

LCCS POLICY 736 Treatment Services

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Scope:	This policy will apply to all Placement Department Treatment Services Staff, Family Services Staff and Treatment Foster Caregivers
Responsibility:	Placement Department
Purpose:	To outline treatment services process of Lucas County Children Services
Legal Cite:	P.L.113-183, OAC 5101:2-5-13, OAC 5101:2-5-36 & 37, OAC 5101:2-7-16 & 17, OAC 5101:2-5-09.1, 5101:2-42-88, 5101:2-42-90, 5101:2-5-14, ORC 2151.315

POLICY STATEMENT

Lucas County Children Services will provide Treatment Foster Care Services.

PROCEDURE - including required timeframes and documentation

A TREATMENT FOSTER HOME WILL MEET THE FOLLOWING REQUIREMENTS:

A treatment foster caregiver initially certified after 8/21/2008 must meet, at least, one of the following requirements:

- A minimum of 365 days of caring for a foster child in placement as a certified foster caregiver.
- A minimum of sixty (60) hours of training in a classroom setting that complies with the following:

>Training will be completed within twenty-four (24) months prior to the date of application for initial certification as a specialized foster caregiver.

>For a certified caregiver, the training will be completed within twenty-four (24) months of the certified caregiver's written intent to upgrade their certification, if the caregiver does not meet the requirements of having a minimum of 365 days of caring for a foster child in placement as a certified caregiver.

>Training will relate to children with special or exceptional needs as defined in Rule 5101:2-47-18 of the OAC.

- A minimum of five (5) years cumulative experience caring for a child in the home of the foster caregiver or applicant on a daily basis.
- A minimum of one (1) year of cumulative experience caring for a child who has special or exceptional needs as defined by Rule 5101:2-47-18 of the OAC.

The foster caregiver will have:

- A good history of meeting foster care training requirements;
- No active third parties, rule violations or corrective action plans;
- A placement disruption rate of less than ten (10) percent;
- A favorable recommendation from the current foster care worker, foster care supervisor and Placement Department Manager.

LCCS will review and consider parenting experience that has dealt with the applicant's own special/exceptional needs children and at the agency's discretion determine if it would qualify as equivalent experience.

PRE-PLACEMENT AND ANNUAL CONTINUING TRAINING

Each Treatment Foster Caregiver will successfully complete (in addition to the thirty-six (36) hours required for initial certification) twenty-one (21) hours of Treatment Foster Care Orientation and thirty (30) hours of annual continuing training as specified in Lucas County Children Services training policy.

Prior to receiving a child in their home, each treatment foster caregiver will successfully complete an American Red Cross First Aid and Adult and Child Cardiopulmonary Resuscitation (CPR) Certification Training program or its equivalent. If foster children under the age of three (3) will be placed in the treatment foster home, Infant (CPR) will be included in the (CPR) certification. This training may be counted toward the training requirements. First Aid and CPR certification will be kept current at all times.

Note: When the treatment foster parent experiences a change in marital status as a result of marriage, divorce, or separation, they must notify LCCS.

A new spouse must complete all training requirements, including the pre-service training by the end of the 180 days allowed before the new spouse may be added to the certificate. If a new spouse does not meet the experience, education or training requirements for Treatment Foster Care within required time frames, the home can no longer be a treatment home.

The foster care license must be in both names if the couple is married. An already-certified treatment foster parent may continue as a treatment foster home until the spouse is required to be added, however, the new spouse cannot be added to the certificate nor do they have the authority to co-parent until they have met all the treatment requirements.

TREATMENT TEAM

A Treatment Foster Caregiver will attend and participate in the treatment team meetings for each child with special, therapeutic or exceptional needs placed in their home. If the treatment foster home certificate is in the name of a couple or co-parents, only one (1) caregiver is required to attend the treatment team meetings unless otherwise specified by Lucas County Children Services.

Each Treatment Foster Caregiver is a member of the treatment team and will implement the service plan for each child as prescribed by Lucas County Children Services.

Under the direction of the treatment team leader, a Treatment Foster Caregiver will assume primary responsibility for implementing the in-home treatment strategies specified in the child's service plan and any revisions thereafter.

The Treatment Foster Caregiver will work cooperatively with the family of the child according to the child's treatment plan and case plan.

The Treatment Foster Caregiver will perform any additional written responsibilities and duties established by Lucas County Children Services additional written responsibilities and duties established by the Lucas County Children Services for a Treatment Foster Caregiver.

TREATMENT PLAN

A Treatment Plan will be completed by the treatment team for each child with special, therapeutic or exceptional needs placed in a Treatment foster home no later than thirty (30) days after placement. The treatment plan will be reviewed and revised, if necessary, at least every ninety (90) days thereafter. The treatment plan development and any revisions will be completed by the treatment team leader with approval of the treatment team leader's supervisor who will be a member of Lucas County Children Services professional treatment staff. Treatment team members will be notified in advance of each treatment team meeting and invited to participate. Documentation of the invitations will be maintained in the child's record.

The treatment plan for a child with special, therapeutic or exceptional needs placed in a Treatment Foster Home will include:

- Treatment goals, clinical and/or rehabilitative services and other necessary interventions for the child and his family;
- Methods by which the goals, rehabilitative services, and other necessary interventions will be attained and progress evaluated;

- The projected length of the child's stay in treatment foster care;
- The criteria for the child to meet for the child's reunification with his/her parent(s) family or guardian or the projected post-treatment setting into which the child will be placed upon attainment of the treatment goals;
- Services to be provided or arranged for the child after discharge from the treatment foster care program;
- How the child's permanency plan for family reunification, adoption, independent living or a planned permanent living arrangement, as specified in the custodial agency's case plan, will be attained.

A Treatment Foster Caregiver will prepare, and keep current, a written record of the behavior and progress of the child towards achieving the treatment goals as identified in the treatment plan of each foster child placed in the home as required by the agency.

CONTACT REQUIREMENTS

The Lucas County Children Services caseworker will have a first face-to-face visit with the child on the day of placement and the treatment services worker will have a first face-to-face visit with the foster family within five (5) days.

A Treatment Foster Caregiver or, at least, one member of a Treatment Foster Caregiver couple or co-parent will have weekly consultation and face-to-face contact, at least, every other week with Lucas County Children Services Treatment staff. At least two face-to-face contacts each month will occur in the Treatment Foster Home setting.

MATCHING PROCESS

When a child is placed in a treatment foster home setting, the match will be made to a Treatment Foster Home that can best meet the therapeutic needs of the child, (based on the capabilities of the foster parent and the child's needs) and that lives in the same community where the child had been living at the time of removal, unless it is in the best interest of the child to be placed in another community. (Continuum of Care document available upon request)

SUPERVISION

The supervisor of treatment foster care workers oversees and supports the case worker as the leader of the treatment service team and shares the ultimate responsibility for treatment team plans and decisions.

A Treatment Foster Caregiver may provide foster care for not more than five (5) foster children, two (2) of whom may have exceptional needs requiring their placement in a Treatment Foster home. Any exceptions to the number of children with exceptional needs to be served must have specific justification in accordance to Lucas County Children Services policy for matching foster children and treatment caregivers. Such justification,

which may include the need to place a sibling group or the abilities of a particular family in relation to the special or exceptional needs of a particular child, will be documented in the child's case record and in the Treatment Foster Home record.

If more than two (2) children with exceptional needs are placed in a Treatment Foster Home, such as a borrowed home situation, all agencies holding custody of any other children placed in the home will be notified by Lucas County Children Services within seventy-two (72) hours of placement.

A Treatment Foster Caregiver who is also an appropriately trained and licensed professional may provide care for not more than five (5) children with special or exceptional needs placed in the care giver's home, if both of the following apply:

- (a) The caregiver has five (5) years of child care experience and training related to serving children in foster care.
- (b) The caregiver's primary means of support is from reimbursement as a treatment foster caregiver.

The following shall be considered an appropriately trained and licensed professional:

- (a) social worker;
- (b) professional counselor;
- (c) psychologist;
- (d) teacher;
- (e) marriage and family therapist; and
- (f) a person who has a minimum of a Bachelor's Degree in Child Development or social services field.

Evaluation Process

Lucas County Children Services will facilitate an annual evaluation of the Treatment Foster care service program to be completed by the foster caregivers and the children in care, as appropriate to their age and understanding, and the families of children in care, if applicable.

LCCS will not restrict access to the evaluation.

Crisis Counseling

Lucas County Children Services will make available, upon the request of the foster parent or by the assessment of staff, crisis counseling for issues or problems caused by a specific incident related to a child receiving treatment within a caregiver's home including the death or hospitalization of a child.

Length of stay in Treatment Foster Care

Within thirty (30) days prior or subsequent to placement, each child, as needed, will receive a diagnostic mental health assessment provided by a board-certified child psychiatrist or other licensed and approved mental health professional, in accordance with state or provincial requirements.

Within thirty (30) days of placement and every ninety (90) days thereafter, Lucas County Children Services will reassess to determine if this level of care is no longer needed or if service goals are being attained and make appropriate changes in placement in treatment foster care.

Each child who is discharged from treatment foster care receives follow up services:

- for a period of time agreed upon by the team to ensure a successful transition; and,
- by a worker from the organization who consults with personnel at the future placements, as needed.

RESPITE CARE

Required Approval and Documentation

Approval of the Manager or Coordinator of the Placement Department is required prior to the utilization of respite care.

Prior to a respite placement, Lucas County Children Services' Treatment Foster Care Worker will provide the respite provider(s) with the following documents: health and education information, summary of child's treatment plan/motivation system, update on child behavior and any information required to be shared with a foster caregiver by OAC Rule 5101:2-42-90. They will also receive an Emergency Medical/Dental Consent form and medical card. Documentation of information provided will be maintained in the child's case record.

Respite providers must, provide supervision adequate to meet the child's needs, provide for the health and wellbeing of the child, which includes meals, allowance (if respite care is more than one week), clean sleeping area, monitoring and dispensing medications, contact with foster, adoptive or relative parent when necessary, keep behavior logs, provide transportation to and from school, events, appointments etc.

A respite care provider shall not provide respite care for children for more than two consecutive weeks unless the provider is certified as a specialized foster caregiver.

Respite providers will provide a written report of child's stay in respite care. The provider will complete the "Log of Daily Events" (LODES) which includes a summary of the stay. The summary will include the following areas that are applicable to the stay: medical instructions/medication (delivered from adult to adult), unusual incident reports,

scheduled appointments, education reports, activities and services engaged in, etc. Documentation of information provided will be maintained in the child's case record.

Respite providers must be agency-approved as respite providers and can be:

- Certified foster parents
- Adoptive parents
- Relatives
- Any other agency-approved respite provider

No person can serve as a respite care provider without meeting the following requirements:

- Respite providers must be minimum twenty-one (21) years of age;
- Must reside outside the household, but can provide the respite in the foster home while the foster parent is away during the days of respite;
- A criminal record check and fingerprint impressions must be completed prior to approval of the respite care provider. If the provider has lived outside the state of Ohio within the last five years, a FBI record check must be obtain (ORC 5101:2-5-09.1(A), (H), (I))
- Potential respite providers may request a check of the Statewide Automated Child Welfare Information System (SACWIS) and submit the report to LCCS.
- Home site & safety assessment, including completion of JFS 01348, Safety Audit.

Training for Respite Providers who are not Treatment certified

Respite care providers who are not certified as specialized caregivers must complete Treatment Pre-Service which includes at least twelve (12) of orientation and training pertinent to the children served in Treatment Services.

Training should include the following:

- Behavior Management Techniques
- The Effect of Child Abuse and Neglect on Child Development
- Caring for Children who have been Sexually Abused
- Substance Abuse and Dependency
- Legal Rights and Responsibilities of Foster Caregivers
- The Effects of Placement, Separation, and Attachment Issues have on Children and Foster Parents
- Cultural Diversity
- Prevention, Recognition, and Management of Communicable Diseases

In addition, the respite caregiver must be certified in:

- CPI (de-escalation techniques only)
- CPR
- First Aid

All respite caregiver requirements and training documentation will be forwarded to the Supervisor of Treatment Services for review and final approval.

Respite for Medically Fragile Children

Given that Lucas County Children Services does not certify medically fragile foster homes, when a medically fragile child in the custody of Lucas County Children Services is in need of respite care, prior to the service LCCS will, in conjunction with the contracted agency providing medically fragile foster care, approve the respite and ensure the transfer of information from the contracted agency providing medically fragile foster care to the medically fragile respite care provider, i.e., any nursing treatment plan containing physician orders. This information will be maintained in the child's case record.

Respite care for medically fragile children must be provided by a certified foster caregiver for medically fragile children or a licensed medical professional.

Behavioral Management

Lucas County Children Services therapeutic foster program was patterned after the PRYDE program of Pittsburgh, Pennsylvania. The original curriculum was designed by two supervisors whose credentials were a Masters in Counseling and a Masters in Public Administration. The Program has been revised/adapted to meet state mandates and the ever changing needs of the population to be served. These revisions were made by two supervisors who each hold a Masters in Social Work.

The curriculum provides foster family-based treatment, which utilizes a "whole-child" behavioral approach that employs various intervention methods in the treatment of children. Behavior interventions are individualized based on special needs and/or disabilities and known histories. Physical or psychological/emotional contraindications to any behavior management technique(s) identified by licensed medical or mental health professionals are incorporated into the child's behavioral management plan. Behavior interventions include structured consistent home environment, individualized treatment teams, motivation system, daily tracking of the child's progress, a positive reinforcement motivation system, active listening, point systems and non-violent crisis intervention.

Acceptable intervention strategies that can be individualized and utilized, dependent on the child's needs, include:

- Setting clear goals, boundaries, and expectations
- Active Listening
- Praise and recognition
- Reminders and prompts
- Proximity control
- Touch control
- Redirecting
- Structuring the environment
- Planned ignoring
- Hypodermic affection
- Hurdle help
- Physical outlets and free expression

- If-then statements
- Choices
- Humor

Specific techniques are identified in the treatment plan and utilized by treatment foster parents with support from Lucas County Children Services staff and mental health professionals.

The Treatment Foster Care Supervisor provides supervision to six (6) treatment team leaders, who are responsible for approving, monitoring and supervising the implementation of the identified behavior interventions in the treatment plans for children for whom they provide case management. Treatment team leaders are responsible for case management for up to twenty-five (25) treatment and medically fragile foster children.

Treatment caregivers must agree not to utilize the following methods for punishment:

- any type of physical punishment such as spanking, paddling, punching, shaking, biting, hair pulling, pinching, or rough handling, physically strenuous work or exercises;
- requiring a child to take an uncomfortable position, such as squatting or bending, or requiring a child to perform repeated physical movements;
- denial of school;
- denial of social or recreational activities for periods of time longer than one week;
- denial of social or casework services, medical treatment, or educational services;
- deprivation of meals;
- verbal abuse, derogatory remarks of any kind, or threats of physical violence or removal from the out-of-home care setting;
- denial of visitation or communication rights with birth family;
- denial of sleep;
- denial of shelter, clothing, bedding or restroom facilities.

LCCS prohibits the use of restrictive behavior management interventions (i.e. isolation, physical, chemical or manual restraint, or locked seclusion).

PRONE RESTRAINTS ARE PROHIBITED IN ALL CIRCUMSTANCES.

If a Child Becomes AWOL:

- The treatment foster parent will immediately notify the LCCS Intake Department when a child in out-of-home care becomes AWOL and when the child returns from AWOL.

Children Placed in Planned Permanent Living Arrangement (PPLA)

- The worker-of-record or foster care caseworker (if assigned) will provide the treatment foster parent with a notice that addresses the caregiver's understanding of his/her responsibilities with regards to a child placed in PPLA.
- The treatment foster parent is expected to actively participate in the child's independent living case plan, attend agency team meetings and court hearings as appropriate, complete required training, and assist in the child's transition to adulthood.

Children in Out-Of-Home Care Settings Will Have:

- Protection from abuse, neglect, sexual exploitation, or inhumane treatment. Children will not be threatened with confinement in a detention or mental health facility.
- Physical security, including a safe place to sleep, balanced meals at regular hours, adequate clothing, mental health services, visitation with family members and friends, regular contact with caseworker and other persons providing services.
- Privacy within the limits of family living, adequate storage for personal possessions, mail without censorship, private conversations, reasonable access to the telephone congruent with the child's age. Children may share a room and will eat with other members of the family.
- Reasonable telephone access to birth family and LCCS for emergency purposes at all times.
- The ability to practice the religion of her/his birth family. A child will not be required to practice any religion.
- Allowed privileges and assigned responsibilities similar to those a family member of the caregiver has who are of similar age and functioning level.
- Skills and tasks required for life in the community taught by the caregiver.
- Personal hygiene provided daily for foster children not capable of meeting their own needs.
- Provision of clothing and footwear that is clean, well fitting, seasonal and appropriate to the child's age and gender.
- Provision of adequate toiletry supplies appropriate to the child's age, gender, race and cultural background for those children capable of meeting their own personal hygiene needs.
- Instruction on good habits of personal care, hygiene and grooming appropriate to the child's age, gender, race, cultural background and need for training.
- Freedom to express his/her sexual orientation.

Treatment foster parents shall use a reasonable and prudent parent standard as defined by ORC 2151.315 and LCCS Policy 662 when considering whether to authorize a foster child who resides in the foster home to participate in extracurricular, enrichment, and social activities.

CASE PRACTICE GUIDES

Every child 14 years and older who is in substitute care will be given a copy of JFS 01677 "Foster Youth Rights Handbook".

Standards for Effective Practice
Standards for Accreditation

RELATED POLICIES and FORMS

LCCS Policy 662 - Treatment of Children by Out-of-Home Caregivers
LCCS Policy 735 - Assessment, Training and Homestudy Process for Foster Families
LCCS Policy 750 - Foster and Adoptive Home Recruitment
LCCS Policy 800 - Assessment, Training and Homestudy Process for Adoptive Families
LCCS Continuum of Care Document
LCCS Foster Care per Diem Summary
LCCS Unusual Incident Report Form