



Policy: Matching Child to Proper Placement and Minimizing Disruptions in Placement/Step Down Transition Planning

ChildNet Number: CN 003.038

Original Approved Date: June 30, 2003

Policy Revised Date(s): February 04, 2004; March 3, 2010; November 19, 2010; July 9, 2014

Policy Sunset Date:

COA Standard(s): FKC 6.01, FKC 6.02, FKC 6.03, FKC 6.04, FKC 6.06, FKC 6.07, FKC 9.04, FKC 12.06, NET 5.01

Statement of Policy

It is the policy of ChildNet to place children entering care in the most appropriate and available living arrangement consistent with their needs. ChildNet ensures necessary services are in place to minimize placement disruptions and enhance placement stability. To effectuate these goals, ChildNet provides an array of services beginning at initial placement and continuing until permanency is achieved. Children are placed in licensed care when there is no available relative or non-relative caregiver willing and able to provide safe and appropriate temporary or long-term care. ChildNet's placement practices are tailored to support safety, permanency, stability and well-being within a culturally-sensitive framework. This policy sets forth the provisions regarding placement matching and stability and applies to all staff providing placement and case management services. ChildNet also recognizes the need for transition planning at the earliest possible point when the case's progress indicates the need for less intensive, less restrictive level of services, determining either a transfer or referral to other programs or the imminent discharge.

Board Chair's Signature:

Date:

07-29-14



Procedure: Matching Child to Proper Placement and Minimizing Disruptions in Placement

ChildNet Number: CN 003.038

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COA Standard(s): FKC 6.01, FKC 6.02, FKC 6.03, FKC 6.04, FKC 6.06, FKC 6.07, FKC 9.04, FKC 12.06, NET 5.01

Related Policies and Procedures

CN 003.042 - Behavioral Health Services

CN 003.032 - Keeping Siblings Together

CN 003.047 - Over Capacity Waiver

CN 004.022 - Indian Children

Statement of Procedure

In order to ensure that all placement matching and efforts to minimize disruptions facilitate the manifest best interest of the child, the following guidelines and procedures are performed consistent with, but not limited to the application of the provisions of Multi Ethnic Placement Act, Federal Indian Child Welfare Act, Florida Administrative Code and Florida Statute.

Procedure

The Intake and Placement Department, SafePlace, offers a nurturing and safe environment to children who come into care as they await placement. SafePlace is operational 24 hours a day, 7 days per week. All initial or replacement of children in shelter or foster homes is completed by the Intake Unit at SafePlace. Upon arrival at SafePlace, the child is comforted and receives any immediate medical attention. In Broward, every child age 3 and older, who is verbal, receives a Therapeutic Intervention Emergency Services (TIES) Assessment. In Palm Beach, every child age 5 or older, who is verbal, receives a Brief Behavioral Mental Health Assessment. The Assessor interviews and observes the child for any signs of additional maltreatments, mental health issues, and substance abuse problems, educational or developmental issues and recommends further evaluation when necessary.



I. Assessment for Placement

1. The Intake and Placement Advocate begins the placement process by gathering child specific information to assess for individual placement needs. The Intake and Placement Advocate reviews specific factors to aid in this assessment. These factors include age, sex, sibling status, ethnic and cultural background, physical, educational status, emotional and developmental needs, maltreatment, community ties and school placement.

ChildNet adheres to federal laws requiring that every placement decision be made without regard to the race, ethnicity, color, or national origin of the child or the adult with whom the child is to be placed. The selection and placement of a child into an initial or subsequent licensed foster care placement is never delayed or denied on the basis of the race, color, or national origin of the caregiver or the child.

2. When a sibling group is brought into care, The Intake and Placement Advocate makes every effort to place the children together consistent with the procedures set forth in CN.003.032 Keeping Siblings Placed Together.
3. The Intake and Placement Advocate makes efforts to place the child in a setting in as close proximity as possible to the caregiver with whom reunification is planned unless such placement poses a threat to the safety and well-being of the child.
4. The Intake and Placement Advocate arranges for the child to continue attendance in the school of origin whether the placement occurs between academic years or during an academic year, whenever possible. The Intake and Placement Advocate documents these efforts in the case chronological section of Comprehensive Child Welfare Information System (CCWIS) within 48 hours.

In the event the child is dissatisfied with a decision regarding school of attendance, the Intake and Placement Advocate or Child Advocate/Dependency Case Manager ensures that the appropriate actions are taken with regard to any appeal rights the child may have. Such action includes contacting the school board liaison, or submitting a legal request for the appointment of an attorney at litem.

5. In the case of an American Indian or Alaskan Native child, the Intake and Placement Unit and/or assigned Intake and Placement Advocate complies with the provisions of the federal Indian Child Welfare Act including the placement preferences mandated in the Act and adhere to the procedures set forth in CN 004.022 Indian Children.
6. Relative placements are explored thoroughly and aggressively prior to entry into foster care by the Child Protective Investigator. If a child is placed into foster care and no relative/non-relative has been identified, the Kinship Placement and



Support Supervisor or designee conducts a search using the Accurint Database for possible relatives/non-relatives.

7. The Intake and Placement Advocate gathers information pertaining to the child that includes, but is not limited to: documentation provided by the CPI through the course of the investigation, medical history, educational documentation and observations of the child. The Intake and Placement Advocate documents all information gathered in the case chronological section of CCWIS within 48 hours.
8. The Intake and Placement Advocate communicates with the TIES assessor for any feedback concerning the child's medical, mental health, behavioral and educational needs or other special needs and documents in the case chronological section of CCWIS within 48 hours.
9. Upon review of all gathered information, the Intake and Placement Advocate creates a profile to aid in the matching process.

II. Matching Process

1. The Intake and Placement Advocate uses the profile and referral form to begin contacting placement providers. If the child has not been identified as having special needs and no appropriate relative or non-relative placement has been identified, the Intake and Placement Advocate contacts traditional foster home providers for openings.
2. The Intake and Placement Advocate transmits the profile and referral form to all appropriate contracted providers. The Intake and Placement Advocate then calls to confirm receipt.
3. The provider is given two hours to respond, if no response is received, the Intake and Placement Advocate follows up with a phone call and/or email.
4. The Intake and Placement Advocate continues this process until a placement is identified.
5. The Intake and Placement Advocate documents all contacts with providers in the case chronological section of CCWIS within 48 hours.
6. The Intake and Placement Advocate exhausts all efforts to place in a foster home prior to considering group placements or alternative settings.
7. The home environment is considered when identifying a family and foster care homes will have no more than five children with no more than two children under age two or two foster children with therapeutic needs. See CN 003-047 Overcapacity Waiver Policy.



8. The Intake and Placement Advocate notifies the Director of Intake and Placement or designee of any circumstances requiring a waiver and initiates the process with the provider agency set forth in CN 003.047 Over Capacity Waiver.
9. Placement of child five years of age or younger in a shelter requires authorization from the Director of Intake and Placement or designee.

III. Placement of Children with Special Physical, Medical, Emotional, Educational or Developmental Needs.

For those children who require a higher level of care, ChildNet's system of providers encompasses a continuum of placement options and services designed to meet their needs. The Intake and Placement Advocate or Child Advocate/Dependency Case Manager initiates the process to identify a placement in the least restrictive setting to meet those needs for initial placements. When arranging for a replacement to a higher level of care, the Child Advocate/Dependency Case Manager coordinates with the Service Coordination Department for the necessary referral for consideration for these placements.

Depending on the level of care required the placement process differs. Director of Intake and Placement and the Program Officer or designee approve enhanced board rates within traditional foster homes. In addition, a suitability assessment and separate procedures apply for placement of children in settings designated as Residential Treatment Centers. The various therapeutic settings available include: Therapeutic Foster Homes, Therapeutic Group Homes, and Residential Treatment Centers which include both Specialized Therapeutic Group Homes and Statewide In Patient Psychiatric Facilities. These procedures are set forth in CN 003.042 Behavioral Health Services along with a description of service components and eligibility requirements.

1. If the Intake and Placement Advocate or Child Advocate/Dependency Case Manager becomes aware of an assessment identifying that a child has special physical, medical, developmental, educational or emotional needs, he or she begins the referral process to place the child in an environment that is the most appropriate and least-restrictive setting where those needs can be met.
2. The Child Advocate/Dependency Case Manager provides notification of the assessment to the child's custodial parent, the child's foster parent or relative or non-relative caregiver and the child's guardian ad litem, if appointed, as soon as possible.
3. The or Child Advocate/Dependency Case Manager documents notification provided to parents or others regarding a child's special needs assessment and results, any referrals for assessments and any referrals made as a result of assessments in the case chronological section of CCWIS within 48 hours. Throughout the process, the Child Advocate/Dependency Case Manager continues



to encourage caregiver participation in the assessment or medical evaluation process.

4. If after observation and gathering of information, the Intake and Placement Advocate or Child Advocate/Dependency Case Manager suspects that a child has a special need the following steps are to taken to address the need:

- a. **Mental Health or Substance Abuse Related Disorder.** Every child who is brought into out-of-home care is referred for a Comprehensive Behavioral Health Assessment (CBHA) upon intake. When the Child Advocate/Dependency Case Manager suspects or has identified a child as having a mental health or substance abuse related disorder, he or she determines if the child has had a CBHA within the last year. If the child has not had a CBHA within the preceding twelve months and the disorder suspected is a mental health or substance related disorder as defined in the DSM-IV-R, the Child Advocate/Dependency Case Manager completes a referral for appropriate mental health and/or substance abuse evaluation.

In the cases where the child previously has had a CBHA completed, the Child Advocate/Dependency Case Manager requests additional evaluations, as applicable. Upon completion of additional evaluations and receipt of recommendations, the Child Advocate/Dependency Case Manager reviews the case with the Senior Behavioral Health Services Specialist / Assistant Director of Service Coordination to determine if a higher level of care is appropriate and if so determined, begins the referral process, as needed.

If the Intake and Placement Advocate or Child Advocate/Dependency Case Manager suspects a special need that is not a mental health or substance abuse related disorder, he or she refers the child to the medical unit to ensure that an appointment is made to screen the child by the child's primary care physician or appropriate medical personnel for determination of the child's needs.

- b. **Educational Need.** If the Intake and Placement Advocate or Child Advocate/Dependency Case Manager suspects or identifies the special need as an educational need, he or she completes a referral to the child's school for further assessment. If the child already has documented special educational needs, the Intake and Placement Advocate or Child Advocate/Dependency Case Manager ensures that the child's school has been notified of such educational needs.

The Child Advocate/Dependency Case Manager reviews to determine whether the appointment of a surrogate parent for educational purposes is required and completes appropriate referral or legal request.



- c. **Medical Special Need.** If the Intake and Placement Advocate or Child Advocate/Dependency Case Manager suspects or identifies a child as having a medical special need, he or she immediately refers the child for a Children's Multidisciplinary Assessment Team (CMAT) staffing. If the CMAT refers the child for medical foster care services, the Intake and Placement Advocate coordinates with the Medical Foster Care program in the local area regarding arrangements necessary to meet the child's needs.
- d. **Developmental Needs.** If the Intake and Placement Advocate or Child Advocate/Dependency Case Manager suspects or identifies a child as having a developmental delay or condition, any documentation to support the need for developmental services is obtained and eligibility for developmental services applied for as soon as the need is recognized.

If there is any potential that a child may qualify for social security survivor benefits, social security disability benefits or Supplemental Security Income due to disability, the Intake and Placement Advocate or Child Advocate/Dependency Case Manager confirms that Revenue Maximization Unit has the appropriate information to submit an application for benefits on behalf of the child.

Once a disability has been determined, the Intake and Placement Advocate or Child Advocate/Dependency Case Manager provides the results of the assessment or medical examination to the proper placement authority as soon as possible for review of placement options.

5. Once a placement is identified, the Intake and Placement Advocate or Child Advocate/Dependency Case Manager coordinates the transfer of information between the caregiver, the physician, and the placement unit; and arranges the change of placement.
6. **Confidentiality of Records.** The following written statement is provided to the caregiver or provider: "This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of such information without the specific written consent of the person to whom such information pertains, or as otherwise permitted by state law."

IV. Minimizing Disruptions

Placement stability is paramount to child well-being. Placement moves are prevented to minimize trauma through supporting the child during removal by providing child specific

information to the foster family, arranging opportunities for the child to meet when possible with the family, and responding proactively to challenges associated with placement.



When no other suitable alternative placements exist and a child enters out of home care, measures must be in place to preserve the continuity of care and stability of placement. ChildNet strives to minimize the occurrence of disruptions by identifying the appropriate placement from the initial intake and providing a host of services to support both children and caregivers. A formal 30 day notice is required by caregivers when requesting that a child is removed from their home.

Children receive support from family and community members, foster parents/caregivers, Child Advocate/Dependency Case Managers, and identify development in the area of culture, race, ethnicity, language, religion and sexual orientation.

ChildNet's expansive network provides for the provision of an array of services that include but are not limited to: crisis intervention services, therapeutic services, behavior analyst services, and respite care. These preventative services can be put in place both in and out of the home consistent with the needs of the family.

In addition, ChildNet and its network of providers ensure that appropriate training is offered to caregivers to assist them in the day to day care of the children. These trainings address a multitude of issues surrounding child well-being.

ChildNet in conjunction with various providers offer specialized trainings to caregivers for children with special needs. When appropriate, experts are brought in to train on specific areas of interest.

ChildNet provides caregivers with 24 hour access to ChildNet staff or their designee to address any issues that arise concerning the child.

ChildNet also provides for the use of flexible funds in instances where additional resources are needed to support a placement.

V. Prevention of Disruption

1. If a 30 day notice is received by the Intake and Placement Unit from a provider, the Director of Intake and Placement or designee conducts a staffing with the Child Advocate/Dependency Case Manager and provider to determine what measures may be available to prevent recurring placement, responding proactively to challenges and conflicts associated with placement and assessing the need for changes, and documenting the justification prior to processing a replacement request.
2. In the event that there are services identified, the Child Advocate/Dependency Case Manager completes the referral for supportive services within 24 hours.



3. If the issues surrounding the placement are not related to the child needs, the appropriate follow up is taken by the Child Advocate/Dependency Case Manager and or Supervisor.
4. If it is suspected that the child may need a higher level of care, the Child Advocate/Dependency Case Manager initiates the process for evaluation. The Child Advocate/Dependency Case Manager reviews the case with the Behavioral Health Specialist to determine whether or not there are wrap around services that can be put in place to support the current placement.
5. If an issue arises concerning a placement breakdown for a child in non-licensed care, that is not the result of abandonment abuse or neglect, the Child Advocate/Dependency Case Manager reviews the case with the Child Advocate/Dependency Case Manager Supervisor to determine what services may be put in place to preserve the placement if doing so would be in the child's best interest and prevent and entry into licensed care.
6. The Child Advocate/Dependency Case Manager documents all efforts to stabilize placements in the case chronological section of SACWIS within 48 hours.

VI. Transition Plan

The caregiver/youth and the Child Advocate/Dependency Case Manager or Designee jointly develop the step down Transition Plan to ensure a smooth transition between placements and/or continuity of services. The Step-Down Transition Plan is developed at the earliest possible point when the case's progress indicates the need for less intensive, less restrictive level of services, determining either a transfer or referral to other programs or the imminent discharge. All persons involved in the case are actively involved and have a significant role in the transition planning process. Inclusion of the family, legally authorized representative, natural support system and local community are encouraged, when appropriate. A copy of the Step-Down Transition Plan must be provided to the caregiver/youth upon transition or discharge.

The Transition Plan must be a comprehensive document comprised of:

- a. Description of the case progress towards the case plan goals and well-being of the child(ren).
- b. Gains achieved during program participation including the strengths, abilities, preference and needs.
- c. Information on the medications when applicable
- d. Identifiable support systems that will assist during the transition (i.e. family, friends, peer support groups, association),
- e. Precise referral source information including location, contact name, telephone number, hours of operation and days of services
- f. Options available in case of recidivism/disruption



The Step-Down Transition Plan must be completed sufficiently in advance of case closing to ensure an orderly transition. However, since the decision of transition or discharge can only be forecasted upon the case's progress the latest that the plan can be in place is before transition and/or discharge occur.

In the case of the transition between placements, ChildNet ensures a smooth transition and minimizes the number of separations that a child experiences by:

Requiring all parties to provide at least 30 days formal notice prior to any move;

- a. Identifying new families with suitable skills and characteristics to meet the child's needs or referral additional therapeutic or other needed services;
- b. Supporting the child during the change process;
- c. Avoiding cyclical placements and minimizing other planned or administrative disruptions;
- d. Providing child-specific information to the prospective family and arranging opportunities for the child and prospective family to meet when possible;
- e. Responding proactively to challenges and conflicts associated with placements; and
- f. Assessing the need for placement changes and documenting the justification.

President's Signature:

Date:

7/17/18