Out of Home Care

Guidelines for making planned and goal directed placements for children in OKDHS custody
Choosing a Path

- Pharmacology Referrals and Consults
- Therapeutic Foster Care
- Developmental Disabilities Services Division Services and Placements
- Group Homes
- Specialized Community Homes
- Inpatient
  - Acute Care
  - Residential Treatment Centers
Continuum of Care

- Own Home
- Kinship and Traditional Foster Care
- Specialized Community Homes
- DDSD Specialized Foster Care
- Level B and Residential Maternity
- Level C
- Therapeutic Foster Care
- Level D and Agency Companion Services
- Level D+/T
- Level E
- Inpatient Psychiatric Care:
  - Acute and RTC (not placements)
Medication

• Receipt and Release of Prescription and Over-the-Counter Medication(s)
  Form 04MP012E (DC FS-92)

• Pharmacology Review and Consult Process
Therapeutic Foster Care
TFC

Therapeutic Foster Care

- Residential behavioral management services
- Provided in a specialized foster care setting for a child or youth.
TFC Contractor

Therapeutic Foster Care Contractor

- Licensed child care agency
- Meets OKDHS and OHCA requirements
- Provides residential behavioral management services in a foster care setting.
OHCA

Oklahoma Health Care Authority

- The entity designated for administering Title XIX Medicaid reimbursement
- Responsible for the establishment of medical necessity criteria for children and youth receiving therapeutic foster care services.
Therapeutic Foster Care

• Therapeutic foster care
  - (TFC) serves children, three through 18 years of age

✓ Meet medical necessity criteria;
✓ Accepts and responds to close relationships within a family setting;
✓ Require more intensive behavioral health services than available in traditional foster family settings; and
✓ Do not require 24-hour awake supervision
✓ Available supports and services failed or are not available in their established placement
TFC Placement Process

• Consult with supervisor on the child’s behavioral and mental health needs
• Obtain initial approval for TFC services from OHCA at 1-800-522-0114 or 405-522-7597
• Enter a placement recommendation in KIDS with supervisory approval
• Coordinate referral information with Resource Coordinator for dissemination to TFC agencies
Child Welfare Responsibilities

CWS worker assigned to the child:

- Transports child to TFC intake meeting
- Provides TFC agency with required information
- Establishes time/place of Initial Treatment Plan meeting
- Participates in all Treatment Plan meetings and TFC staffings
DO NOT contact TFC homes directly to seek placements!

DO NOT bypass the resource coordinator

DO NOT ignore Treatment Plan Meetings!
Jointly Approved Resources

• Contracted foster care (CFC) for step down, siblings, and child of a minor parent in TFC, and child returning to previous placement following failed permanency effort

• Dual Certification with traditional foster care or adoption resources
Partnership between CWS and TFC agencies

CWS
• Participates in all treatment planning
• Includes TFC in FTM and all staffings
• Notifies TFC of court dates
• Notifies TFC of goal changes
• Includes TFC in adoption planning

TFC
• Participates in FTM and staffings
• Provides treatment updates and status reports for court reviews and attends court as needed
• Supports permanency plans for the child and the child’s connections
Just a little bit more.....

- Safety
- Disruptions
- Respite
- NOCL?????
  (notice of child location)
- Third Child Placements
- Use of day care
Developmental Disabilities Services

Services and Placements
Federal Definition of Developmental Disability

- Developmental disability is a term that includes disabilities that occur in the developmental years (before age 22).
- It can be physical or mental impairment or both. Some examples are epilepsy, cerebral palsy, autism, etc.
- A person will have substantial functional limitations in three or more areas of major life activities:
  - Self-care
  - Receptive and expressive language
  - Learning,
  - Mobility
  - Self direction
  - Capacity for independent living and self sufficiency
DDS Parameters

- DDS has limited program capacity
- Waiting list for services to the general public is long – CWS custody bypasses the waiting list
- DDS services can follow a child into adulthood for lifetime support
- DDS must identify an unmet need in order to open a case
Developmental Disabilities Services

- Serve persons ages 3 and up who have a primary diagnosis of Intellectual disability (IQ of 70 or below) and may have other developmental or physical disabilities

Eligibility for Application
- Receives Social Security
- Psychological with full scale IQ of 70 or below
- Age 3 and up

- Child Welfare Specialists (both CPS and PP) have primary responsibility to make application for DDS services for children in custody
DDS Application Process

- Review Checklist Form- 04MP013E (DCFS-127)

Eligibility Packet
- Psychological Evaluation
- Request for Developmental Disabilities Services Form 06MP001E (DDS-1)
- CW Request for DDS Needs Assessment Form 04MP028E (DCFS-123)
CW/DDS Checklist

To guide you in discussion and case planning with your supervisor.

State of Oklahoma
Department of Human Services
Child Welfare/Developmental Disabilities Services Checklist

<table>
<thead>
<tr>
<th>Child</th>
<th>Date of birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>County of jurisdiction</td>
<td>KK number</td>
</tr>
<tr>
<td>Custody status: □ Emergency □ Temporary □ Permanent □ Trial adoption</td>
<td></td>
</tr>
<tr>
<td>Child Welfare (CW) county of jurisdiction worker</td>
<td>Phone ( )</td>
</tr>
<tr>
<td>CW supervisor</td>
<td>Phone ( )</td>
</tr>
</tbody>
</table>

Note: Children in Oklahoma Department of Human Services (OKDHS) custody who have mental retardation may be eligible for Home and Community-Based Waiver Services (HCBWS), per OAC 317:40-1-1. CW workers have primary responsibility to make application for Developmental Disabilities Services Division (DDSD) services for children in OKDHS custody.

Identification.

Child in OKDHS custody must:

- be three years of age or older for HCBWS; and
- have an intelligence quotient (IQ) of 59 or less; or
- have an IQ between 60 and 75, with a significant secondary disability, for example, visual impairment, hearing impairment, autism, or cerebral palsy, as determined by Social Security Administration or Oklahoma Health Care Authority (OHCA) Level of Care Evaluation Unit.

Request for needs assessment.

CW worker:

- staffs child’s needs with CW supervisor, per OAC 340:75-8-36;
- contacts DDSD area staff servicing the child for application. DDSD area intake offices are:
  - Area I 1-800-522-1064;
  - Area II 1-800-522-1075; and
  - Area III 1-800-522-1086;

- completes Form DDS-1, Application for Developmental Disabilities Services, and attaches Form DCFS-123, CW Request for DDSD Needs Assessment.

OKDHS issued 6-10-2005 04MP013E (DCFS-127)
Psychological evaluations must have been completed within the last 12 months and include:

- IQ rating
- Adaptive Functioning Assessment
- Intellectual Disability Diagnosis
Request for DDS aka: The Application

To be completely, completed to completion. No, seriously.
Needs Assessment

Allows the DDS case manager to meet your child face to face.

CW specialist requests the needs assessment

DD case manager completes the assessment

State of Oklahoma
Department of Human Services

CW Request for DDSD Needs Assessment

The Child Welfare (CW) worker completes this form to refer a child in Oklahoma Department of Human Services (OKDHS) custody for services from Developmental Disabilities Services Division (DDSD).

Date

Child
Date of birth
Social Security number

Gender

Male  Female

KK number
Custody status

CW worker
Phone

CW supervisor
Phone

Current placement provider
Phone

Initial request.
Attach this form to Form 08MP001E (DDS-1), Application for Developmental Disabilities Services.

Subsequent request.
Child’s needs have changed.
Brief history of CW involvement:

Child’s placement plan:

Indicators that child may have mental retardation:

Child has a current psychological diagnosis/intelligence quotient (IQ):
Diagnosis/IQ: □ Yes □ No

Child determined eligible for Supplemental Security Income (SSI):
□ Yes □ No

Routing: Original - DDSD
Copy - CW case record

OKDHS Issued 5-26-2006
04MP028E (DCF0-123)
• Routing Eligibility packet

• Send to Area (determined by the jurisdiction of the CW case)
  o Area I- 800.522.1064
  o Area II- 800.522.1075
  o Area III- 800.522.1086
Developmental Disability Services

• **DDS services are provided in:**
  o Own home
  o Foster home
    • Traditional foster care
    • DDS specialized foster care
  o Adoptive home
  o Group home

  Not Inpatient Care
Developmental Disabilities Service Options for children in OKDHS custody

- Specialized Foster Care
- Agency Companion
- Level D Group Homes
Specialized Foster Care

Specialized foster homes are developed, trained, and managed by DHS DDS staff.
Agency Companion Homes

- Provided to one individual in the home in which the service provider resides

- Individualized living arrangement offering 24 hours a day supportive assistance and training in daily living skills

- 24 hour awake supervision is not provided
Level D:

Child Welfare/DDS Group Homes

- Serve youth in custody receiving developmental disabilities services and approved by DD and CW programs staff through Grand Staffing
- Habilitation Training Specialist (HTS) services are provided in a structured environment with 24-hour awake supervision
- DDS services are provided per each resident’s Individual Plan
- Individual and group therapy are provided a minimum of one hour per week
Preparing for Adulthood

• DHS custody Youth receiving developmental disabilities services participate in Independent Living services beginning at age 16.

• 90 Day Transition Plan is completed at FTM 120 days prior to youth turning 18.

• When DHS youth in custody receiving developmental disabilities services reach 16:
  • The DDS plan is reviewed for transition to adulthood
  • The Capacity Assessment for adult guardianship is completed
Accessing Agency Companion homes and Level D group homes

- Grand Staffing is conducted monthly by DDS and CWS to review, assess, and determine service and placement needs for children who cannot be served in traditional family settings.

- Child Welfare Specialist or DD Case Manager will complete the Grand Staffing Referral using form 04MP035E (DCFS-120) to request placement in Agency Companion or Level D group home.

- These services cannot be accessed through KIDS.
Worker Roles and Responsibilities

340-75-6-39

- Custody children receiving developmental disabilities services are jointly served by:
  - Child welfare
  - DDS

- CW and DDS staff work together to identify and develop the best long-term plan
Children with developmental disabilities may be more vulnerable to child maltreatment, requiring closer coordination and collaboration between Child Welfare Services (CWS) and Developmental Disabilities Services (DDS) upon receipt of a child abuse or neglect report. When a Child Welfare (CW) specialist encounters a child who has a diagnosed or perceived developmental disability, medical issue, or both, the CW specialist may seek consultation with DDS.
Partnership Between CWS and DDSD

CWS
- Participates in all service planning with DDS
- Includes DDS in FTM and all staffings
- Notifies DDS of court dates and goal changes
- Includes DDS in adoption planning
- Continues to visit the child and maintain phone contact

DDS
- Participates in CWS FTM and staffings
- Provides treatment updates and status reports as needed
- Supports permanency plans for the child and the child’s connections
- Visits the child and provides contact information to CWS
Residential Placements
Specialized Placements & Partnerships Unit - SPPU

- Maintaining Connections
- Planning & Coordinating Placements
- Placement Types
- Crisis Stabilization
- Inpatient Mental Health Care
- Worker Roles & Responsibilities
- Assessing Child Safety
Maintaining Connections

- Maintaining connections for youth in above-foster care is critical.
  - Siblings, parents, grandparents and former foster parents
  - Attorney, CASA, Guardian Ad Litem, Tribe
  - Teachers, Coaches and other non-traditional persons (shelter workers, group home staff, etc.)
How Connections Are Maintained

- CWS workers promote connections through:
  - Permitting children to call/write to important persons
  - Supporting visits & passes with family, siblings, friends and others
  - Establish safety plans that promote frequent trips for cultural events and celebrations
Why YOU’RE Important!

• Facilities require workers to authorize all contact and communications (may also include a therapist’s co-approval)
• Some form of communication should always be possible—Phone calls, letters, day/overnight/weekend passes, school activities, sibling visits, family/parental visits, or other special off-site events attended by the facility
• You have the most knowledge about the child, the family, their history and the legal case!
Coordinating the Placement

Placement changes are...
Effective Placement Planning

- Things you can do to help make transitions feel more safe for the young person
  - Listen
  - Understand
  - Be honest and consistent
  - Build trust
  - Respond
Above Foster Care Placements
Level B

Enriched Congregate Residential Care

- Socialization experiences through group living
- Learning through life experiences
- 24-hour awake supervision is not provided
- Residents served have minimal behavior problems
- Murrow Indian Children’s Home meets the Indian Child Welfare Act Placement Preference
- Non-Funded Providers may require church attendance by custody youth & family
Residential Maternity Services & Infants (RMS) - Funded

• This program (RMS) serves pregnant females, regardless of custody or age.
• This program focuses on planning for the client and baby before and after delivery, parenting skills and independent living skills.
• Mother and infant may return to this program for up to 45 days after delivery to finalize living arrangements.
Residential Maternity Services & Infants (RMS)- Non-Funded

- OKDHS provides:
  - Medicaid card
  - Quarterly emergency clothing vouchers
  - A $40 monthly allowance for all residents
  - Infants are given a $10 allowance monthly.

- Usually faith-based programs require:
  - The child/youth and parents (if the child/youth is still in temporary custody) to agree to church attendance
Level C: Specialized Residential Care

- Residents served are boys ages 12 to 17 that have moderate behavior problems.

- Behavioral problems addressed through a primary focus on residential, daily living issues rather than clinical interventions.

- 24-hour awake supervision is not provided.

- Individual counseling is provided as needed and group counseling is provided one hour per week.

- Non-Funded Providers may require church attendance from the child & family.
A SCH is a familial structured program for four custody children operated by an individual in his/her own home.

The operator provides:
- Cultural enrichment
- Independent living skills training consistent with each child's treatment plan
- Accesses educational opportunities in public schools; and
- Provides or obtains counseling for residents

Each SCH program serves a specifically defined population.
Level D+ Group Homes

- Primary goal of services is the remediation of behavioral or emotional problems through a focus on therapeutic issues.
- 9-month on-campus school
- Structured environment with 24-hour awake supervision
- Residents served exhibit extensive behavioral and/or emotional disturbances, but generally are less aggressive to others than those residents served in Level E programs
Level D+ Group Home-Services Provided:

• Daily
  o Redevelopment of basic living skills and social skills

• Weekly
  o Minimum of one hour individual therapy
  o Minimum of two hours group therapy
  o Clinical consultation available minimum of two hours per week
  o Family therapy
OKDHS Operated Group Home

• The Deborah Rothe Girls' Group Home is an eight (8) bed program for teen girls with a focus on preparation for independent living.
  - Residents attend public schools
  - Employment is encouraged
  - Child care assistance on-site

• 24-hour awake supervision is provided.
Level “T” Group Home

• Same requirements as a level D+ group home.

• Created especially for Tulsa Boy’s Home to accommodate funding/bed limit restrictions.

• Appears in resources as a Level T (when making requests in KIDS).
Level E: Specialized Residential High Intensity Treatment Program

• Serve severely emotionally disturbed youth who exhibit excessive anti-social and aggressive behaviors to self or others

• Intensive treatment services are provided in a staff intensive, highly structured environment with 24-hour awake supervision
Level E: Specialized Residential High Intensity Treatment Program Services Provided:

- **Daily**
  - Redevelopment of basic living skills and social skills

- **Weekly**
  - Minimum of one hour per week individual therapy
  - Minimum of two hours per week group therapy
  - Recreational therapy
  - Family Therapy

- **Year-round**
  - On-campus educational program required
Crisis Stabilization
Crisis Stabilization Programs

- Intensive Treatment Services (ITS) – Tulsa: 918-492-8200
  - 72 hour crisis stabilization services
  - 6 beds contracted by OKDHS
  - Not a placement
- Red Rock BHS* – OKC: 405-522-8100
- The Calm Center* – Tulsa: 918-394-CALM (2256)
- Children’s Recovery Center* – Norman: 405-364-9004

*Department of Mental Health Crisis Stabilization Programs often require the child to screen for RTC
Services Provided at ITS:

• 72-hour residential crisis intervention in a licensed residential facility;

• Case management services;

• Backup support to crisis intervention staff 24 hour a day 7 day/week by a licensed mental health professional;

• Psychiatric diagnostic and evaluation.
Residential Substance Abuse Programs

- Tulsa Boy’s Home – Tulsa: 918-245-0231 Ext. 1006
- Fort Reno Adolescent Center – El Reno: 405-264-5594/405-262-0202
- Children’s Recovery Center – Norman: 405-573-3998
- White Horse Ranch – Mooreland: 580-994-5649

Each are a 90-Day Program (minimum) & Require Voluntary Participation
Shelters

- Pinnacle Plan Requirements Regarding Shelter Admissions

- Non-OKDHS Shelter Providers
  - OJA Contracts with Youth Services

- OKDHS-Operated Shelters
  - Pauline E. Mayer, OKC
  - Laura Dester, Tulsa
Checklist

• “Where Do You Go From Here” includes a step-by-step guide to placing a child in residential care (Group Homes)
Worker Duties

• Roles and responsibilities when child is in group home care: Pages 32-33

• Information to be given to Placement Providers for Residential Care Settings: Pages 34-35

• Requirements for Placement Worksheets in KIDS: 53-66
Psychiatric Inpatient Services

• Acute Care

• Residential Treatment Care
Inpatient Mental Health

340: 75-16-30

• Acute Psychiatric Care
  o Inpatient mental health treatment for youth requiring intensive treatment
  o Secure settings
  o Restraints or medication interventions are approved only to prevent imminent danger of harm to self or others
  o “Time Outs” may be offered as a coping skill for the child
Inpatient Mental Health

340: 75-16-30

• RTC - Residential Treatment Care
  o Non-secure facilities
  o Located in hospital or non-hospital setting
  o Physical and drug restraints approved only to prevent imminent harm to self or others
  o “Time Outs” may be offered as a coping skill for the child in crisis

• Not A Placement
Inpatient Mental Health

Oklahoma Healthcare Authority – www.okhca.org 800-987-7767, Option 6 (Behavioral Health); 8 am – 5 pm M-F

Pharmacy Help Desk – 800-522-0310, Option 4 8:30 am – 7 pm M-F; Sat. 9 am – 5 pm; Sun. 11 am – 5 pm

Behavioral Health – assistance locating area mental health services 800-652-2010

Poison Control Center – 800-222-1222

Checklist on Page 86-87
Assessing Child Safety
Assessing Child Safety in Above-Foster Care Settings

• What does “safety” look like?

• What should you expect from the providers?

• What should you do?

• Who else can help you?
Assessing Safety

• CWS worker has a shared responsibility to help monitor safety for children placed in above foster-care settings
  o Understanding the role of the facility
  o Understanding the role of the liaison
  o Advocating for the child’s needs
  o Being “O.P.E.N”
Becoming OPEN

- **O** – Observable & Transparent
- **P** – Professional
- **E** – Engaging
- **N** – Needs-Focused

  - How can you demonstrate being “OPEN”?
  - What would you expect from the facility in terms of being “OPEN”?
The Facility’s Role in Safety Assessment & Planning

- Notification
  - CWS Worker
  - Facility Liaison
  - Law Enforcement
- Documentation
  - Incident reports
  - Reports to Specialized Placements & Partnerships Unit & the OKDHS Hotline
- Compliance with OKDHS contract
- Compliance with licensing standards
  - Oklahoma Healthcare Authority
  - OKDHS Licensing
The Worker’s Role in Safety Assessment & Planning

• Notification
  o Full disclosure
  o Report concerns & follow-up

• Documentation/Reporting
  o Document concerns, discuss with facility and/or liaison
  o Consult about safety concerns/planning

• Compliance with OKDHS Policies & Practices
  o Regular face-to-face contact with the child at the placement
  o Participate in treatment planning and treatment team meetings
Bringing It All Together

- **Safety**
- **Well-being**
- **Permanency**
  - Should be the goals of any and all placements
  - Placements should be planned and goal directed
  - Help children transition from one setting to the next
Making Placements Work!

- Placements work best when workers...
  - Attend in person for....
    - Admissions/Intakes
    - Treatment plan meetings
    - Treatment team meetings
  - Prepare for discharge at intake
  - Ensure all transitions are...
    - Thoughtful
    - Planned
    - Intentional
Thanks for all you do for children and families!