

SECTION III: CHILDREN, YOUTH AND THEIR FAMILIES

INTRODUCTION

Treatment Foster Care Services are intended to be temporary and support child-family relationships. They will also be consistent with individual permanency goals, through promotion of family reunification, relative placement, adoption or other long term, less restrictive alternatives.

When making admissions and placement decisions, the safety of the children/youth served must be addressed in individual service plans by the program staff.

When making admissions and placement decisions, the Individual Service Plans should address the children/youth served, the treatment families, and the communities in which they live.

The primary focus of Standards for treatment foster children and their families is on their rights as service recipients. These rights begin prior to the child's/youth's formal placement into a treatment family, continue through his/her direct involvement in treatment and other services while in the Program, and extend into the period following Treatment Foster Care placement.

Children/youth in Treatment Foster Care and their families have a right to services designed to promote healthy interdependence in family relationships and community life. Services to children/youth should target the remediation of specific referral problems, but also address their needs in all the major developmental areas associated with successful family, community, and independent living. Young persons have the right to participate in decisions about what and how services will be provided to them. As determined by the permanency plan, children, youth and their families have a right not to be viewed or treated in isolation of each other. Unless prohibited by judicial rulings, the children's/youth's families will be afforded the same rights as the children/youth.

A. PLACEMENT AND SUPPORT SERVICES

Children/youth have the right to receive all support services described under Section I and II. As determined by the placement source, the families of children/youth will have the same rights as those indicated above. Children also have the right to be adequately prepared for the child's/youth's placement into a treatment family, to be involved in the placement decision, and to receive support in maintaining and enhancing their relationships with each other.

1. Pre-placement Activities: Prior to any pre-placement activities, children/youth will be evaluated through a referral process regarding suitability for admission into Treatment Foster Care. Guided by the child's/youth's needs, pre-placement activities serve as an introductory process that allows the child/youth and the treatment family to become familiar with each other.

Pre-placement activities may include but are not limited to:

- a. Day visits.
- b. Mutual activities.
- c. Overnight visits. Children/youth referred to Treatment Foster Care should have at least one overnight visit whenever possible with the treatment family with whom they are

placed prior to their admission to the Program.

d. When a second treatment level placement is being considered, the needs of the existing placement are primary and the placement source must agree to the additional placement.

e. The Rules providing for the Licensing of Specialized Children's Foster Homes outline the use of their licensed slots.

2. Matching and Placement Decisions: Placement will be made only after careful consideration of the child's/youth's needs and preferences and the ability and willingness of the treatment family to meet the child's/youth's needs and accommodate preferences. Whenever circumstances warrant, and when in the best interest of the child/youth, the family of the child/youth will be given the opportunity to express their preference for placement and to meet with their child's/youth's prospective Treatment Parents prior to placement.

Important matching variables based upon known referral information, include, but are not limited to:

a. Treatment family composition.

b. Treatment family's ability to work with the child's/youth's family and significant individuals in the child's/youth's life (e.g., siblings, extended family, former care givers, friends of the family, treatment team providers).

c. Treatment family's ability to support birth families and document visits.

d. Treatment family's ability to speak a language of the child/youth and the child's/youth's family.

e. Race, color or national origin of the child/youth or treatment foster family may be considered only where it can be demonstrated to relate to the specific needs of an individual child/youth. In the event of any cross-cultural placement, the treatment foster family should receive training in cultural physical care and religious practice issues related to the child's/youth's culture, religion and ethnicity.

f. Proximity to the child's/youth's family, school, and community, whenever possible and appropriate.

g. Local availability of and access to resources required to meet the child's/youth's needs.

h. Treatment Parents' specific skills, abilities, and attitudes needed to work effectively with the particular child/youth to be placed in their care.

All placements will be made in accordance with the Multiethnic Placement Act (MEPA).

3. Assessment and Records: To achieve sound placement decisions and planning for relevant treatment services to children/youth, program staff should receive and review the following case material prior to a child's/youth's admission (if available):

a. Current Permanency Plan

b. Current case plan(s),

c. Psycho-social history, psychological assessments within last year,

d. School information,

e. Medical information,

f. Previous placement history and outcomes,

g. Potential problems,

h. Information on the child's/youth's skills, interests, talents and other strengths.

For children/youth admitted to Treatment Foster Care, an individual case record will be kept which includes the above information as well as the following:

- a. A pre-admission psychological evaluation (if available).
- b. A current child's/youth's psychosocial history.
- c. Educational history including school reports and available standardized test results.
- d. Medical information including sight, hearing and dental exam reports, current medications and allergies, child's/youth's physical description, immunization records, medical history and Maine Care/SSI/Health Care number, if applicable.
- e. Authorizations for routine medical care when needed.
- f. Correspondence with/from agencies involved with the child/youth.
- g. Reports and individual service plans resulting from placement with the treatment foster care agency:
 1. Preliminary Individualized Service Plan
 2. The comprehensive Individualized Service Plan.
 3. Progress reports.
 4. Case notes including contacts with the child's/youth's biological and/or extended family.
 5. Incident logs or records of serious behavior problems, illnesses or injuries.
 6. Discharge summary.
- h. Consent to give and receive information with various providers.

4. Child's Access to Agency Staff: Children/youth shall have the right to access program staff on a regular and emergency basis and may request to meet alone with any staff member. Children/youth shall be provided with information that includes their rights, regular and emergency telephone numbers of the placement agency, and emergency numbers external to the agency such as the legal guardian and other members of the treatment team.

5. Child-Family Contact/Relationships: Treatment foster children/youth shall have access to regular contact with their birth families as described in their Individualized Service Plan and approved by their legal guardian. The Treatment Foster Care Program shall work actively to support and enhance child-family relationships and sibling relationships. Specific activities to be undertaken in this regard shall be described in the child's/youth's Individualized Service Plan. When the child's/youth's plan is not reunification, the program shall actively work to support and enhance the child's/youth's relationships with his/her parents, siblings, extended family members and significant others in the child's/youth's community unless prohibited for safety reasons by the legal guardian.

Supervised visitation:

Foster families and agencies are to follow the Department of Health and Human Services Supervised Visitation policy.

6. Rights and Responsibilities: Children/youth in Treatment Foster Care have the same basic rights as all foster children including the right to privacy, unconstrained access to legal guardian/placement source and Guardian ad litem, humane treatment, adequate shelter, clothing, nutrition, essential personal care items and access to religious worship services of their choice. The treatment foster care program shall follow the Clients Rights for Children Receiving Mental Health Services. The child/youth will have his or her rights explained in a manner consistent with the child's/youth's level of understanding and will make this information available to the child/youth in writing at the time of

placement and annually thereafter. Any variation must be documented in the individual service plan and explained to the child/youth and to the child's/youth's family when family contact is part of the individual service plan.

B. TREATMENT

Treatment foster children/youth have the right to receive direct treatment and related services planned to reduce the specific problems associated with their placement in Treatment Foster Care and that address their emotional, cognitive and physical needs in major developmental areas. Treatment assumes written plans with clearly specific procedures and services designed to achieve measurable goals within a set period of time and with regular assessment of progress. Individual service plans and the methods they prescribe should be based on research findings that support their use and efficacy.

Individual service planning is an ongoing process with several characteristics and products including:

- a. An initial individualized service plan completed by the program to guide treatment parents' early assessment and relationship-building efforts, and to describe specific responses to potential problems identified through pre-admission assessment.
- b. A comprehensive individual service plan within 30 days of placement to describe long-term treatment and permanency planning goals and the services to be provided to meet those goals. The comprehensive individual service plan also must address specific strategies to be employed by treatment parents to meet long-term goals related to permanency plans and to achieve short-term objectives related to current problems or treatment issues. The individual service plan must address the frequency, amount, purpose and content of activities and strategies designed to meet stated goals. The plan will also document who provides or implements the activities and strategies. All goals and strategies will be specific to each child's/youth's clinical needs, and all strategies and activities will be reviewed and revised at a specified period of time not to exceed 90 days.

Individual service planning should seek to involve the child/youth from the outset and to maximize that involvement over time. The process should involve the child/youth's family whenever possible and address strategies to promote reunification and be consistent with individual permanency goals. Planning should extend beyond the period of a child's/youth's tenure in Treatment Foster Care to guide and stabilize transitions to subsequent settings and to maximize the transfer and maintenance of treatment gains.

1. Initial Individual Service Plan: An initial written individual service plan shall:

- a. An initial Individual service plan and/or Family Team Meeting shall be completed following the child/youth's placement in the home in order to describe the specific tasks to be carried out by the treatment team in the first 30 days.
- b. Describe strategies to ease the child's/youth's adjustment to the treatment home and to directly assess the child's/youth's strengths, skills, interests and needs for treatment.
- d. Address short-term goals for the first 30 days of placement.
- e. Identify problems likely to be encountered with the child/youth and specify how the treatment team is to respond to them.

2. Comprehensive Individual Service Plan: A written comprehensive individual service plan shall be completed within 30 days of placement and updated on a quarterly basis. The plan shall address the

long-term goals of treatment including criteria for discharge, projected discharge date from the Program, permanency plan, projected post-Treatment Foster Care setting and aftercare services. The comprehensive individual service plan shall also include proactive, short-term treatment goals that are measurable and time-limited, along with specific strategies for promoting and regularly evaluating progress.

Each child's/youth's comprehensive individual service plan shall be reviewed in discussions with treatment team members, summarized via quarterly progress reports and revised as necessary. Quarterly reports shall document progress on specific short-term treatment goals, describe significant revisions in goals and strategies, and specify any new treatment goals and strategies initiated during the period covered. The quarterly progress report shall summarize progress and note changes regarding the permanency plan, the intended discharge placement if different from the permanency plan, respite plans and treatment goals.

The plan shall identify and build on the child's/youth's strengths and assets as well as respond to presenting problems. It shall assess the child's/youth's needs for services in major developmental arenas. The plan shall describe goals and strategies necessary to promote pro social, adaptive behavior, emotional well-being, cognitive development, interpersonal skills and relationships, community, family and cultural connections, self-care and daily living skills, educational/vocational skills and recreational activities and needs. Every youth in care at age 16 is required to have a transitional plan, strengths-needs assessment completed from which an independent living preparation plan is developed and services provided to achieve the goals identified in the plan. The independent living plan is to be reviewed every six months to record progress made on life skills goals and to make any necessary adjustments to the plan.

3. Permanency Planning: Every child/youth in placement has the need for security, stability and continuity of living environment and relationships. As defined in Child and Family Services policy, "permanency is a safe, committed, loving relationship that is intended to last forever between a young person and adult where the young person receives consistent emotional support, nurturing, and acceptance based on trust and respect, providing for the physical, emotional, and spiritual well-being of the person, offering legal rights and social status of full family membership, while assuring lifelong connections with the young person's extended family, siblings, and other significant relationships in the young person's life. Permanency planning includes assessment and treatment of the child and family that focuses on opportunities for the child to have ongoing active and meaningful connections to family, relatives and community. The DHHS identified permanency plan should be supported by agency staff and foster parents and reflected in the individual service plan. Permanency goals include:

- a. Reunification
- b. Placement with relatives
- c. Adoption
- d. Permanency Guardianship
- e. Another Planned Permanent Living Arrangement (this option is used only after a compelling reason has been determined that one of the other preferred permanency goals is not in the best interests of the child.)

Planning for permanence shall include the following:

- a. Goal of Placement. A goal for achieving permanency and continuity of relationships shall be included in the comprehensive individual service plan and shall be reviewed at the time of quarterly progress reports.

b. Implementation Plan. The permanency plan, in the context of the comprehensive plan, shall describe specific tasks to be carried out in order to achieve the permanency goal. The plan shall include strategies to promote the permanency plan. These strategies and tasks may include:

- (1) Activities to prepare the child's/youth's family or kinship network for reunification where reunification is the goal.
- (2) Activities to prepare the child/youth for transition into placement.
- (3) Empowering young people through information, support, and skill development (including independent living skills) to be fully involved partners in directing their own permanency planning and decision-making.

4. Transition Planning: Transitions are particularly challenging for children and youth in placement. Respite planning, discharge planning, and aftercare planning enhance the child's opportunities for success and well being in new environments and promote a coordinated and thoughtful approach to meeting the child's/youth's needs. These plans shall be documented in the comprehensive individualized service plan or may be documented separately. In all cases, the plans should be signed by the treatment team. A family team meeting should be scheduled for any significant transition. All key people should be invited, including the child/youth, if age appropriate.

a. **Respite Planning.** While safety, well-being, and treatment continuity are essential in meeting the needs of children/youth, it is also important to promote normalization and community integration. In an effort to balance these needs, a written respite plan shall be developed and reviewed, at least quarterly.

b. **Discharge & Aftercare Planning.** Discharge planning begins at the time of placement. Discharge plans are reviewed on an ongoing basis and are formally reviewed at least quarterly. Discharge planning should review major treatment recommendations that are likely to facilitate a successful discharge placement. The intended post-treatment placement shall be regularly reviewed to determine whether it remains the most viable and beneficial placement for the child/youth. A discharge report shall document, but not be limited to, the course of treatment, the major treatment recommendations and the aftercare plan. Written recommendations for aftercare shall be made for each child/youth prior to his/her planned departure from the Program. Such recommendations shall specify the nature, frequency and duration, and responsible parties for aftercare services to be provided to the child/youth, to his/her family, or to other persons involved with the child's/youth's post-placement. The discharge and aftercare report shall be available within 14 days of the child's/youth's discharge from the Program.

5. Individual Service Planning Participation: Children, youth and their families shall be encouraged to participate in assessment, goal setting, and planning as members of the treatment team. (If the child's/youth's family is not involved in the individual service planning process, the Program shall document the reason in the comprehensive individual service plan.) All children age 14 and older must be advised of risks and benefits of treatment (informed consent) and document this by signature on the treatment plan. Reason for refusal to sign will be documented.

Whenever possible, the initial individualized service plan, and in all cases the Comprehensive Individualized Service Plan, identifies all team members who will assist in the provision of planned services, specifically describing how and by whom those responsibilities are to be carried out. Participation and responsibility of team members shall be verified by team members signing the comprehensive individual service plan. The individual service plan shall not be in effect until signed by

the legal guardian.