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## Informational Letter

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<b>Attachments:</b>	Yes
<b>Attachments Available Online:</b>	Yes

### I. Purpose

The purpose of this Informational Letter is to transmit to social services districts and voluntary agencies the *Residential Care in New York State: 2006 and Beyond* discussion paper. This discussion paper, which has been developed by the Office of Children and Family Services (OCFS) in collaboration with voluntary agencies and local districts, serves to initiate and organize discussions in regard to improving safety, permanency and well-being for children, youth and families served by residential care. This paper also provides a foundation for discussion of the prioritization of necessary actions and next steps for implementation.

For the purpose of this paper, the term “residential care” refers to any residential program licensed by OCFS, including agency-operated boarding homes, group homes, group residences, and residential treatment centers.

## **II. Background**

The federal Administration for Children and Families conducted a Child and Family Services Review (CFSR) in June 2001. OCFS and stakeholders in the child welfare system developed New York State’s Program Improvement Plan (PIP) as part of this process. The PIP outlined twelve (12) integrated core strategies that form a cohesive plan for strengthening district and agency practice in promoting safety, permanency and well-being. Safety and Well-Being in Residential Care is one of the original core strategy areas.

The Safety and Well-Being in Residential Care Steering Committee meets on a regular basis to discuss and address specific issues within residential care. Sub-committees have been formed to focus on:

- 1) “Big Picture” of residential care – its place in the system of care
- 2) Restraint practice
- 3) Data collection relating to outcomes and performance
- 4) Workforce development

This paper, *Residential Care in New York State: 2006 and Beyond*, is the product of an ongoing collaboration among representatives of the Safety and Well-Being in Residential Care Steering Committee, who recognize the role of residential care in New York is evolving as its services become more focused on the long-term outcomes of safety, permanency, and well-being. The paper is not intended as a stand-alone document. Rather, it begins a dialogue among all stakeholders, including children and youth served and their families. This discussion will lead to the prioritization of action steps for implementation.

## **III. Program Implications**

As the intent of the paper and ensuing discussions is to engage the field more broadly in providing feedback to OCFS and its partners, members of the Steering Committee will conduct regional, joint meetings of residential care providers, LDSS and OCFS to establish priorities for action and next steps for implementation. The steering committee will take further action based on the regional discussions.

The steering committee envisions a more strategic use of residential care, further integrating residential care into the broader continuum of care. The committee anticipates potential change in several areas outlined in the paper, including criteria for placement, quality of assessment, outcome evaluation, workforce development, and aftercare services for youth, including permanency. The committee realizes these types

of changes will require a collaborative effort among residential care providers, local districts, and OCFS as well as other stakeholders.

*/s/ Jane G. Lynch*

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**Issued By**

Name: Jane G. Lynch

Title: Deputy Commissioner

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# Residential Care in New York State: 2006 and Beyond

Paper Developed by:  
The NYS Child and Family Services Review Work Group  
Safety and Well-Being in Residential Care Steering  
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## Executive Summary

This paper, *Residential Care in New York State: 2006 and Beyond*, is the product of an ongoing collaboration among representatives of the Safety and Well-Being in Residential Care Steering Committee, who recognize that the role of residential care in New York is evolving as its services become more focused on the long-term outcomes of safety, permanency, and well-being. The paper is not intended as a stand-alone document. Rather, it begins a dialogue among all stakeholders, including children and youth served and their families.

The past two decades have witnessed major changes in the way in which services are delivered. Community-based services, which support family preservation, have replaced many more traditional residential alternatives. Today, successful residential programs embrace a strength-based, family focus. While family and home remain the best environment in which to raise a child, there will still be a number of children and youth whose complex needs can only be safely and appropriately addressed in a comprehensive treatment program available in residential care. Placement in residential care should be considered when its available services best meet the treatment needs of the child or youth.

Residential care refers to a comprehensive set of services or programs delivered in a setting that provides 24-hour supervision and protection and is based on a complete assessment of the needs of child and family. Such treatment is delivered in a multidisciplinary approach that is planned, integrated, and tailored to the specific strengths of the child or youth.

Children and youth served in residential care today are far more likely to have been in multiple prior placements, experienced significant trauma, or suffered from a significant mental health or substance abuse problem than their counterparts of 20 years ago. Emotional and behavioral difficulties have resulted in repeated failure in school, with authority, and in the family and community setting. Regardless of the circumstances that bring them into care, these children and youth require highly specialized treatment, provided by experienced and trained experts, in a safe, predictable setting.

Residential care as a treatment alternative should not be considered as a last resort. Rather, it is one stop on a treatment continuum, which should be carefully considered when:

- A child or youth has needs and past experiences that call for a structured environment and consistent interactions with adults, that cannot be supported in a family setting.
- A child or youth requires an integrated concentration of many services not available in a family setting.
- A child or youth's behavior jeopardizes his/her safety and that of others and cannot be managed safely in a family or community setting.

Successful outcomes of treatment in residential care should include a reduction of high-risk behaviors, an improvement in the attainment of developmental milestones, the ability to make good behavioral choices, and the capability to function well in a family and community setting. The opportunity for long-lasting change is maximized when the transition, both out of placement and into adulthood, is the result of an agency-child-family-community partnership.

For stakeholders, the charge is daunting, but necessary. The challenges to high-quality residential care in New York State are numerous, but can be addressed through continued public-private collaboration in the following areas: workforce development; quality of assessment; services development; integrated local “systems of care”; clear placement criteria; development of evidence-based interventions; transition planning; and permanency for all children and youth.

### Background

This paper grew out of the recognition that residential care in New York State has experienced considerable change and that more changes are necessary. It is a direct result of a collaborative effort among the New York State Office of Children and Family Services (OCFS), representatives of local departments of social services (local districts), authorized nonprofit agencies (voluntary agencies) that provide residential care for New York's children and youth, and the Council of Family and Child Caring Agencies (COFCCA). The principles and guidelines described in this document are designed to assist all of us to better serve the youth entrusted to our care and their families.

The role of residential care, within the larger system of foster care, has changed in recent years and will continue to evolve. As the focus of services becomes more clearly oriented on improving the long-term outcomes of safety, permanency, and well-being for children and families, the contribution of the residential care system needs to be unique, and in the future, more specialized. If the residential care system is to make efficient, effective, and, most notably, unique contributions, changes must be actively planned, embraced, and managed by all invested stakeholders. For this to happen, the role of residential care within the local service system must be carefully defined and understood.

The intent of this paper is to spark an important dialogue among stakeholders, in both the public and private sectors, about the concepts, ideals, and direction of residential care now and in the future. With the federally mandated Child and Family Services Review process and New York's responding Program Improvement Plan, we have a new opportunity for communication with local districts and voluntary agencies regarding those specific attributes that distinguish residential care from other kinds of community and family-based services.

The paper begins to answer the following questions:

- Who are the youth best served by residential care?
- When is residential care most appropriate?
- What outcomes should be expected from residential care?
- Where are the opportunities for coordination and integration of services?

The paper also addresses:

- The evolution of residential care in relation to its current status.
- The recognition of the need to better integrate trauma services, youth development, family connections, and permanency planning into residential treatment.
- The vital importance of transition services after residential care.
- The necessity for effective partnering among families, agencies, and local districts.



This paper represents the beginning of a new era for residential care in New York State. By identifying and implementing changes in the system, we can improve the lives of the children and families we serve.

### Residential care past and present

Residential programs have been used to meet the needs of children and youth and their families in the United States for nearly 200 years. The care of orphaned and dependent children in congregate settings is well documented in the history of New York State, where some of the nation's oldest orphanages and treatment centers originated. With a history as long as the asylum movement, today's residential treatment has become a key component in the overall system of care for children, youth, and families.

The past two decades have witnessed enormous changes in the way residential treatment services are delivered by nonprofit agencies across the country. Use of community-based programs, integration of family services, and the economic uncertainties that produced managed care have all contributed to a shift in the way agencies are now asked to serve children and youth. With the selective improvement of certain residential services and the "weeding out" of others, current successful programs have a central family focus, are strength-based in their philosophy, and promote safety, permanency, and well-being.

Committed to the value and necessity of residential services, we affirm our collective belief in the two principles that underscore the purpose and intent of the child welfare system—that all decisions should be made in the best interests of the child; and that services should always be provided in the most appropriate, least restrictive setting consistent with the needs of the child.

Further, we believe that all children and youth who can be maintained safely in their own homes and with their own families should be served there with the assistance of community programs. Those programs should provide services flexible enough to assist the family in maintaining continuity and avoiding disruption. Rather than focusing on children's deficits, programs should build on the child's and family's strengths while also addressing their needs. Despite the growing number of specialized, intensive, family-based services, it is clear that there are and will continue to be children and youth whose complex pattern of needs can only be addressed safely and adequately in an effective and efficient residential treatment program. Placement in residential care should be seen as a point in time—an intervention responding to the needs of the child—in a care and treatment continuum that supports a family and their community.

### Residential care—what is it?

For the purpose of this paper, the term "residential care" refers to any residential program licensed by OCFS, including agency-operated boarding homes, group homes, group residences, and residential treatment centers. The success of these programs depends greatly on integration with the constellation of community-based protective, preventive, and family-based foster care services that make up the core of the continuum.

With a foundation in good professional assessment, residential care is not only about safety and protection. It is about *treatment* that is delivered through a multidisciplinary approach and is individualized, planned, culturally relevant, and strength-based. It is the integrated concentration

of treatment services with routines of daily living that distinguishes residential care from other types of services in the child welfare system.

Residential placement, therefore, should not be viewed as a “last resort” after all other efforts have failed (AACRC), nor should it be seen as a place where children and youth are “fixed.” Such misconceptions have arisen because “we usually wait too long to pull this particular tool out of the toolbox. We assume children have to fail in several other placements before we employ it . . . The result is that by making sure more intensive options are not used too soon, we are almost guaranteeing they will be used too late” (Bilchik, 2005).

Rather, residential treatment should be considered when its available services best meet the treatment needs of the child or youth being considered for placement. For youth entering placement, residential care presents a new opportunity to work on issues in a more structured, safe, clinically supported, and orderly environment.

At the same time, families should receive services to help them address existing issues as well as any issues that may arise when the child returns home. Residential treatment presents an opportunity to improve the safety, permanency, and well-being of a child through a dense and specialized offering of services that are flexible to meet the particular needs of a child and his or her family or other permanency resource. “It offers powerful opportunities for helping stabilize child and family situations and creating the space for solid planning, based on a comprehensive assessment of the child and the family need” (AACRC). This planning includes the identification and pursuit of the most appropriate permanency goal for the child, whether to return to the family of origin, an adoptive family, or to another adult permanency resource.

Finally, residential care should not be used as the preferred or only response to a crisis. Smooth transition both in and out is critical to the success of this or any child and family intervention.

### Profile of children and youth served by residential care

The profile of children and youth entering residential care has changed significantly over time, as cited in a Chapin Hall Center study (Budde, 2004) on residential care. Children and youth referred today are much more likely to be highly traumatized and troubled. They are more likely to have experienced multiple prior placements, long stays in foster care, and lack of a permanent home before entering residential care. They may have used community-based services in the past and found them unable to meet their complex needs.

Despite individual differences, children and youth presenting for residential treatment share common factors. They have experienced traumatic disruption in family life and have problems with attachment and bonding. Their families may face serious issues, such as a history of family violence, mental health problems, substance abuse, and/or incarceration. For many, these problems are exacerbated by difficulties with school and an inability to relate successfully to a peer group.

Specifically, these young people face challenges that include significant mental health and behavioral problems, substance abuse, prior hospitalizations, and homelessness. Their behaviors (e.g., suicide attempts, fire setting, running away, weapons possession) often bring them to the attention of an out-of-home authority—the school, the police, the court, or child protective services.

Children and youth in residential programs often come into care experiencing physical, sexual, and emotional trauma. From their feelings and experience of being powerless can emerge the symptoms of Post-Traumatic Stress Disorder (PTSD), where they live as if the danger continues to be present. Their ability to focus and concentrate can be affected; their trust in themselves and others can be impaired.

A national study of adult “foster care alumni” found higher rates of PTSD (21.5%) compared with the general population (4.5%). The foster care alumni group also had higher rates of major depressive episodes, social phobia, panic disorder, generalized anxiety, addiction, and bulimia (Pecora, et al., 2004). In another extensive study, former foster children were found to experience ongoing effects of trauma at levels twice that of U.S. war veterans (Pecora, et al., 2005).

The Chapin Hall Study found that youth with certain mental health disorders were at a higher risk of entering residential care over time. These include affective disorders (such as depression), preadult disorders (which include conduct disorders and Attention Deficit Hyperactivity Disorder—ADHD), and anxiety or dissociative disorders. Youth with affective disorders, for example, were 1.5 times as likely as other youth to enter residential care.

These are the kinds of conditions that today’s professionals are attempting to improve with more integrated, individualized treatment for trauma and associated mental health problems.

### Common needs for services

The trauma previously experienced by children and youth in residential care frequently creates a set of common needs. To determine the nature and extent of a child’s need for services, providers administer a wide variety of assessments related to mental health, substance abuse, HIV, sexual abuse, and trauma, either isolated or ongoing, in the child’s life.

More and more children and youth enter residential care needing highly specialized treatment for substance abuse, sexual reactivity, and trauma. Most require ongoing medical services including psychiatric services. A majority need adaptive educational services to either remediate learning deficits or correct academic deficiencies.

Youth in residential care tell us that rehabilitative counseling—provided formally by clinically trained staff and informally within the living unit—is one of the key services that they value. Therapy that includes participation from family members is important to address not only the needs of the youth in care, but also the family the youth will return to upon discharge from care. Many families need services to address specific issues in the home environment. In fact, research shows that “the gains children make in residential care are lost when they return to their communities unless we engage parents from the beginning” (Bilchik, 2005).

Finally, young people need services delivered in a safe setting where they can grow and thrive without fear of harm or retribution. A successful treatment milieu will incorporate trauma-informed techniques within a youth development approach; provide a predictable, structured routine; and support the concept of self-management by providing opportunities for the young person to learn and practice skills that eventually eliminate the need for external behavioral interventions.

The amount of time a youth spends in residential care should be limited and carefully planned. However, a youth should not be discharged early at the expense of treatment quality and potential success. To achieve the ultimate goal of enhancing safety, permanency, and well-being, within a specific amount of time, services must be prudently thought out and integrated.

The Chapin Hall Center study (Budde, 2004) found that almost 60 percent of youth who entered residential care in 2002 in Illinois experienced negative discharge outcomes. The findings of the study highlight the need to improve supportive and therapeutic services at multiple points in time: when children first enter foster care, during residential care, and after discharge from residential care.

### Deciding on residential placement

When any out-of-home placement is necessary, a comprehensive health evaluation—which includes medical, dental, mental health, developmental, and substance abuse assessments—should take place. Meaningful, comprehensive assessments of each child and his or her family dynamics will determine the right level of placement and the setting necessary to deliver appropriate services. They will inform decisions in the areas of supervision, treatment, and development.

The decision to place a child or youth in residential care is clear when a thorough evaluation shows that:

- A child's or youth's set of needs and past experiences suggests that the environment must be highly structured and that adult interactions must be consistent and integrated across the domains of the child's or youth's daily life; or
- A child or youth requires an integrated concentration of services that are either not available or cannot be safely provided in a family setting; or
- A child's or youth's behavior jeopardizes his or her own safety or that of others and cannot be managed effectively by the family or in an alternative family setting.

Making the decision to pursue residential placement can be challenging. Useful tools such as the Child and Adolescent Needs and Strengths – Child Welfare (CANS-CW) Methodology (Buddin Praed Foundation, 1999) or the Guidelines from the Casey Outcomes and Decision Making Project (Casey Family Programs, 2003) can aid in making the choice to place a child or youth in residential care.

It is important to keep in mind that—contrary to traditional thinking—residential care might be the first step for a particular child, or it might be needed at more than one point in a child's life. Residential care and treatment can be the proper choice at any point (Bilchik, 2005). At the same time, residential care should only be used when a lower level of care (e.g., in a family or community setting) cannot safely and appropriately meet the child's needs.

As is true for any child and family receiving child welfare services, all assessments need to be ongoing and coordinated. Placement in residential care should last only as long as the needs of the child require it.

Finally, since a number of residential programs are located outside a child's own community or even outside the state—making it difficult to have family visits—every effort must be made to place the child as close as possible to his or her own home, school, and friends. Only when specialized services are unavailable nearby should placement be made at a distance.

### Comprehensive approach to treatment

Once the assessment of the child's and family's strengths and needs shows that residential care is the right placement, the challenge is to match the treatment, as well as the environment, to the needs of the child (Bilchik, 2005). Today's residential treatment programs need to use a comprehensive approach to treatment in which permanency planning, case management, verbal therapies, special education, medical intervention, life skills training, real life work experience, and self-advocacy training are delivered in a unified, individualized, and culturally sensitive manner.

Such a youth development approach emphasizes problem-solving, enhances communication, builds on the strengths of the child and family, and promotes a future orientation for young people in care, well after they have returned to their home and community. "A residential placement doesn't have to connote failure on the part of the child or family. Rather, it can be utilized as a clinically informed or psychiatric respite, an intervention to help a family restore equilibrium or establish greater stability" (AACRC).

To provide this kind of multidisciplinary planning and treatment, residential treatment programs must employ trained staff who form a collaborative of specialists with varied skills and expertise. It is important that staff be appropriately screened, trained, and supervised so that they provide youth with the structure, support, and guidance they need (Freundlich, 2003). Despite differences in specialty, staff should share the common goal of achieving successful outcomes for the child and family both during and after placement.

For those who purchase residential treatment services, the outcomes of care and treatment should include a measurable improvement in a child's:

- Level of safety as shown by reduction of high-risk, unhealthy behaviors; number of injuries and illnesses; and involvement with the police or penal system.
- Rate of development as shown by improved school performance, attainment of milestones, and psychological functioning.
- Ability to appropriately manage his or her own behavior and make better decisions regarding behavior.
- Ability to respond more positively and constructively to the community after discharge.
- Permanency status after placement—ranging from return home with enhanced support to discharge from foster care with support of an adult permanency resource.

Since children should only be placed in residential settings when they cannot be safely, appropriately, and successfully treated in any type of family and community-based care, a crucial

outcome is the ability of the child or youth to function in such settings upon discharge from the facility.

Clearly, the outcomes of care and treatment also should be positive for the families of these young people. When programs can work successfully with families whose children are placed outside the home, including in residential care, the outcomes will be improved family dynamics and permanency for both the child and the family.

### Partnering with families and agencies

Authorized voluntary agencies that provide residential care must be able to serve children and youth with a wide range of problems in a flexible, individualized way. To successfully offer flexibility, resources must be tied to individual needs. A one-size-fits-all approach to funding and coordinating programs for children, youth, and families fails to acknowledge the unique needs of those individuals and the specialized services necessary to address those needs. It is crucial that residential care move closer to integral involvement in local coordinated systems of care, working in full and active partnership with OCFS and local districts, the mental health system, schools, families, and the community (AACRC).

Although family issues rank high as precipitating factors in placement, it is the agency-family-child partnership that holds greatest promise for positive, long-term outcomes. When families are engaged in the treatment process, they become partners with their children and agency staff in finding ways to move beyond negative action-reaction toward productive communication. Moreover, the safety afforded children and families within the residential culture can and should offer new opportunities for family engagement in the overall treatment and recovery process.

In those cases where family members are no longer available, the residential program, in partnership with public agencies, works with youth toward achieving safety and permanency. This should always include identification of an adult willing to make a long-term commitment to the youth when discharged.

In its study examining reasons for an increase in out-of-state residential placements and ways to enhance residential care within New York State, the Council on Children and Families (2005) outlined the course of action needed to protect and treat our most vulnerable children. Among the salient recommendations are better statewide coordination among the state agencies that touch the lives of children, youth, and families; sufficient resources to get the job done; and consideration of agency infrastructure and its relationship to care and treatment.

The council's report concludes: "The agencies of this workgroup, along with its partners in the State Legislature and family representatives, are committed to finding practical ways and sustainable solutions. . . ." We who are concerned with residential care and treatment for young people are committed to nothing less—for those placed out of state as well as those placed within New York State.

### After leaving residential care

The outcomes of even the most successful residential treatment are only as good as the transition services that assist young people leaving care and their future caregivers. As with any placement in out-of-home care, planning for post-placement services should take place from the day of

admission. As recognized in the OCFS Operational Framework, “for a small minority, Out-of-Home Placement may be the only available solution and almost all of this group will need some sort of Post-placement Reintegration service. It should be noted that the more effectively a community can resolve problems earlier in the continuum, the smaller the population that needs to advance to the next more intensive service.”

It is important to plan not only for the transition back home but also for the transition into adulthood, as many youth enter care later in their childhood. All youth in foster care age 14 and older must receive life skills services in such areas as educational and vocational planning, employment skills, budgeting and financial management, housing, and preventive health care. They should also be prepared with necessary papers such as birth certificate, immigration status, and medical information. Whether the youth returns home or has another living situation, the identification of an adult who will be committed to the youth’s well-being long term is essential.

Therefore, agencies need to develop a plan along with the youth regarding the youth’s goals, living situation, and services. Discharge from care is far more likely to be successful when the agency follows through with the plan and the youth participates in the process. Planning for transition—an essential part of service planning for any child in care—is crucial during residential placement because of the complex needs involved.

Given the profile of children and youth placed in residential care, in most cases there will be a need for aftercare based on a plan for treatment and services that includes community-based referral and follow-up. However, research shows that preparation for life after discharge from residential care frequently comes too late and that few, if any, aftercare services are available (Freundlich, 2003).

Innovative models that rely on strong family or caregiver participation, transition to day service programs, and continuation of the relationship between the treatment program and the youth and family all hold promise for post-placement success. For effective transition services to take place, coordination is necessary among those who provide treatment, those providing case management and case planning, and those funding the services. Collaboration between care providers and local school districts is crucial to the academic and job-related success of children and youth in care. Extensive work must be done to improve the provider-school district relationship.

Promising practices in services for adolescents, including transition services, are outlined in the OCFS Informational Letter, 04-OCFS-INF-07, Adolescent Services and Outcomes Practice—Guidance Paper.

### The charge to stakeholders

In summary, as articulated by this paper, the steering committee envisions a residential care system that:

- Is fully committed to the outcomes of safety, permanency, and well-being.
- Demonstrates in its daily actions the value of family and community; is family-focused, child-centered, and strength-based.

- Serves children and youth whose safety and treatment needs can only be met in a structured, consistent, and predictable environment, and their families.
- Is chosen in a strategically and therapeutically purposeful manner and does not require prior demonstrated placement failures.
- Is a highly specialized service intervention that makes a unique contribution to local systems of care.
- Provides a safe environment that breaks the cycle of trauma.
- Offers individualized services based on a comprehensive assessment of the needs of the child and family.
- Creates an effective transition from residential care to home and community.
- Partners with others in the community to identify and support permanency.

Unfortunately, not all of these characteristics exist in all residential settings in New York State today, nor are all of the resources in place to achieve some of the stated goals. When these are both realized, we will achieve better outcomes for children and families and improve the system overall. Purchasers and providers will be more confident that they are using resources effectively and efficiently, and investors will be more inclined to make additional investments in needed services.

We realize that it is one thing to describe a preferred alternative and quite another to achieve it. A great deal of work must be done to seriously pursue this agenda. Progress can only be achieved through an effective collaboration of all stakeholder groups. Although it is ultimately government's role to develop a policy foundation and a vehicle for financing the system, much of the discussion and the development work will require significant investments locally and regionally.

The following are the areas of actions that are necessary to further develop residential care, which can only be accomplished through cooperative efforts of all stakeholders. Although initiatives have already begun in some of these areas, all must be further improved to achieve the envisioned system of care.

**Workforce development**—*A highly trained and specialized workforce should be available to meet the needs of these children and youth in providing sophisticated, individualized treatment.* At the core of a successful program, as described in this paper, is the relationship between the direct care staff and residents. Those workers need the requisite skills and longevity in the job to develop the expertise required. The stakeholders need to commit to the recruitment, retention, and development of a highly skilled workforce and to compensate accordingly.

**Quality of child, youth, and family assessment**—*To enable the appropriate and strategic use of residential care, assessments of the strengths and needs of the child, youth, and family should be complete, accurate, and holistic.* Currently, assessments are limited by system perspective and service availability. This can result in the failure to place a child in residential care when needed or, conversely, to place a child in such care who does not need its intense level of structure and



service. Incomplete assessments can also prolong lengths of stay, as time is wasted in targeting service needs inappropriately.

**Clear criteria for placement in residential level of care**—*Referrals for residential placement should be made according to clearly established criteria.* Purchasers, providers, and oversight agencies should have a common understanding of the decision-making process for placement. Such a process should be measurable and routinely monitored. The purchasers/case managers should understand the contribution they are asking the residential care provider to make, including expected outcomes from placement. Other states, such as California, have been successful in establishing a well-understood, statewide decision-making criterion for placement of children and youth in residential care (California Alliance of Child and Family Services, 2006). Surely, this is a feasible goal for New York State.

**Services development**—*Local systems of care should develop a capacity for whatever service is necessary, as determined by the needs of the youth and family.* Individualized service plans tend to be limited to services that are regularly available. Service plans should be flexible, responding to the changing needs of the child, youth, and family. Only then will services truly become individualized.

**Role of residential care in the local system**—*Children and families with complex needs should be served through a comprehensive approach by the local system of care.* To be effective, the role of each provider should be understood and valued for its unique contribution to that system. All stakeholders have a contributing role to play in supporting a comprehensive care plan. In some localities, the Coordinated Children’s Services Initiative (CCSI) or the Single Point of Access (SPOA) is beginning to meet this need.

**Performance-based system**—*All stakeholders should be accountable to one another and to the local system of care.* Providers are responsible for clearly identifying, measuring, and monitoring successful outcomes for children, youth, and families. Critical and objective methods, that measure specific outcomes and treatment progress in essential domains, should be developed and agreed upon. Funders and regulators should be responsible for supporting performance-based activities through provision of adequate resources.

**Effective and promising practices**—*New models, new methods, and new approaches to working with these young people and their families should be sought, found, tested, and distributed widely throughout the field.* We should use and share the data we have gathered, especially concerning the needs of our current population and successful treatment interventions. Approaches should be more about collaboration; partnership; and child, youth, and family development, and less about controlling behavior.

**Transition planning**—*Residential treatment providers should work cohesively with local districts and other service providers, to create and support well-established community and home-based services.* Regardless of how successful a residential care intervention is, gains achieved during the placement may be challenged when the environment in which the youth lives after discharge is less predictable and less consistent. These services should assist the youth not only in the transition out of care, but also in the transition into adulthood, including access to an education and job development, as many of the young people served in residential care are adolescents. Services and supports should be planned, prepared, and put in place well in advance of the youth’s discharge.

**Permanency for children and youth**—*Connections with the child’s birth family should be protected and developed.* Concurrently, providers should identify an alternative significant adult resource who can be integrated into the child’s life when the birth family is not a viable resource. This effort should be shared responsibility of the members of the local system of care. It is an essential part of what gives children and youth hope for self-sufficiency and a positive future.

Throughout the development of this paper, work group participants and colleagues have embraced the notion that, as a part of a sound system of services, residential care can and should be a viable treatment alternative. Although the art and science of this form of treatment may be well understood by providers and certain stakeholders, without a clear delineation of desired outcomes, residential care will always be a “last resort” for those seeking help for children. Clearly, re-envisioning residential care will be a significant undertaking. Recognizing that work on this initiative will be ongoing, we must begin the process of improvement as soon as possible.

The steering committee cannot assume total responsibility for new outcomes in isolation. We need the guidance, vision, and commitment of all stakeholders (public and private), children, youth, and families to make meaningful change a reality. Considerable changes in the policy framework and financial resources are inevitable. For residential care to make an effective contribution to the service system, we all must re-examine our thinking and be willing to embrace the significant work that lies ahead. We look forward to the discussions that result from this paper and are eager to carry this important work forward.

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