TARGETED RECRUITMENT TOOLKIT

Developing Resource Homes to Provide Children’s Mental Health Services

ASHLEY PALMER, LMSW

MICHELLE LEVY, MA

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THE UNIVERSITY OF KANSAS SCHOOL OF SOCIAL WELFARE
1545 Lilac Lane, Lawrence, KS 66045
Introduction

Resource Homes are licensed family foster homes in Kansas that provide services to children who are on the Serious Emotional Disturbance (SED) Waiver. Resource homes offer a community-based alternative to more restrictive treatment settings. This online guide was developed to help meet the need for more resource homes for children’s mental health in Kansas.

This toolkit contains information and tools that may be helpful to use in targeted recruitment of resource home providers. These resources are intended to be copied and shared. Where noted by *, there are Microsoft Word versions of forms that can be customized by your team.

Acknowledgements

During SFY2014 and SFY2015, Kansas Department for Aging and Disability Services (KDADS) contracted with the KU School of Social Welfare Center for Children and Families to conduct research on Professional Resource Family Care as well as provide technical assistance based upon that research. The information in this toolkit was produced as a product of those studies – particularly from PRFC provider surveys and two targeted recruitment initiative pilots.

We would like to thank Ryan Gonzalez with KDADS for his support and consultation throughout both projects, the Homeward Bound staff at High Plains Mental Health Center for their expertise, all of the CMHC staff who participated in interviews during SFY2014, past and current PRFC providers who responded to surveys, and the three agencies who participated in targeted recruitment initiatives during SFY2015: PACES Wyandot Center Youth Services, Compass Behavioral Health, and DCCCA, Inc.

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# Table of Contents

Before you Begin ........................................................................................................................................... 3

Section 1: Children’s Mental Health Services Provided in Resource Homes .................. 4

Section 2: Resource Home Basics ........................................................................................................... 5

Section 3: Developing a Team & Shared Vision ...................................................................................... 6

Section 4: Assessing Needs & Resources .............................................................................................. 9

Section 5: Expectations & Roles for PRFC Providers and Parents ...................................................... 20

Section 6: Development of a Targeted Recruitment Plan ................................................................. 28

Section 7: Targeted Recruitment Resources ....................................................................................... 52

Section 8: Sustaining Recruitment Efforts & Retaining Providers .................................................... 60

References ................................................................................................................................................... 69

Helpful Websites ..................................................................................................................................... 71
Before you Begin...

SOME WORDS OF WISDOM

The information in this toolkit was “piloted” through Targeted Recruitment Initiatives undertaken to tryout these materials. To help you in using this toolkit, pilot participants offer the following advice.

What worked well:

- Meeting in-person on a regular basis
- Having a focus for each meeting
- A book (materials in this toolkit) organized by meeting
- Receiving notes following each meeting

These strategies helped keep everyone on track and made it easier for other members to jump in when they joined the team.

Meeting in-person regularly as a team was critical to:

- Facilitate communication
- Provide team members a time to focus solely on recruitment
- Prioritize recruitment activities so members could be accountable for their assigned tasks
- Provide enhanced opportunities to brainstorm about recruitment ideas

Overall, the process helped partners get on the same page with each other.

The needs assessment was noted as particularly helpful. One site suggested doing this assessment annually. The recruitment materials and templates that can be individualized were also helpful.

Finally, participants shared past experiences presenting to groups and not receiving any questions or perceived interest that were uncomfortable and disappointing. Partners discussed a need to remain patient and understand that recruiting resource homes is a process that takes time. Reaching back out to the same people who have already received information will be an important piece of their (and your) on-going recruitment plan.
Section 1: Children’s Mental Health Services Provided in Resource Homes

Two services available to HCBS SED waiver participants in Kansas can be provided in Resource Homes: Professional Resource Family Care (PRFC) and Short-Term Respite Care.

What is Professional Resource Family Care (PRFC)?

PRFC is an intensive, time-limited service delivered exclusively in a licensed family foster home that includes “co-parenting” between the PRFC provider and the child’s parents. The intention of PRFC is to provide support to the child and his/her parents and to enhance the child’s and parents’ skills in order to stabilize their family environment. PRFC is generally used as a diversion from a more restrictive level of care (e.g., hospital or PRTF) or as a step-down from a more restrictive level of care.

There is no pre-determined length of stay or single model of co-parenting for PRFC however a recent study found that philosophies and practices are similar across Community Mental Health Centers (CMHCs) that provide this service. Most CMHCs reported a typical length of stay for PRFC ranging from 21-45 days. The length of PRFC is ultimately determined on an individual case basis based on medical necessity as well as availability of PRFC providers. Co-parenting was generally described as the PRFC provider supporting the child’s parents through activities such as mentoring, coaching, and/or modeling suggestions or strategies that have been successful for them in PRFC home. Co-parenting was also reported to include an exchange of information between the PRFC provider and the child’s parents pertaining to the child’s daily routine, scheduled appointments, and techniques the parents have used at home. Treating parents with respect and as key informants about their child was a key part of the approach.

What is Short-Term Respite Care (Respite Care)?

Respite Care is a short-term service that can be provided in approved community-settings. One of those settings is a licensed family foster home. Respite care in a licensed foster home is generally provided overnight and lasts 2 or 3 days. However, it can also be provided for several hours during a day or sometimes longer than 72 hours depending upon medical necessity and the availability of a resource home. Respite provides children and families with a break to prevent or stabilize a crisis related to the child’s increasing mental health symptoms or behaviors. The service offers support to families that helps maintain a child in their home rather than using a higher level of care.
Section 2: Resource Home Basics

What Is Required to Provide PRFC and Short-term Respite Care?

Resource Homes that provide PRFC and/or Short-term Respite Care must be licensed by the Kansas Department of Health and Environment (changing to the Department of Children and Families starting 7/1/15) as a family foster home. All licensed family foster homes in Kansas must be sponsored by a licensed Child Placing Agency (CPA). A CMHC interested in working with Resource Homes must either:

1) Become a licensed CPA in order to sponsor homes, or
2) Contract with an existing CPA to utilize their sponsored homes

It is important to note that family foster homes providing PRFC and/or Respite for children’s mental health must complete special requirements in addition to those required to become a licensed family foster home. The current KDADS-required trainings/certifications are as follows:

1) Certification in Crisis Prevention/Management (e.g., CPI, Mandt)
2) Certification in First Aid/CPR
3) Completion of KDADS-approved online training curriculum hosted at [www.trainingteams.org](http://www.trainingteams.org)

If you are a CMHC that is interested in becoming licensed as a CPA, you can find information on regulations for becoming a licensed CPA on the Kansas Department of Health and Environment (KDHE) website ([http://www.kdheks.gov/bcclr/regs/privatechildplacingagencies.htm](http://www.kdheks.gov/bcclr/regs/privatechildplacingagencies.htm)). If you are a CMHC interested in contracting with an existing CPA, KDHE can also provide you with a list of currently licensed CPAs that includes contact information for the CPA directors.

If you are a licensed CPA that would like to contract with a CMHC to provide PRFC and/or short-term respite care in Resource Homes, a list of CBS directors is available at ([http://trainingteams.org/TrainingTeams4.0/Resource/Re_Organizations.aspx](http://trainingteams.org/TrainingTeams4.0/Resource/Re_Organizations.aspx)).
Section 3: Developing a Team & Shared Vision

A strong partnership is a key to successful recruitment. Most Community Mental Health Centers (CMHCs) do not have the resources to license and sponsor resource homes so they require a Child Placing Agency (CPA) to provide that expertise. A CPA needs the CMHC to offer their understanding about the children, families, and communities they serve so that efforts to develop more community-based resources can be focused where they are needed most.

Developing a team that includes multiple CMHC staff and multiple CPA staff is critical for successful recruitment. Each partner brings new resources, ideas, energy, and community connections to the recruitment process.

Before beginning a recruitment initiative it is important to develop a shared vision of resource home development. Below are resources that your recruitment team may wish to work through together.

- Envisioning the Ideal Resource Home World
- Creating the Ideal Resource Home World: Current Strengths, Resources, and Obstacles
Envisioning the Ideal Resource Home World

If you had a magic wand and could create the ideal world of resource homes for children’s mental health, what would that look like?

Examples:
- How many homes would there be?
- Where would they be?
- What would they be like?
- How would they be used?
- What would they be able to do?

Suggestions for this activity:
Take a few minutes and jot down your thoughts individually then discuss everyone’s ideas and questions such as:
- How do the ideal worlds compare to the current resource homes available?
- Where are you fulfilling the vision?
- Where are there gaps?
Creating the Ideal Resource Home World

<table>
<thead>
<tr>
<th>Current Strengths &amp; Resources</th>
<th>Current Obstacles</th>
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**Suggestions for this activity:**

Take a few minutes and jot down your thoughts individually.

Discuss everyone’s ideas and questions such as:

- What are the **strengths/resources** to having the ideal resource home world?
  - Who are some local partners or potential partners?
  - What works well for us as partners currently?
  - Are there strengths and resources specific to recruitment?
  - What’s unique about our community?
  - What may be important to know, culturally, about the people living in this area?
  - How might that impact resource home development?
- What are the **obstacles** to having the ideal resource home world?
  - Are there obstacles specific to recruitment?
Section 4: Assessing Needs & Resources

It is important to gather the information needed to inform targeted recruitment efforts. These resources help you to determine what information or agency data may be needed, who has the information, and how you can get it. It is recommended that the CMHC and CPA assess and compare needs and resources on a regular basis. Below are resources that your recruitment team may wish to work through together. Where noted by *, there are Microsoft Word versions of forms that can be customized by your team available at http://childrenandfamilies.ku.edu/resources/resource-guides

- What Do We Need to Know? Information from CMHC*
- What Do We Need to Know? Information from CPA*
- Needs & Resources
- Resource Home Provider Profile
- SMART goals
What Do We Need to Know?

Suggestions for this activity:

Go through the questions listed for the CMHC and CPA. Decide as a team which information is helpful to you so you know what to gather. Delete things that are not helpful, add other things you’d like to know.

After collecting this information, use the Needs & Resources activity to discuss what the data tells you.

**EXAMPLE – Information from CMHC**

<table>
<thead>
<tr>
<th>Question</th>
<th>Data Wanted</th>
<th>Where We Can Get It</th>
<th>What We Found</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Who is on the SED Waiver?</td>
<td>Age, Sex, Race, Language, City/County</td>
<td>Electronic Medical Record / CSR</td>
<td>• 300 children/youth on the SED waiver</td>
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<td></td>
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<td>• Over half are African American, non-Hispanic or Hispanic/Latino.</td>
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<td></td>
<td>• The average age is 12</td>
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<td></td>
<td>• Largest age group served on waiever is 10-13</td>
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<td></td>
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<td>• Primary language for most kids is English, but several parents are Spanish-speaking only</td>
</tr>
<tr>
<td>2. How many on waiver may benefit from a resource home that has skills to match their needs?</td>
<td>Estimate: How many youth may need extra support through respite? Through PRFC?</td>
<td>CAFAS Feedback from therapists/providers</td>
<td>• 5 children/youth currently receiving respite on a regular basis</td>
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<td></td>
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<td></td>
<td>• Maybe another 10-15 could benefit from respite care. A few of those parents may not accept that type of service, though, so maybe closer to 10.</td>
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<td></td>
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<td></td>
<td>• About 10 youth were noted to have utilized PRTF or acute hospital multiple times this (or last) year; Respite and/or PRFC may be a good future service to offer those youth</td>
</tr>
<tr>
<td>3. What (if any) are some common characteristics (behaviors, needs) among children on waiver who may need resource home services?</td>
<td>Diagnosis, Types of behaviors reported most often</td>
<td>EMR</td>
<td>A large number of kids have the following primary diagnoses:</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>• ADHD</td>
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<td></td>
<td></td>
<td></td>
<td>• Oppositional Defiant Disorder</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• PTSD</td>
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<td></td>
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<td>Defiance, hypervigilance and/or anxiety, hyperactivity, impulsivity, disorganization</td>
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</table>
What Do We Need to Know? - Information from CMHC*

<table>
<thead>
<tr>
<th>Question</th>
<th>Data Wanted</th>
<th>Where We Can Get It</th>
<th>What We Found</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Who is on the SED Waiver?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. How many on SED waiver may benefit from a resource home that has skills to match their needs?</td>
<td></td>
<td></td>
<td>May benefit from PRFC:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>May benefit from Respite:</td>
</tr>
<tr>
<td>3. What (if any) are some common characteristics (behaviors, needs) among children on waiver who may need services in a resource home?</td>
<td></td>
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<tr>
<td>4. When are referrals made for PRFC and respite?</td>
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<tr>
<td>5. What has been your experience with the referral process?</td>
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<td></td>
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<tr>
<td>6. What has been your experience with PRFC/respite</td>
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</tbody>
</table>
7. What have the outcomes for children/families been when using respite? PRFC?

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8. What has been your experience with respite/PRFC providers?

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9. 

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</table>

**CMHC team members who are completing this worksheet:** Consider talking with others at your agency (consider including parents/children on SED waiver) about child/family needs and agency resources. What would be helpful for them when it comes to resource homes (using a home or being a home)?
### What Do We Need to Know? Information from CPA*

<table>
<thead>
<tr>
<th>Question</th>
<th>Data Wanted</th>
<th>Where We Can Get It</th>
<th>What We Found</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How many PRFC and respite requests from this CMHC:</td>
<td></td>
<td></td>
<td>PRFC Respite</td>
</tr>
<tr>
<td>• This past year?</td>
<td></td>
<td></td>
<td>Past year:</td>
</tr>
<tr>
<td>• Past 3 months?</td>
<td></td>
<td></td>
<td>Past 3 months:</td>
</tr>
<tr>
<td>• Has there been a steady increase or decrease?</td>
<td></td>
<td></td>
<td>Trends:</td>
</tr>
<tr>
<td>• Do certain months have higher or lower referral rates?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. How many referrals resulted in services?</td>
<td></td>
<td></td>
<td>PRFC Respite</td>
</tr>
<tr>
<td>• What types of referrals resulted in services?</td>
<td></td>
<td></td>
<td>Types:</td>
</tr>
<tr>
<td>• How long did it take to locate PRFC from time of referral? (on avg)</td>
<td></td>
<td></td>
<td>Time:</td>
</tr>
<tr>
<td>3. What types of referrals did not result in services? (main reasons)</td>
<td></td>
<td></td>
<td>PRFC Respite</td>
</tr>
<tr>
<td>4. For which age group is PRFC the most difficult to find? Respite?</td>
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</table>

*Note: CPA stands for Community Pediatrics Association.
5. Characteristics of current resource parents near this area (if applicable)
   - Where are they located geographically?
   - What skills do they have, or could they acquire?

6. What placement restrictions/strengths do current homes have?
   How many will accept children in the following age ranges?
   - 5-9
   - 10-12
   - 13-15
   - 16-18

   PRFC  Respite
   Restrictions:
   Strengths:
   5-9:
   10-12:
   13-15:
   16-18:

7. How many homes:
   - Currently have a PRFC bed open?
   - May have an opening soon?
   - Seem to be open for long periods?
   - Are only willing to accept children for whom PRFC is rarely needed?

   Open now:
   Open soon:
   Usually open:
   Rarely used:

*Adapted from The Road to Quality Foster & Adoptive Care: A Comprehensive Recruitment Manual, Eighth Edition.

**CPA team members who are completing this worksheet:** Consider talking with others at your agency (including PRFC providers) about child/family needs and agency resources. What would be helpful for them when it comes to resource homes (using a home or being a home)?
NEEDS and RESOURCES

What Does the Data Tell Us about...

Recruitment needs (e.g., approximately number of respite & PRFC homes we need, who should we be targeting, etc.):

Resource homes we have already (e.g., strengths, availability, gaps):

Suggestions for this activity:

CMHC and CPA each talk about data they collected. Discuss how this helps refine the targeted recruitment vision (approx. # of homes needed, for whom, where, strengths of current resource homes, gaps in availability or skills that need to be filled)

You might also wish to discuss:

- What other data may be useful for you to share on a regular basis?
- How could this data be tracked easily and by whom?
The following hand-out, Resource Home Provider Profile, shares information from PRFC and Respite provider surveys conducted in August 2014. These surveys were sent to the majority of resource homes providing PRFC and respite care in Kansas to learn more about their experiences providing services and solicit feedback for recruitment of additional resource home providers.

Suggestions for using the Resource Home Provider Profile

Take a few minutes to review the profile and discuss the following:

- Is anything surprising about the characteristics of providers?
- In our area, are we looking for similar characteristics and experience? If not, what are we looking for here?
- Does this profile give us any ideas for where we might find potential providers?
- What does experience providing services tell us about recruitment and retention?
Resource Home Provider Profiles (August 2014)

Average Age 50

Faith/Religious Affiliation
79% PRFC 100% Respite

Married/Domestic Partnership
79% PRFC 55% Respite

White 79% PRFC; 82% Respite

Education
Respondent
PRFC: 50% Associate’s degree +; 29% HS or GED
Respite: 50% Associate’s degree +; 32% some college

Spouse
PRFC: 27% Associate’s degree +; 46% HS or GED
Respite: 42% Associate’s degree +; 25% some college

50% report none of own children living in home

Previously Provided
Regular Foster Care
71% of PRFC Providers
55% of Respite Providers

Continue to Provide
Regular Foster Care
43% of PRFC Providers
36% of Respite Providers

Employment
Respondent
PRFC: 57% full-time; stay-at-home parent 22%
Respite: 59% full time; stay-at-home parent 23%

Spouse
82% full time
92% full time

Occupation Type
PRFC Providers:
• Construction; Farming & Fishing; Office & Administrative Support (3 each)
• Building & Grounds Maintenance; Management (2 each)
• Healthcare Provider; Production; Sales; Architecture & Engineering; Social Services; Food Industry (1 each)

Respite Providers:
• Production; Social Services; Office & Administrative Support (4 each)
• Education & Training; Healthcare Support; Sales ; Farming & Fishing (2 each)
• Protective Services; Business & Financial Operations; Personal Care & Service (1 each)
Experience Prior to Providing Services

71% of PRFC and 64% of Respite providers report prior experience working with children who have emotional or behavioral difficulties

Working with children and/or families

School setting – e.g., bus driver; special education para; teacher (slightly more respite providers)
Organizations that work with at-risk children – e.g., child welfare, Big Brothers/Big Sisters, CMHC
Fostering parenting – (shared more often by PRFC providers)
Child-rearing – (shared more often by respite providers)

Skills

Having good interpersonal communication skills – e.g., people person, making people feel welcome
Skills gained from previous experiences that help deal with situations now – e.g., problem-solving, working as a team, letting kids express selves, work with kids who have ADHD, PTSD, and depression

Sources of Knowledge

Trainings
Personal Experience (predominantly respite providers)
Formal education or training (more often by respite providers)

Experience Providing Services

Approximate number of children/youth served:

36% PRFC & 32% Respite providers reported serving 1 to 4 children
29% PRFC & 27% Respite providers reported serving 5 to 9 children
7% PRFC & 18% Respite providers reported serving 10 to 15 children
29% PRFC & 23% Respite providers reported serving 15 or more children

Average years providing services:

PRFC: 4 years       Respite: 3 years

*Respite Providers Only
Most (73%) respite providers reported providing respite care 1 to 3 times a month
SMART Goals

Suggestions for the SMART goal-setting:

Using notes from the shared vision, resources/obstacles, and needs/resources discussions create at least one Specific, Measurable, Achievable, Realistic, Timely (SMART) goal for your targeted recruitment work together.

1. ______________________________________
   ______________________________________
   ______________________________________
   ______________________________________

2. ______________________________________
   ______________________________________
   ______________________________________
   ______________________________________

3. ______________________________________
   ______________________________________
   ______________________________________
   ______________________________________
Section 5: Expectations & Roles for PRFC Providers and Parents

As you focus on recruiting homes, it is important to think about who you are recruiting, and what you expect of professional resource parents and other partners in PRFC and Respite, including the child’s parent, the CMHC and the CPA.

A clear understanding of roles and expectations is crucial for recruitment and retention of providers. All partners in PRFC and Respite should have a clear understanding of their own roles as well as the roles of others. This understanding helps the CMHC and CPA to recruit individuals who can fulfill these roles and expectations and helps facilitate PRFC referrals and service implementation.

The following resources include examples based on PRFC and respite provider surveys. They are designed so that your team can add specific expectations you have and supports you provide. Where noted by *, there are Microsoft Word versions of forms that can be customized by your team available at http://childrenandfamilies.ku.edu/resources/resource-guides

- PRFC Service Definition, Components & Required Qualifications for Providers
- Brainstorming Expectations for PRFC Providers
- Perceived Roles and Responsibilities of PRFC Providers
- What is Co-Parenting?
- Creating a PRFC Provider Job Description (Example)*
- Brainstorming Expectations for Parents
- Parent Role & Supports (Example)*

Suggestions for using these tools to brainstorm expectations and create job descriptions:
Take some time to review” PRFC Service Definition, Components, and Required Qualification for Providers” and consider your shared vision and needs & resources notes as you fill out the “Brainstorming Expectations for PRFC Providers” worksheet.

Review “Perceived Roles and Responsibilities” and “What Is Co-Parenting”? and consider.
- Is anything surprising about the “job description” components providers mentioned?
- Do our expectations seem similar? Realistic?
- If past/current PRFC providers’ perceived roles/responsibilities do not align with all of our ideas, what can we do to communicate expectations more clearly?
- Create a job description for PRFC providers that can be used for recruitment and retention purposes. You may wish to also consider a job description for Respite providers.
- Do the same for Parents based on the service definition, previous session notes, and brainstorming.
PRFC Service Definition, Components, and Required Qualifications

“Professional Resource Family Care is intended to provide short-term and intensive supportive resources for the waiver participant and his or her family. This service offers intensive family-based support for the waiver participant’s family through the utilization of a co-parenting approach provided to the waiver participant in a surrogate family setting.”

- The goal is to support the waiver participant and family in ways that will address current acute and/or chronic mental health needs and coordinate a successful return to the family setting at the earliest possible time.
- During the time the professional resource family is supporting the waiver participant, there is regular contact with the family to prepare for the participant’s return and his or her ongoing needs as part of the family.
- It is expected that the waiver participant, family and the professional resource family are integral members of the participant’s individual treatment team.
- Transportation is provided between the waiver participant’s place of residence and other services sites or places in the community, and the cost of transportation is included in the rate paid to providers of this services.
- High school diploma or equivalent.
- Minimum 21 years of age.
- Completion of state approved training according to a curriculum approved by KDADS prior to providing the service.
- Pass KBI, DCF child abuse check, adult abuse registry, and motor vehicle screens.
- Family residence licensed by Kansas Department Health and Environment (KDHE).
- Certification in: First Aid, CPR, Crisis Prevention / Management (example: CPI, Mandt, etc.)

*Definition, Components, and Qualifications taken directly from Kansas Department for Aging & Disability Services Home and Community-based Services Serious Emotional Disturbance Waiver, November 2013, p. 15
Brainstorming Expectations for PRFC Providers

What do we expect “professional parents” to do? (e.g., what is co-parenting? how often/what type of interaction do we expect?)

How are (or will) these expectations communicated to PRFC providers? (Overall expectations? Expectations related to plan of care goal?)

What knowledge, skills and values do these expectations require of providers?

How does the system support people to do their job? (e.g., mental health system? child welfare system? the community?)

Elephant in the room: What do we do about existing providers that don’t measure up to realistic expectations? What is a “good-enough” provider?
Perceived Roles and Responsibilities of PRFC Providers
(Findings from August 2014 PRFC provider surveys)

PRFC providers were asked: “If you were to create a job description for being a PRFC provider, what tasks, activities, and responsibilities would you include?” Most described multiple tasks listed below from most frequent to least frequent reported.

1) **Being willing to work, listen, and/or learn** (12)
   - “Willing to never give up”
   - “Willing to work with youth with challenging behaviors…”
   - “Willingness to listen”
   - “Hard work”

2) **Emotional tasks/responsibilities** (10)
   - “Being patient. Staying calm.”
   - “Patient, kind, and loving attitude”
   - “Emotionally well-grounded”
   - “someone who has patience and understanding...has lots of love”

3) **General caregiving / Educator** (5)
   - “Flexibility for therapy, doctor, ISO appointments”
   - “Include the boys in everyday activities teaching them responsibility, relationships...”
   - “Helping children learn in a structured environment.”

4) **Co-parenting / communication** (5)
   - “…keeping a daily med log, writing daily reports, keeping an open communication with the co-parents.”
   - “...good communication skills with different workers (therapists, teachers, etc.) and bio-parents.”

5) **Provide safety/security** (4)
   - “Make them feel safe and secure.”
   - “Able to create order out of chaos.”

6) **Provide interaction and follow through** (3)
   - “…being able to give the children a task and make sure they follow through with it, play lots of games”
   - “Listening to what the kids say. Try to adjust as you would having the kids as a family member. Be prepared to have consequences for bad behavior and following through with them. Talk face to face to kids.”
What Is Co-Parenting?
(Findings from August 2014 PRFC provider surveys)

PRFC providers were asked to list examples of how they co-parent (or did when they provided PRFC) with a child’s parent or legal guardian during PRFC.

**Frequent communication with the child’s parent(s)**
- “Communicating behavior and activities for the day.”
- “Communicate continually by email and phone. Keep the parent involved and coach the parent to be active in the child’s life.”
- “We demonstrate how we create a safe structured environment. We talk with parents on what subjects/concerns and questions they may have. We observe interactions between child and parents and siblings. We provide shadowing if requested and at PRFC and at home. We provide methods that work at our home for specific behavioral challenges.”
- “Let them know what might be working for me and see if they would like to try doing the same thing. Have to be careful how you approach this so they don’t feel like you think you have better parenting skills.”
- “Stay in communication with the bio-parents on a regular basis, through phone, or email. Speaking with them about what is being worked on in the home, and how the youth is doing in the home. Also in person contact if approved.”
- “Regular and in-person visits”
- “I keep in contact by phone calls, making sure we have the correct communication of appointments, also on behavior. Like sometimes there are behaviors that have not been displayed or shown to the parents, this way we have an open communication.”
- “Call if need to and be aware of the things they are working on with the child”

**Treating parent(s) as key informants and/or respecting their importance**
- “Ask what they need to be doing at home and input those skills at PRFC home”
- “Being able to listen to the parent’s concern and how the concern was handled at our house”
- “I always let the parents know I am not trying to replace them as parents, I am trying to help them with their child and giving them a much needed break.”
- “...trying to adjust our family to a similar pattern/schedule - when possible”
- “Do as they [parents] ask.”
- “Both parents have to support each other and always take the child’s feelings into consideration”

**Helping with scheduling and appointments**
- “Scheduling upcoming visits”
- “Keeping meds filled, making all appointments and school activities...”
Creating a PRFC Provider Job Description* (Example)

Suggestions for this activity:
Look back at notes on your shared vision and your resource home needs. Discuss notes about role and expectations as well as the service definition/qualifications from the SED waiver. Based on your discussion about expectations and roles of PRFC providers, develop a job description for PRFC providers. Customizable form available at http://childrenandfamilies.ku.edu/resources/resource-guides

Professional Resource Family Care (PRFC) provides a family environment through which youth and their parents receive support and learn new skills to help manage a child’s mental health needs. Resource families are active members of the treatment team and interact daily with the child’s parents to prepare for the child’s return home.

PRFC provider qualifications

- Must be 21 years old and have a high school diploma or equivalent
- Complete training required by KDADS
- Pass all required background checks
- Have a licensed family residence & any other required certifications

PRFC providers are responsible for the following:

- Daily contact with child’s parent/guardian (phone is fine)
- Interacting with child’s parent/guardian in person to mentor and or be a role model at least once a week
- Providing daily caregiving duties such as
  - Daily documentation (progress notes, medication logs)
  - Participating in team meetings
  - Communicating with the team about success and/or struggles with the child and with co-parenting

PRFC providers will be supported in their role through receiving:

- Information and training in the following areas:
  - Mental health diagnoses
  - Behavior management techniques
  - Background information for each child/family
- On-call staff support
Brainstorming Expectations for Parents

Suggestions for this activity: Thinking about the PRFC service definition and your agency services and standards, discuss what role parents have in PRFC.

What do we expect parents with children/youth in PRFC to do?

How are these expectations communicated?
(Overall expectations? Expectations related to plan of care goal?)

What knowledge, skills and values does this require?

How does the system support parents to meet their responsibilities within PRFC?
Parent Role & Supports* (Example)

Suggestions for conducting this activity:
Based on your discussion about expectations and roles of parents selecting PRFC for their child, develop a description of their role and supports. Customizable form available at http://childrenandfamilies.ku.edu/resources/resource-guides

Professional Resource Family Care (PRFC) provides a family environment through which youth and their parents receive support and learn new skills to help manage a child’s mental health needs. Resource families are active members of the treatment team and interact daily with the child’s parents (“co-parenting”) to prepare for the child’s return home.

Parents whose children use PRFC are responsible for the following:

- (Example): Daily communication with the PRFC provider (phone is fine)
- (Example): Interacting with the PRFC provider in person at least once a week to practice or discuss approaches that may be tried with their child at home
- (Example): Participating in team meetings
- (Example): Communicating with the team about successes and strengths, struggles with their child, or co-parenting difficulties

Parents will be supported in their role through receiving:

- (Example): Parent support services (if desired)
Section 6: Development of a Targeted Recruitment Plan

A targeted approach does not sell. It is “…delivering the message of need to the people who would be most likely to respond to the need”

(FOCUS newsletter, 2011, p. 2)

Once your team has developed a vision, assessed resources as well as current needs for resource homes, and established expectations and roles for parents and providers involved in service delivery, it is time to put it all together! There are main three areas (which often overlap) to consider when creating a targeted recruitment plan.

**Who are we targeting?**

**Where can we find them?**

**How will we reach them?**

You may wish to use the “Planning Worksheet” to take notes as you use the tools in this section.
Planning Worksheet

Suggestions for using this sheet to help organize the targeted recruitment planning session:
Jot down notes on this sheet throughout your discussions. Then you can use this sheet when you begin creating your targeted recruitment plan.

Who

Where

How
The following handouts share information from PRFC and Respite provider surveys conducted in August 2014:

- Characteristics that make providing PRFC/Respite a more successful experience
- Characteristics that may make providing PRFC/Respite more difficult
- Helpful Experience, Knowledge, and Skills – PRFC survey findings
- Helpful Experience, Knowledge, and Skills – Respite survey findings

The surveys were sent to the majority of resource homes providing PRFC and respite care in Kansas to learn more about their experiences providing services and solicit feedback for recruitment of additional resource home providers.

**Suggestions for using these handouts for targeted recruitment planning:**

Take a few minutes to review the handouts and discuss the following:

- What characteristics and experience do team members think are important to provide PRFC well? Is it the same for Respite?
- Are the team’s ideas similar or different than the survey and recruitment literature findings presented?
- Who do you want to target for recruitment?
  - People with similar experience, skills and knowledge?
  - People with what characteristics?
- Where will you find people with these characteristics and/or experience?
Characteristics that make providing PRFC/Respite a more successful experience

<table>
<thead>
<tr>
<th>Family Environment</th>
<th>Individual characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRFC Provider Responses from August 2014 survey</td>
<td></td>
</tr>
<tr>
<td>Focus on family life</td>
<td>Patience/Calmness</td>
</tr>
<tr>
<td>Welcoming/Supportive family members</td>
<td>Love</td>
</tr>
<tr>
<td>Structure/Clear expectations</td>
<td>Understanding/acceptance</td>
</tr>
<tr>
<td>Physical space</td>
<td>Consistency/structure</td>
</tr>
<tr>
<td>Focus on teaching/treatment</td>
<td>Open-minded/Willing to listen</td>
</tr>
<tr>
<td></td>
<td>Communication</td>
</tr>
<tr>
<td></td>
<td>Sense of humor</td>
</tr>
<tr>
<td></td>
<td>Other (advocate, good role model for child, willingness to learn</td>
</tr>
<tr>
<td></td>
<td>and work together with others, being organized, strong-willed,</td>
</tr>
<tr>
<td></td>
<td>emotionally well-grounded, professional, forgiving,</td>
</tr>
<tr>
<td></td>
<td>creative, and willing to work with children who exhibit difficult</td>
</tr>
<tr>
<td></td>
<td>behaviors)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Family Environment</th>
<th>Individual characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respite Provider Responses from August 2014 survey</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Values such as sharing, being family-oriented, and having</td>
</tr>
<tr>
<td></td>
<td>Christian values</td>
</tr>
<tr>
<td></td>
<td>Laid-back, non-reactive</td>
</tr>
<tr>
<td></td>
<td>Being caring</td>
</tr>
<tr>
<td></td>
<td>Willing to have conversations with children</td>
</tr>
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<td></td>
<td>Having people skills</td>
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</tbody>
</table>

Literature on foster care recruitment and retention indicates that “high quality” foster parents possess the following attributes

<table>
<thead>
<tr>
<th>Family environment</th>
<th>Individual characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family environment</td>
<td></td>
</tr>
<tr>
<td>Accepting children placed in the home as their own</td>
<td>Wanting to help a child and parent strengthen relationship</td>
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<tr>
<td></td>
<td>(Berrick, Shauffer, &amp; Rodriguez, 2011)</td>
</tr>
<tr>
<td>Have support from a faith community</td>
<td>Asking for help when needed (Berrick, Shauffer, &amp; Rodriguez,</td>
</tr>
<tr>
<td></td>
<td>2011)</td>
</tr>
<tr>
<td>Being loving and nurturing child development</td>
<td>Advocating for a child’s needs (Berrick, Shauffer, &amp; Rodriguez,</td>
</tr>
<tr>
<td></td>
<td>2011)</td>
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<tr>
<td></td>
<td>Easy-going personality (Buehler, Cox, and Cuddeback, 2003)</td>
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<tr>
<td></td>
<td>Tolerant / accepting of differences (Buehler, Cox, and</td>
</tr>
<tr>
<td></td>
<td>Cuddeback, 2003)</td>
</tr>
<tr>
<td></td>
<td>Love or concern for children (Buehler, Cox, and Cuddeback, 2003)</td>
</tr>
<tr>
<td></td>
<td>Ready for a challenge (Berrick, Shauffer, &amp; Rodriguez, 2011)</td>
</tr>
<tr>
<td></td>
<td>Moderate-to-high levels of emotional stability (CWI, 2013;</td>
</tr>
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<td></td>
<td>Redding, Fried, &amp; Britner, 2000)</td>
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<tr>
<td></td>
<td>High levels of extroversion (CWI, 2013)</td>
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<td></td>
<td>Team attitude (Berrick, Shauffer, &amp; Rodriguez, 2011);</td>
</tr>
<tr>
<td></td>
<td>Agreeableness (CWI, 2013)</td>
</tr>
<tr>
<td></td>
<td>Openness to hear feedback and/or learn (Berrick, Shauffer, &amp;</td>
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<tr>
<td></td>
<td>Rodriguez, 2011, CWI, 2013)</td>
</tr>
<tr>
<td></td>
<td>Flexibility (Berrick, Shauffer, &amp; Rodriguez, 2011; Buehler,</td>
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<tr>
<td></td>
<td>Cox, &amp; Cuddeback, 2003)</td>
</tr>
</tbody>
</table>
### Characteristics that make providing PRFC/Respite more difficult

#### PRFC Provider Responses from August 2014 survey

<table>
<thead>
<tr>
<th>Family environment</th>
<th>Individual characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family composition – specifically other children (safety concerns, detracts from family time) and extended family (concerned about provider well-being, not able to provide support)</td>
<td>Impatient</td>
</tr>
<tr>
<td></td>
<td>Being too rigid</td>
</tr>
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<td></td>
<td>Being too passive</td>
</tr>
<tr>
<td></td>
<td>Lack of experience/training working with children who have SED</td>
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<tr>
<td></td>
<td>Other (a lack of the following: creativity, commitment, respect for child’s parents, support from one’s extended family) and (poor communication skills, unrealistic expectations for children, needing step-by-step guidance)</td>
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</tbody>
</table>

#### Respite Provider Responses from August 2014 survey

<table>
<thead>
<tr>
<th>Family environment</th>
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<tbody>
<tr>
<td>Family members - (other children – ages, special needs, jealousy, lack of understanding; family members – lack of experience/patience) Busy – difficult to schedule respite around family activities Other – Nothing; living farther from town; practicing religion can be awkward, not having support for transportation/supervision if plans change during respite</td>
<td></td>
</tr>
</tbody>
</table>
Helpful Experience, Knowledge, or Skills - PRFC provider surveys (August 2014)

PRFC providers reported the following types of prior experience working with children who have emotional or behavioral difficulties: foster care (5), experience related to work in the school system (4), experience providing SED respite (3), Big Brother volunteer (1), business owner (1), and working with mentally disabled adults and children (1)

Previous experience
With Children: foster care (particularly caring for children/youth with higher behavioral needs) and raising own children.
Job specific: family support worker, substitute teacher
With others: working with families when providing respite care, job has given experience to work with different types of people

Previous knowledge
Professional degree: in an area related to children/youth
Training (non-specific): “classes on behavior management”; “being provided with the classes we need”
Extensive training: surrounding specific childhood diagnosis

Previous skills
Using a rewards system and making expectations clear
“Making people feel welcome”
“Willing to learn and listen with a kiddo”
Helpful Experience, Knowledge, or Skills - Respite provider surveys (August 2014)

Previous experience

**With children:** child welfare - staff or foster parent; raising own children; school system - most with at-risk students; mental health system; Big Brother/Big Sister; nurse; worked with children who have or own family member has special needs

**With parents:** parent educator; parent support group leader

**With others:** messy divorce; lifelong friend was in foster care

Previous knowledge

**Professional degree or certification:** in an area related to children/families or nursing/medication

**Training:** parenting training - including foster parent training; mental health or behavior management; medication; sharing information

Previous skills

**People skills**

“Learning to work on a team, opportunity to work with a variety of behaviors, problem solve, and learn what works with some kids does not work with others. Showing kids you care and letting them have a voice”
Part of targeted recruitment is looking at “How” you want to recruit “Who” you want to recruit.

The worksheets and examples below may help you work through this step of the planning process.

- Past recruitment activities worksheet
- Main sources of recruitment
- Motivations to provide PRFC & Respite
Past Recruitment Activities Worksheet

Suggestions for conducting this activity:

This tool would only be applicable if anyone on the team has ever tried to recruit resource homes.

- What’s been tried?
- What seems to have worked well? Any ideas why it worked?
- What did not work well? Any ideas about why it did not work?
- Are any activities worth trying again and/or modifying to recruit PRFC providers?

<table>
<thead>
<tr>
<th>Previous Recruitment Activities</th>
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<table>
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<tr>
<th>What was effective?</th>
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Main Sources of Recruitment

Suggestions for using these findings:
Consider how these previous and current PRFC providers and current respite providers reported *hearing* about providing PRFC or respite (or in other words, how they were “recruited” to provide these services).

- Discuss each source of awareness – how did most PRFC providers hear about PRFC? What about respite providers?
- Would it be helpful if any of these sources were used differently or more often to recruit?
- Are there recruitment sources that were not reported that you think could be useful?

How PRFC and Respite Providers Heard about PRFC or Respite*

**Child Placing Agency caseworker or trainer**

- PRFC - 11
- Respite - 14

**Community Mental Health Center**

- PRFC - 2
- Respite - 2

**Relative or Friend**

- PRFC - 1
- Respite - 6

**Advertisement**

- Respite - 1

Note: One respite provider listed two different awareness sources.

*Findings from August 2014 PRFC and respite provider surveys
## Motivations to provide PRFC & Respite

### Commonly Mentioned Original and Continued Motivations to Provide Services

<table>
<thead>
<tr>
<th>PRFC Providers</th>
<th>Respite Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Making a difference</strong> – helping families, helping children, and providing a needed resource</td>
<td><strong>Making a difference</strong> – helping children &amp; families, recognizing a need for the service, seeing progress</td>
</tr>
<tr>
<td><strong>Working with children</strong></td>
<td></td>
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</tbody>
</table>

### Other Original Motivations to Provide Services

<table>
<thead>
<tr>
<th>PRFC Providers</th>
<th>Respite Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Being asked</strong> to provide PRFC</td>
<td><strong>Better fit</strong> than foster care (temporary, short term, ability to plan)</td>
</tr>
<tr>
<td>Having prior experience/ability to help</td>
<td>Enjoy working with children</td>
</tr>
<tr>
<td><strong>Extra income</strong></td>
<td></td>
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</table>

### Other Continued Motivations

<table>
<thead>
<tr>
<th>PRFC Providers</th>
<th>Respite Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Seeing improvement/success</strong></td>
<td><strong>Money</strong></td>
</tr>
<tr>
<td><strong>Rewards of Providing Services</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Seeing success</strong></td>
<td><strong>Helping others</strong></td>
</tr>
<tr>
<td><strong>Helping children/families</strong></td>
<td><strong>Seeing improvements &amp; observing positive reactions from children</strong></td>
</tr>
<tr>
<td><strong>Working directly with children</strong></td>
<td><strong>Developing new relationships</strong></td>
</tr>
<tr>
<td><strong>Opportunities to learn from PRFC</strong></td>
<td><strong>Wonderful agency staff</strong></td>
</tr>
<tr>
<td><strong>The support system that accompanies PRFC</strong></td>
<td></td>
</tr>
</tbody>
</table>

### Findings from August 2014 PRFC and respite provider surveys

**Suggestions for including survey findings in your discussion:**

Motivations and rewards may be useful to think about how to recruit. For example, you may use one of the common motivations as the slogan on recruitment materials.

- Is the message for PRFC and respite similar?
- Is the “who” you are targeting for PRFC and respite care similar or different?
- Do you see yourself recruiting for both services together? If not, who are you targeting for PRFC? Respite?
Suggestions for starting to put it all together:

As you look at the next several pages, consider creating the message you want to be communicated to those who are recruiting and those being recruited. The messages can be adapted to be put on flyers, websites, brochures, and newsletters. (Examples of messages and recruitment materials created from them are provided)

- What is our PRFC Message? (Example)
- What is our PRFC Message? (Blank form)
- What is our Respite Message? (Example)
- What is our Respite Message? (Blank form)
- Incorporating Survey Findings & Messages to Create Marketing Materials (Example)
- Recruitment suggestions from provider surveys and literature
**Example PRFC Message**

PRFC is a time-limited, preventive service that uses co-parenting to support and enhance parents’ and children’s skills.

It is needed in this area to prevent PRTF, foster care, or continuing crisis situations. PRFC can also help ease the transition home from a PRTF.

We need people who are patient, passionate about helping children and families, team players, and creative. We need providers who have strong parenting skills and a flexible schedule, and who can provide structure, work effectively with both children and parents in order to enhance skills, and be part of the treatment team.

The rewards of providing PRFC include providing a needed resource that helps children and families as well as seeing progress and knowing you made a difference.

Support for PRFC providers includes having staff available at all times, therapeutic support, reimbursement for providing services, and being part of a team.

You can help children and families by being a PRFC home, supporting families who provide PRFC, or telling others about this opportunity.

For more information contact [CMHC contact] or [CPA contact]
What is our PRFC message?

PRFC is

____________________________________________________________________

____________________________________________________________________

It is needed in this area to

____________________________________________________________________

____________________________________________________________________

We need people who are

____________________________________________________________________

____________________________________________________________________

and people who can

____________________________________________________________________

____________________________________________________________________

The rewards of providing PRFC include

____________________________________________________________________

____________________________________________________________________

Support for PRFC providers includes

____________________________________________________________________

____________________________________________________________________

You can help children and families by

____________________________________________________________________

____________________________________________________________________

For more information:
Respite is an essential service to give families and children a needed breather when mental health symptoms or behaviors are escalating or to help maintain stabilization following a crisis.

It is needed in this area to divert a child from a higher level of care and help maintain the family unit.

We need people who are flexible, patient, nurturing, have good boundaries, and want to make a difference in the lives of children and families and who can provide a safe environment for a child as well as communicate effectively with a child’s parent/guardian.

The rewards of providing respite include helping a child and family regain or maintain stability, making a difference in the lives of others, and knowing you had a role in that.

Support for respite providers includes having support available from one’s own [CPA] caseworker and [CMHC] crisis staff 24 hours a day, 7 days a week, receiving services and support from a child’s existing mental health providers, and opportunities for additional training to educate providers on mental health diagnoses and effective behavior management techniques.

You can help children and families by opening your home to provide this valuable service and talking to other people you know about providing this service.

For more information contact [CPA contact person] or [CMHC contact person]
What is our Respite message?

Respite is

It is needed in this area to

We need people who are

and people who can

The rewards of providing PRFC include

Support for PRFC providers includes

You can help children and families by

For more information:
Example - Incorporating Survey Findings & Messages to Create Marketing Materials

Want to **Make a Difference in Your Community?**

Slogan created from common motivation to provide services

**Become a Resource Family**

Compass Behavioral Health is looking for **patient, caring, and flexible individuals who work well with others, and want to make a difference in the lives of children and families** to provide services to children with mental health difficulties in a family setting.

Resource families must have licensed homes. You receive **ongoing training and support as well as reimbursement.**

Resource families may provide **Professional Resource Family Care (PRFC)** and/or **Short Term Respite Care.**

**Professional Resource Family Care** provides a temporary family environment through which youth and their parents receive support and learn new skills to help manage a child’s mental health needs. Resource families are active members of the treatment team and interact daily with the child’s parents to prepare for the child’s return home.

**Short Term Respite Care** gives families and children a needed break from daily stress by offering a safe family environment. Resource families provide temporary, direct care and supervision. Respite is typically provided for a day, overnight, or for a weekend.

Summary description of services from messages

Summary of people needed from message

Summarized supports from message
PRFC and Respite Provider Suggestions for Recruitment

<table>
<thead>
<tr>
<th>WHO</th>
<th>WHERE</th>
<th>HOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>‘Empty nesters’</td>
<td>Organizations such as hospitals to post flyers</td>
<td>Word of mouth: Get the word out so that need for the service is known</td>
</tr>
<tr>
<td>Looking for the ‘best’ foster parents</td>
<td>Present to churches</td>
<td>Make sure professionals know about the services</td>
</tr>
<tr>
<td>Foster parents who want to downsize or quit providing long term care</td>
<td>Use current providers: Talk to current providers about recruiting new providers</td>
<td>Focus on the satisfaction one receives through providing services</td>
</tr>
<tr>
<td></td>
<td>Host community information sessions</td>
<td>Focusing on the short term nature of services (respite)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Providing honest and clear expectations to potential providers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Providing good support for current and future providers</td>
</tr>
</tbody>
</table>

Note. Findings from August 2014 PRFC and respite provider surveys. Strategies most often suggested by PRFC providers are highlighted.

Suggestions from the literature...

<table>
<thead>
<tr>
<th>HOW</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Word-of-Mouth: Most effective</strong> (Fisher &amp; Chamberlain, 2000; Sellick &amp; Howell, 2004)</td>
</tr>
<tr>
<td><strong>Peer-to-Peer: Incorporate current foster parents to help recruit and train as well as educate the community on motivation, benefits, challenges, and opportunity</strong> (Baum, Crase, S., &amp; Crase, K., 2001; Daniel, E, 2011; King &amp; Stark, 2011)</td>
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<tr>
<td>Multiple recruitment methods that</td>
</tr>
<tr>
<td>• Educate the community</td>
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<tr>
<td>• Maximize exposure to concept (Cox, Buehler, &amp; Orme, 2002)</td>
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<tr>
<td><strong>Involve community partners, particularly faith-based organizations</strong> (Goodman, 2010; Stukes Chipungu &amp; Bent-Goodley, 2004)</td>
</tr>
<tr>
<td><strong>Cultural sensitivity</strong> (Casey Family Programs, 2005; Goodman, 2010; Stukes Chipungu &amp; Bent-Goodley, 2004)</td>
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<tr>
<td><strong>Planned based on assessment of needs</strong></td>
</tr>
<tr>
<td><strong>Targeted efforts – geographic and demographic</strong> (King &amp; Stark, 2011; Stukes Chipungu &amp; Bent-Goodley, 2004)</td>
</tr>
<tr>
<td><strong>Branding / developing a message</strong> (Berrick, Shauffer, &amp; Rodriguez, 2011)</td>
</tr>
<tr>
<td>• Center themes / recruitment messages around motivations for providing TFC (Connecticut Department of Children and Families, 2008)</td>
</tr>
</tbody>
</table>

Where does social media fit in?

Deakin (2011) recommends:
1) Analyzing data to determine needs and who can fulfill them as well as previous recruitment efforts;
2) Designing a plan to leverage existing relationships that is
   a) Tailored to targeted audience
   b) Piloted, revised, and then scaled
3) Research common search terms and create relevant content on own media tools.
Suggestions for beginning your Targeted Recruitment Plan:

Look back at your team’s shared vision, current resources and needs (based on CMHC- and CPA-gathered data), any SMART goals, and notes on who and where you may target as well as how you may recruit. Come up with an initial recruitment goal and begin making specific recruitment tasks that work toward that goal. It will be easier to achieve goals and hold each other accountable if specific people are responsible for specific activities and if there is a rough timeline for task completion. Each time you meet to discuss the recruitment plan (or after a task is completed), you can update the status, add new activities, and when you determine that a goal has been accomplished, add new goals. It may be useful for each person to fill out the “New Recruitment Tasks” form during each meeting so they have a one-page reminder of their upcoming tasks and timelines.

- Targeted Recruitment Plan (Example)
- Targeted Recruitment Plan (Blank form)*
- New Recruitment Tasks (Blank Form)*
- “Recruitment Ideas” sheet
**TARGETED RECRUITMENT PLAN (EXAMPLE)**

**Goal:** Increase community knowledge about PRFC through outreach with at least 3 community groups in the next 6 months.

<table>
<thead>
<tr>
<th>Task</th>
<th>Activities (Responsible Party)</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speak with local PTA/PTO</td>
<td>Contact club president to get on agenda (Allie)</td>
<td>Prep work done by April 1&lt;sup&gt;st&lt;/sup&gt; for PTA meeting April 14&lt;sup&gt;th&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td>Contact current provider to speak (Susan)</td>
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<td></td>
<td>Print brochures to distribute at meeting (Sarah)</td>
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</tbody>
</table>

**Goal:** Target two organizations that employ individuals who have experience and skills to work with children who have SED.

<table>
<thead>
<tr>
<th>Task</th>
<th>Activities (Responsible Party)</th>
<th>Timeline</th>
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</thead>
<tbody>
<tr>
<td>Meet with YRC2 staff to discuss services and opportunities for helping children in own home</td>
<td>Contact director to get on staff meeting agenda (Susan)</td>
<td>Prep work done by May 31&lt;sup&gt;st&lt;/sup&gt; with goal of meeting by July 31&lt;sup&gt;st&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td>Print brochures to distribute at meeting (Sarah)</td>
<td></td>
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<tr>
<td></td>
<td>Ask to put brochures/flyers in staff mailboxes once every quarter (Susan)</td>
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TARGETED RECRUITMENT PLAN *

Goal: ____________________________________________________________

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<tr>
<th>Task</th>
<th>Activities (Responsible Party)</th>
<th>Timeline</th>
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<td>Task</td>
<td>Activities (Responsible Party)</td>
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Targeted Recruitment Toolkit (Palmer & Levy, 2015) – 49
## New Recruitment Tasks

<table>
<thead>
<tr>
<th>Month</th>
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<td>Person(s)</td>
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<tr>
<td>Timeline</td>
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<tr>
<td>Task</td>
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<tr>
<td>Person(s)</td>
<td>Person(s)</td>
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<td>Timeline</td>
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<td>Task</td>
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<tr>
<td>Person(s)</td>
<td>Person(s)</td>
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</tr>
<tr>
<td>Timeline</td>
<td>Timeline</td>
<td>Timeline</td>
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</tbody>
</table>
Recruitment Ideas

- Create a recruitment brochure
- Post information on your agency website or Facebook page
- Write about PRFC for your agency’s newsletter
- Inform front office staff about how to respond to inquiries
- Ask current staff to share a brochure with friends/family
- Consider current staff (address any conflict of interest concerns)
- Ask agency advisory board for leads
- Follow up on participants in Mental Health First Aid training
- Contact associations such as Kansas Foster and Adoptive Parent Association (KFAPA)
- Share information at a local volunteer fair
- Share information at a local health/wellness fair
- Reconnect with past providers
- Stay connected with prospective providers who drop out of the process – the time may be right later
- Ask a current provider to offer a testimonial to include on a recruitment brochure
- Ask a current provider to speak at a community event
- Provide business cards for current providers to help spread the word
- Create opportunities for PRFC “supporters

Targeted Recruitment Toolkit (Palmer & Levy, 2015) – 51
Section 7: Targeted Recruitment Resources*

This section includes examples of targeted recruitment materials that you may wish to adapt and use. Customizable versions of some materials are available at http://childrenandfamilies.ku.edu/resources/resource-guides
Example – Targeted Recruitment Flyer with Tear-off Contact Info

Want to Make a Difference in Your Community?

Become a Resource Family

Compass Behavioral Health is looking for patient, caring, and flexible individuals who work well with others, and want to make a difference in the lives of children and families to provide services to children with mental health difficulties in a family setting.

Resource families must have licensed homes. You receive ongoing training and support as well as reimbursement.

Resource families may provide Professional Resource Family Care (PRFC) and/or Short Term Respite Care.

PRFC

Professional Resource Family Care provides a temporary family environment through which youth and their parents receive support and learn new skills to help manage a child’s mental health needs. Resource families are active members of the treatment team and interact daily with the child’s parents to prepare for the child’s return.

Short Term Respite Care

Short Term Respite Care gives families and children a needed break from daily stress by offering a safe family environment. Resource families provide temporary direct care and supervision. Respite is typically provided for a day, overnight, or for a weekend.

Compass Behavioral Health and DCCCA are partnering together to increase resources within our community that help keep children and families together.
Example – Targeted Recruitment Brochure

**Why should I become a resource family?**

Providers report rewards like:

- Helping children and families remain together
- Seeing improvement in family relationships
- Knowing they helped make a difference for families

You receive support including:

- Access to DCCCA & PACES staff 24 hours a day, 7 days a week
- Reimbursement
- Opportunities for training on mental health diagnoses and effective behavior management techniques.

You can help children and families by opening your home to provide these valuable services.

---

**Become a Resource Family**

**PACES**
Center for Parent, Adolescent & Child Empowerment Services

**DCCCA**

**Partnering to provide services in a licensed family home**

For more information, call or email

Angela Dunn with PACES Youth Services
Dunn_a@WMCHI.org and 913-956-3420

OR

Lisa Marx with DCCCA
lisa.marx@dccca.org and 785-393-8311

**Make a difference in the lives of others**

Targeted Recruitment Toolkit (Palmer & Levy, 2015) – 54
Who Needs My Help?

- Children and youth who have mental or emotional health difficulties, are being served by your local mental health center, and are at-risk of being separated from their family to receive a higher level of care.
- Parents trying to keep their family together in the community

What Do Resource Families Do?

Resource families may provide:

- Professional Resource Family Care and/or
- Short Term Respite Care

What is Professional Resource Family Care (PRFC)?

PRFC is intended to prevent or reduce hospitalization. It provides temporary support in a family environment where children learn new skills and through co-parenting, the children’s parents receive support and enhance their skills. There is regular family contact and the child returns home as soon as possible.

What is Short Term Respite Care?

Respite care is a short term service that gives families and children a needed break. It typically lasts 2-3 days but sometimes is needed for a shorter period of time. Respite may be planned or used when there is a crisis in the home. Resource families provide a safe environment for a child as well as communicate with the child’s parent/guardian about respite details when needed.

What does it take to be a Resource Family?

Individuals must

- Be at least 21 years old
- Pass background checks
- Complete pre-service training and obtain a foster care license
- Be certified in First Aid & CPR and crisis management
- Complete state-approved online training for PRFC and Short Term Respite Care

Required trainings are provided by DCCCA and PACES free of charge

Who do we need?

Patient, caring, and flexible individuals who

- enjoy working with children and families
- have experience working with children
- want to be part of a team that supports local children and their families
Example – Agency Newsletter

PACES

PACES and DCCCA partner to recruit ‘resource families’

Over the past year, PACES and DCCCA have worked together on a pilot project facilitated by the KU School of Social Work to increase awareness and understanding of the need for resource homes within the community.

PACES is recruiting patient, caring individuals who want to help make a difference in the lives of children and families we serve by becoming “resource families.” Resource families provide short-term respite care and/or professional resource family care to children who have emotional or behavioral difficulties and are at-risk of being separated from their families to receive a higher level of care.

Angela Dunn, PACES service manager, explains that professional resource family care (PRFC) is intended to prevent hospitalization or to support a child as he/she transitions from the hospital back home. She adds, “Hospitals and mental health centers continue to look at ways to increase resources helpful in stabilizing children in the community as hospital stays decrease.”

While the PRFC home is not a new concept, the request for this service has been more frequent. The long-term goal of this PACES/DCCCA pilot project is to increase the number of resource homes to provide services to children on the SED Waiver.

Resource families have access to support 24 hours a day, 7 days a week and receive reimbursement. They must have their home licensed, complete required training and pass background checks.
Example – Newspaper Article for Children’s Mental Health Awareness

Local Mental Health Center Working on Building Community Resources for Children and Families

Garden City, KS (May 2015) – May 3rd through 9th is National Children’s Mental Health Awareness Week and Compass Behavioral Health is working hard to increase awareness about how community members can help create resources that keep children and families together within their community. Compass Behavioral Health recognizes the need for resources within all thirteen counties they serve so they were eager to participate in a targeted recruitment initiative pilot geared at increasing resource homes that provide children’s mental health services to children within the community. “Quote here from CBS Director on the need for community-based resources?”

As part of this targeted recruitment initiative, Compass Behavioral Health has partnered with DCCCA, Inc. and developed a targeted recruitment plan aimed at finding individuals willing to have their home licensed and provide either Short-Term Respite Care or Professional Resource Family Care to children who are struggling with emotional or behavioral difficulties at home or in the community.

Short-Term Respite Care resource families provide families with a needed break by providing a safe family environment for a child to stay for a day, overnight, or for a weekend. Professional Resource Families provide a safe family environment for a child anywhere from a few weeks to a couple of months while also providing extra support for parents to learn or enhance skills and prepare for the child’s return home. These resource families must be patient, caring, and flexible individuals who work well with others and want to make a difference in the lives of children. “Quote here from CMHC staff on the importance of having resource families who respect and support parents and children”

Resource families are part of the larger team working to support families within the community. “Quote on importance of being part of the team?” Compass Behavioral Health and DCCCA train resource families for free, support them throughout the process, and provide reimbursement for services.

As we work to increase resources for children and families, we hope to increase awareness that mental health challenges require attention and care and deserve the same respect as physical health challenges.

If you are someone you know is interested in learning more about becoming a resource family, contact Jenny Oliver at 620-424-4010 or joliver@compassbh.org or Lisa Marx at 785-393-8311 or lisa.marx@dccca.org.
Example – Using Social Media

Compass Behavioral Health
May 7 at 11:21am · 😄

Want to Make a Difference in Your Community?
Become a Resource Family

Compass Behavioral Health is looking for patient, caring, and flexible individuals who work well with others, and want to make a difference in the lives of children and families to provide services to children with mental health difficulties in a family setting.

Resource families provide families with a needed break by providing a safe family environment for a child to stay for a day, overnight, weekend, or sometimes up to 1-2 months. Some resource families provide extra support for parents to learn new skills and prepare for the child’s return home.

Resource families must be licensed homes. You receive ongoing training and support as well as reimbursement.

Interested in learning more? Contact Jenny Oliver at 620-424-4010 or joliver@compassbh.org OR Lisa Marx at 785-393-8311 or lisa.marx@dccca.org

Unlike · Comment · Share

You, Michelle Herron Levy and 4 others like this.

3 shares

Write a comment...
Example – Using Social Media

Want to Make a Difference in Your Community?

May 7, 2015  by Admin

**Become a Resource Family**

*Compass Behavioral Health* is looking for patient, caring, and flexible individuals who work well with others, and want to make a difference in the lives of children and families to provide services to children with mental health difficulties in a family setting.

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Recent Posts

- Want to Make a Difference in Your Community?  
- 403  
- Hosting Mid-Management Academy  
- 349  
- Compass Grant Award Announcements

Archives

- May 2015  
- February 2015
Section 8: Sustaining Recruitment Efforts & Retaining Providers

When developing new resource homes, it is important not to get discouraged. Research shows it takes months for an individual to make the decision to become a resource home and that people need to hear about an opportunity repeatedly before they act. Tracking your activities and results is important so that you know what works. While we provide an example here, be sure to create a tracking form and method that meets your needs.

- Tracking forms (example)*

Providing care to a child with emotional/behavioral difficulties and working closely with parents and other team members can be stressful. In order to retain resource families, it is important to recognize some common stressors for PRFC providers, prepare them well, and provide on-going support.

- Stressors associated with providing PRFC and Respite
- Provider comments on preparation
- Most helpful support provided
- Provider suggestions for improving PRFC

Developing a clear plan for how providers will be supported and ways to express appreciation for the work that they do is a key component of retention.

- Retention plan (example)
## Tracking Forms*

### EXAMPLE – Monthly Recruitment Activity Tracking Form

<table>
<thead>
<tr>
<th>Month</th>
<th>Type of Activity</th>
<th>Location</th>
<th>Approx # attending/reached</th>
<th>Potential interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>September</td>
<td>Oral presentation to PTA group (distributed brochures)</td>
<td>Acme Elementary School</td>
<td>15 people</td>
<td>1 parent took a couple of extra brochures for people she knows</td>
</tr>
<tr>
<td>September</td>
<td>Flyers hung up at local recreation centers</td>
<td>List specific rec centers</td>
<td>Estimate: 10 people per day may view each flyer</td>
<td>None yet</td>
</tr>
<tr>
<td>October</td>
<td>Presented information at YRC2</td>
<td>YRC2 within catchment area</td>
<td>20</td>
<td>2 staff members asked for more information</td>
</tr>
</tbody>
</table>

### EXAMPLE – Monthly Recruitment Outcome Tracking Form

<table>
<thead>
<tr>
<th>Month</th>
<th># of Inquiries re: PRFC</th>
<th>How did they hear about PRFC?</th>
<th># in training for PRFC/Respite</th>
<th># of new PRFC providers</th>
<th># of new Respite providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>December</td>
<td>1</td>
<td>At YRC2 meeting</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>January</td>
<td>2</td>
<td>Flyer at local library Current provider spoke to them</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Suggestions for using these tools:

Amongst your team, determine what information you would like to track and who will be responsible. For example, is everyone responsible for filling out monthly activities they do and then sending it to one main person who compiles the information for that month? Is the child placing agency team member(s) responsible for tracking recruitment outcomes or should it be a CMHC staff?

Agree on a target date each month for having this information gathered and compiled; consider sending out to all team members so everyone can see what has occurred and any recent recruitment outcomes.

Again – remember that it will take a while to see direct outcomes from recruitment activities. It is important not to get discouraged and to routinely assess which activities you want to continue or discontinue and think of new recruitment activities to add to your plan.
Stressors associated with providing PRFC and Respite
Findings from August 2014 PRFC and respite provider surveys

PRFC-Specific Stressors
In response to why they have quit or what may make them decide to quit providing PRFC, most PRFC providers responded “n/a” or that they did not intend to stop providing PRFC. However, a few providers shared different reasons for why they may consider quitting. Those reasons were: a change in family composition, when the administrative burden becomes too much, and parents’ use of PRFC for babysitting (i.e., only wanting the child to change).

Six PRFC providers noted lack of parent investment/involvement as being particularly stressful when providing PRFC.

Respite-Specific Stressors
Two respite providers noted that concern about the child’s home environment was a stressor when providing respite care. Three respite providers shared that they do not find anything particularly stressful about providing respite.

Common Stressors for PRFC and Respite Providers
Child-specific behaviors and needs (e.g., acting out behavior, not complying with rules, being unable to trust kids) were the most frequently mentioned stressor by respite providers and several PRFC providers shared this perspective as well.

Five respite providers and one PRFC provider mentioned aspects of caregiving during respite that can be stressful such as the level of attention necessary, emotional highs and lows, helping a new child feel comfortable.

A few providers shared stressors related to tasks and responsibilities such as paperwork and appointments or meetings with few resources to provide care for other children in the home during those commitments. Additionally, a few providers referred to third party stressors such as CMHC cutting back on respite referrals, setting unrealistic timeframes that impede progress and sending children home too soon, and lack of respect for PRFC providers’ training/expertise and their role in the service.

Miscellaneous stressors noted were parents cancelling respite last minute and handling the relationship between the child and their parent/guardian.

Suggestions for facilitating these stressors into recruitment & retention discussions:
• Do we/should we include common stressors of providing services in our recruitment materials? Our pre-service trainings?
• How might we orientate new providers to how the service works start to finish?
• What kind of training do we provide on directly on interventions and usable tools to help manage children’s behaviors and improve or enhance parent engagement skills?
PRFC and Respite Provider Comments on Preparation
Findings from August 2014 PRFC and respite provider surveys

Most helpful training so far
- Many respite and PRFC providers (respite 7 & PRFC 7) noted that **experience rather than training** was most helpful
- Many answers were vague (respite 7 & PRFC 6) and referenced training in general (e.g., the initial training, training on behaviors of children, the SED training, foster parent training, online training)
- A few respite and PRFC providers noted that CPI was helpful
- Other trainings referenced were Conscious Discipline, Kansas Healthy Relations, TBRI, training on medications, trainings on RAD, Bipolar, ADHD, Trauma
- Two people (1 respite and 1 PRFC) noted reading material on children’s behavior or trauma were helpful
- A few individuals mentioned no particular training was helpful

Additional training that would be helpful
- Techniques for dealing with lying, jealousy, stealing, accountability
- Understanding children with “sexual issues”
- Training about medications (and their effects)
- Trainings on different childhood mental health diagnoses and how to manage them
- A class that explains mental health [staff] positions and responsibilities
- How to respond to a child sharing personal info / responding to others in difficult situations
- Working with teenagers (e.g., peer pressure, non-electronic activity ideas)
- Incredible Years
- Training on reactive attachment disorder

Additionally, several providers mentioned having continued training and online updates. One provider suggested adding an extra week focused on SED respite (its uniqueness) into the pre-service foster parent training. One person noted that additional experience working with children who have SED would be helpful.

**Multiple providers noted that they already feel prepared or cannot think of any additional training they would find helpful.**

Suggestions for facilitating Preparation findings into recruitment & retention discussions:
- Experience seems to be important – are we recruiting people who have direct experience?
- While many people seem satisfied with the training, responses were often vague. What kind of training do we offer on medications? Specific diagnoses? Trauma? Interventions for difficult behaviors? Sexual acting out or inappropriateness?
Most Helpful Support Provided
Findings from August 2014 PRFC and respite provider surveys

Caseworker / Staff

- Caseworkers were the most frequently cited helpful support by both PRFC (9) and respite providers (7). A few PRFC providers also noted CMHC staff as helpful supports.
- Having a caseworker that is always available and responds quickly was also noted as helpful – particularly by respite providers (6)
- Respite providers (5) also noted that having open communication with their caseworker is most helpful

Own Family/Friends

- Only respite providers (3) noted that family or friends were helpful support to them

Child’s Parent/Family

- Four respite providers and one PRFC provider shared this type of support as being most helpful

Being told one is making a difference/Receiving praise

Other

- Visiting with other providers
- Classes provided
- Respite care
- Being included in planning and feeling role is respected by CMHC

Suggestions for facilitating Support findings into recruitment & retention discussions:

- What type of support can we/do we offer providers?
- Are staff being respectful of providers’ roles?
- Do providers have opportunities to visit amongst themselves?
- How often do we express our appreciation to providers? In what ways?
Provider Suggestions for Improving PRFC

Specific suggestions for improving PRFC fell into two main categories: Do Not Rush It and Re-Evaluate Procedures.

Do Not Rush It

“I think a less abrupt transition home from the provider family may help ease anxieties on the part of children and their parents.”

“Not pushing kids into PRFC so fast or extending PRFC time frames”

“Given more time to work with child”

“Make sure kids can stay long enough to truly get help. Some situations it seemed like it was rushed to get them back home and they weren’t ready.”

Evaluate Procedures

“More involvement with the parents, and having them keep a record just like we do on meds being taken. Have the full family history before you are in for a real shock.”

“Reduce the ongoing PRFC training requirements for established homes without significant incidents. Recognize the experience and training of these professionals. Do not set artificial time limits on the treatment plan; review often during plan of care updates on a case by case basis. Base plan on progress being made, recognizing the needs of the child and the child’s family.”

“Organizations must present it differently to parents and evaluate if the parents are actually trying something to change the home delivery. Education for the parents to decrease drama. PRFC homes must give two weeks’ notice to end a PRFC but parents can pick up a child at any moment. This lacks commitment on the part of parents and lacks support if a child becomes violent or disruptive. A new evaluation procedure must take place if either of these takes place.”

Note. One provider noted that additional training opportunities and resources would be useful. Several providers commented that PRFC was fine as is and needed no improvement.

Additional Feedback on PRFC

PRFC is Rewarding

“I know that this is a great service, and we are just proud to be a part of it.”

“Can be very rewarding at the end of the PRFC.”

“It’s a way of helping families and it’s very rewarding.”

Reimbursement needs to change

“Sometimes you feel like the money you get isn’t enough for the cost of food and essentials. But the joy of spending time with the kids and learning about them is grateful”
“I think it should have pay raises.”

“Provide for PRFC families [a] stipend even when no clients are currently needing service. PRFC is expected to provide service 24/7 but if no child is in need, how does family support the overhead. This could be handled with ongoing stipend with understand that X beds are held for PRFC clients.”

**Miscellaneous**

“Only that I feel children and families need these services. It's so important that they get their needs met in order for them to function in life in a positive manner with all the support they need. What could happen if they didn’t have these services? They need this help.”

“Give every child a chance.”

“More and more adults involved does not always give services that improve the situation. Children need time to make decisions and not become entitled to be entertained each and every day.”

**Reasons One May Consider Quitting**

“Parents see this as a babysitting service and want only the child to change.”

“When the administrative part becomes too burdensome.”

A change in family composition that makes providing PRFC more difficult.

*From August 2014 PRFC provider surveys*

**Suggestions for facilitating discussions on Suggested Improvement and Feedback on PRFC:**

- Regarding service timeframe:
  - How do we currently prepare PRFC providers for how service termination works?
  - Is the way we determine time limits being conveyed accurately and clearly to PRFC providers and parents?
  - Do we allow sufficient time to see progress at both homes? (PRFC & own home)
- Regarding service procedures:
  - How do we currently prepare parents to be involved in PRFC?
  - Do we have any procedures in place to help keep parents accountable to their role?
  - Are we training PRFC providers in parent engagement techniques?
- How do we handle early service disruptions (from parents and PRFC providers)? Should we adjust?
- Do adjustments need to be made to reimbursement? If so, is that an agency policy change or advocacy at the state level?
- What might providers find “administratively burdensome”? Are there adjustments that can be made?
Retention Plan (EXAMPLE)

**Goal:** Retain at least 90% of existing providers.

**Objective:** Providers will be supported and respected by both [CMHC] and [CPA]. On-going professional development opportunities will be provided (on-line and in-person) in a variety of skill/knowledge areas; childcare will be offered so that providers can attend in-person trainings. Crisis intervention services will be offered as well as on-going emotional support and supervision by a qualified mental health professional (QMHP).

**Activities:**
- Recognize individual resource families (with their permission) on social media outlets or within agency newsletters
- Send a thank-you letter or make a personal phone call for special efforts the resource family makes
- Hold a resource family recognition event co-hosted by [CMHC] and [CPA] in the month of May (National Mental Health Month and National Foster Care Month)
- Work together to identify resource family mentors for new resource homes
- Offer resource family support groups quarterly
- Develop a support plan with the resource family prior to (or within 48 hours) of service beginning (e.g., what type of supports are needed: child care?, respite care?, medical/mental health appointments?, transportation?, safety planning?, who to call for questions or support?)
  - Make sure all team members are aware of support plan
  - Update support plan as necessary
  - Provide frequent check-ins to ensure support plan is adequate
- Resource home will be visited by CPA staff *at least* once a month when a child is receiving services (at a time convenient for the resource family)
  - CMHC staff working with the child and/or child’s family will also schedule services/visits with the resource family
  - A QMHP will be in contact with the resource family *at least* once a month (phone or in-person) to provide supervision
  - CPA staff will have on-going contact with the resource family to offer support and guidance
- Include resource families in the treatment team meetings and respect their input
- Provide resource families with adequate information about the child’s current and prior history so they are able to perform their role well
- Offer on-going trainings to resource families and provide child-care options so they can attend

*Example adapted from Nebraska DHHS Foster & Adoptive Parent Recruitment Retention Plan.*
Retention Plan

Goal:

Objective:

Activities:
References


http://centervideo.forest.usf.edu/qpi/targrecrustrat/handout05.pdf


Helpful Websites


http://wifostercareandadoption.org/ToolsforWorkers/BestPracticeArticles.aspx

http://wifostercareandadoption.org/Portals/fcarc/Presentations/Recruit4Free.pdf

http://centervideo.forest.usf.edu/qpi/targrecrustrat/handout05.pdf

Goodman, D. Targeted Recruitment Strategies. Slides and video available from
http://centervideo.forest.usf.edu/qpi/targetrecruit/part1.html

National Resource Center for Diligent Recruitment at AdoptUSKids

http://www.nrcdr.org/