Also, as mentioned above, the family members have a session each Wednesday night from 7:30-8:30 which is led by the social worker, to help them learn how best to help the adolescent.

Overall summary of strengths and challenges:

Strengths: several outpatient treatment options (if insurance or private funding accommodates), treatment plans for adults (so if a patient needs additional care after he/she turns 17, he doesn't have to switch facilities), highly structured schedule to maximize progress in a short period of time

Challenges: on-site staff working in extremely cramped quarters with a paucity of resources, anyone over the age of 17 is usually considered an adult (pending Medical Director's decision), no emergency room

HAWTHORN CHILDREN'S PSYCHIATRIC HOSPITAL

1901 Pennsylvania Avenue

St. Louis, MO 63133

Main switchboard: 512-7800

Emergency/after hours: 469-6644, or 800-811-4760

www.dmh.missouri.gov/hcph

Visited on 12/06/06

Contact: Richard Goldstein, Clinical Director and Director of Social Services

Overall impression: Hawthorn is the only free-standing psychiatric hospital for children owned and operated by the Missouri Department of Mental Health. Hawthorn considers itself a safety net for children who don't have insurance or other means to pay for needed psychiatric services. It has been serving this function for over 20 years, and thus has well-developed mechanisms to deal with acute psychiatric problems. The building does have an "institutional" feel to it, and it is clearly old and well-used. Even though money is sparse, Hawthorn has obviously learned that trying to patch up psychiatric problems with a "quick-fix" approach leads only to higher rates of recidivism. Therefore, the staff devote a lot of time with each patient to lay the groundwork for true healing both during and after his or her admission. They believe strongly in a multidisciplinary approach which involves a treatment coordinator, psychiatrist, psychologist, social worker, teacher, nurse, and recreation therapist who meet at regularly scheduled intervals to work together for each patient's success.

Services: (described in further detail under "Programs" section)

- ❖ **Inpatient Treatment Program:** Has 28 beds, can hold 20 adolescents (age 13-18) and 8 children (age 6-12)
- ❖ **Residential Treatment Program:** Three locked cottages provide level 4+ care for 24 adolescents age 13-18.
- ❖ **Cooperative Day Treatment Program:** Sixteen kids from the surrounding community, ages 6 – 16, can attend Hawthorn's school if they have emotional disturbances which might benefit from a short-term intensive therapeutic educational program

Intake Procedure:

Referrals come from many sources, including children's hospitals, other emergency rooms, Children's Division, DFS, and the Dept. of Mental Health. Because Hawthorn is owned and operated by the Missouri Department of Mental Health, priority is given to those with limited or no resources. Many of Hawthorn's patients have dual diagnoses. Adolescents in the residential treatment program have usually been in "the system" for a while, and have failed less restrictive settings. As mentioned above, Hawthorn does provide Level 4+ services via this program. Referrals to the Cooperative Day Treatment Program come through the Special School District.

Programs:

Inpatient Treatment Program:

- **Demographics:** Hawthorn has inpatient facilities for both adolescents and children. There is one wing of the hospital with 20 beds for youth ages 13-18, and a separate wing for children ages 6-12.
- **Overview:** When a patient is admitted, the staff psychiatrist performs a full physical and psychiatric assessment on day one. Within the next 3-5 days, a treatment team convenes to establish a plan of care specific to this patient's needs. This team includes a treatment coordinator, psychiatrist, psychologist, social worker, nurses, aides/techs, teacher, and recreational therapist, all of whom have had some initial exposure to the patient. When they meet to create a treatment plan, they also invite any interested parties from the community, such as the patient's family members, foster family, or staff from a residential facility where the patient has been staying. Because lasting success can only be achieved if this family is an integral part of the treatment team, family therapy sessions and meetings are often held in the evening or at a time most convenient to the family members. Treatment planning meetings are held at regularly scheduled intervals to assess each patient's progress.
- **Length of stay:** The average length of stay at Hawthorn is generally between 30 and 40 days. This average is skewed by the few patients who stay several months; for most patients, discharge occurs after a few weeks.
- **Psychiatric Interventions:** Hawthorn has 2 full-time psychiatrists, one of whom manages the kids in the inpatient unit (the other psychiatrist is devoted to the residential unit). Also, psychiatric residents and fellows spend some of their training time at Hawthorn, which helps to spread the workload. Each child is seen by a psychiatrist daily during their stay. Many patients have had fragmented psychiatric care in the past, so they might be taking several different psychotropic medications when they arrive at Hawthorn. If possible, the psychiatrists try to streamline each patient's medication regimen to enhance effectiveness as well as compliance.
- **Other Therapy:** Every inpatient at Hawthorn will participate in at least one group therapy session per day. Common topics include goal setting, social skills, and psychoeducation. In addition to this, each patient has individual therapy about 2-3 times per week. Group and individual psychotherapy sessions are usually conducted by a psychologist or a social worker. Hawthorn also has about 5 recreation therapists, who use the gym, weight room, and art room (which has its own kiln!) to facilitate healing.
- **Education:** Hawthorn maintains a total of 5 classrooms on site, which collectively serve the inpatients, residential kids, and the day treatment students. Each inpatient unit has its own classroom. Teachers at the Hawthorn school are trained in both special education and techniques for crisis management.
- **Typical Day's Schedule:** Inpatients are usually awoken at 7:00 am for breakfast and attention to personal hygiene. From 8 – 8:30am they participate in group therapy. The school day begins at 8:30, lunch is at noon, and the school day ends at 3:00pm. Psychiatrists and other therapists come and get each patient from the school room when it is time for their individual appointments. After school there are many other recreational therapy activities, dinner, and then bedtime.

Residential Treatment Program:

- **Demographics:** On the same campus as the inpatient building, Hawthorn has three cottages which are used for residential care. These cottages can hold up to 24 adolescents, age 13 – 18.
- **Overview:** Hawthorn's residential program was designed for adolescents who are chronically self-injurious, have severe ongoing suicidal or homicidal thoughts, or are continually an elopement risk. This level 4+ locked unit is used for kids who have not been successful in less restrictive settings. It is not well suited for patients who have significant mental retardation, are autistic, or have psychotic

delusions in the setting of a dual diagnosis. When a patient is admitted to the residential program, the initial steps are similar to what the inpatients receive. The staff psychiatrist performs a full physical and psychiatric assessment on day one, and soon afterwards the treatment team convenes to establish a plan of care specific to this patient's needs. The difference is that residential patients obviously stay in treatment longer than the inpatients.

- ***Length of stay:*** The average length of stay in the residential treatment program is 3 – 9 months.
- ***Psychiatric Interventions:*** As mentioned above, one of Hawthorn's 2 full-time psychiatrists is devoted to the residential treatment program. His interaction with these patients is similar to what is done for the inpatients.
- ***Other Therapy:*** Residential treatment program participants also experience group therapy, individual therapy, and recreational therapy.
- ***Education:*** As mentioned above, Hawthorn has its own school which the residential program participants attend. Teachers at the Hawthorn school are trained in both special education and techniques for crisis management.

Cooperative Day Treatment Program (CDTP):

This is Hawthorn's way of participating in an innovative effort of special educators, mental health providers and families addressing the needs of Special School District students who could benefit from a short-term, intensive therapeutic educational program. The purpose of the program is to provide skills to students who are emotionally disturbed so they can realize their potential academically, personally and socially.

CDTP serves children six to 16 years old who reside in St. Louis County. To qualify for this program, students must have at least average intellectual functioning; must not exhibit behaviors that jeopardize the safety or welfare of themselves or others; and they must be committed to the process of change in their lives. Family participation is mandatory. DMH and Special School District jointly fund this unique partnership.

Referrals for the program come through the St. Louis County Special School District.

Overall summary of strengths and challenges:

Strengths: long history of providing acute psychiatric care to a very needy population, focus on multidisciplinary approach, allow several week stay to achieve more complete recovery, encourage family participation

Challenges: inadequate utilization of existing space, no emergency room

FAMILY RESOURCE CENTER

3309 S. Kingshighway Blvd.

St. Louis, MO 63139

534-9350

www.frcmo.org

Visited on 11/29/06

Contact: Sharon McDevitt, Quality Improvement Manager, Day Treatment Center Mgr.

Overall impression: The Family Resource Center is a large office building in the middle of South St. Louis, (with several other branch offices), which operates several outreach programs to complement the work of service agencies throughout the city. It was founded in 1974 at St. Louis Children's Hospital, and has since grown to provide administrative support to several different government-sponsored types of service. Specifically, the largest program operated by the Family Resource Center is the Foster Care/Adoption Case Management program. However, within the walls of this office building is another gem of a resource, the Therapeutic Preschool Day Treatment program.

Services:

- ❖ **Therapeutic Preschool Day Treatment:** Cares for up to 12 kids at a time, ages 3 – 6 years, who have severe behavioral and/or emotional problems. Because this preschool and Our Little Haven are the only two truly therapeutic preschools in the city, the program is usually full with a waiting list.
- ❖ **Intensive Family Preservation Services:** Social workers providing this service spend 6-8 weeks with a family in crisis, to try to prevent family dissolution of either an original family or a foster family. These SW's have only 2 cases at a time, to allow them to work intensively with each family. Their success rates are as follows: At the end of the 6-8 week intensive service provision, 98% of families are still intact (the child has not had to be removed from the home). Twelve months after closing each case, 86% of the families are still intact.
- ❖ **Family Reunification Services:** Social workers providing this service work with each case for 12 weeks spanning the time period when a child is transitioning from residential care into either a relative placement, his original family, or a new adoptive home. They provide support for both the child and the people in his new home, to ensure a successful transition.
- ❖ **Foster Care/Adoption Case Management:** As mentioned above, this is the largest program operated by the Family Resource Center; they cover 525 kids at a time. The Family Resource Center partners with several residential agencies (including the ones listed previously in this booklet) to (1) recruit foster homes, (2) ensure quality foster homes, and (3) achieve permanent placement outcomes. In fact, the work done by the Family Resource Center enables the residential facilities to keep their doors open to new residents, by helping some transition into quality foster families. Recruiting foster homes for this population is very difficult, since many of the kids who need a home are adolescents who have significant emotional baggage from their difficult life experiences. FRC goes to all community events to publicize the need for foster homes, and especially tries to recruit foster families from similar ethnic groups as the kids who need placement.
- ❖ **Foster Parent Recruitment and Training:** As mentioned above, FRC is active in this area, and also has special programs to train "career-level" foster parents, who are equipped to care for kids with significant behavioral problems (more info in the Edgewood Children's Center section).

- ❖ **Child Abuse Detection and Reporting Training**
- ❖ **Parent Aide and Family Support Services**
- ❖ **Home or Office Based Individual and Family Counseling**
- ❖ **School and Community Services**
- ❖ **Missouri Mentoring Partnership**
- ❖ **Family Support Council**

On the Horizon

St. Louis Aging Out Initiative: Epworth Children's Home is pioneering this project, based on their strong concern for the plight of foster youth exiting the system. A team of people invested in this project spent more than a year doing background research into the problems experienced by these youth, and found the following startling facts:

- more than half of emancipated youth become homeless
- only 33% to 50% of foster youth in the St. Louis area earn a high school diploma or GED
- of the youth who do graduate from high school, only 10% pursue secondary education
- almost 50% of youth leave foster care by age 19, prematurely eliminating their medical insurance (Medicaid) and numerous other resources available to them

To address these and other problems for older foster youth, Epworth has conceived a program which focuses on linking youth to current service providers and creating support networks with existing area agencies. They do not want to supplant existing services, and are working hard to engage all area service providers in a partnership to make this program work.

During the first year of program, all 16 year olds in residential or transitional living placements throughout the St. Louis area will be enrolled, and will be followed until they are age 25. The youth will be active participants in all aspects of the project including curriculum design, selection of key staff, and program implementation. Each youth will have a Peer Advisor to help motivate him or her; these Peer Advisors will be individuals who have previously "aged out" of the foster care system, so they can relate directly to the problems experienced by these youth. Direct services will be provided on a monthly basis at individual meetings and "parties," resource information will be available at an online workstation dedicated to youth, and Epworth's 24-hour helpline will be an additional resource.

For further information about this program, contact *Terri Fox* at (314)222-4877 or via email at tfox@epworth.org

Comprehensive Coordinated Care (C-3) Clinic: When a child is placed in foster care, the Children's Division is under obligation to have the child examined by a physician almost immediately after the child comes into care. Unfortunately, this often translates into a CD worker taking the child to the nearest emergency room for a quick examination. The problem with this approach is that it only serves to further fragment the child's medical care. Often, when a child comes into care, the Children's Division and the foster family have very little information about the child's past medical history including pre-existing conditions, medications, and allergies. The child's health care during the period of foster care may be sought and provided at a variety of health care facilities including emergency rooms, clinics, and private health care providers with minimal or no cross-sharing of information. These factors make it difficult for both parents and physicians to provide comprehensive and effective health care for the child. The C-3 Clinic would fill the following needs:

- serve as a repository of information about past and ongoing health care for each child
- coordinate ongoing health care efforts while each child is in foster care
- address each child's specific health care requirements and detect previously unknown conditions

St. Louis Children's Hospital has a thriving division called the Child Protection Program, which employs several physicians and social workers who specialize in evaluating cases of suspected child abuse. It is this division which seeks to create the C-3 Clinic, and which has been researching the specific needs for a few years now. The services they envision providing include:

- 1) Provide an initial screening general physical and mental health evaluation within 3 days of placement
- 2) Provide each child with a comprehensive medical, behavioral, and mental health evaluation within 30 days.
- 3) Assimilate, generate, and serve as a repository for all past and on-going health care information for each child
- 4) Provide regular follow-up visits, particularly in the initial period of foster care, focusing on specific physical/mental/behavioral health issues identified by the American Academy of Pediatrics as being prevalent among children entering foster care
- 5) Partner with a community pediatric health care provider to be a long-term medical home for the child
- 6) Facilitate case-specific specialty and subspecialty medical care at children's hospitals in the St. Louis area
- 7) Reciprocally share medical information with the Children's Division, all health care providers involved, and the community pediatric health care partner
- 8) Provide the custodian of each child with a "Health Care Passport" containing the child's essential health information to be transferred with the child regardless of physical custody

This project is still in the works. For more information, contact Dr. Robert Paschall, Medical Director of the Child Protection Program at St. Louis Children's Hospital, (314)454-6000.