

 <p>Department of Children & Family Services <i>Building a Stronger Louisiana</i></p>	Division/Section	Child Welfare
	Chapter No./Name	6 – Foster Care (FC)
	Part No./Name	12 – Special Circumstances with Foster Children/Youth
	Section No./Name	Special Circumstances with Foster Children/Youth
	Document No./Name	6-1205 Care Setting Preservation
	Effective Date	October 1, 2021

I. STATEMENT OF POLICY

It is the policy of DCFS to implement procedures to stabilize care settings for children/youth in foster care. As the custodian for children/youth in foster care, DCFS shall make every effort to provide or arrange services for children/youth to prevent the removal of children/youth from their care setting.

II. PROCEDURES

A. EXPECTATIONS AND SUPPORTS TO PRESERVE CARE SETTINGS

The first step in preserving a care setting for children/youth is to complete a thorough initial assessment of care setting options when a child enters foster care to ensure the most appropriate resource capable of providing both daily care as well as long-term permanency. Every reasonable effort shall be made to support and stabilize a care setting for a child/youth in foster care once established. Unless clearly contraindicated by the child/youth's needs or circumstances in the care setting, the case worker shall explore the services or resources which would support and stabilize the child/youth's current care setting with the caregiver(s). Complaints about a behavior or a request for removal may not indicate a need for immediate removal of a child/youth. This may be a request for help and the case worker shall make every reasonable effort to provide support and/or arrange services to preserve the care setting.

Possible support options include:

1. Teaming with Caregivers

The FC case worker partners with the caregivers to identify natural supports (family, friends, neighbors, church members, etc.), as well as other supports available (foster parent association, family resource center, child/youth's family) to assist the family. Staff guide caregivers in bringing together their support system to identify the issues creating stress in the caregiving relationship with the child/youth. A plan of support is developed with the caregivers and their support system to manage the care of the child/youth more effectively and reduce the stressors. The support team should be reconvened as necessary to provide ongoing support and assistance to the caregivers in order to sustain the care setting for the child/youth.

2. One to One Sitter Services in Foster Home/Kinship Care

An in-home sitter may be approved temporarily in a foster home or relative/kinship care setting if the child/youth requires continuous observation to monitor the well-being of the child/youth in a critical situation, e.g., monitoring response while in a medically fragile condition.

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One to one services will be for a specified time period. One to one services do not always require 24 hour periods and may be approved in hourly increments in consideration of the child/youth’s school attendance, activities, sleeping hours, etc. The cost of one to one sitters shall not exceed \$7.25 an hour. Payment is made using TIPS code 800 885, In-Home Sitter.

One to one intervention in a Non-Medical Group Home (NMGH) * or Qualified Residential Treatment Program (QRTP) will be considered for approval upon written request from the NMGH provider. The NMGH or QRTP provider will submit their request to the Congregate Care Specialist, who will advance the request to state office for approval. The use of one to one intervention in the NMGH or QRTP setting is limited. The residential facility should use a trained staff person who is responsible for providing supervision to that child only.

The maximum hourly cost for one to one intervention by a trained individual in a residential setting shall not exceed \$16.00 an hour. Payment shall be made using the TIPS code 800 841, Incidental Expense – Restrictive Staffing. Refer to [6-1615, Board Rate for Residential Facilities](#).

3. Special Board

For financial support to caregivers for extraordinary care efforts in maintaining a child/youth in a home-based setting and not covered by the basic board rate or provided by specialized service providers, refer to [6-1605, Board Payments for Foster Children/Youth](#). ** Guidance is provided in assessing the extra care efforts of the caregivers for provision of a special board payment.

4. Intensive Home Based Services

Occasionally, Intensive Home Based Services (IHBS) may be utilized to maintain a care setting in a family-based care setting which is at risk of disruption. Refer to [6-216, Services to Assist with Reunification](#). In such cases, it is expected the family has demonstrated a willingness to commit to the child/youth. After obtaining the approval of the Supervisor, the Foster Care case worker may refer the case to IHBS. Refer to [3-510, Intensive Home Based Services](#) Overview and Referral, for procedures for making referrals to IHBS.

5. Multi-Systemic Therapy (MST)

Multi-Systemic Therapy (MST) may be utilized to maintain or support a child/youth’s care setting in a home-based care setting (6-216, Services to Assist with Reunification). MST is a unique, goal-oriented and evidenced-based, comprehensive treatment program designed to address the complex, multiple aspects of serious antisocial behavior in adolescents in their home and community. MST specializes in the treatment of delinquent, multi-problem adolescents (ages 12-17) and their families.

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The primary goals of MST are to decrease the rate of *** anti-social **** behavior and association with deviant peers, improve school performance and engage in pro-social activities, empower parents with the skills, support and resources to help them independently address difficulties which arise in providing care to youth and achieve cost effective outcomes by preserving home-based care settings where the caregivers are committed to keeping the youth long term.

6. Interagency Services Coordination (ISC)

An ISC may be appropriate when a child is experiencing difficulty in at least two of the following settings:

- DCFS care;
- Office of Juvenile Justice (OJJ) supervision;
- Education delivery;
- Office of Behavioral Health (OBH) intervention;
- Office for Citizens with Developmental Disabilities (OCDD) service; and/or,
- Louisiana Rehabilitation Services (LRS) support.

The regional liaison for the regionally based ISC committee may be contacted to refer the child/youth for a regional level ISC meeting. All parties identified above will provide a representative to partner in identifying regional resources available to address the child/youth’s care issues to support and stabilize the care setting. If the regional ISC team is unable to reach consensus in developing a plan of intervention or the plan is unsuccessful, the child/youth may be referred to the state level ISC team.

B. CARE SETTING PRESERVATION STAFFING

The purpose of the care setting preservation staffing is to stabilize an existing care setting and to minimize the number of care setting a child/youth experiences while in foster care. These procedures do not apply to care setting changes made in the child/youth’s best interest, such as allowing the child/youth to return to the family home on a trial basis, moving the child into a less restrictive care setting, transitioning the child/youth into an adoptive care setting or care setting changes to meet specialized care needs for the child/youth.

Care setting preservation staffings are expected to occur at any time there is an indication of a potential care setting disruption. The Foster Care case worker, Home Development worker, youth, caregiver(s), biological parent(s) or CASA can initiate discussions concerning issues in a care setting. Preservation staffings shall include the child/youth’s team, i.e., the child/youth, parents, caregivers, attorney, CASA, tribe (if applicable), Home Development and other involved service providers. When the expectation is the child/youth may be placed in or exit from a residential setting, the Congregate Care Specialist (CCS) or Treatment Specialist (TS) must be included as a part of the team in the preservation staffing.

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A staffing should be convened immediately but no later than three working days following the identification of an issue affecting the care of the child/youth or as requested. If a child/youth is in a care setting across regional lines, involved staff from both region of jurisdiction and the region of the care setting shall participate.

In a care setting preservation staffing it is important to review the child/youth’s care setting history to help develop a plan to stabilize the child/youth’s current care setting. The review of the child/youth’s history may help identify trends in issues and solutions that can inform identification of current needs of the child/youth and potential solutions. In the case of a crisis or an abrupt care setting change it is important to use the staffing to plan for supporting a new care setting in helping the child/youth transition successfully and to provide appropriate supports in meeting the child/youth’s needs.

All participants in the staffing shall be provided with essential information prior to the staffing, e.g., a copy of the Assessment of Family Functioning (AFF), case plan with health and education records, Youth Transition Plan (if applicable), and any recent behavioral health assessments or treatment reports. It may be necessary for the Foster Care case worker to help a child/youth or parent understand the information contained in such documents to facilitate participation in the staffing.

Scheduling of the preservation staffing by the Foster Care case worker should accommodate the participation by the other team members such as parents, child/youth’s caregiver and child/youth as well as any youth chosen supports/advocates with both time and location.

Participation by the child/youth is a vital component of the preservation staffing. The child/youth should be encouraged to participate, as they feel comfortable. When a child/youth expresses discomfort in participating, the child/youth should be provided with alternative options to express concerns, e.g. submission of their written or recorded requests and concerns or other means that the child/youth identifies for their participation to occur.

The staffing shall be documented in the child/youth’s record using the CW Foster Care Case Staffing Form labeled as a care setting preservation staffing. Documentation shall always include the date of the staffing and the names and roles of those attending. During the care setting Preservation Staffing, the following areas shall be explored with discussion and recommendations included in the staffing documentation:

- Does the child/youth feel their current care setting is appropriate? Is the child/youth’s current care setting appropriate? If so, describe how. If maintaining this care setting is the Team’s plan, what services shall be used to stabilize the care setting, and who will provide and/ or arrange the needed services? What are the dates the services are to be initiated? What other individualized services are needed for this foster child/youth (e.g. increased family contact, educational services, counseling, etc.) to prevent further care setting issues?

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- What additional, available services to the caregivers and/or youth might help stabilize the current and/or future care setting and who can provide them? For example, would services through Family Resource Centers, one-on-one supervision, respite care, day care, special board, IHBS, MST, and/or other supports help stabilize the care setting?
- If a care setting change is necessary, what are the care setting options for the child/youth? Explore the overall progress of the parents toward achievement of the permanency plan goal. Have the caretaker protective capacities been enhanced enough to reduce the safety threats contributing to the child/youth’s removal so the child may safely return home? Reconsider all known relatives and fictive kin as well as previous foster caregivers for availability as a care setting resource for the child/youth or as a support and stabilize the current care setting. Discuss the manner in which the transition will be handled to minimize trauma to the child/youth and support the child/youth’s successful adaptation to the new care setting.
- In discussing necessary changes in a care setting consider:
 - The child/youth’s connection to the parish/region of origin:
 - The child/youth’s community ties in the current care setting, such as friends, school, church, culture, clubs, recreational activities or employment
 - The child/youth’s permanent plan/goals for independence and how that impacts the location of the care setting; and,
 - How individuals involved in the child/youth’s treatment and life will maintain involvement/connections.

When the care setting preservation staffing identifies services to stabilize the care setting and/or to meet the child/youth’s needs, the Foster Care case worker is responsible to assure fulfillment of the care setting preservation staffing plan. This should be initiated within three working days of the plan development and monitored weekly thereafter to ensure progress. The progress should be reviewed in case staffings between the Foster Care case worker and the supervisor over the child/youth’s case.

When the care setting preservation staffing requires a major change in the existing case plan, the child/youth’s, biological parents, caregivers, tribe (if applicable), CASA and the child/youth’s attorney shall be informed as soon as possible, if they were not present at the staffing. The child/youth’s case plan shall then be updated to reflect the new goals and a copy of the revised case plan shall be sent to Judge and all team members.

C. WHEN CARE SETTING CHANGE IS NECESSARY

All caregivers of a child/youth in the foster care shall be expected to provide a minimum of two weeks’ notice, when possible, of any need to change a child/youth’s care setting to allow

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efforts at preservation and/or identification of a new care setting. It is essential this time be provided to ensure a care setting is found which can meet the child/youth’s needs, to plan for transition time for the child/youth to reduce trauma, and to arrange visits prior to the change in care setting.

D. GUIDELINES FOR CHANGES IN CARE SETTINGS

Guidelines for establishing the first care setting ([6-300, Guidelines for Selecting a Care Setting Resource](#)) apply to care setting changes along with the following:

- The parish with jurisdiction and planning responsibility must find the new care setting when child/youth is placed out of region and disruption occurs. Refer to [6-625, Transfer Case](#). Care setting considerations should include the child/youth’s case plan goal, and how individuals involved in the child/youth’s case plan, treatment and life will maintain involvement. Refer to [6-803, Connections for Permanency](#).
- The Foster Care case worker should thoroughly discuss new care setting, i.e., location, type of home, school change if needed, type of family, race, other children in the home, relationship to other children, religion, religious expectations, language, ability to retain personal cultural activities, recreational activities, curfews, etc., with the child/youth. Any pictures of a new care setting which exist should be shared with the child/youth. Consider holding an icebreaker meeting with the child/youth, parents and the new caregiver to allow sharing of information.
- The current foster parent/caregiver and parents are expected to be included in preparing the child/youth for the move to the new care setting.
- The child/youth’s clothing shall be checked for adequacy prior to each change in care setting. If the child/youth’s wardrobe is not adequate, the care setting should be requested to provide sufficient clothing and/or an explanation of why the child/youth’s clothing is not adequate. If necessary, replacement items shall be obtained. Residential facilities receive a monthly amount separate from the board payment to maintain the child/youth’s wardrobe and must account for the expenditures when the child/youth leaves. Refer to [6-705, Determining the Child/Youth’s Personal and Clothing Needs](#), and [6-1210, Unusual Replacement Clothing Needs](#).
- Upon change in a foster care setting, if certain personal items are needed for the child/youth and not otherwise available from the previous care setting, the TIPS code 800 830 is used for children/youth placed in foster home settings and 800 840 is used for children/youth placed in residential settings. Purchases of personal items are not to exceed \$40 without a policy exception from State Office FC Unit.

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E. CARE SETTING GUIDELINES WHEN THERE ARE SEPARATE FC AND SP CASE WORKERS

- For children/youth in cross-regional care settings, a Foster Care Child Welfare Manager in the region of jurisdiction assures the child/youth is assigned a FC or Adoption case worker, if there is no longer an assigned SP case worker. It is the role of the case worker to assist in assessing care setting options for the child/youth along with the Foster Care or Adoption case worker in the region where the child is currently being provided care.
- The FC case worker completes the referral packet for the Congregate Care Specialist (CCS) or Treatment Specialist (TS) if a residential care setting is recommended by the team for the child/youth.
- The SP case worker or assigned FC or Adoption case worker in the region of jurisdiction is also responsible to assess the parents' home to determine the danger and risk of harm to the child/youth if returned home. The SP case worker or assigned FC or Adoption case worker in the region of jurisdiction shall also search for relatives, fictive kin, friends, former foster parents and other persons who might have a relationship with the child/youth and be willing to provide a care setting for the child/youth or support a care setting provider. Refer to [6-300, Guidelines for Selecting a care setting Resource](#), and [6-400, Placement of the Child/Youth a care setting](#).
- Home Development Units across the state are to be contacted for potential care setting resources, if assistance is needed in locating a care setting, prior to considering more restrictive care settings.
- The Home Development Unit in both the region of jurisdiction and the region where the child is current being provided care shall be contacted for child/youth specific recruitment. The two HD units/recruiters should work with the child/youth's team to identify the child's needs for a care setting. The [002-CSR, Child/Youth/Sibling Group Specific Recruitment Plan](#) is used to develop a plan for recruiting an appropriate placement for the child/youth.
- If residential treatment is being assessed for care setting and the child/youth has not participated in a behavioral health assessment or treatment during the past 12 months, the child/youth's FC case worker shall immediately schedule an assessment for the child/youth.
- The CCS or TS in the Tri-region of jurisdiction is primarily responsible for locating a residential or treatment care setting for the child/youth, if necessary. The foster care worker shall submit a referral packet to the CCS or TS. The CCS or TS in the Tri-region

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of the child/youth’s court of jurisdiction shall submit the residential referral packet to providers.

- The child/youth’s FC/Adoption case worker shall transport the child/youth to the new care setting. This is critical to ensure someone the child/youth knows well and has an established, trusting relationship is helping the child make this change. If possible to ease the transition for the child/youth, the caregiver from whom the child/youth is being moved or the child/youth’s parents should be encouraged to join in transporting the child/youth to the new care setting. The focus of the activities involved in the move should be minimizing any trauma to the child/youth.
- If the child/youth is placed in a foster home or other non-hospital care setting, the FC case worker shall provide a [Form 98-A](#) to the new caregiver, which is an Authorization for Care and Emergency Services, with all information that could impact care provided to the child/youth and/or the health and safety of the child/youth and/or foster caregiver and their household.
- The child/youth’s FC/Adoption case worker shall make every attempt to ensure a week’s supply of any of the child/youth’s currently prescribed medications, and/or current prescriptions are provided at the time the child moves into the new care setting if not provided in advance of the move.

If the child/youth is moved into a residential care setting, or a private foster home, the case worker helping the child make the move and the new case worker who will be responsible for monitoring the child/youth’s new care setting must both attend the initial treatment planning meeting with the residential facility or private agency.

III. FORMS AND INSTRUCTIONS

Assessment of Family Functioning (AFF)

CW Form [002-CSR](#) / [Instructions](#) Child/Sibling Group Specific Recruitment Plan

CW Form [98-A](#) / [Instructions](#) Authorization for Emergency Services

IV. REFERENCES

There are no references associated with this policy.