



## Social Services

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## **Placement Guidelines & Protocol for Child Welfare Social Worker and Social Work Supervisors** Updated February 16, 2023

Durham County recognizes the importance of children maintaining familial and community connections. Durham County prioritizes placing children in its custody in a non-institutional setting where they can live in a family-like, community-based setting. Congregate care facilities should be the last resort for all children in the care and responsibility of Durham County. Prior to child(ren) being placed in a facility, multi-level staffing **MUST** occur, and include involvement of a Program Manager.

Durham County strives to identify and maintain a single, stable, community-based placement for children in its custody who have medically complex needs and are at risk of institutionalization due to their medical needs. The following guidelines and protocols have been added to describe how Durham County recruits, identifies, and secures community-based placements for those children.

Durham County remains committed to following all Department of Health and Human Services (DHHS) Child Welfare policies and guidelines. Durham County will follow all future implemented Families First Prevention Services Act and *Olmstead* policies and guidelines from DHHS.

### *Prioritization of Non-Institutional Settings*

Durham County recognizes the importance of children maintaining familial and community connections. Durham County prioritizes placing children in its custody in a non-institutional setting where they can live in a family-like, community-based setting. Congregate care facilities should be the last resort for all children in the care and responsibility of Durham County. Prior to child(ren) being placed in a facility, multi-level staffing **MUST** occur, include involvement of a Program Manager.

Durham County remains committed to following all Department of Health and Human Services (DHHS) Child Welfare policies and guidelines. Durham County will follow all future implemented Families First Prevention Services Act and *Olmstead* policies and guidelines from DHHS.

### Prioritization of Family Placements

When searching for a potential placement of a child with medically complex needs, Durham County **MUST** first assess whether relatives are willing and able to care for the child(ren), and the extent to which the placement with a relative is in the best interest of the child(ren).

If a relative cannot be identified as an appropriate placement for the child(ren), a placement resource **MUST** be chosen for the child(ren) that ensures the child(ren) is placed:

- In the least restrictive setting.
- In the most family-like setting.
- In proximity to the parents' home; and
- In a setting that is consistent with the safety, best interests, strengths, and medical needs of the child.

At least once a month throughout the case, Durham County **MUST** inquire with parents and, if developmentally/age-appropriate, inquire with children about extended family members to include:

- Knowledge of names (names, last seen).
- Location (address, contact information).
- Contact with (telephone, Facebook, etc.); or
- Relationships (history with the relative, support the relative may be able to provide, etc.)

### Recruitment of Resource Parents who can Care for Medically Complex Children

To serve Durham County's goal of placing children with medically complex needs in the least restrictive setting appropriate for them, Durham County will recruit resource families committed to caring for medically complex children who require specialized medical equipment, supplies and care.

### Informing Resource Parents and Agencies about how Durham County will Help Them Care for Medically Complex Children

When a child with disabilities or medically complex needs comes into Durham County's custody, Durham County will proactively assist prospective resource parents with understanding and obtaining the resources and services necessary to care for the child. These efforts will include:

- Proactively offering to assist the potential resource parents and resource parents' agencies with obtaining home- and community-based services (HCBS), assisting the potential parents and agencies with those applications, and following up to ensure the maximum level of services available to the children are obtained.
- Proactively informing the potential resource parents and resource parents' agencies that Durham County will, when appropriate, pay an enhanced rate to help cover the

training, services, equipment, and care required to permit the child to live in a community-based, family-like setting.

In order to be eligible for the supplemental assistance/funds, the following criteria must be met at all times:

1. The child must be in the legal custody and placement responsibility of DSS and placed in a licensed resource home; AND
2. The child requires 4 hours or more of direct supervision daily for medical care, prevention of self-destructive or assaultive behavior; AND
3. The resource parent agrees to attend all medical appointments for the child(ren), participate in required medical trainings to meet the needs of the child(ren), attend/participate in the Child & Family Team meetings, participate in shared parenting with birth parents and for Teenagers, ensure that they attend the LINKS meetings; AND
4. At least one of the following is met:
  - The child must have a documented condition/impairment by a physician or therapist OR
  - The child has a SED diagnosis (Serious Emotional Disturbance) OR
    - The youth is 13 years of age or older with at least one placement disruption due to behavior (requires documentation from CFT).

Below is the Payment Chart for Supplemental Assistance/Funds. **Note: payment/rates are subject to change annually.**

Category	Standard Board Rate	Supplement	Total
Medically Fragile	• 0 –5 \$514.00	• \$200.00	• \$714.00
	• 6–12 \$654.00	• \$200.00	• \$854.00
	• 13 and older \$698.00	• \$200.00	• \$898.00
SED Diagnosis	• 0 – 5 y/o \$514.00	Diagnosis is primary factor	• \$1000.00
	• 6 – 12 y/o \$654.00		• \$1000.00
	• 13 y/o & older \$698.00		• \$1000.00

As outlined in *North Carolina Child Welfare Manual: Placement Preparation and Follow-Up*, placement providers MUST also be prepared for the placement by receiving the following:

- Medical Information about the child(ren).
  - Any medications, glasses, hearing aid, etc.
  - Any upcoming appointments the children will need to attend.
  - Necessary information regarding the child(ren)'s educational needs.
  - Specific information regarding the child(ren) behaviors.
  - Any strengths and needs of the child(ren); and
  - Any information that will make the transition less traumatic for the child(ren).

In addition, placement providers have a need to know the HIV status of the child(ren) in their care. Infections or viruses that are less serious in a non- infected child(ren) can be fatal to an HIV-infected child and placement providers must be aware of symptoms that require immediate medical attention. However, prior to disclosure of a child's HIV status, county child welfare agencies must consider and protect the child's right to confidentiality. While concern for confidentiality exists throughout the service delivery system, information regarding persons infected with HIV requires special consideration.

Placement of children outside the State of North Carolina MUST be in accordance with the Interstate Compact of Placement of Children (ICPC).

### **Initial Placement Request (CPS SW):**

1. If no placement has been identified, submit a completed (electronic) Placement Request Form to the Licensing Unit Coverage Social worker and Licensing SWS and keep copy for the record. *(Note: Licensing Coverage Calendar is sent out monthly)*
2. If a Rapid Response Bed is needed, follow the **RR Bed placement protocol below**.
3. If therapeutic placement is needed, follow the **therapeutic placement protocol below**. If discharge is from a hospital with a recommendation for a higher level of care, CWSW will need to initiate the process to get the child/ren assigned to a care coordinator. *(Note: The Alliance MH Liaison can be of assistance)*
4. CPS SW must document all responses, internal, and external in the case record.
5. Request Financial Agreement for room and board rate from private placement providers. DSS placements rates are State Established. *Note: The State Established Room and Board Rate should be followed (see attached).*
6. Once placement is located, schedule/arrange placement.
7. Complete foster care placement packet forms within 24 hours of placement or prior to placement. Forms requiring payment should be submitted to the Assistant Director for approval.
8. Schedule a 24-hour case staffing to complete the initial foster care paperwork (5094, 1661, 5120) and discuss visitation and other pertinent case needs and follow the case transfer policies for Child Placement.
9. Email County Attorneys of child entering custody and placement resource.
10. Complete the Health Summary – Initial- Form (DSS-5206) and Child Educational Status (DSS-5245). Give copy to placement provider/caretaker, have them sign another copy and file the signed copy in the record.
11. Provide Placement Letter to the resource parent/caretaker.
12. Complete initial clothing assessment (follow initial clothing policy).

### **Placement Changes - disruptions, moves, etc. (CPPS SW):**

1. Schedule a placement disruption CFT if this is not a planned move.
2. If no placement has been identified, submit a completed Placement Request Form to Coverage Licensing Social Worker and Licensing Supervisor, and keep copy for the record. (*Note: Licensing Coverage Calendar is sent out monthly*)
3. If therapeutic placement is needed, follow the **therapeutic placement protocol below**.
4. If a Rapid Response Bed is needed, follow the **RR Bed placement protocol below**.
5. CPPS SW must document all responses, internal, and external in the case record.
6. Request financial agreements from private placement providers. DSS placements rates are State Established. *Note: The State Established Room and Board Rate should be followed (see attached).*
7. Once placement is located, schedule/arrange placement.
8. The supervisor will **review** the paperwork prior to submission and **initial the 5094** (left corner). Complete 5094 and 1661B and submit to the Processing Assistant within 24 hours of placement.
9. Update Health History Form, (DSS-5207/English, DSS-5125-II/Spanish) and attach immunization records. Update the Child Education Status DSS-5245. Give copy to placement provider/caretaker, have them sign another copy and file the signed copy in the record.
10. Provide Placement Letter to the resource parent/caretaker.
11. Document all conversations with child/foster parents to prepare for move, also documents why placement is appropriate and why move was necessary.
12. Notify parents in advance, if possible. If not, notify within 2 weeks. Send the appropriate version of the 5189II within 2 weeks, regardless of whether parent was verbally notified. If whereabouts of one or both parents are unknown, send to the last known address. If no address was ever known, put 5189II in the record and indicate not sent as whereabouts unknown. Must include both parents.
13. Update placement log on day of placement.
14. Update cover sheet with new placement information within 24 hours of placement.
15. Send email to GAL and county attorney within 24 hours of placement indicating placement change.
16. Visit child within 7 days of placement. If placed out of county, submit an intercounty agency agreement, and request the county to see the child within 7 days and send contact notes within one month. Document the request in the record.
17. If child is 14 + years old and placed out of the county, submit an intercounty agency agreement within 7 days to that county DSS and a letter to child/placement provider, referring the child to that county's ILP.
18. If child is **IV-E funded and receives SSI**, send a letter (with policy attached) to SSA, **requesting that SSI be suspended**, lowered, or reinstated as appropriate. Include the information required in the policy. Keep a copy of the letter for the file. This letter must be sent for EACH new placement, with the updated information.
19. For Private Traditional/Therapeutic providers, Social Worker must request a copy of the placement providers license and file a copy in the record.

### **DSS Rapid Response (RR)/Emergency Bed**

*(Durham DSS has a contract with Alpha Management)*

1. Submit a completed Placement Request Form to the Coverage Licensing Social Worker and the Licensing Supervisor and keep copy for the record. *(Note: Licensing Coverage Calendar is sent out monthly)*
2. Licensing Supervisor will reach out to the Intake & Collaborative Services Program Manager for approval; if he/she is not available, the In-Home or Child Placement Program Manager can provide the approval.
3. Follow steps #6 thru #17.
4. The RR bed rate is \$100 per day.
5. A CFT must be held within 72-hours or 3-business days to discuss case plan, discharge plan & responsibilities of the team members. And ongoing meeting, 2x per month, until youth discharged.

### **Therapeutic Placement Level II:**

*(SW should have a Comprehensive Clinical Assessment -CCA to reflect the level of care that is needed)*

1. Submit a completed Placement Request Form to the Coverage Licensing Social Worker and Licensing Supervisor indicating the level of care that is needed and keep copy for the record. *(Note: Licensing Coverage Calendar is sent out monthly)*
2. Follow steps #6 thru #16.
3. Licensing Social Worker will request a copy of the licenses for all initial placements they secure.
4. If a child/youth requires a higher level of care, e.g., Level III, IV or PRTF, the Social Worker will contact the Care Coordinator for the child/youth to identify placements and complete the intake packet for the identified placement.
5. Once placement has been secured, the Permanency Planning Social Worker must inform the licensing/placement Social Worker.

### **Additional Guidelines & Protocols post initial placement:**

- If placement is done by the permanency planning coverage worker, and the assigned permanency planning social worker is expected to return by the following day, the coverage worker is responsible for #1 thru #6. The assigned social worker is responsible for #8 thru #16.
- If placement is done by the permanency planning coverage social worker, and the assigned permanency planning social worker is expected to return within 6 days, the coverage worker is responsible for #1 thru #6 and #8 thru #12. The assigned permanency planning social worker is responsible for #13 thru #16.

- If placement is done by the permanency planning coverage social worker, and the assigned permanency planning social worker is not expected to return in 7 days or more, the coverage worker is responsible for #1 thru #6, #8 thru #9 and #11 thru #15. The assigned permanency planning social worker is responsible for # 10 & #16.
- If a placement to be done by the permanency planning coverage social worker is not an emergency (i.e. the assigned permanency planning social worker anticipates the move and makes a coverage request), the assigned permanency planning social worker will #2 thru #6 and #8 thru #10 ahead of time and provide the information to the coverage worker. The responsibility for the remaining items is as outlined above, depending on the expected return for the assigned worker.
- The coverage permanency planning social worker will document which steps were taken and what remains to be done. It is the responsibility of the assigned permanency planning worker to follow up to make sure all procedures were met, and to notify supervisor if not.

**Attachments:**

Placement Request Form

DCDL Foster Care Rates and Providers Participating in Cost Modeled Rates (FY19/20)

Change in Status Form

Placement Letter for Resource Parents/Caretakers

DSS5133ins

DSS5133

DSS5189

DSS5189II

DSS5206

DSS5207ins

DSS5207

DSS5245ins

DSS5245