

JOINT PLANNING AGREEMENTS IN REGION 2 **JANUARY 1, 1998**

INTRODUCTION

In 1995, districts in Region 2 identified the need to create new, more efficient, effective ways of serving children and families. Their desire was to create innovations which will allow them to carry out their mandates to protect children, strengthen and preserve families, and ensure permanency for children within the context of finite resources and increased opportunities for decision-making at the local level.

Region 2 districts identified “cross systems children” or “children referred for residential care” as the target populations for whom they most needed to create new and more effective service strategies. These are the highest cost population of foster children, in terms of actual service dollars expended. In addition, this is the population for whom permanency goals are most difficult to achieve; given that placement is frequently provided at a distance from the child’s family and community, casework is often centered on the child rather than the family, and aftercare services to support an early, safe, permanent discharge are not in place.

As important, districts described a gap in being able to access necessary placement within the region. Too often, when this population is in need of placement, the district is left with no option but to place the child outside the region or even outside the state, further reducing the possibility of easily reintegrating the child back into his or her family and community.

To address the need to serve children referred for residential care more effectively and efficiently, Region 2 social services districts, residential child care agencies, NYS OCFS, OMH, and OMR joined together in partnership to create new strategies for better meeting the needs of children referred for residential care. The partnership is rooted in the belief that the needs of these children and their families can be met here in Region 2, thereby eliminating or reducing the need to look elsewhere for placement. It is the hypotheses of the Joint Planning Committee that placing children closer to home will support greater family involvement, which in turn will facilitate shorter length of stay in out of home placement and smoother reintegration back into the community. As important, it is believed that the public and voluntary sectors can shape alternatives to residential care which will significantly reduce the need for high cost out of home placement. To this end, Region 2 has undertaken a joint planning venture focused on the target population described above.

I. PROPOSED OUTCOMES

Outcome of Joint Planning effort: *The public and private agencies of Region 2 agree to form a partnership to ensure that when children are identified as needing residential care:*

- ◆ *children are placed close to home*
- ◆ *families are involved in planning, treatment, and sharing of responsibility*
- ◆ *children are provided the setting most appropriate to meet their needs (family, group, residential)*

To accomplish this, partners will need:

- ◆ *Commitment to shared responsibility for meeting the needs of Region 2's children*
- ◆ *Assurance that effectiveness of service delivery for children and families as well as efficient use of resources are at the root of our deliberations.*

II. PRINCIPLES/VALUES

These principles and values are intended to serve as guideposts in both our work on individual cases as well as our work together to shape our service delivery system for children referred for residential care. In order to clarify these principles/values, there are certain "givens" that must be understood and kept in mind by all those operating under these guidelines. First, we must adhere to all laws and regulations that govern our work with families and children. Second, the safety of children must be maintained at all times. Third, we must recognize that families have responsibility for their children and themselves to the extent they are capable.

1. *Services will be culturally relevant and providers culturally competent.*
2. *Services will be driven by the needs of families and children.*
3. *Services will be strength based.*
4. *Families, as partners, will help shape decisions regarding assessments, plans, and implementation.*
5. *Public and voluntary agencies will share joint responsibility for meeting the needs of their community's families and children.*
6. *Children will be served as near to family and community as possible.*
7. *Every child will be discharged from service with a plan agreed to by all parties.*
8. *Length of service will be as short as possible in meeting needs based upon standards of quality.*
9. *Financial resources and their utilization will effectively and efficiently support these principles.*
10. *Service outcomes will be defined and measured.*

III. FAMILY INVOLVEMENT

The following recommendations are offered within the general parameters of preventive, residential and aftercare service. They may be further refined and hopefully upon implementation, will cause family involvement (commitment, empowerment) to increase and will improve a provider's ability to offer services.

- 1. All services will have as a primary orientation the family's strengths.*
- 2. All stakeholders will share a partnership orientation in developing and implementing an individualized family services plan. Family empowerment is the key.*
- 3. Individual stakeholder accountability must be maintained for the plan's success.*
- 4. The intensity of service provision for the family are as significant as those for the child and both will be provided in the most natural setting as possible.*
- 5. The case manager will be identified and their role clearly defined to ensure overall coordination of effort, and to prevent fragmented services.*
- 6. Every effort will be made to insure continuity of service personnel throughout preventive, pre-placement, placement and aftercare services.*
- 7. Children and families have a right to a "fair chance" philosophy (no greyhound therapy).*

IV. BED OPENING PUBLIC FOLDERS

In an effort to provide the local departments of social services with a mechanism for letting them know what agencies have bed openings, a public folder has been set up listing each voluntary agency in Region II. The residential child care voluntary agencies are responsible for entering and updating information as to the availability or anticipated availability of beds in their agency no less than once a week.

V. STANDARDIZATION/EXPECTATIONS OF ASSESSMENT/INTAKE

Recognizing that individual district and agency procedures vary, the following constitutes best practice in the Intake process. The goal is to expedite the process and secure an appropriate placement for the child. The following are the essential elements of an efficient intake process:

Intake: *Each placement agency will clarify intake procedures for all service programs. See appendices.*

Initial Contact:

- ◆ *Placing agencies will select the most appropriate setting for the child and initiate a referral to that agency, rather than sending referral packets to more than one agency thereby tying up Intake staff at placement agencies. If appropriate, the placing agency will initiate telephone contact to discuss the appropriateness of the prospective referral.*
 - a) *demographic information*
 - b) *reason for placement*
 - c) *presenting issues/behaviors*
 - d) *family involvement and expectations*
 - e) *legal status*
 - f) *time constraints*
 - g) *expected outcome*
- ◆ *In this telephone contact, staff from both agencies should discuss the feasibility of accepting this child into the program. A decision will be made either that this program is not appropriate to meet the needs of this child, or that the assessment/intake process should continue. Other placement/service options may also be discussed (for example, the voluntary agencies may propose accepting the child into a different level of care or into an intensive home based program).*

Referral Information

- ◆ *The placing agency should forward all relevant information for the placement agency to make a decision regarding placement. Minimally, this should include:*
 - h) *description of current circumstances/behavior, including child and family strengths as well as problems*
 - i) *social summary*
 - j) *psychological/psychiatric assessment, if one exists*
 - k) *school report(s)*
 - l) *probation reports, if appropriate*
 - m) *medical information*
 - n) *IQ and related behavioral information*
 - o) *legal information, court order*
 - p) *most recent UCR*
 - q) *any other pertinent data, including high risk behaviors to be considered in residential placement*
 - j) *a recommendation as to the necessity for a preplacement visit.*

Pre-placement Visit Expectations:

- ◆ *The preplacement visit can serve one of two purposes: it may be necessary in order to decide whether or not the program can meet the needs of the child. More often, the decision can be made based on the intake material, and the preplacement serves as a transition for the child from his previous placement to the residential facility, and to help the family understand what will be expected of them during the child's placement. At each point in the assessment/intake process, the public and voluntary agency staff should be clear with each other as to the need AND PURPOSE of the preplacement visit.*
- ◆ *Both the public agency caseworker and the family will be expected to accompany the child to the preplacement visit. (In some cases, it may be deemed more appropriate for the family to accompany the child on the day of placement, or both the preplacement visit and on the day of placement).*
- ◆ *During the preplacement visit, the placement agency will meet with the family and outline expectations for their participation.*

VI. EXPECTATIONS OF AND COMMITMENTS TO THE CLOSE TO HOME COMMITTEE

For children who are considered hard-to-place such that no single residential program in Region 2 can be expected to meet their needs, we have established a Region 2 Close to Home Committee. The purpose of the Close to Home Committee is to meet the needs of Region 2 children here in Region 2 (unless the child's service needs are sufficiently unique that placement outside the region or state is necessary for programmatic reasons). The Committee will consist of a standing member from each social services district, NYS OCFS, OMH, OMR and each residential agency in Region 2. The charge to the Committee is to make commitments to a case plan during the meeting, and not leave the room until a plan is made and committed to.

- *We agreed that we are empowering the committee to share responsibility for joint planning for children identified as hard to place in Region 2. That responsibility will require them to develop both immediate and long term plans for children referred to the committee.*
- *Workers will present information, see intake.*
- *Send out summaries prior to meeting. Include photo.*
- *We also agreed that we are encouraging the committee to think creatively in order to best meet the needs of children presented. This will likely require a shift in mental models; i.e. the committee members may need to "adjust their expectations". For these children, a patchwork quilt of wrap-around services may be required. The committee may need to commit to a short term*

emergency response and continue to develop a longer term solution. Residential care may not always be the result of joint planning.

- *The cost of these plans is capped at the cost of residential care.*
- *The committee members are empowered by their directors to authorize services on behalf of children and families. Each director is therefore expected to provide their committee member with any limitations or restrictions prior to attending the meeting.*
- *Each child-specific plan should be cognizant of the risk and liability the plan represents for the county with custody.*
- *Ultimately, the test of the plan will be whether or not it is adequate to meet the needs of the child and family.*
- *In addition, the committee is expected to work in a cost efficient manner, utilizing local and/or no cost services if these are available and appropriate. Good sense should prevail. Public and Private Agency Directors have agreed to be available to be contacted if an unexpected authorization is needed.*

VII. EXPECTATIONS FOR WHAT OUR KIDS NEED WHILE THEY ARE IN RESIDENTIAL CARE:

Laying the groundwork for success:

- *Districts agree to fully share known information at time of referral. A comprehensive assessment will have been conducted prior to the referral.*

Safety:

- *Child worries need to be dealt with openly, (i.e. will I get beat up by kids or staff? Will I be exposed to alcohol and drugs?)*
- *We agreed each placement agency will develop and maintain an updated individual safety profile on each child: example, sex offending behavior, intimidation behavior, toxic substance. Share safety plan with all relevant staff, including child care staff, copy to district.*
- *Roommate decision at placement: does this child need a single room? what does the safety plan tell us about roommate selection?*
- *What does the child population require in terms of staffing and structure? (i.e. awake overnight staff) Does this raise any issues regarding what is permissible and/or doable from a OCFS regulatory/reimbursable perspective?*
- *Placement agency will inform placing agency: what is in place to prevent injuries, both generally and child-specific? When there is an injury, how*

does the placement agency respond? How do they communicate to the placement agency regarding injuries? How do they communicate with parents regarding injuries?

- *Placement agency will inform placing agency: What is done to prevent AWOL's, both generally and child-specific? When there is an AWOL, how does the placement agency respond? How do they communicate to local district regarding AWOL's? How do they communicate with parents regarding AWOL's?*

Communication:

The basis for improving services to children and families seems firmly grounded in the effectiveness, regularity, and authenticity of communication between and amongst stakeholders. We discussed the need for communication in the following areas:

- *Assurances to parents regarding the safety and well-being of their child*
- *Communication of expectations to all staff who interact with child and family*
- *Message communicated to child regarding expectations, levels, etc.*
- *Understanding concerning how children represent their situation to agency and district staff and the need for agency and district staff to communicate openly about this.*
- *Communication/agreement on who can visit the child and how often*
- *Communication/agreement regarding when and how often the child can leave the facility for a visit*
- *Communication around injuries*
- *Communication around AWOL's*
- *Availability of training for new and substitute staff*

Treatment:

We have agreed that most children whom we place in residential level placement are placed because they need treatment. This treatment will be most effective if the district and agency maintain regular communication and work together toward agreed upon goals. The following represents expectations for the way we will work together in Region 2:

- *Treatment plans will be developed which respond to individual child and family needs*
- *The district and agency will communicate together around setting goals and objectives for children and families*
- *The initial treatment meeting will be conducted within first 30 days, district staff will attend. At this meeting, a decision will be made as to when and where to meet again. A decision will be made regarding the*

location and timing of the service plan review, and/or permanency hearing.

- *For most children coming into residential care, the district and/or agency needs to be prepared to provide treatment for drug and alcohol, both during placement and after the child has returned to his or her own community.*
- *We need to be creative in replicating structures that have worked successfully for the child while in treatment, when he or she returns back into the family setting. Suggestions include:*
 - *involving family in residential care, such as coming to spend dinner time at the cottage*
 - *involving child care workers in the child's home for role modeling*
 - *residential agencies provide training for LDSS staff to be able to reinforce structures once the child is back home*
- *We agreed that effective Reintegration Planning will include the potential for blow up after child is sent home, and how it will be handled in each case.*

VIII. INTEGRATION PLANNING AND SERVICES

The Joint Planning Committee is prepared to commit to a new, improved system of conceptualizing and delivering what we have historically called discharge planning and aftercare services. Our new approach will be rooted in the following principles:

- *In order for a child to successfully reintegrate into his or her family and community after residential placement, it is essential that the child never become disconnected from his or her home and community.*
- *When a child is discharged from residential placement, he or she will need to reintegrate into his or her family of origin, other family resources, adoptive family, a lower level of care than residential (i.e. step down plan), or into an independent living arrangement.*
- *To be successful, reintegration will require early and on-going planning.*
- *Reintegration planning and services will be structured with an intention of reducing the length of stay for children in residential care.*

The Joint Planning Committee has come to the following agreements which lay the groundwork for reintegration planning and services:

1. *Reintegration services are those community based services provided to the child and his or her family following a placement in residential care. Services will be customized to the individual family's strengths and needs and environmental supports and challenges to ensure successful transition from placement to the family and community.*

2. *In order to create a reduced length of stay for children in residential level care, reintegration planning at placement and throughout will be prompt and thorough.*
3. *Reintegration planning will be initiated upon agreement of placement among the family, the placing agency and placement agency at which time the following issues will be determined:*
 - A. *Projected discharge date*
 - B. *Permanency planning goal*
 - C. *Discharge resource options:*
 1. *to whom the child will be discharged:*
 - Family of origin*
 - Other family resources*
 - Adoptive family*
 - Lower Level of Care*
 2. *Independent Living*
 - D. *Visitation/Respite Resources*
 - E. *School placement upon discharge*
 - F. *Anticipated continuing needs*
4. *Reintegration planning is to be included as a standard item of discussion when developing and reviewing service plans.*
5. *The case manager is responsible for coordinating the participation of relevant parties necessary for the successful implementation of service plans. Relevant parties may include:*
 - A. *Family*
 - B. *Local district representatives*
 - C. *Voluntary agency representatives*
 - D. *School personnel*
 - E. *Judiciary*
 1. *Law Guardian*
 2. *Judges*
 - F. *Service Providers*
 1. *Health*
 2. *Mental Health*
 3. *Chemical Dependency*
 4. *Developmental disabilities*
 5. *Other*
6. *Local school districts play a significant role in ensuring the successful transition of the child to the family, the school, and the community. Therefore:*
 - A. *The local school district will be included in service planning at the time of and throughout placement, as well as in planning for reintegration.*
 - B. *Discharge will occur when most appropriate for the child, which may not be coterminous with the school year.*
7. *Reintegration planning requires collaboration to maximize available resources to meet individual needs of children and families, and to reduce*

identified barriers to successful transition of the child to home and community. The reintegration plan will include specificity regarding the roles and responsibilities of the family, the local district staff, and the voluntary agency staff. Reintegration planning will be mindful of safety issues for the child and the community.