

Alternatives to Long-Term Residential Care Programs

The CEBC defines Alternatives to Long-Term Residential Care Programs as family-home-based or short-term residential programs that meet the clinical or therapeutic needs of children and youth in out-of-home care who were traditionally served in congregate care settings. Congregate care settings, in this context, could include group, residential, and community treatment facilities.

This topic area was created in response to California's [Continuum of Care Reform](#) efforts and an understanding that children who must live apart from their biological parents do best when they are cared for in committed and nurturing family homes. California's statutory and policy framework ensures that services and supports provided to the child, youth, and family are tailored toward the ultimate goal of maintaining a stable, permanent family. Reliance on congregate or residential care should be limited to short-term, therapeutic interventions that are just one part of a continuum of care available for children, youth, and young adults.

Alternatives to Long-Term Residential Care Programs topic area criteria:

- **Target population:** Children and youth with a need for a higher level of care who would typically have been placed in residential or congregate care settings; could also include the caregivers of these youth
- **Services/types that fit:** Home- or community-based clinical interventions, school-based services, short-term/time-limited residential interventions, parent training programs
- **Delivered by:** Resource parents, licensed clinical professionals, paraprofessionals, social workers, educators, and other child welfare related staff
- **In order to be included in this topic area on the CEBC:** Program must deliver either short-term higher level of placement services or services designed to be an alternative to placement in higher levels of care, or must train staff and/or caregivers to deliver these services
- **In order to be rated in this topic area by the CEBC:** There must be [research evidence](#) (as specified by the [Scientific Rating Scale](#)) that examines child welfare outcomes such as reductions in the use of higher levels of placement or occurrence of placement disruptions, and/or behavior-related outcomes for youth/children such as changes in behavior, symptom levels, and/or functioning.



The table below provides a summary of the rated programs currently listed in the [Alternatives to Long-Term Residential Care Programs](#) topic area. More detailed information can be found on the CEBC website.

Program	Target Population	CEBC Scientific Rating	CEBC CWS Relevance Level
Multidimensional Family Therapy (MDFT)	Adolescents 11–18 with the following symptoms or problems: substance use or at risk, delinquent/conduct disorder, school and other behavioral problems, and both internalizing and externalizing symptoms	1	Medium
Multisystemic Therapy (MST)	Youth, 12–17 years old, with possible substance abuse issues who are at risk of out-of-home placement due to antisocial or delinquent behaviors and/or youth involved with the juvenile justice system and their parents/caregivers	1	Medium
Treatment Foster Care Oregon - Adolescents (TFCO-A)	Boys and girls, 12–17 years old, with severe delinquency and/or severe emotional and behavioral disorders who were in need of out-of-home placement and could not be adequately served in lower levels of care, and their caregivers	1	High
Functional Family Therapy (FFT)	Youth 11–18 years old with very serious problems such as conduct disorder, violent acting-out, and substance abuse	2	Medium
Risk Reduction through Family Therapy (RRFT)	Trauma-exposed adolescents aged 13–18 years who experience co-occurring trauma-related mental health problems (e.g., posttraumatic stress disorder [PTSD], depression), substance use problems, and other risk behaviors (e.g., risky sexual behavior, non-suicidal self-injury)	2	Medium
Treatment Foster Care Oregon for Preschoolers (TFCO-P)	Preschool foster children aged 3–6 years old who exhibit a high level of disruptive and antisocial behavior which cannot be maintained in regular foster care, or who may be considered for residential treatment, and their caregivers	2	High

Program	Target Population	CEBC Scientific Rating	CEBC CWS Relevance Level
<u>CARE: Creating Conditions for Change (CARE)</u>	Child care staff, clinical staff, and agency administrators working with 6- to 20-year-old children and youth living in foster, group, or residential care or attending specialized day treatment or day schools	3	High
<u>Dialectical Behavior Therapy (DBT)</u>	Chronically suicidal youth with behaviors found in borderline personality disorder (BPD)	3	Medium
<u>Sanctuary Model</u>	This program is not a client-specific intervention, but a full-system approach that targets the entire organization with the intention of improving client care and outcomes. The focus is to create a trauma-informed and trauma-sensitive environment in which specific trauma-focused interventions can be effectively implemented.	3	Medium
<u>Stop-Gap</u>	Children and/or adolescents with disruptive behavior disorders (Conduct disorder, oppositional defiant disorder, attention-deficit hyperactivity disorder) living in residential treatment centers	3	Medium
<u>Teaching-Family Model (TFM)</u>	Youth who are at-risk, juvenile delinquents, in foster care, developmentally disabled, or severely emotionally disturbed; families at risk of having children removed	3	High

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