

Section 4 Overview

This section pertains to the policy and procedures necessary when an out-of-home placement of a child is imminent or has occurred.

Chapter 14 Overview

This chapter describes the Youth with Elevated Needs Foster Care Program.

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14.1 Definition

Foster Care for youth with elevated needs is a foster care program designed for the youth who has identifiable and documented moderate or serious emotional and/or behavioral needs. Such a youth requires intensive and individualized intervention to succeed in a community-based family setting and to achieve their goal of permanency. Resource providers of youth with elevated needs have received specific training **in addition to Specialized Training Assessment Resources and Support (STARS) pre-service training** to enable them to work with youth with elevated needs.

Placements for youth with elevated needs are not emergency placements nor are they immediate placements. These placements are transitional placement resources to prepare youth to function adequately in a less restrictive environment and or a **permanent home. It is not intended to be a long-term or permanent placement resource.** A selection/screening team must evaluate the youth's needs. A pre-placement phase is essential, meaning that the youth should visit the home prior to being placed to determine if the placement is an appropriate fit for the youth.

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14.2 Referral Process for Youth with Elevated Needs

To initiate the process, the referring Children's Service Worker should:

The case manager/Children's Service Worker will assess the youth's demonstrated behavior that indicates the need for intensive and individualized intervention. He/she will then prepare and submit a referral packet to the appropriate multidisciplinary foster care selection team. The staffing should occur within 30 days of the referral or resource provider's request for a staffing. The referral packet should contain the following information:

- A list of specifically identified and described emotional and/or behavior problems OR a behavior checklist/inventory;
- Current social history, including family and placement history, and a summary that describes how the placement would further their permanency goal;
- Copies of the most recent CS-1, treatment plan, CD-14 (if available), and court order;
- Appropriate educational material (including recent attendance record, report card, and current I.E.P. if applicable);
- Medical records, including the current medications and dosages;
- Recent psychological evaluation with current GAF score (the most recent evaluation should have been done within the last year). A psychological evaluation may be requested if a current one is not available;
- Recent counseling reports;
- Any residential facility reports (if applicable), including any treatment using behavior modification;
- Any psychiatric hospital reports;
- Summary of the permanency goal for the youth; progress towards the goal;
- CD-56 for current placement or prospective family and their current placements (if known).
- The referral form; and
- Any other appropriate information.

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14.3 Selection/Screening Team

The role of the selection/screening team is to evaluate a youth's appropriateness for a higher level placement. At a minimum, the following people should be invited:

- a. Case manager (required to attend)
- b. Supervisor (required to attend)
- c. Circuit or Regional Specialist or designated facilitator (required to attend)
- d. Current Resource Provider (if resource provider is unable to attend, current information regarding the child should be obtained)
- e. Current therapist;
- f. School Personnel (with knowledge of the youth's behaviors and functioning level);
- g. Guardian Ad-Litem (GAL);
- h. Juvenile officer;
- i. Court Appointed Special Advocate (CASA);
- j. Licensing Worker for the Family
- k. Other persons as appropriate for a child specific review including parents.

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14.4 Placement Process

The Selection/Screening Team will receive the referral and review the material. The Team will interview, as appropriate: youth, current caregiver, therapist, referring Children's Service Worker, etc. They will decide if the youth is an appropriate candidate for the program by considering the individual needs of the youth, the presenting behaviors of the youth, and the impact such behaviors have in the placement setting. Youth eligible for elevated needs should have more than one presenting problem as described in Chapter 14.6. The Selection/Screening Team should also determine that the youth is in need of a higher level of care for the youth to be deemed eligible for the program. The Screening Team may recommend:

- a. That the youth is not appropriate for the program;
- b. That the youth is appropriate, but a compatible home is not available in the county of origin or nearby counties; or
- c. The youth is appropriate, and there is a compatible home.

The licensing worker will share all referral information with the prospective resource parents and assess with them their ability to meet the youth's needs. That Children's Service Worker will notify the referring worker/case manager regarding acceptance of the youth into the program.

The case manager/Children's Service Worker will receive an oral and written decision from the Screening/Selection Team liaison, including the identification of a potential resource home. The written recommendation from the Selection/Screening Team should be documented on the referral form. If the youth does not qualify for the program, the team should indicate such on the referral form.

The Children's Service Worker will then carry out any of the following actions, as appropriate to the youth being placed:

- a. Coordinate all planning with the service county, if the county of current placement is different from the case manager county;
- b. Receive notification when a resource becomes available; and
 - A Level B resource parent may not care for more than four (4) youth with a maximum of two (2) who are qualified for Level B care simultaneously. The other two placements in the home must be at the traditional level of care. In rare cases, special supervisory approval may be sought to accommodate siblings of the Level B youth.
- c. Notify the licensing worker in writing if the placement is no longer needed.

The Children's Service Worker shall receive notification of the date of the pre-placement visit(s).

The pre-placement visits are vital to a successful placement and should not be rushed.

- Furthermore, the Children's Service Worker will share a thorough description of the potential Level B resource family with the youth and assess his/her interest in them. Assess the Level B resource family's commitment to the permanency goal and, as appropriate, willingness to work with birth parent(s), kin and potential adoptive resource. Transportation for the youth to/from the pre-placement visits needs to be assured.

Level B Resource Parents may be reimbursed via the CS-65 for transportation costs of pre-placement activities. The actual number of visits is governed by the needs of the youth and the Level B resource family.

- A minimum of one (1) in-home, overnight pre-placement visit is required. An assessment period where the youth is removed from the home must follow every pre-placement visit.
- A Level B resource parent may receive a prorated maintenance payment, via the CS-65, on a per diem basis for lengthy pre-placement visits, even though the youth remains officially with another caregiver.

Related Subject: Section 4 Chapter 11 Attachment I: [Availability Payments for Level B Resource Parents](#)

- The Children's Service Worker must gain commitment from both the youth and resource family and then proceed with the placement. The worker will assure the youth's arrival at the resource home when all parties agree that the child is ready.
- Update the Alternative Care Client Information Screen in FACES.
- When the permanency goal is reunification with relatives and/or kin, introduce the family and the Level B resource provider as early in the process as possible to increase family involvement and promote a family/Level B resource provider relationship.

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14.5 Characteristics of a Youth with Elevated Needs-Level A

Youth with elevated needs require greater structure, supervision, and are less able to assume responsibility for their daily care. These youth have typically experienced multiple out-of-home placements.

Youth appropriate for Level A fall into one of two categories:

1. Youth presently in a residential setting who may be moved to a less intensive setting, but not to a traditional resource home or to their parents' home; or
2. Youth who lack a viable placement in a traditional resource home and because of their presenting problems would be placed in a residential setting unless an available Level A resource home can be found.

14.5.1 Characteristics of a Youth with Elevated Needs-Level B

These youth have serious emotional and/or behavior problems that require the 24-hour availability of a highly skilled Level B resource parent who is capable of assuming the role of primary change agent. These youth:

1. Because of their presenting problems would be placed in a level III or above residential treatment facility or psychiatric hospital;
2. Have been discharged from a residential treatment facility or psychiatric hospital and who are unable to function in a traditional resource home.

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14.6 Presenting Problems Displayed by the Youth with Elevated Needs–Level A

Presenting problems displayed by the Level A candidate may include the following:

- Behaviors which if not modified could result in the youth being designated as a status offender;
- History of irresponsible or inappropriate sexual behavior, which has resulted in the need for extraordinary supervision;
- Threatening, intimidating, or destructive behavior which is demonstrated by multiple incidents over a period of time;
- Problems of defiance when dealing with authority figures;
- Significant problems with peer relations;
- Significant problems at school that affect academic achievement or social adjustment;
- Significant problems with lying, stealing, or manipulating;
- Significant problems of temper control;
- Mild substance abuse related problems;
- Oppositional behavior which contributes to placement disruptions and inability to function productively with peers, parent figures, birth family, etc.;
- Any of above behaviors, coupled with medical problems; or
- Any of above behaviors displayed by one or more youth of a sibling group, qualifying the entire sibling group for placement together, if appropriate. However, not all youth would be eligible for the Level A maintenance rate.

14.6.1 Presenting Problems Displayed By the Youth with Elevated Needs –Level B

Presenting problems displayed by the Level B candidate may include the following:

- History of suicide or currently having suicidal thoughts, statements and/or gestures;
- Affective disorders;
- Attention Deficit Disorder;
- Post Traumatic Stress Disorder;

- Eating disorder;
- Panic disorders;
- Fears/phobias;
- Obsessive/Compulsive Disorders;
- Oppositional Defiant Disorders;
- Depression/withdrawal;
- Dissociative behaviors, blank out, pass out, seizure;
- Anger/rage;
- History of fire setting;
- Destructive of property;
- Failure to form emotional attachments; and
- Multiple short-term placements.

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14.7 Youth Who May Not be Appropriate for Level A

Youth who may not be appropriate for Level A include:

- Youth under the age of three (3) who cannot be treated effectively through the behavior modification treatment model;
- Youth who exhibit severe psychiatric behavior, as diagnosed by a psychiatrist/psychologist, such as an obvious lack of emotional contact, affect disturbances, and/or severe thought distortions;
- Youth with a recent history of extreme or dangerous physical aggression;
- Youth with a recent history of fire setting;
- Youth who have recently attempted suicide and continue to have suicidal ideations;
- Youth with an IQ below 65(should also look at functioning);
- Youth who are medically diagnosed as chemically dependent and whether they have had treatment;
- Youth with severe medical or physical handicaps which present barriers that the child cannot or will not overcome;
- Youth whose primary presenting problem, as diagnosed by a psychiatrist/psychologist is sexual addiction and who need extremely structured treatment and unusually close supervision; or
- Youth with personality disorders, as diagnosed by a psychiatrist/psychologist, who have severe problems forming attachments with caretakers and significant others.

14.7.1 Youth Who May Not be Appropriate for Level B

- a. Actively suicidal;
- b. Homicidal;
- c. Compulsive fire setter;
- d. Sexual abuse offender which might endanger other family members;
- e. Require around-the-clock awake supervision; and
- f. Unable to function in public school and alternative program (day treatment) is not available.

Working With Youth With Developmental Delays

Youth with developmental delays may, or may not, be appropriate for Level B Foster Care. Appropriateness for Level B Foster Care should be based on the Selection/Screening Team and/or the FST team evaluation of all the circumstances surrounding that particular youth. Youth should not be ruled out for Level B based solely on the singular characteristic of an IQ score falling below 65. Instead, the team should consider a variety of information, including the following:

- a. Youth's functioning level;
- b. Severity of developmental delays;
- c. Ability for self-care;
- d. Type of behavior problems;
- e. Level of physical aggressions;
- f. Age;
- g. Compliance;
- h. Need for supervision;
- i. Strengths; and
- j. Challenges.

The Department of Mental Health/Division of Developmental Disabilities can be very valuable in providing expertise about and support for these youth and their resource parents or caregivers. If a referral for services to the Division of Developmental Disabilities has not been made in these instances, the case manager should do so immediately by contacting the appropriate Regional Center.

Another key factor in considering a youth with developmental delays for Level B care is the match with the resource parent(s). Some youth with developmental delays require a lot of patience and structure and may do better in families that have set routines. Likewise, some youth may require a high level of resource parent supervision. Respite care may be especially important for families caring for youth with delays. Level B resource parents may benefit from training and/or specialized services geared to the particular youth. While behavior modification techniques were originally developed with developmentally delayed populations, specific Level A strategies may have to be adjusted to fit the youth. For example, youth with developmental delays may be slower to learn new behaviors and slower to generalize the learning. The youth's participation in determining the consequences may have to be geared to that youth's ability and level of understanding.

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In conclusion, Level B foster care may be appropriate for some youth with developmental delays, with decision making that takes into consideration the youth as a unique individual with a unique mix of characteristics, strengths and challenges.

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14.8 Level A Resource Provider Qualifications, Characteristics, and Responsibilities

It is recognized that the Level A resource provider is the key treatment agent in the Level A foster care process. In order to successfully fulfill this role, the following responsibilities must be carried out:

- Provide a firm, consistent, nurturing and normalizing environment in which the youth receives 24-hour supervision;
- Be available during all non-school hours except when other arrangements have been made;
- Provide day-to-day implementation and monitoring of the youth's treatment plan and services as agreed upon with other treatment staff;
- Participate in all staffings, FSTs, and court hearings (when possible);
- Develop and implement a structure of discipline and intervention which encourages self-responsibility and mutual concern for all members of the household in conjunction with the Level A foster care selection team decision;
- Set and communicate specific behavioral limits for the placed youth and impose predetermined consequences when those limits are exceeded;
- Prepare each youth with age appropriate "living" skills needed to function, i.e., personal hygiene, coping skills, money management, parenting skills, home management, job search, interpersonal, and social skills;
- Participate in the screening process of the youth and natural family, if appropriate. Be available for consultation with other treatment team members;
- Complete periodic reports on the progress of the youth in meeting both long and short-term treatment goals. Be available for consultation with other treatment team members;
- Potentially provide transportation for the youth to and from necessary appointments, medical care, daily activities, home visits, etc.;
- Attend and participate in those activities in which the youth routinely engages, such as school, counseling, community activities, etc.;
- Work with the birth parents, as needed or deemed appropriate, to prepare them for the youth's return, and to maintain a sense of family;
- Communicate with the Level A resource provider support group, if available;

- Provide the Division with 14 days notice if it is necessary to remove a youth from the home unless an emergency; and
- If respite care is needed, provide the respite home with an understanding of the youth and the treatment plan which must be continued.

Related Subject: Section 4 Chapter 17 [Respite Care](#)

- The Elevated Needs Level A resource provider completes the Program Planning Sheet, CS-12, and the Systematic Teaching and Evaluation Process, STEP, chart and the Positive Time Chart, CS-11 on each Level A youth placed in the home in accordance with the following guidelines:

Complete the Program Planning Sheet, CS-12

The CS-12 is used to document the undesired behaviors and those behaviors desired that the level A foster youth learns to replace the undesired behaviors. The CS-12 is the document used to plan and support the weekly STEP chart, CS-11.

The resource provider, with the consultation of the Children's Division worker if needed, identifies and enters the undesired behavior and the desired behavior to replace the undesired behavior. The resource provider documents the observed antecedents that trigger the behavior. Consequences for the behavior are documented which include the negative consequences for the undesired behavior, and the positive consequences for the desired behavior. The resource provider, Children's Service Worker, and the foster youth, if age appropriate must sign the form. The CS-12 is attached to all the CS-11's completed for the month. A Payment Request with an attached completed Generic Invoice are submitted to the Payment Unit to receive an incentive payment.

Complete the STEP Chart and Positive Time Chart, CS-11.

The CS-11 is completed weekly and all the CS-11's for the month are attached to the CS-12. The CS-11 and CS-12 are submitted by the resource provider to the worker within 14 calendar days of completion. The worker completes a Payment Request and attaches a Generic Invoice to request an incentive payment for the provider.

The resource provider enters the undesired behaviors and desired behaviors as identified on the CS-12. The count of the observed behaviors are tallied daily on the CS-11 using hash marks and totaled at the end of the week. The positive and the negative consequences implemented for the behaviors, are recorded were indicated.

The Positive Time chart is wholly positive. It is to be a special part of each day between the resource provider and the foster youth. Positive Time occurs

regardless of the foster youth's behavior. It is not used as a consequence to behavior. The resource provider briefly describes what he/she did during the ten minutes of positive time with the foster youth each day of the week. Using the Quality of Interactions chart located on the sheet, the resource provider identifies by number the quality of interactions of the resource provider with the foster youth each day. Additional comments can be recorded if needed.

- The resource provider is required to participate in and successfully complete 18 hours of specialized training workshops for the resource provider to sign a BFC Cooperative Agreement from the following topics:
 1. Team and relationship building;
 2. Communication skills;
 3. Behavior management techniques;
 4. Discipline and punishment procedure;
 5. Management of behavior crisis situations;
 6. Development of an individual treatment plan;
 7. De-escalation skills;
 8. Negotiation;
 9. Positive reinforcement technique;
 10. Professional skills for foster parents.

14.8.1 Level B Resource Provider Qualifications, Characteristics, & Responsibilities

In order to qualify as a Level B resource provider(s), the applicants must be able to meet the following criteria:

- a. Currently be a licensed resource provider(s), for the Children's Division;
- b. The primary caretaker must have one (1) year actual child care experience as a licensed resource provider or one (1) year full-time experience in a professional/volunteer capacity in the care/treatment of children or any combination of the two. Graduation from a four-year college, with a degree in Child and Family Development, Special Education, Psychology, Sociology or other closely related areas may be substituted for the required experience. Approval is required from the Regional Director or designee for resource families who cannot meet the above criteria but possess the knowledge and ability to provide care;

- c. Knowledge and understanding of or willing/able to learn behavior modification techniques, theories of personality development and mental illness, communication skills, positive parenting skills, crisis intervention skills and child advocacy skills;
- d. Ability to assist in the development and implementation of a treatment plan designed for a specific youth;
- e. Ability to work effectively as a team member with other professionals responsible for the care and treatment of children.
- f. Successful completion of the 18 hours of Youth with Elevated Needs-Level A Training.
- g. Participate in 9 hours of specialized training and practicum designed specifically for Level B resource providers and demonstrates acquisition of required knowledge and skills. However, participation does not guarantee acceptance into the Level B resource provider program. Level B training workshops:
 - 1. Crisis Intervention – Two (2) hours
 - 2. Behavior Management – Two (2) hours
 - 3. Suicide Management – Two (2) hours
 - 4. Medication Management – Two (2) hours
 - 5. Family Orientation – One (1) hour (training shall include how the SED/BD child may impact the resource provider's family)
- h. Available 24 hours per day except during periods of scheduled respite.
- i. Be able to make a minimum commitment of one (1) year to work with a youth eligible to participate in the program.
- j. Ability to effectively advocate for timely and quality services for youth.
- k. Ability to maintain an organized record keeping system.
- l. Ability to act independently to obtain needed services for youth including medical, dental, education, etc.

Level B resource providers should have the following characteristics:

- a. Enjoy being a parent and possess good parenting skills;
- b. Possess a real and sincere commitment to persevere with a challenging youth over long periods of time, even though the youth may show slow improvement and express little appreciation for their efforts;
- c. Ability to accept that the youth will be placed in a more traditional foster care program or be reunited with his/her family once he has stabilized and able to function adequately without intensive intervention; and

- d. Have skill in talking and listening to youth, and be able to establish rapport and gain trust.

Level B resource provider responsibilities include, but are not necessarily limited to:

- a. Provide care and intensive intervention for youth who qualify for the program;
- b. Participate in the screening and selection process of youth placed in the home of Level B resource provider(s);
- c. Implement intervention strategies recommended and/or endorsed by treatment team;
- d. Participate in all case planning activities, staffings, permanency planning team meetings scheduled on behalf of youth in the home;
- e. Maintain a daily log of the youth's behavior, significant events, etc. and make periodic written reports to case manager, treatment team and/or court;
- f. Be available for the youth 24 hours per day and respond immediately to any problem experienced or created by the youth at home, in school or the community upon request except during approved absences.
- g. Notify the Children's Division immediately if the youth has injured himself, others or destroyed property;
- h. Schedule and transport the youth to medical, dental, therapy appointments, recreational activities and parental visits;
- i. Work with the youth's parents in an effort to assist them in understanding and managing the youth's needs and behavior; and
- j. Provide training and/or assistance to other resource provider or resource provider applicants.

14.8.2 Competencies for Resource Providers of Youth with Elevated Needs

Because some knowledge and skills are essential before children are placed with families, competencies were developed for resource providers of youth with elevated needs. Competencies take into account the knowledge of the resource provider and their ability to perform the necessary skills to successfully parent a youth with elevated needs. The following competencies will assist resource workers in assessing the needs of the resource providers and identifying services to achieve these competencies:

Promote Successful Integration into the Family and the Community

- Understanding how much supervision the youth requires (before placement occurred and during current placement)

- Assist the youth in adjusting to a new school and community
- Transitioning the youth into another setting

Meeting Exceptional Care Needs (for Special Needs and/or Traumatized Youth)

- Addressing those needs that are not developmental (social, emotional, daily care)
- Understanding risk factors in the community, school and home setting
- Understanding but not diagnosing mental illness and other developmental delays

Assessing Crisis Situations and Utilizing Proper Crisis Intervention/Prevention

- Understanding what a crisis is
- Using appropriate skill sets to deescalate crisis situations
- Understanding attention seeking behaviors and knowing when to respond
- Understanding power, authority and control
- Setting fair and consistent limits
- Understanding risk factors in the community, school and home setting

Recognizing and Implementing Positive Approaches to Challenging Behaviors

- Identifying challenging behaviors early
- Clearly defining target behaviors
- Use of multidisciplinary service team for coordinating care
- Team based wrap around services

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14.9 Ongoing Procedures to Maintain Placement

The Children's Service Worker will update the Placement Information on the Alternative Care Client Information screen in FACES.

Related Subject: Section 4 Chapter 11 Financial Support Planning
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The Children's Service Worker will also assess the youth's overall treatment needs, including educational and emotional needs and will obtain evaluations if needed. The worker will develop a treatment plan with the Family Support Team (FST) for stabilizing their behavior, to improve their level of functioning at home, school and in the community and to achieve permanency.

Resource parents are the primary change agents for youth placed in their care. Clinical intervention should be limited to support and guidance to the resource parents. However, on a case-by-case basis, other therapeutic support may be added for the youth based on that particular situation as recommended by the team working with the youth. (For example: participation in an incest survivor's group or family therapy with the family of origin/kin). Also, an identified "best practice" includes utilizing the Level B consultant for consistent feedback and support.

The Children's Service Worker will provide at least weekly consultation to the resource parent, with a minimum of one consultation per month occurring in the home. At that time the worker will:

- a. Assess and monitor the youth's progress toward treatment and permanency goals;
- b. Assess and monitor the resource parent's job performance;
- c. Review and discuss reports maintained by the resource parent;
- d. Arrange regularly scheduled respite care;
- e. Maintain 24-hour availability to the resource parents to assist them with any emergency; and
- f. Assess the level of care required by the youth at 90-day intervals and move the youth to a less restrictive environment as appropriate.

The Children's Service Worker will provide the resource parent a written assessment of their job performance at 90-day intervals.

Services to the birth parent will be consistent with the case plan. The Children's Service Worker will:

- a. Assess and monitor their progress and keep them informed of their youth's progress and provide services consistent with the permanency goal;

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- b. Assist them in following through on treatment strategies used by the resource parents when the youth is in their home; and
- c. Encourage and nurture a relationship between the resource parent and the birth parents, kin and/or adoptive parent(s).

The Case Manager will submit reports of the youth's progress to the FST and submit reports to the court at required intervals. The court reports should incorporate progress reports and the Child Assessment and Service Plan, CS-1, including FST recommendations.

Related Subject: Section 4 Chapter 7.2.4 [Lack of Consensus at Family Support Team \(FST\)/Permanency Planning Review Team \(PPRT\) Meetings](#)

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14.10 Periodic Reviews

The goal for youth who qualify for the youth with elevated needs program is to stabilize their behavior, to help them function in a less restrictive environment and to achieve permanency. Level A and Level B care IS NOT permanency but is designed to be a stepping stone for the youth to obtain a permanent home. As these youth do have a variety of special needs, the goal of successful permanency can be challenging. Accordingly, resource parents, staff, and other treatment team members must aggressively pursue permanency and use periodic reviews as one of the tools to assure progress toward permanency is occurring.

To assist youth in achieving a permanent home, it is important that the resource parent and the team tailor the level of intensity and intervention to their needs as youth achieve progress and success. Our experience has been that a number of youth in Level A and Level B care do make substantial improvement in their behavior during the first year of intervention and can function with a reduced level of intensity. Other youth may need the intensity of elevated intervention for longer periods of time to remain out of residential care and/or a more restrictive setting. The dilemma for the teams may be how to move the youth to the appropriate level of intervention, such as Level A or traditional foster care, without moving the youth from the current resource home. Ideally, youth who improve in Level B care and are ready for less intensive care could move directly to their permanent home. When that is not possible, the next best solution is to keep the youth in the same resource home under the category of Level A, traditional foster care (depending on the youth's needs) or pre-adoptive home. Youth who are happy in their resource home and are experiencing success should not be moved to a different resource home solely due to no longer needing Level B intervention. Staff, resource parents and the team members must assess each individual situation carefully and negotiate an outcome that is in that youth's best interests. As noted, the periodic reviews are a critical tool for assuring the youth's level of intervention is matching their needs and that permanency is on target. As always, the best interest of the youth is the guiding principal with these complex decisions.

Situations where there is disagreement among team members as to continuing need for intervention and/or the appropriate plan for the youth should be referred to the Regional Director or designee for consultation.

Periodic Review schedule:

- a. Six (6) months - Multi-disciplinary Selection/Screening team that originally recommended placement with the resource parents and/or the Family Support Team. The team will continue to review youth's situation every 6 months on an on-going basis.
 - The FST may conduct a six-month review only if the team includes representatives of the required disciplines/agencies for Selection/Screening team. Also, FST team members must allow for adequate time for an in-depth assessment of the youth's progress, behaviors, and treatment plan.

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Related Subject: Section 4 Chapter 14.3 [Selection/Screening Team](#)

- b. Twelve (12) months reviews - Regional Office Review Team conducts a review based on local team review information. Regional Office Reviews are a critical tool in assuring consistency, accountability and progress with the Level B program. Also, Level B Foster Care status does not exclude youth and families from compliance with ASFA timelines.

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14.11 Termination of Elevated Needs Classification

Permanency planning shall continue throughout the Level A or Level B placement. Seek a less restrictive setting, once the youth's presenting problems have been replaced with appropriate coping behaviors. It may be necessary to involve a Children's Service Specialist for consultation if the team is unable to reach a consensus regarding termination of the youth's classification. Post-placement options include:

1. Return to birth parents;
2. Placement with a relative or kinship provider;
3. Adoption;
4. Return to traditional resource home, or level A resource home;
5. Independent living;
6. Retention in the current home; or
7. Other out-of home care.

The Screening Team should meet with the Children's Service Worker, resource parents, youth's therapist (if applicable), and birth parents to review, collaborate, and determine the appropriate status and step down (graduation) of the youth. The parties should involve a Children's Service Specialist or Regional Designee for mediation if the parties are unable to reach a consensus regarding termination of the youth's status.

The Children's Service Worker should provide ongoing support and assistance to the youth's caregiver and the referring Children's Service Worker following the termination of the placement.

When discussing post-placement options, staff should keep in mind that Youth with Elevated Needs-Level B do **not** qualify for adoption subsidy.

Chapter Memoranda History: (prior to 01-31-07)

[CS03-21](#), [CS03-27](#), [CD05-72](#)

Memoranda History:

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Attachment A: Identification of Best Practices

Identification of Best Practices

The Youth with Elevated Needs-Level B Resource Provider program has been adapted to fit the practices and resources of that part of the state. Effective practices developed by staff include:

- a. Use of the trainer/consultant as an on-going member of the review team;
- b. Conduct review team meetings on a monthly basis (or as often as needed) for support and problem-solving with the Level B resource provider and child;
- c. Assign specialized staff who work only with licensed for youth with elevated needs and children;
- d. Make training available to biological parents, relatives and traditional foster parents who desire to enhance their skills;
- e. Create support groups for the parents; and
- f. Consistently involve the youth, as age appropriate, in all planning.

Chapter Memoranda History: (prior to 01-31-07)

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Attachment B: Youth with Elevated Needs-Level B Resource Provider Responsibilities and Employment

The Level B resource provider(s) are the primary change agents for a child in Level B Foster Care. Responsibilities include immediate response to any problem experienced by the child at home, school, or in the community. The resource provider(s) are further required to arrange and transport the youth to all medical, dental, therapy appointments, visitations, to provide the child with opportunities for the recreation and social activities, to attend staffing and treatment planning meetings for the youth, to work with biological parent/kin and to maintain detailed and accurate reports of significant events involving the child.

The scope of these responsibilities combined with the multi-level needs of the Youth with Elevated Needs-Level B youth adds up to a full-time job for the primary resource provider caregiver. Accordingly, full-time employment outside the home by the primary Level B resource provider is not recommended by Division policy. There may however, be individual situations where part-time employment for the primary Level B resource provider would be reasonable for that home and family. It is also possible on rare occasions that the unique circumstances in a given family would warrant a formal exception to full time employment. (Example could include a Level B home with a trained relative living close by, a teacher's aide working in the same school as the child(ren) or a family recruited for one specific child.)

Submission of Plan for Employment

For consistency and assurance of good practice, all primary Level B resource parents caregivers interested in working should submit to their local case manager a thorough, complete plan for meeting the needs of the child while at work. The plan is reviewed at the local level and then forwarded to the Regional Director or designee for a decision. This process would apply to potential Level B resource parents where the primary Level B resource parent is already working and to approved families where the primary Level B resource parent desires to work. The request and plan should include the following information:

- a. Description of the job and work schedule;
- b. How the Level B resource parent(s) would be available 24-hours a day for immediate crisis response to the school, home and/or community;
- c. Where the child would be during the hours worked and who would be providing care for the child;
- d. Who would be transporting the child and providing support for the child during visits with parents and kin, counseling and medical appointment, recreation, social activities and other activities when the career parent is unavailable;

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- e. How the Level B Resource Parent(s) would participate in all staffing and treatment planning meetings;
- f. How the Level B Resource Parent(s) would provide treatment and support to the biological parents/kin; and
- g. If Level B youth are now in the home, the potential impact on those youth.

Factors for Regional Director Decisions

Decision by Regional Director or designee would take into account the following information:

- a. If Level B youth are in the home, consult with local county staff, case managers and Family Support Team (FST) as to best interests of the youth
- b. If not currently a Level B home, or home has no youth in placement, consult with local county staff and licensing staff,
- c. Review number of foster youth currently in the Level B home and/or the number of children desired in future (for example, a potential Level B home recruited specifically for a child who will be the only foster youth in the home); and
- d. Assess all aspects of the plan, including the identified supports in place, consistency of care for the youth, and overall feasibility.

After review and assessment of plan, the Regional Director or designee would make decision and notify the local Division office and the Level B Resource Parent.

Updates of the Level B Resource Plan

All Level B Resource Parents approved for work have the responsibility to notify Children's Division (CD) of any changes in their employment. Significant changes in hours worked, support systems available, and impact on availability would require submission of a new request to the Regional Director or designee.

Level B Resource Parents approved for work shall update their plan for work to their Circuit Manager on an annual basis.

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