



PROMISING PRACTICES

Portsmouth

Networking with Private Providers: Community accelerates ideas into action to advance the public good

Headlines—What your community did/services that were created:

- Intensive Care Coordination
- C.A.R.E.S. Specialized Foster Care Program

Goals and Incentives; Leverage Points:

- ICC - A need for utilization review of facilities and a highly trained clinical professional to provide oversight of each child that we had placed in RTC and group homes
- C.A.R.E.S.-The Deficit Reduction Act had proven to be costly to our community. We maintained over 100 children in therapeutic foster care. The quality of service had not met our expectations.

Barriers:

- The biggest barrier is lack of start up funds to provide advertisement and fund the therapeutic training component.

Strategies for overcoming barriers:

- Creativity with advertising (i.e. foster care workers helped to pass out recruitment flyers and speak at churches, use local channel for advertising) and have had to negotiate training rates.

Strategies for Continuous Quality Improvement:

- The Intensive Care Coordination provider is housed in DSS along with the CSA office. This allows for the local CSA office to have day-t-day contact and oversight of the service.
- Outcomes: Portsmouth currently only has 5 children placed in RTC. We have maintained an 11% congregate care placement rate, 1% shy of national best practices. The ICC is able to reduce length of stay and coordinate wrap around services to enable children to step down from restrictive placements.
- Meet every other month as a team to discuss the program successes and challenges.



Funding:

- CSA and IVE funds

Resources for more information:

- Intensive Care Coordination - Dr. Roderick Hawthorne - (757) 405-1800 X8400
- C.A.R.E.S.-Rose Michel - (757) 405-1894