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	Policy Title:	Residential & Group Home Placement Policy			
	Policy Number:	Post-Custody Policy 002	Version:	1	Effective Date:

Approved By: YFS Operations Team

Date: 07/12/2018

Overview

Description: The residential and group home policy seeks to provide instruction in placing children in YFS custody in therapeutic residential and group home care.

Purpose/Rationale: The purpose of the document is to guide the existing process regarding residential and group home placement and to set parameters and guidelines for such placement. This policy relates to the agency's mission, practice model, and values in that it seeks to address keeping children safe, working in teams with the family and child/youth, and partnering with community agencies. The following placements are considered residential and group home: group home (level II and III), emergency mental health, residential Level IV Psychiatric Rehabilitative Treatment Facilities (PRTF), semi-independent living facilities, and emergency shelters.

Applicability: YFS social workers, social work supervisors, managers, director and deputy directors, Resource Development.

Considerations:


Least restrictive options must be explored first. See if the child can be maintained in a kinship placement with wraparound services in the home prior to seeking residential and group home placements. Non-therapeutic placements that are Level I such as family foster care, kinship, and emergency shelters can be used while waiting for authorization of residential and group home approval. Biological parents must be included in the placement process every step of the way unless parental rights are terminated.

For the purpose of YFS, the term "placement" is to mean where a child resides; however, group and residential settings are considered "treatment" based on a medical necessity.

Definition(s):

Residential Level IV/Psychiatric Rehabilitative Treatment Facility (PRTF): A locked treatment facility for individuals with mental health diagnosis that are clinically severe enough to meet this need.

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Group Home Level III: Structured group setting with 24-hour awake staff, with a small group of youth that have a mental health diagnosis that clinically meets this level of care.

Group Home Level II: Less structured group setting without 24-hour awake staff, with a small group of youth that have a mental health diagnosis that clinically meets this level of care.

Non-Therapeutic Placements: Level I placements such as kinship placements, emergency shelters and family foster care. These placements are family-like out-of-home settings that do not require medical necessity.

Semi-Independent Living Facilities: Group home that provides a transitional living experience for older adolescents preparing for independence.

Emergency Mental Health inpatient: Emergency health response can assist with individuals who have experienced or recently experienced a mental health crisis in which the individual is at risk of harming themselves or others.

Comprehensive Clinical Assessments (CCA): Clinical tool used to assess for mental health diagnosis and treatment that is completed by a licensed clinician.

Independent Psychological Assessment (IPA): Clinical tool used to assess for mental health diagnosis and treatment that is completed by a clinical psychologist at Teen Health. It also includes intellectual testing and a comprehensive review of medical and educational records.


Clinical Home: The identified mental health service provider that links, provides, and manages the youth's treatment and services.

Emergency Shelters: Temporary group placement that can be secured without much notice for youth.

Least Restrictive: Most family-like setting available and in close proximity to parent's home, consistent with the safety and best interest, strengths and special needs of the child. (<https://www.2.NCDHHS.gov>)

Person Centered Plan (PCP): Is an ongoing problem-solving process used to help individuals with a diagnosis choose the methods and resources to find their own pathways to success. It establishes goals for the individual to work towards and assess progress.

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Behavioral Health Division (BHD): An internal self-directed, cross-functional team that provides behavioral health consultation, technical assistance, and expertise to the departments within the county's consolidated human services agency. (www.MeckNC.gov)

Cardinal Innovations Healthcare: Mecklenburg County's Local Management Entity (LME) and Managed Care Organization (MCO) for substance abuse treatment and Mental Health/Developmental Disabilities services to Medicaid recipients. (www.cardinalinnovations.org)

Failure to Comply:

Not adhering to this policy in a timely manner may result in an increase in number of placements for youth, increasing the length of youth's time in care, and delaying permanence for youth.

Policy:

This policy lays out the steps and procedures for pursuing residential and group home placements for youth that are not appropriate for non-therapeutic placements.

Procedure(s) that apply:


Criteria

- After all kinship options have been exhausted and found to be inappropriate, this policy is then able to be considered.
- A Comprehensive Clinical Assessment (CCA) or IPA recommending therapeutic services such as: Residential placement (Level IV), Group home placement (Level III), and Therapeutic group setting (Level II).
- Consult with BHD. See referral process.
- Moving up levels requires an updated CCA recommending the required service and that demonstrates that the child meets criteria for that service.
- Placement change CFT's are required prior to a change in placement.

Special considerations:

If there is a therapeutic recommendation, consider maintaining foster care or kinship care and adding wrap around services offered in the home.

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Level IV Emergency Placements

Require post custody Deputy Director approval. Efforts need to be provided to SWS and SSSM. Staff with SWS and SSSM. Contact Deputy Director via email/phone to staff.

Securing Placement

- The clinical home would be responsible for searching for and requesting authorization for therapeutic enhanced services. If there is no clinical home then a Cardinal Care Coordinator will need to be requested to assist in this process.
- Parents are to be informed and included in the placement process.
- Level IV- Ensure there is an updated CCA or an addendum to the CCA recommending Level IV and demonstrating the child's behavior meet criteria for this level. BHD consultation also can be completed to ensure.
- Complete the intake process which could include intake packet, providing documents, etc. Social worker to be present during intake/placement.
- Place child only after authorization for service has been approved.

Maintaining Placement

- Attend monthly meetings to review PCP goals and progress in the placement.
- As legal guardian, sign all necessary paperwork to reauthorize for services as needed.
- Parents should be included in the progress of their children in their placement as well as team meetings.
- Visit the child minimum of monthly in the placement for monthly foster care contact.
- CFT's should occur prior to placement change or to prevent disruption to placement.


Form(s) that apply:

BHD consultation form (YFS Sharepoint)
Cardinal consultation form (YFS Sharepoint)
Placement request form (YFS Sharepoint)
Parental consent or court order for IPA (Teen Health)

Reference(s):

Cardinal Innovations, www.cardinalinnovations.org
Behavioral Health Division, www.mecknc.gov/BHD/Pages/default.aspx

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NC Division of Medical Assistance Residential Treatment Services, Clinical Coverage Policy No: 8-D-2, <https://files.nc.gov/ncdma/documents/files/8D2.pdf>

NC Division of Medical Assistance, Clinical Coverage Policy No: 8-D-1, <https://files.nc.gov/ncdma/documents/files/8D1.pdf>

Policies:

Contact(s):

YFS Deputy Director of Post-Custody Services
Policy & Practice Model Supervisor

Policy History: Developed November 2017.