

DCJ rules and process guidance for Intensive Therapeutic Care (ITC) Homes and ITC Significant Disability Homes

For service providers

August 2023

Acknowledgement of Country

Department of Communities and Justice acknowledges the Traditional Custodians of the lands where we work and live. We celebrate the diversity of Aboriginal peoples and their ongoing cultures and connections to the lands and waters of NSW.

We pay our respects to Elders past, present and emerging and acknowledge the Aboriginal and Torres Strait Islander people that contributed to the development of these rules and process guidance.

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More information

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Acknowledgements,

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1. Overview

1.1 Purpose

Intensive Therapeutic Care (ITC) is the preferred, contracted model to provide residential therapeutic environments to children and young people requiring residential OOHC. Meeting the therapeutic care needs of all children and young people who need it requires collaboration across DCJ and service providers, working in partnership to share information and expertise, timely actions, utilizing available capacity and building system integrity.

This document communicates the framework for DCJ decision making in regard to key elements of the Permanency Support Program (PSP) Program Level Agreement (PLA) for Intensive Therapeutic Care (ITC). These key elements include ITC placements and contract volume.

1.2 Definitions

The table below is a list of terms, keywords and/or abbreviations used throughout this document.

Term	Definition
ITC	Intensive Therapeutic Care
CAU	Central Access Unit
CFDU	Child and Family District Unit
Children	In this document, the term children refers to both children and young people
Child and Family, Intensive Supports	DCJ Child and Family Directorate, the unit responsible for the ITC service model and budget
Contract Volume	The number of 2 and 4 bedroom ITCH and ITC-SD homes that a service provider has been contracted to deliver in an ITC hub under the PSP PLA.
CNP	Complex Needs Payment
Lead Contract Manager	In this document referred to as “Contract Manager”
ITCH	Intensive Therapeutic Care Home
ITC - SD	Intensive Therapeutic Care – Significant Disability
2-bed home	A property funded to provide 2 physical bedrooms available to children
4-bed home	A property funded to provide 4 physical bedrooms available to children
Hub	The ITC location or area in which the service Provider is contracted to provide an ITC service
PEP	Placement Establishment Payment

Term	Definition
PLA	Program Level Agreement
PSP	Permanency Support Program
Service Provider	ITC service provider

1.3 Scope and Application

This document is for ITC service providers and specifically relates to ITCH and ITC-SD homes.

This document should be read in conjunction with the PSP PLA and Schedules.

2. Preferred Home Configuration

The ITC service design is for children to live in group settings and wherever possible these are groups of four.

DCJ recognises that in some cases children may benefit from smaller configurations for a short period of time in order to support and stabilize children with high and complex needs. The 2-bed ITCH and ITC SD home model is intended to support children with more complex needs live in a shared home. Importantly, the 2-bed home model option is not intended to provide a funding mechanism to establish long-term individualised placements.

DCJ's preferred home configuration for ITC Homes and ITC Significant Disability is as follows:

1. 4 bed-home with 4 children;
2. 4 bed-home with 3 children and the 4th bedroom available for placement;
3. 2 bed-home with 2 children. Children in a 2-bed home need to continue to be supported to move towards a 4 bed-home where possible;
4. 2 bed-home with 1 child; the second bed must be available for placement referral.

Individualised placements will only be on an exceptional basis for a time limited period (see section 5 for further information).

3. ITC Contract Volume

DCJ uses the following principles when considering changes to ITC contract volume:

- **Maximising capacity in the ITC system** – to provide more children with high and complex needs access to the benefits of ITC
- **Physical amenity of each home** - such as the number of bedrooms
- **Groupings** - where possible, children are grouped in fours and vacancies are minimized
- **Minimising transitions for children** – maintaining placement stability and minimising disruption for children and young people currently in placement
- **Needs of the individual child** – considering the needs of each child and ability to group with other children

- **Enabling mixed houses** – enabling providers who deliver *both* ITCH and ITC-SD to provide placements for children in those service models in the one home.

3.1 Requests to change contract volume

DCJ and service providers may, in responding to ITC placement demand, require an increase, decrease or change in the quantity or types of homes delivered. This will be a change in the contract volume, also known as a contract variation. Situations where a contract variation is needed include:

- Increasing volume when a new house is established for planned new entries where the new home is over and above the service provider's contracted volume
- reducing volume if a house is closed and not replaced or if volume needs to be reduced
- changing configuration of contracted homes, for example, changing a 4-bed model home to a 2-bed model home.
- Moving volume between providers within the same Hub or between Hubs to meet placement demand where contracted capacity is not being utilized

Contract variations involve a level of stakeholder consultation and DCJ assessment of the following considerations:

- Current vacancies within the service provider's contract volume
- The likelihood of a service provider accepting referrals to a new property taking into consideration:
 - the number of recent referral declines by the service provider
 - the provider's capacity to source staff for a new or vacant home
- Current demand for ITC placements in the ITC Hub including the number of ITC eligible children in High Cost Emergency Arrangements (HCEA)
- Whether the CAU have planned new entries into ITC
- Whether the contract variation is supported by key DCJ stakeholders, including the CFDU, the contract manager and CAU

Process:

- If a service provider initiates a request for a contract volume variation, they should discuss with their contract manager.
- The contract manager will liaise with DCJ stakeholders including CAU, Child and Family and CFDU (where relevant).
- Contract volume changes must be approved by the relevant DCJ financial delegate (at Executive Director or Secretary level) and are formalised when DCJ issues a revised contract. DCJ will not provide funding for new homes or re-classifying homes between 2 and 4 bed models until approval is obtained from the relevant financial delegate. Child and Family manage the approval process.
- The CAU is the only entry point into the ITC system and CAU manage entry into and placement referrals for ITC. If a crisis occurs outside of business hours, and an urgent placement response is required, the contract manager and the CAU must be advised on the next business day. The CAU, will work with the service provider in making the final placement decision.
- Where a request for contract volume adjustment is sought, the contract manager will advise Child and Family who will seek approval from the relevant DCJ Executive financial delegate.
- If a contract volume variation occurs, the contract manager will notify ChildStory to make the required changes to ITC properties on the ChildStory system.

3.2 What is not a contract volume change?

Contract volume changes are not required in the following scenarios:

- A change in address of a home within the ITC Hub
- A change in property name

This is because the number of ITCH and/or ITC-SD homes remains consistent.

For example:

- A service provider has a contract volume of 1 x 4-bed home in suburb 'B' and 1 x 2-bed home in suburb 'C'.
- The lease on the 4-bed home at suburb 'B' has ended/is not being renewed. The service provider has not been able to find another 4 bed home in suburb 'B' but has found another suitable 4-bed home in suburb 'A', within the ITC Hub. This will mean that the Service Provider will now have 1 x 4-bed in suburb 'A' and 1 x 2 -bed in suburb 'C'.
- This is still within the contract volume for the service provider. This means that there will be no need for a contract variation. The service provider will need to advise their contract manager of the closure of the 4-bed home in suburb 'B' and the opening of the new 4-bed home in suburb 'A'. The contract manager will advise ChildStory Partner of these changes and will request that the changes be recorded in ChildStory. Once the property record has been updated, the service provider then needs to update the placement details of the children and young people on ChildStory
- The new 4 bedroom home will not be eligible for a Placement Establishment Payment (PEP) as it is not an increase to contract volume. Please see section 3.3 below for further information.

3.3 Placement Establishment Payment (PEP¹)

PEP is a single, one-off payment paid to ITC service providers by DCJ in recognition of the costs of establishing a new ITCH, ITC-SD home or ITTC home. PEP is paid for ITCH, ITC-SD and ITTC service types only.

PEP is triggered when a new home is opened over and above the contract volume of a service provider AND the additional home was requested by DCJ

This usually occurs when:

- the CAU/District supports and requests a service provider to set up a new home for planned new entries; AND
- this will mean that the service provider will be over its contracted volume; AND
- the service provider agrees to the request; AND
- The service provider's DCJ contract manager and DCJ stakeholders in the Hub in which the home will be set up are also supportive of the new home.

Example:

The service provider has a contract volume of 3 x 2 bedroom ITCH homes, meaning it is able to place 6 children in those homes (2 children per home). The CAU have asked the service provider if they can open up a new 2 bed home to accept the referral of 2 children already identified and ITC eligible (i.e., planned new entries) and the service provider agrees. Once consultation has occurred with the relevant DCJ stakeholders and approval has been obtained from the DCJ Executive, PEP is then payable in this instance as the service provider will need to increase its Contract Volume to 4 x 2 bed homes, thereby being able to accept 8 placements in total.

Service Providers are not eligible for PEP when:

- the home was already opened at the start of the contract period, 1 October 2022 and has consistently remained open and within contract volume;
- the service provider is opening a new home that is replacing another home and hence the contract volume remains the same;
- 4 bedroom homes being replaced by 2 x 2 bedroom homes.
- the classification of a property is changing from a 2 bedroom to a 4 bedroom property or from 4 bedroom property to 2 bedroom property (i.e. the physical property remains the same).

Example

The service provider has a contract volume of 3 x 2 bedroom ITCH homes. One of the leases is now up and the landlord is not renewing the lease. The service provider now has to look for another property to replace one of their homes. PEP is not payable once the replacement property is operational as the service provider is maintaining its contracted volume under the PLA to provide 3 x 2 bedroom homes.

¹ Please see section 3.4 of Schedule 3 "Payment Provisions" of PLA

4. Vacancy definitions for ITC homes

The ITC funding model introduced on 1 October 2022 changed contract volume to centre on number of ITC homes rather than number of placements as in the previous funding model. This funding model requires a more nuanced articulation of a vacancy than the previous funding model to enable more accurate system reporting and monitoring of current and future capacity. ITC vacancies have been defined below:

1. Available vacancy – represents an available bed for referral/placement in an existing ITCH or ITC-SD home
2. Unavailable vacancy – held bed for individualised ITC placement. A vacancy that cannot be utilised, because the Executive Director – CAU has determined against set criteria that a child or young person cannot be placed with another child or young person for a time-limited period (see section 5 individualised placements below). Approval is granted in very limited circumstances. This can only be in 2-bed ITCH or ITC-SD home where the second placement/bed becomes an approved held bed.
3. Unavailable vacancy - the ITC property is not compliant as it does not have the required number of physical bedrooms (for example, a property is funded as a 4-bed home however there are only 3 physical bedrooms available for placement).

DCJ acknowledges that, on a case by case basis, following exhaustive efforts, approval may be granted for a non-compliant home to be provided while active efforts continue to replace that non-compliant home with a compliant home. DCJ will continue to engage with service providers through contract management meetings to discuss active efforts and progress towards ITC home compliance.

5. Approval of individualised ITC placement (unavailable vacancy – held bed)

There are occasions when DCJ or service providers may seek approval for an individualised placement (approving the second bed in the home to be an approved vacancy – a held bed). **ITCH and ITC-SD Home service provision is intended to provide support and placements for children in group settings.** Approval of individualised ITC placements is limited to very specific circumstances and will be for a limited period of time to enable the young person to be supported, stabilised and then grouped with another young person.

The limited circumstances that children may require individualised placements are related to risks that impact on other children in the same home. The nature of the risk of harm may also be dependent on the previous experiences of the children already residing in the home.

A child or young person meets one or more of the following circumstances and those risks cannot be mitigated:

- a professional/clinical assessment identifies risk of sexually harmful behaviour that cannot be mitigated by strategies such as line of sight supervision or matching/grouping with other children with less vulnerabilities;
- a recent incident identifies the need for a professional/clinical assessment of risk of sexually harmful behaviour and the young person may need to be in an individualised ITC placement until the professional/clinical assessment is undertaken to understand risk and mitigation strategies
- engages in behaviour/s that are severely distressing to others, for example severe self-harm, frequent faecal smearing;

- a history of indiscriminate and significant violence towards peers that put other residents at high risk;
- extreme drug use that has a significant impact on others in the home;
- is a victim of sexual exploitation and there is risk of harm/vulnerabilities to others in the home being linked/drawn into that exploitation;
- significantly high needs where the young person is pregnant, child protection is involved and there is a combination of risks to either the young person, the unborn child or others in the home;
- court ordered individualised placement.

Requests for Individualised ITC placements can only be considered in 2-bed homes. The Executive Director responsible for the CAU is the only delegated DCJ representative able to approve requests for Individualised ITC placements and requests need to be made to the CAU.

If approved, the CAU will record the approval and end date for the individualised placement on ChildStory. The CAU will also determine the frequency of reviews for the placement. Approval for an Individualised ITC placement and holding a bed vacant can be approved for up to 6 months at a time.

Individualised placements can cease before the end of the approved period if there is a change in the child's circumstances or needs that enable them to be grouped with other children in a 2 bed home or 4 bed home. Service providers should advise the CAU of this as soon as possible.

5.1. Supporting evidence for requests for Individualised ITC placements

Documentation to evidence how the child or young person meets one or more of the specific circumstances for seeking an individualised ITC placement and how those risks cannot be mitigated will be required.

Evidence to demonstrate that the child or young person is receiving appropriate support and interventions to address the behaviours of concern or the plan to provide the required support and interventions will also be required

The agency requesting the individualised ITC placement (DCJ or service provider) will need to provide the CAU with:

- CAU Individualised placement referral form
- information about the child or young person's circumstances
- current risk assessments
- diagnostic and developmental reports (current working diagnosis)
- case plan
- behaviour support plan (or equivalent)
- NDIS plan if applicable
- incident summary covering the last 4 weeks, which includes information about how the service provider has responded therapeutically to support the child and guide the care team
- any reports and letters from mental health services and details on current interventions
- if any complex needs approvals are in place or requested

- immediate action plan until step-down plan is developed (and the date by which the step down plan will be developed)
- an outline of how the care team have provided a therapeutic response in line with 10 essential elements of ITC. Include details of mitigation strategies in place or planned and timeframes, outline of risks remaining that cannot be mitigated in a shared setting, and why
- Court orders if applicable.

Note: the action plan outlines what the ITC provider intends to do in the immediate period (up to 7 days) to support stabilisation and step down. This might include identifying what assessments and/or planning are required and what needs to occur to have a second child or young person reside in the home. The service provider may seek further information from the previous agency with case management responsibility for the child to develop this plan.

Please refer to the CAU Individualised Placement Fact Sheet and the ChildStory Community Partner Knowledge Article to record an Individualised Placement (*Partner: Create an Intensive Therapeutic Care (ITC) placement record knowledge article*) for further information on the referral process.

CAU will notify the service provider and contract manager of the CAU Executive Director's decision.

6. Further information

For further information and clarification of this framework, please contact your contract manager.

Permanency Support Program

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