

STANDARDS FOR EFFECTIVE PRACTICE
6.0 - OUT OF HOME CARE SERVICES

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CHILD PROTECTION SERVICES
STANDARDS FOR EFFECTIVE PRACTICE

STANDARDS FOR OUT-OF-HOME CARE SERVICES

6.0 OUT-OF-HOME CARE SERVICES PROGRAM STATEMENT

Every effort should be made to keep children safely in their homes. Children have the right to be nurtured and protected in a safe, stable environment. When children are at risk, communities have the responsibility to intervene.

Children are removed from their homes when it is assessed that remaining there will place them at further risk of abuse, neglect or dependency. Once a removal has been made, Children and Family Services Agencies (CFSAs) must place children in out-of-home care settings which provide a safe, nurturing, and family-oriented environment, while the agencies, along with community supports, work with the families to develop permanency plans. It is the responsibility of the CFSA to support and direct the services to at-risk children and their families. The desired outcome of all out-of-home placements is to reunify children safely with their families as soon as possible or to secure a permanent family.

Out-of-home care standards reflect effective practice and guidelines for providing out-of-home care services to at-risk children, birth families and the caregivers.

CHILD PROTECTION SERVICES
STANDARDS FOR EFFECTIVE PRACTICE

STANDARDS FOR OUT-OF-HOME CARE SERVICES

6.1 PLACEMENT OF CHILDREN IN OUT-OF-HOME CARE

Council on Accreditation Standards

The Council on Accreditation Standards S21.1 (Access to Kinship Services- Foster and Kinship); S21.13 (Treatment Foster Care Access to Services); S21.17 (Foster Care for Medically Fragile Infants and Children Access to Services); S26 (Group Living Services); and S27 (Residential Treatment Services) link to and support Standard 6.1 *Placement of Children in Out-of-Home Care*.

Administrative Code

The Ohio Administrative Code Rules 5101:2-42-05 (Selection of a Placement Setting) and 5101:2-42-64 (Preplacement Services) address Standard 6.1 *Placement of Children in Out-of-Home Care*.

*Items with an asterisk indicates that this Standard is based on effective practice, however, it does not currently comply with the Ohio Administrative Code.

I. Philosophy

Identifying the most potentially successful placement for children begins before the determination that the child will be removed. Pre-placement staffings (a Team Decision Making meeting) should occur and involve the birth family, extended family, and other supportive and community resources prior to a decision that the child must be removed.

When it is determined that removal is necessary, the agency, in partnership with the family and community stakeholders, should select the placement for the child that promotes safety, stability and permanency. This decision should be based on the child's current and future needs identified through an assessment process. Additionally and equally important, the CFSA should evaluate: separation and attachment issues with the child's family including siblings and extended family, the desires of the child's family, and the children's permanency plans.

II. Outcome

Children are placed in a setting that provides safety and stability and meets their current and future needs.

III. Evaluation

FACSIS events, CPOE and the Federal Health and Human Services outcomes may be considered when evaluating this standard. In addition, the CFSA may consider the following:

- the number of team decision making meetings per family/child case held prior to removal;
- the number of children prevented from coming into care due to holding a team decision making meeting;
- the number of children removed after holding a team decision making meeting;

- the number of team decision making meetings per family/child case after removal (including a family case conference the following day after an emergency removal) until case is closed;
- the number of participants (family, family support, service providers, relatives, staff, etc.) who attend each team decision making meeting;
- the number of children initially placed with relatives, kin, foster families, congregate care settings, residential, group homes, and institutions.

IV. Standards for Implementation

- 1) Once high risk has been identified and an alternative placement arrangement is identified as likely, the CFSA should hold a Team Decision Making meeting (see Standard 3.10, *Team Decision Making*).
- 2) Along with the agency, participants in the Family Case Conference may include the child's family, extended family, foster family (if applicable), child (if age appropriate), Juvenile Court, CASA (Court-Appointed, Special Advocate), GALs and other supportive and community resources.
- 3) The CFSA should follow the structured decision making process for determining how to identify the most potentially successful placement (through the TDM).
- 4) In order to determine the most potentially successful setting for the child, the assessment process (through a TDM meeting) should address the following criteria and should be ranked in order of importance based on the individual priorities and needs of the specific child to be placed:
 - a. the child's current behavior;
 - b. the child's psychological and medical needs;
 - c. the child's intellectual and social functioning;
 - d. the child's past history (including the child's placement history); and
 - e. the child's educational level.
- 5) The CFSA should use the outcomes of the assessment to identify the type of placement needed for the child.
- 6) The CFSA should document who is invited to, and who attends, the Team Decision Making meeting and how the placement decision has been made.
- 7) When emergency placement occurs and an assessment process cannot be completed prior to placement, the agency should hold a TDM meeting the next business day, which includes a thorough assessment.
- 8) Agencies should place children in the most potentially successful setting that can meet their current and future identified needs (see Standards 6.2, *Placement of Children into Foster Care* and 6.12, *Placement of Children into Congregate Care*).

V. Financial Implications

Costs associated with Standard 6.1, *Placement of Children in Out-of-Home Care* would include:

- a. Policy development- 16 hours x \$71/hour = \$1,136
- b. Assessment Process- 40 hours x \$89.25/hour = \$3,570
(see Standard 6.5, *Foster Care*)

CHILD PROTECTION SERVICES
STANDARDS FOR EFFECTIVE

STANDARDS FOR OUT-OF-HOME CARE SERVICES

6.2 PLACEMENT OF CHILDREN INTO FOSTER CARE

Council on Accreditation Standards

The Council on Accreditation Standards S21.1 (Access to Services- Foster and Kinship); S21.13 (Treatment Foster Care Access to Services); and S21.17 (Foster Care for Medically Fragile Infants and Children Access to Services) link to and support Standard 6.2 *Placement of Children into Foster Care*.

Administrative Code

The Ohio Administrative Code Rules 5101:2-39-40 (Placing a Child or Arranging the Placement of a Child With Suitable Relatives or Suitable Non-Relatives); 5101:2-39-45 (Selection of Substitute Care Placement Setting); 5101:2-42-18 (Approval of Substitute Care Placement Setting); 5101:2-42-65 (Agency Visits); 5101:2-42-66 (Administrative Procedures for Comprehensive Health Care for Children in Custody); 5101:2-42-90 (Information to be Provided to Caregivers, School Districts, and Juvenile Courts; Information to be Included in Individual Child Care Agreement); 5101:2-47-21 (Foster Care Maintenance Payments Related to the Difficulty of Care Needs of a Child Placed in a Family Foster Home, Relative Home, or Pre-finalized Adoptive Home); 5101:2-5-08 (PCPA and PNA Governance and Administration); and 5101:2-7 (Administrative Rules for Family Foster Homes) address Standard 6.2 *Placement of Children into Foster Care*.

I. Philosophy

CFSA's believe that it is in the best interest of children who are in need of a foster home placement to experience one placement until permanency is achieved. Foster home selection should be based on the location of the foster home and the suitability of a family in meeting children's individual needs, particularly their willingness and ability to:

- keep siblings together, when appropriate;
- be responsive to the child's cultural needs;
- become a permanent resource for the child.

When appropriate, selection of a home should involve finding a home as close to the child's birth family as possible.

Agencies and communities should design, implement and evaluate their services and resources to achieve the best match of the child with a foster family. The skills and qualifications of agency staff who provide services to foster caregivers and children and the delivery of services required to maintain the child in placement need to be considered as well.

II. Outcome

Children experience one foster care placement.

The foster family meets the child's identified and future needs.

III. Evaluation

FACSIS events, CPOE and the Federal Health and Human Services outcomes may be considered when evaluating this standard. In addition, the CFSA may consider the following:

- the number of team decision making meetings per family/child case after removal (including a TDM the following day after an emergency removal) until case is closed;
- the number of participants (family, family support, service providers, relatives, staff, etc.) who attend each team decision making meeting;
- the number of children initially placed with relatives, kin, foster families, congregate care settings, residential, group homes, and institutions;
- number of children initially placed in family foster care;
- number of qualified foster parents that provide family foster care;
- number of foster parents that provide family foster care in targeted neighborhoods;
- number of staff with qualifications to assist and serve family foster care placements;
- number of children initially placed in specialized foster care;
- number of qualified foster parents that provide specialized foster care;
- number of foster parents that provide specialized foster care in targeted neighborhoods;
- number of staff with qualifications to assist and serve specialized foster care placements;
- the median length of stay for children in family foster care and in specialized foster care prior to returning home, emancipation or prior to adoption finalization;
- the number of out-of-home placement moves for children in family foster care and in specialized foster care;
- the number of children reunified with their family in family foster care and in specialized foster care;
- the number of children (originally placed in family foster care and in specialized foster care) recidivating within 12 months of exiting care.

IV. Standards for Implementation

A. Placement of Children in Foster Care-Administrative Responsibilities

- 1) The CFSA should have a policy that defines matching children with foster care services based on:
 - a. the behavioral traits, characteristics and needs of the child including being placed with siblings;
 - b. the caregiver skills and qualifications for providing care to children and their families;
 - c. the location of the caregiver's home in relation to the birth family's home;
 - d. the skills and qualifications of agency staff who provide services to foster caregivers and children;
 - e. the delivery of services needed to maintain the child in placement; and
 - f. the corresponding reimbursement rates.
- 2) When placing a child in foster care, the CFSA should use a standardized assessment process (see Standard 6.1, *Placement of Children in Out-of-Home Care*) as a part of the Team Decision Making meeting to assess and determine the placement needed. This assessment process should be continuous and include the evaluation of services to ensure that the services are meeting the child's needs.

B. Types of Foster Care

Children entering foster care have varying needs, which can require different types of care. CFSAs define the types of care differently. However, a distinction between family foster care and specialized foster care should be made. CFSAs should have policies regarding these two distinct levels of care.

It is in the child's best interest to be placed in a family foster home that is located in the same community as the child's birth family unless it is not safe for the child and foster family. The child is then able to maintain cultural, community and school connections thereby reducing the stress and trauma to child.

1) Family Foster Care

In general, Family Foster Care homes should be able to care for children that have mild to moderate emotional, behavioral, intellectual or physical challenges.

a. The Needs, Behavioral Traits, and Characteristics of the Child for Family Foster Homes

The following needs, behavioral traits and characteristics are taken into account when matching a child with a foster home:

- i. child may need to be placed with their siblings already in care or coming into care;
- ii. child may have mild physical condition or disability;
- iii. child exhibits stronger coping skills, more age-appropriate social behavior and skills, resiliency;
- iv. child may exhibit mild to moderate emotional and/or behavioral problems consistent with a history of abuse and/or neglect or unruliness; and/or
- v. child may have mild retardation or developmental delays.

b. The Caregiver Skills and Qualifications

In general, Family Foster Caregivers should have the following skills and qualifications to care for the children in their home.

- i. Emotional/mental/social skills that include:
 - aa. high level of maturity,
 - bb. demonstrating good decision-making skills, critical thinking skills, and creative problem solving abilities,
 - cc. a good support system,
 - dd. emotional and mental stability,
 - ee. being nurturing and compassionate,
 - ff. good listening and communication skills, and
 - gg. good coping skills.
- ii. Parenting skills that include:
 - aa. enjoying parenting and understanding fundamentals of parenting,
 - bb. demonstrating an interest in advocating for children,
 - cc. maintaining a safe home environment,
 - dd. flexibility to respond to different needs of children,
 - ee. effective parenting strategies for dealing with difficult children,
 - ff. patience in working with children,
 - gg. ability to set appropriate boundaries with children;
 - hh. ability to be a good role model; and
 - ii. realistic expectations of the child.
- iii. Financial skills that include:
 - aa. demonstrating good budget skills, and
 - bb. ability to provide for social, medical and educational needs.
- iv. Openness/Willingness qualities that include:

- aa. working and being a team player with the birth and extended family,
- bb. demonstrating cultural competence,
- cc. a good understanding of normal child development,
- dd. the impact of abuse/neglect on a child,
- ee. recognizing strengths and positives of birth parents,
- ff. supporting religious beliefs of child,
- gg. openness to support services in home, and
- hh. understanding and respecting confidentiality.
- v. Experience that would include:
 - aa. good understanding of systems,
 - bb. basic understanding of symptoms and behaviors of mental illnesses and disorders,
 - cc. basic knowledge of psychotropic medications/interventions.
- vi. Training that would include:
 - aa. completing the minimum agency required training hours, thereby maintaining current certification (see Standard, 6.3, *Combined Certification and Approval for Foster Care and Adoptive Families*).
- c. The Skills and Qualifications of Agency Staff

In general, agency staff that work with family foster caregivers and children should be able to demonstrate the following skills and qualifications:

 - i. Emotional/mental/social skills that include:
 - aa. ability to be nurturing and compassionate,
 - bb. providing support,
 - cc. ability to cope with change,
 - dd. ability to deal with and reduce stress,
 - ee. active listening skills,
 - ff. verbal and written communication skills,
 - gg. accurate reporting,
 - hh. being honest with all involved,
 - ii. ability to be realistic, and
 - jj. patience in working as a team.
 - ii. Professional Skills that include:
 - aa. demonstrating cultural competence,
 - bb. flexibility in responding to the different needs of children,
 - cc. ability to think creatively,
 - dd. being a good role model,
 - ee. recognizing strengths of the birth parent, foster child and foster parent,
 - ff. ability to communicate with foster parents regarding birth family issues,
 - gg. understanding that the birth/foster family will have an active role in case planning, decision making and reunification,
 - hh. ability to set appropriate boundaries,
 - ii. a willingness to be an active and supportive part of a team with the birth family and caregiver,
 - jj. respecting confidentiality and understanding its parameters,
 - kk. demonstrating good decision-making skills, strength based critical thinking skills, and creative problem solving abilities, and
 - ll. an interest in advocating for children.
 - iii. Experience and Training that include:
 - aa. a good understanding of child serving systems,

- bb. an understanding and knowledge of impact of abuse and neglect for children,
 - cc. an understanding of child development,
 - dd. knowledge of effective parenting skills, and
 - ee. knowledge of diagnosis and use of psychotropic medications/interventions.
- d. The Delivery of Services Needed to Maintain the Child in Placement
- i. Agencies need to work with service providers to ensure that needed services are delivered in a timely, appropriate and culturally responsive manner to maintain the child in placement. Once the child and family's needs have been assessed (see Standard 3.1, *Child and Family Assessment*), agencies must locate and advocate for service providers, in or close to the family's community, who will be able to respond to the needs of the family and/or child. Agencies should continually evaluate and measure the effectiveness, timeliness and quality of service delivery.
 - ii. After an initial assessment, children who are placed in family foster care may exhibit additional behaviors that would require specialized care. It is the agency's responsibility to assess what resources (e.g., training, services, respite) are needed for the foster family and the child that will support and maintain the placement. Providing/locating identified resources will assist in maintaining the placement so that the child experiences only one placement while in care.
- e. The Corresponding Reimbursement Rates
- i. Agencies should have a policy for assessing, implementing, measuring and evaluating the reimbursement rates for foster families. Policy should define expenses that are or are not reimbursable (e.g. transportation, respite, clothing, medical, school supplies, damage not covered by homeowner's insurance).
 - ii. Foster parents should receive information on the agency's reimbursement schedule and grievance process. The policy should clearly specify reimbursement changes if level of care changes occur and foster families should receive information of the reimbursement changes.
- f. Occupancy Rate
- i. Occupancy Rate should be based on the individual needs of the child in care and ability and skills of the foster family to meet those needs.
- 2) Specialized Foster Care
- Specialized Foster Care homes should be able to care for children who have moderate to severe emotional, behavioral, intellectual or physical challenges.
- a. The Needs, Behavioral Traits, and Characteristics of the Child for Specialized Foster Homes
- The following needs, behavioral traits and characteristics are taken into account when matching a child with a foster home:
- i. child to be placed with their siblings already in care or coming into care;
 - ii. child may have moderate to severe physical condition or disability;
 - iii. child exhibits minimum coping skills, social behavior and skills that are inappropriate or are not appropriate for their age;
 - iv. child may exhibit moderate to severe emotional and/or behavioral problems consistent with a history of abuse and/or neglect or delinquency and/or unruliness; and/or
 - v. child may have moderate to severe retardation or developmental delays.
- b. The Caregiver Skills and Qualifications

Specialized Foster Caregivers should demonstrate the skills and qualifications described under Family Foster Care in addition to the following:

- i. ability to provide a safe environment through the knowledge and use of de-escalation and crisis intervention techniques;
- ii. willingness and ability to work with birth family and be a professional contributor on a treatment team;
- iii. ability to respond to and cope effectively with the more severe and frequent crisis needs of the child and provide special individualized intervention based on the child's treatment plan;
- iv. interact and advocate effectively within a multi-system environment;
- v. advanced knowledge of skills around parenting strategies to address child's mental health issues;
- vi. specific knowledge of child's diagnosis and possible use of psychotropic medications/interventions; and
- vii. willingness to restructure home.

Specialized Foster Caregivers will complete the minimum agency required training hours to maintain their current certification (see Standard 6.3, *Combined Certification and Approval for Foster Care and Adoptive Families*). In addition, specialized Foster Caregivers will receive training specific to the needs of the child placed in their home.

c. The Skills and Qualifications of Agency Staff

Agency staff should demonstrate the skills and qualifications described under Family Foster Care in addition to the following:

- i. advanced knowledge of child development, the impact of child abuse and/or neglect, mental health issues, juvenile delinquency;
- ii. advanced knowledge of effective parenting strategies as related to child's mental health issues;
- iii. advanced knowledge of diagnosis and use of psychotropic medications/interventions; and
- iv. knowledge of and demonstration of intensive case management.

d. The Delivery of Services Needed to Maintain the Child in Placement

- i. Agencies need to work with service providers to ensure that needed services are delivered in a timely, appropriate and culturally responsive manner to maintain the child in placement. Once the child and family's needs have been assessed (see Standard 3.1, *Child and Family Assessment*), agencies should locate and advocate for service providers, in or as close to the family's community, that will be able to respond to the needs of the family and/or child. Agencies should evaluate services to measure effectiveness, timeliness, and quality of service providers.
- ii. After an initial assessment, children who are placed in specialized foster care may exhibit behaviors requiring more/less therapeutic care. It is the agency's responsibility to assess what resources (e.g., training, services, respite) are needed for the foster family and the child that will support and maintain the placement and to provide/locate/decrease those resources so that the child will experience only one placement while in care.
- iii. The frequency and intensity of contact should be in direct proportion to what the family and child are experiencing, but no less than weekly contact with caregiver and child and face-to-face contact once every two weeks.

- e. **The Corresponding Reimbursement Rates**
 Agencies should have a policy for assessing, implementing, measuring and evaluating the reimbursement rates for foster families. Policy should define expenses that are or are not reimbursable (e.g., transportation, respite, clothing, medical, school supplies, damage not covered by homeowner's insurance). Foster parents should receive information of the agency's reimbursement schedule and grievance process. The policy should clearly specify reimbursement changes if level of care changes occur and foster families should receive information of the reimbursement changes.
- f. **Occupancy Rate**
 Occupancy Rate should be based on the individual needs of the child in care and ability and skills of the foster family to meet those needs.

V. Financial Implications

Costs associated with Standard 6.2, *Placement of Children into Foster Care*, include assessment, treatment plan agreement, weekly contact, treatment team staffings, respite care, and foster caregiver training for a total of:

- a. Overall policy development: 80 hours x \$71/hour = \$5,680
- b. Child Assessment (psychological, medical, social history, education): 40 hours x \$89.25/hour = \$3,570 per child, plus any costs associated with services purchased to complete assessment
- c. Quarterly Reassessment of Child's Needs: see Standard 3.1, *The Child and Family Assessment*
- d. Development and Negotiation of Treatment Plan Agreement: 10 hours x \$89.25/hour = \$892.50 per child
- e. Weekly Contact with Foster Family Home and Child:
 2 hours x \$89.25/hour = \$178.50/week
 Annual Cost: \$178.50/week x 52 weeks = \$9,282
- f. Treatment team quarterly review of plan: \$240/hour of review plus any costs associated with paid professional consultation.
- g. Respite Care: \$30/day x 2 days per month = \$60/month/child or \$720 annually
- h. Foster Caregiver Training:
 - i. Family Foster Care: 12 hours per year x \$89.25/hour x 2 workers = \$2,142 per annual training class (20 hours)
 - ii. Specialized Foster Care: 18 hours/year x \$89.25/hour x 2 workers = \$3,213 per annual training class

Additional costs may include the rate per training session paid to foster parents to compensate for their attendance at the training sessions and the board, clothing, and other costs associated with maintaining the child in care.

CHILD PROTECTION SERVICES
STANDARDS FOR EFFECTIVE PRACTICE

STANDARDS FOR OUT-OF-HOME CARE SERVICES

6.3 COMBINED CERTIFICATION AND APPROVAL FOR FOSTER CARE AND ADOPTIVE FAMILIES

Council on Accreditation Standards

The Council on Accreditation Standards S14.7 (Services for Adoptive Applicants) and S21.8 (Foster Parent and Kinship Caregivers) link to and support Standard 6.3 *Combined Certification and Approval for Foster Care and Adoptive Families*.

Administrative Code

The Ohio Administrative Code Rules 5101:2-5-091 (Criminal Records Check Required for Certain Prospective Employees and Certified Foster Caregivers); 5101:2-5-13 (Required Agency Policy); 5101:2-5-20 (Application for an Initial Family Foster Home Certificate); 5101:2-5-21 (Agency Assessment of an Initial Application for Family Foster Home Certificate); 5101:2-5-22 (Recommendations for Initial Family Foster Home Certification or Denial of Initial Family Foster Home Certification); 5101:2-5-23 (Form and Duration of a Family Foster Home Certification); 5101:2-5-28 (Cause for Denial of Initial Certification, Denial of Re-certification or Revocation of a Family Foster Home Certificate); 5101:2-5-33 (Foster Caregiver Orientation and Training); 5101:2-7-02 (General Requirements to be Certified as a Foster Caregiver) through 5101:2-7-15 (Transportation); 5101:2-48-011 (Agency Adoption Policy); 5101:2-48-04 (Adoption Policy); 5101:2-48-06 (Restrictions Concerning Provision of Adoption Services); 5101:2-48-10 (Release of Adoptive Assessment and Related Information); 5101:2-48-12 (Completion of a Home Study Report); and 5101:2-48-12 (Completion of a Home Study Report) address Standard 6.3 *Combined Certification and Approval for Foster Care and Adoptive Families*.

*Items with an asterisk indicates that this Standard is based on effective practice, however, it does not currently comply with the Ohio Administrative Code (which requires the applicant complete the certification and approval process regardless of ineligibility).

I. Philosophy

Children are entitled to out-of-home placement and permanent homes, which are safe, stable, and provide for their physical, emotional, intellectual, spiritual, cultural, educational, social and developmental needs. In keeping with the philosophy "one placement per child", timely and thorough assessments of applicants as certified foster families and as approved adoptive families maximize the likelihood of permanency for children, minimizing multiple placements. The assessment of foster and adoptive homes requires a strong partnership between the agency and the potential caregiver.

II. Outcome

Families care for and aid in the transition of children toward permanency through reunification or adoption.

III. Evaluation

FACSIS events, CPOE and the Federal Health and Human Services outcomes may be considered when evaluating this standard. In addition, the CFSA may consider the following:

- number of personal responses made to prospective applicants within two working days;
- number of summarized information packets sent to prospective applicants within three to five days of the inquiries;
- number of prospective applicants per year;
- number of prospective applicants qualifying per year;
- number of prospective applicants completing all necessary paperwork per year;
- number of prospective applicants completing all training requirements per year;
- number of prospective applicants certified or approved per year;
- number of foster or adoptive families recruited, certified or approved from targeted neighborhoods;
- number of foster families that transfer or terminate license per year.

IV. Standards for Implementation

A. Inquiries

Child and Family Services Agencies acknowledge that an expedient response to foster care and adoption inquiries is critical to the recruitment process. Introducing prospective applicants to these programs exposes them to the needs of children and families', requirements for fostering and adopting, and increases the public's understanding of the foster care and adoption processes in Ohio.

- 1) The designated CFSA representative should personally respond to each prospective applicant within two working days of receiving the inquiry.
- 2) All inquiries made to staff representatives should be forwarded immediately to the designated CFSA representative to provide the personal response within two working days.
- 3) CSFAs should send the following summarized information within 3-5 working days to those inquiries that are interested in continuing with the licensing and approval process:
 - a. CFSA mission/purpose statement;
 - b. statement of general need for foster and adoptive homes that meet the current needs based on target populations (e.g., age, race, ethnicity, special needs, geographic location);
 - c. statement regarding available options and opportunities to foster and/or adopt;
 - d. certification and approval requirements including:
 - i. the application process;
 - ii. the training and schedule of training events;
 - iii. the home study process;
 - iv. the home safety and fire inspection;
 - v. a copy of the marriage certificate and/or divorce decree, complete financial statement, complete medical form, authorization for release of information (ROI), access to criminal records information and five references (no more than two related);
 - f. summary of minimum state requirements to become an approved foster/adoptive applicant;
 - g. summary of CFSA foster care and adoption policies and the Ohio Adoption Guide; and
 - h. availability of on-site/website review of Ohio's children.

B. Qualifying Application Requests

Agencies acknowledge that inclusive practices for qualifying foster or adoptive applicants increase the pool of families available for children when needed for placement. The focus of inclusivity is to challenge the agency's attitudes of "screening out" candidates to one of "screening in" appropriate candidates.

- 1) All applicants need to be viewed in terms of the agency and state policies for foster or adoptive homes. Considerations for continuing with the licensing and approval process are:
 - a. prospective applicant is at least 21 years old*;
 - b. prospective applicant has not been convicted of a felony as defined in the Ohio Revised Code and the Ohio Administrative Code;
 - c. prospective applicant's marital/live-in status has been stable twelve months prior to the application;
 - d. prospective applicant has not had involvement with a CFSA that would cause the CFSA to deem the applicant ineligible.

**This standard is based on effective practice, however, it does not currently comply with the Ohio Revised Code (which allows 18 year olds to unilaterally apply for, and be approved to, foster and/or adopt).*

C. Foster Care and Adoption Services for Individuals Directly Affiliated with the Agencies

Agencies believe that a conflict of interest exists for an agency staff member, Board member, or member of the Citizens Review Board to receive foster care and adoption services from the agency with which these individuals are affiliated. The agency should link these prospective applicants to another agency, which should provide comparable and timely services (e.g., homestudy, updates, placement, support, supervision) that would have otherwise been provided by the originating agency. The referring agency should document having done so.

D. Certification/Approval Process

Certifying/approving a foster/adoptive home is based on a process of mutual assessment of the applicant's suitability. Both the applicant and the CFSA must fully participate in the process to assure the decision to certify and approve the home is based on accurate, thorough, and complete information. CSFAs should use assessment methods that are culturally appropriate to the applicant and assist applicants in meeting basic qualification requirements. The certification/approval process should be as expedient as possible.

- 1) The foster family/adoption application should be provided within three working days of the request.
- 2) The CFSA should initiate the certification and approval process within ten working days of receiving the application form.
- 3) When the CFSA determines the applicant to be ineligible for certification and approval, the CFSA will inform the applicant of the reason of ineligibility and their right to voluntarily withdraw the application, and sends the applicant written notification and a copy of the agency grievance process within five working days.

**This Standard is based on effective practice, however, it does not currently comply with the Ohio Administrative Code (which requires the applicant complete the certification and approval process regardless of ineligibility). It is recommended that an Ohio statewide database be developed to track the foster/adoptive homes that have been denied for*

licensure and/or recertification. It is also recommended that CFSAs can access an Ohio statewide database to check for abuse/neglect reports on foster/adoptive applicants.

- 4) As part of the certification and approval of the home, the staff should schedule a minimum of four face-to-face contacts, two of which are in the family's home:
 - a. one of the interviews should involve each member of the household individually, including any children over the age of four as appropriate to their ages and level of understanding;
 - b. two interviews should involve the primary caregiver(s);
 - c. if there are two caregivers, one joint interview should occur;
 - d. one joint interview with the entire household members.

Face-to-face visits should include a discussion regarding the roles, responsibilities, and differences between fostering and adoption.

- 5) The certification and approval process should include, but not be limited to, the following components:
 - a. participation and completion in the agency's pre-service training;
 - b. applicant's prior history with any children services agency;
 - c. completed criminal background check (BCI and I, FBI, local records) on the applicant and all adult household members;
 - d. completed juvenile record and Children Services check on all children in the household age 10 and over;
 - e. medical history (including, but not limited to: drug and alcohol abuse and treatment, and treatment for psychological/psychiatric disorders);
 - f. documentation of income and expenses/financial statement form;
 - g. five references (two can be relatives) from individuals who know the applicant family and can comment on the applicant's ability to interact with children;
 - h. approved fire inspection report;
 - i. completed assessment form;
 - j. approved safety audit;
 - k. individual interviews with each member of the applicant family over the age of four;
 - l. approval and documentation of the applicant's emergency and alternative care plan, and applicant's support system to assist in the care of the children;
 - m. history of each family member including childhood and family experiences which reflect the individual's psychological and social adjustment;
 - n. history of applicant's relationships, including marital, primary, extended family, and significant others;
 - o. exploration of stressors and applicant's response to these, their coping skills, and problem-solving abilities;
 - p. exploration of infertility, and other loss issues of applicant(s);
 - q. exploration of the family's ability to accept individual differences and unique attributes;
 - r. exploration of disciplinary techniques, positive and negative aspects of parenting, as well as parenting children with a history of abuse and neglect;
 - s. applicant's ability to recognize and acknowledge family member's feelings and needs, including their own;
 - t. exploration of the applicant and extended family's view of foster care/adoption;
 - u. exploration of the applicant's interest in foster care/adoption of any sibling should other biological sibling need placement in the future;

- v. applicant's expectations of child/family relationship, the ability to support the child's coping with past, the understanding of identity issues, including child's potential desire to search and connect with biological family;
 - w. determination of the applicant's ability and willingness to parent, as well as partner and work as a team with the biological family and agency, including the willingness to become a mentor/co-parent with the biological family;
 - x. assessment of the applicant's capacity and willingness to value, respect, appreciate, support, and educate a child regardless of the child's racial, ethnic, and cultural heritage, spirituality, background, and language;
 - y. determination of the applicant's strengths and needs to parent children in need of a placement;
 - z. discussion regarding the child's gender, age, race, and special needs who may be placed in the home;
 - aa. other as identified by the CFSA.
- 6) Barring circumstances outside of the CFSA control, the assessment process should be completed within ninety days from the time the CFSA receives the completed application form and the applicant has completed the required pre-service training and necessary documentation.
- a. When the applicant fails to follow through with assessment process requirements, the CFSA should contact the applicant to discuss the applicant's continued level of interest. When the certification and approval process is terminated due to a lack of follow-through by applicant, the CFSA should notify the applicant within thirty days prior to termination.
 - b. Notification should include the reason for the termination, the CFSA grievance process, (the State "fair hearing" process when applicable), and a description as to how the application may be reactivated. Termination should occur within sixty days of the completed pre-service training and provided application form.*
- 7) The staff should notify the applicant in writing of the assessment determination within five working days of the decision. The staff should prepare a letter for the applicant which outlines the following:
- a. date of the CFSA decision;
 - b. determination of applicant's status regarding fostering and/or adoption;
 - c. characteristics and number of children approved to foster/adopt;
 - d. homestudy update process;
 - e. reason for the determination; and
 - f. CFSA grievance process.
- 8) When, at any time during the assessment process the applicant requests a delay or hold on the process, and when the CFSA and the applicant mutually agree to delay the study, the applicant should be sent a letter documenting the request. A copy should be placed in the applicant's file. While delays can be common, the process must be completed in a year. After twelve months of the initial application, the process will be terminated by the CFSA.

E. CFSA Responsibilities to Foster/Adoptive Families

- 1) During the foster care certification and approval process, the CFSA should present and explain to the family the agency's responsibilities to the foster/adoptive family which include, but not be limited to, the following:

- a. description of the agency's mission, values, expectations and goals as they relate to foster/adoptive families;
- b. the organizational structure of the agency and how the foster/adoptive family will receive support within that structure;
- c. a clear description of the roles and responsibilities of the agency staff and the rights and responsibilities of the foster/adoptive family;
- d. a discussion of the ways the agency will work to assist the foster/adoptive family with acquiring the information and skills needed to perform the role, as well as the ongoing training opportunities available within the agency and the community;
- e. the matching and placement process, along with the family's role in finding the right child for their home (see Standard 6.1, *Placement of Children in Out-Of-Home Care*);
- f. the general visitation plans for children with their parents, siblings and other identified significant persons and the foster/adoptive family role with these primary family members;
- g. the family's role in partnering with birth families and agency, including open adoption;
- h. the agency's policies for accessing and maintaining the child's health care and educational needs;
- i. the information that will be shared with the foster/adoptive family regarding the child, including the case plan, child's medical, behavioral, social, legal and educational history, reasons for placement, special needs of the child and particular challenges the family may face and resources available to service those needs and challenges;
- j. periodic review requirement for foster/adoptive family including the training needs assessment and ongoing training requirements;
- k. the established rate scale for fostering and availability of adoption subsidies;
- l. process for securing permanency for children in care and the foster/adoptive family role;
- m. processes and resources available for problem resolution in lieu of placement disruption;
- n. available agency supports for the ongoing mental health of the foster/adoptive family (see Standard 6.8, *Supports for Foster Caregivers* and 8.12 *Post-Adoption Services*);
- o. agency policy on liability/damages incurred as a result of the child in the foster/adoptive family home;
- p. processes available through the agency for resolution of conflicts and concerns, as well as the process to investigate rule violations and allegations of misconduct through the third party structure; and
- q. availability of agency and community family support associations as a vehicle to ensure the foster/adoptive family's ongoing voice in child welfare solutions.

F. The Rights of Family Caregivers

- 1) During the certification and approval process, the CFSA should present and explain to the family, the scope of their rights, which include but not be limited to the following:
 - a. to be respected, valued, and have his/her opinions be heard and included as a member of the child's treatment team in the decisions being made affecting the life of children placed in the caregiver's home;

- b. to not be discriminated against, including but not limited to, on the basis of the religion, race, color, creed, gender, national origins, age, sexual orientation or physical handicap;
- c. to receive the agency's current policies and procedures which clearly outline the rights, responsibilities and roles of the foster caregiver, the agency and the child's family and methods of conflict resolution;
- d. to receive information regarding the placed child including the case plan, child's medical, behavioral, social, legal and educational history, reasons for placement, special needs of the child and particular challenges the family may face and resources available to service those needs and challenges;
- e. to receive appropriate and reasonable guidance and support from the recommending agency, including the means by which the caregiver can contact the agency 24 hours a day, seven days a week for the purpose of receiving assistance;
- f. to participate in pre-service training, ongoing training and appropriate programming for all members of the family which enhance the skill and ability to cope in the role as a caregiving family;
- g. to be informed, prior to placement and during placement, of issues relative to the child and his/her family which may jeopardize the health and safety of the caregiver family or alter the manner in which foster care is administered;
- h. to refuse placement of a child within the caregiver's home, or to request (upon reasonable notice to the agency) the removal of a child from the home for good reason, without the threat of reprisal*;
- i. to receive support in dealing with family loss and separation when a child leaves a home;
- j. to be considered for a child formerly placed in the caregiver's home who returns to foster care;
- k. to be considered as the permanent family for the child in their home who is legally available for adoption;
- l. to receive and provide regular (quarterly, at minimum) feedback on both the agency and family performance;
- m. to receive adequate and timely reimbursement for the approved expenses of the child in care;
- n. to participate in the development and implementation of a respite plan that meets the needs of the child and the family;
- o. to receive, upon request, a copy of information that is legally allowable relative to the caregiver family and services contained in the foster home record of the agency;
- p. to be provided a fair, timely and impartial investigation of complaints concerning the caregiver's home, including a respectful process for resolution of conflicts regarding the role as caregiver with the agency and be able to seek out support persons of the caregiver's choice who will agree to comply with confidentiality;
- q. to participate in, and communicate regularly with, associations for caregiving families and support groups;
- r. to be free to question agency's policies and practices and be free of maltreatment without fear of reprisal; and
- s. to receive written conflict resolution and grievance policies that are consistent with due process.

G. Family Responsibilities to the Child and CFSA

- 1) During the certification and approval process, the CFSA should present and explain to the family, the scope of their responsibilities, which include, but not be limited to the following:
 - a. make decisions on behalf of the child in the day to day parenting role;
 - b. treat the child in care and the child's family with dignity, respect and consideration;
 - c. provide care and services that are responsive to the child's needs and support the relationship between the child and his/her family;
 - d. recognize problems in the home that require outside advice and assistance and to seek help;
 - e. respect the confidentiality of information received;
 - f. understand and work toward the plan related to the child in the home;
 - g. advocate for the best interest of the child in care and his/her family;
 - h. participate as a member of the child's treatment team, including but not limited to attending SARs and conferences;
 - i. support the visitation plan for the child with the parents, siblings and other identified significant others, and participate as appropriate;
 - j. accompany the child, and possibly the family, to medical, physical, psychological and other needed appointments and services, and submit the reports to the CFSA;
 - k. maintain accurate and relevant records regarding the child's activities and progress;
 - l. assist in enrolling and participating in the child's involvement in school;
 - m. report serious illnesses/accidents of family members or members of household;
 - n. discuss with the agency and report changes/additions in family or household composition and prior to change, whenever possible;
 - o. report housing relocations prior to move;
 - p. agree not to accept additional placements from other agencies without the approval by the CFSA that holds the family's license and to abide by the CFSA decision regarding the same;
 - q. report any arrests or criminal charges or convictions within 24 hours for all members of the household;
 - r. request permission from the CFSA if the child will be leaving the CFSA jurisdiction for more than 24 consecutive hours;
 - s. sign-off, and abide by, the CFSA rules, policies, procedures governing the CFSA foster care and adoption programs.

H. Training

Formal orientation and pre-service trainings introduce the prospective applicant to the needs of the child requiring foster care and adoption, and to the challenges and responsibilities of both.

- 1) Agency should offer Orientation Training on a regular basis that introduces prospective applicants to the foster care and adoption process and to the agency.
- 2) The CFSA should schedule and conduct Pre-Service training on a quarterly basis, at minimum, and/or agency should refer the applicant to other resources for similar training if training is not available.
- 3) Each applicant should attend and complete the Pre-Service Training, as prescribed by the CFSA prior to the completion of the home study process.

- 4) Pre-Service should include a thorough review, and allow for discussion regarding the differences between fostering and adoption and the responsibilities inherent in each.
- 5) The Pre-Service process should assure that the applicant has access to experienced foster and/or adoptive parents who can assist in providing hands-on information regarding fostering and adopting a child.
- 6) Families who parent adolescents should receive, within the first year of service, the CFSA self-sufficiency/independent living training provided to caregivers and staff as outlined in Standard 8.3, *Caregiver and Staff Training*.

V. Financial Implications

Costs associated with Standard 6.3, *Combined Certification and Approval for Foster Care and Adoptive Families* total:

30 hours per family x \$89.25/hour = \$2,677.50 per family.

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6.4 REEVALUATION OF FOSTER CARE AND ADOPTIVE HOMES

Council on Accreditation Standard

The Council on Accreditation Standard S21.10 (Foster and Kinship Families and Homes) links to and supports Standard 6.4 *Reevaluation of Foster Care and Adoptive Homes*.

Administrative Code

The Ohio Administrative Code Rules 5101:2-7-02 (General Requirements to be Certified as a Foster Caregiver); 5101:2-5-25 (Denial of Recertification of a Family Foster Home Certificate); 5101:2-5-26 (Revocation of a Family Foster Home Certificate); 5101:2-48-07 (Adoptive Homestudy Process); 5101:2-5-24 (Family Foster Home Recertification Procedure); 5101:2-5-28 (Cause for Denial of Initial Certification, Denial of Recertification or Revocation of a Family Foster Home Certification); and 5101:2-7-14 (Required Notification) address Standard 6.4 *Reevaluation of Foster and Adoptive Homes*.

I. Philosophy

Teamwork between the CFSA and foster/adoptive family is essential for successful permanency planning for children in out-of-home care. The reassessment process builds on the principles established in Standard 6.3, *Combined Certification and Approval of Foster and Adoptive Families*. The reassessment process strengthens the partnership between families and CFSA through open and honest dialogue about strengths, weaknesses, needs, wants and concerns. Although reassessment determines families' continued ability to parent children in care, it is also an opportunity for families to reassess the services and supports from the CFSA.

II. Outcome

Foster/adoptive families provide safe, stable and permanent placements.

Foster/adoptive families meet the needs of the children in their home.

Children experience no placement disruptions or lateral moves.

III. Evaluation

FACSIS events, CPOE and the Federal Health and Human Services outcomes may be considered when evaluating this standard. In addition, the CFSA may consider the following:

- number of foster and adoptive families certified and approved;
- number of foster families that transfer or terminate license per year;
- number of foster or adoptive families out of compliance per year;
- number of foster or adoptive families out of compliance but resolved per year;
- number of denial of continued licensure or approval of the home per year.

IV. Standards for Implementation

A. Annual Reevaluation and Continued Approval of Foster and Adoptive Homes

- 1) The CFSA should, with the caregiver(s), assess the strengths, weaknesses, needs, wants, and concerns of the caregiver(s) to successfully parent by:
 - a. conducting a face-to-face interview with all household members over the age of four within 90 days prior to the anniversary date of the home certification and approval;
 - b. observing and assessing interaction of members in the household;
 - c. discussing and documenting any significant changes in the family, including but not limited to: health, household composition, supports, resources, employment;
 - d. assessing and documenting the family's experiences in supporting all of the child's needs;
 - e. making collateral contact with service providers and agency's professionals who have worked with the foster/adoptive family in the past year with agency required signed release forms; and
 - f. developing a plan to maintain strengths and respond to outstanding concerns, issues and needs.
- 2) The CFSA should recommend approval of the family's home when it is documented the home is in compliance with the Ohio Department of Job and Family Services (ODJFS) and agency regulations.
- 3) In cases where the CFSA determines that the foster family is non-compliant with ODJFS and agency regulations, the CFSA should determine whether to request a waiver from ODJFS, create a corrective action plan with the family and provide identified services, or recommend a denial or revocation.
- 4) If the family is out of compliance with ODJFS and/or agency requirements, the CFSA should not place additional children in the home until compliance is achieved.

B. Communication and Resolution

- 1) In agreement with Standard 6.3, *Combined Certification and Approval for Foster Care and Adoptive Families*, a collaborative process should be used to resolve issues or concerns, including:
 - a. discussing the results of the annual reassessment and continued approval, denial or revocation for foster/adoptive licensure with the family;
 - b. providing written information on agency's decisions and corrective action plans, if applicable;
 - c. maintaining and utilizing a formal grievance process, per agency policy, for staff and families when the CFSA has determined that a foster care licensure be revoked or the application of adoption be denied due to non-compliance.

C. Revocation of Foster Family Licensure and Adoption Denial

- 1) In cases where the family is non-compliant and a waiver, variance or corrective action plan is deemed inappropriate, the CFSA should recommend denial of continued licensure or approval of the home.

- 2) When the family refuses to comply with the corrective action plan, the CFSA should recommend revocation of licensure and/or denial of adoption and remove the child currently residing in the home.
- 3) The CFSA should inform the foster/adoptive family of their right to an agency grievance hearing and then a state grievance hearing, if applicable, as per the Ohio Administrative Code.

V. Financial Implications

Costs associated with Standard 6.4, *Reevaluation of Foster Care and Adoptive Homes* include home visits, assessment, recertification request, appeals by home when license is denied or revoked, for a total of:

Average of 32 hours per family per year x \$89.25/hour = \$2,856 per foster family home.

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6.5 RULES VIOLATIONS

Council on Accreditation Standards

There are no Council on Accreditation Standards that specifically address Standard 6.5 *Rules Violations*. See the following for a general link: S21 (Foster and Kinship Care Services).

Administrative Code

The Ohio Administrative Code Rule 5101:2-5-28 (Cause for Denial of Initial Certification, Recertification or Revocation of a Family Foster Home Certificate) addresses Standard 6.5 *Rules Violations*.

I. Philosophy

Foster Care Rules are designed to assure the safety and quality of care of children in licensed foster homes. The Rules provide concrete, consistent guidelines and expectations, as well as added protection from potential liability for the foster family. CFSA's are responsible for monitoring and reporting rules violations to the state agency and assisting foster families with their corrective action plans. CFSA's and foster parents are obligated to understand and follow the rules. When foster care rules violations are reported, CFSA's are responsible for maintaining objectivity, being timely in carrying out rules violation assessment activities and responding to the support needs of foster families, including assistance with achieving applicable corrective action plans. In all action undertaken when rules violations are cited, the CFSA's first obligation is to protect all children in the foster home.

II. Outcome

Children in foster homes are safe and protected.

III. Evaluation

FACSIS events, CPOE and the Federal Health and Human Services outcomes may be considered when evaluating this standard. In addition, the CFSA may consider the following:

- number of foster and adoptive families certified and approved;
- number of foster families that transfer or terminate license per year;
- number of foster families with an alleged rule violation;
- number of foster families with a confirmed rule violation;
- number of rule violation assessments concluding within thirty calendar days from receipt of report;
- number of rule violation correction plans that occur within five business days following conclusion of rules violation assessment;
- number of rule violations corrected and number not corrected.

IV. Standards for Implementation

A. Reporting Rules Violations

CFSAAs should have policies and procedures in place for reporting and receiving alleged rules violations. These policies should be shared with all staff and foster families. The policies and procedures should contain the following elements:

- 1) Any CFSA employee that becomes aware of an alleged foster home rules violation, or of concerns regarding the care and treatment of a foster child, should notify the primary staff or unit responsible for foster care placements by the next working day of the reported rules violation allegation.
- 2) When a CFSA becomes aware of an alleged rule violation, the CFSA should report this allegation to the custodial agency's primary staff or unit responsible for foster care placements (if applicable) by the next working day.
- 3) If the allegation pertains to potential safety risk to the child, the CFSA should initiate a rules violation assessment and/or third party investigation within 1 business day, otherwise, no later than 3 business days of receiving the report. Initiation of the rules violation assessment should include face-to-face contact.
- 4) The CFSA should determine whether or not to put a hold on placing an additional child in the home or to remove foster children currently in the home while an assessment of a rules violation allegation is in progress.
- 5) The CFSA should provide information and support to the foster family during the assessment process, which may include, but not be limited to, the following:
 - a. explaining the rules violation allegation and the assessment
 - b. providing alternatives that could prevent further incidents;
 - c. providing a copy of the grievance policy and procedures;
 - d. providing the name of the CFSA designated contact person(s); and
 - e. referring to a mentor foster family and/or other support groups or persons.
- 6) The staff should complete the rules violation assessment process within 30 calendar days from receipt of the report.
- 7) When it is determined that a rules violation has not occurred, the foster caregiver(s) should receive a written report which includes:
 - a. description of the original rules violation allegation; and
 - b. outcomes of the rules violation assessment.
- 8) When it is determined that a rules violation has occurred, staff should meet with the foster caregiver(s) to develop a corrective action plan within five business days following the conclusion of the rules violation assessment.
- 9) The plan should include, but not be limited to, the following components:
 - a. description of the original rules violation allegation;
 - b. outcome(s) of the rules violation assessment;
 - c. method(s) for correcting the identified violation(s);
 - d. available CFSA and/or other services to support the foster home;
 - e. time frame for successful completion, which should not exceed six months;
 - f. consequences for not successfully completing the corrective action plan; and

- g. signatures of the foster caregivers and agency staff person.
- 10) A copy of the rule violation outcome and/or corrective action plan should be placed in the foster caregiver's file, given to the foster caregivers and provided to the public CFSA, if applicable.

V. Financial Implications

Costs associated with Standard 6.5, *Rules Violations* are assumed to be similar to that of conducting an investigative assessment:

$\$98.65 \times 14.38 \text{ hours} = \$1,418.59$ per Investigative Assessment and Interviews
(see Standard 2.4, *Intake Assessments and Interviews*)

CHILD PROTECTION SERVICES
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6.6 TRANSFERRING AND SHARING FOSTER CARE CERTIFICATES

Council on Accreditation Standards

There are no Council on Accreditation Standards that specifically address Standard 6.6 *Transferring and Sharing Foster Care Certificates*.

Administrative Code

The Ohio Administrative Code Rule 5101:2-5-31 (Sharing or Transfer of a Family Foster Home) addresses Standard 6.6 *Transferring and Sharing Foster Care Certificates*.

I. Philosophy

CFSA's support the concept of transferring homes to better meet the needs of children and foster families. Transferring from an agency should be in the best interest of the child and allow the child to remain in the home. Transfers are important because they allow foster families to continue to foster and receive the support they identify as needed. Transfers allow the child welfare system to retain foster families and to match the preferences and needs of foster families with each agency's individual mission and programs.

In the spirit of collaboration, sharing a home can serve to meet the needs of children and may reduce the number of unnecessary moves. The benefits of sharing a home may be for stability of placement, facilitating permanency and/or maintaining the children in close proximity to their family and community.

II. Outcome

Foster families are retained.

Children are able to remain in the same foster home throughout the transfer process.

III. Evaluation

FACSIS events, CPOE and the Federal Health and Human Services outcomes may be considered when evaluating this standard. In addition, the CFSA may consider the following:

- number of prospective applicants per year;
- number of prospective applicants qualifying per year;
- number of prospective applicants completing all necessary paperwork per year;
- number of prospective applicants completing all training requirements per year;
- number of prospective applicants certified or approved per year;
- number of foster or adoptive families recruited, certified or approved from targeted neighborhoods;
- number of foster families that transfer per year;
- number of foster families shared with another CFSA per year;

- number of foster families that terminated per year.

IV. Standards for Implementation

A. Transferring Family Foster Care Homes

- 1) CFSA's have policies and procedures in place for transferring family foster care homes. These policies should be shared with all staff and foster families. The policies and procedures should contain the following:
 - a. In cases where a foster family requests to transfer their license from one CFSA to another, the foster family should contact the agency currently responsible for certification (the sending agency) to request a transfer;
 - b. If the sending agency is not the agency that holds custody of any children placed in the home, the CSFA (sending agency) needs to inform the custodial agency of the request to transfer;
 - c. The sending CFSA should require the foster care giver(s) sign a Release of Information form. The signed form should approve release of copies of the following information to the receiving CFSA:
 - i. initial homestudy;
 - ii. all recertifications;
 - iii. current license;
 - iv. CFSA recommendation;
 - v. any rules violation reports and/or concerns documented;
 - vi. summaries of third party reports; and
 - vii. non-identifying information regarding the care and treatment of all children (family and foster) currently and formerly in the home.

The receiving agency may opt to gather and complete the above information to expedite the process. The receiving agency should inform the sending agency of this;
 - d. When the foster family contacts the receiving CFSA, the CFSA should direct the foster family to contact the sending CFSA to discuss the transfer process unless family has already done so;
 - e. Upon receipt of the foster care family's request to transfer its license, the sending CFSA should contact the receiving CFSA within five business days to discuss the family and the request to transfer;
 - f. Within ten business days, the sending CFSA should send the requested information to the receiving CFSA;
 - g. Within thirty calendar days of receipt of the information packet, the receiving CFSA should review the packet and determine the suitability of the foster family;
 - h. The receiving and/or sending CFSA may determine the license is unsuitable for transfer when:
 - i. the foster home is in non-compliance with any licensing requirements or corrective action plans at the time of the request;
 - ii. the sending CFSA is considering revocation/denial of the license;
 - iii. the sending CFSA is withholding placements due to parenting concerns;
 - iv. the sending CFSA is in the midst of a third party or rules violation investigation with the requesting foster family;
 - v. the foster home does not match the receiving agency's foster care program's mission, philosophy and/or population served.
 - i. When the receiving CFSA is not willing to accept the license transfer, the receiving CFSA should notify the foster family and the sending CFSA in writing of its decision within five business days;

- j. When the receiving CFSA is willing to accept the license transfer, the receiving CFSA should complete the required state licensing form within ten business days of its decision to process the license transfer;
- k. When the transfer request is made within ninety calendar days of the license expiration date, transfer dates may need to be adjusted to assure the recertification is completed by the sending agency.

B. Sharing Foster Homes Between CSAs

- 1) The CFSA that maintains the license should provide the requesting agency with the following, prior to the placement being made:
 - a. information regarding all children currently residing in the home;
 - b. information regarding the foster home, including parenting practices and level of functioning.
- 2) The CFSA that maintains the license should review all matches for suitability prior to the placement.
- 3) The CFSA that maintains the license should take responsibility for issuing, monitoring, and maintaining the Share Agreement. The Share Agreement should delineate the roles and responsibilities of both the requesting CFSA and the CFSA holding the license, including the per diem rate.
- 4) The Share Agreement should be child-specific. Prior to the placement of any additional child in the shared home, both CSAs should discuss the appropriateness of the placement.
- 5) Both CSAs should discuss and sign the Share Agreement prior to the placement occurring.

V. Financial Implications

No additional costs have been estimated for Standard 6.6, *Transferring and Sharing Foster Care Certificates*, other than those involved in the certification and recertification of the home.

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6.7 RETENTION AND RECRUITMENT OF FOSTER/ADOPTIVE CAREGIVERS

Council on Accreditation Standards

The Council on Accreditation Standard S21.12 (Human Resources: Personnel Skills) links to and supports Standard 6.7 *Retention and Recruitment of Foster/Adoptive Caregivers*.

Administrative Code

The Ohio Administrative Code Rules 5101:2-5-33 (Foster Caregiver Orientation and Training); 5101:2-5-13 (Required Agency Policies); 5101:2-7-03 (The Care and Treatment Team); 5101:2-42-05 (Selection of a Placement Setting); 5101:2-42-65 (Agency Visits); 5101:2-42-87 (Termination of Substitute Care); and 5101:2-42-90 (Information to be Provided to Caregivers, School Districts and Juvenile Courts; Information to be Included in Individual Child Care Agreement) address Standard 6.7 *Retention and Recruitment of Foster/Adoptive Caregivers*.

I. Philosophy

CFSAs recognize that the most effective recruitment strategy is the retention of current caregivers. As such, CFSAs acknowledge that supporting current caregivers is paramount to all retention efforts and recruitment strategies.

CFSAs seek to retain and recruit foster and/or adoptive caregivers to care for children in need of out-of-home placements (and best served in their own community). Children should maintain community relationships as this reduces trauma and stress to them. For this reason, foster/adoptive caregivers should be recruited in or close to the neighborhoods with the highest rate of removal.

Foster/adoptive caregivers have a need and a right to be part of the team, respected and appreciated for the critical and pivotal services they provide on a daily basis. Having foster caregivers as part of the team is key to successful retention and recruitment efforts. In addition, the strategies should be flexible and speak to the diverse interests, backgrounds and needs of individuals who currently foster and also those who seek to foster.

II. Outcome

Foster/adoptive caregivers are recruited and retained to meet the diverse needs of all children requiring placement.

Foster/Adoptive caregivers are retained and recruited in, or close to, neighborhoods where there is the highest rate of removal to meet the demand.

III. Evaluation

FACSIS events, CPOE and the Federal Health and Human Services outcomes may be considered when evaluating this standard. In addition, the CFSA may consider the following:

- number of prospective applicants per year;
- number of prospective applicants qualifying per year;
- number of prospective applicants completing all necessary paperwork per year;
- number of prospective applicants completing all training requirements per year;
- number of prospective applicants certified or approved per year;
- number of foster or adoptive families recruited, certified or approved from targeted neighborhoods;
- number of foster families that transfer per year;
- number of foster families that terminate license per year;
- number of grievances filed by foster families per year.

IV. Standards for Implementation

A. Retention Efforts

- 1) Recognizing that foster/adoptive caregiver retention efforts are the responsibility of each staff member, the CFSA should actively communicate this value through administrative and service activities.
- 2) Administrative and service activities should include, but not be limited to, the following:
 - a. providing in-house training with staff and foster/adoptive caregivers together to build the relationship between staff and foster/adoptive caregivers;
 - b. treating foster/adoptive parents as full members of the treatment team and respecting them as professionals, including keeping scheduled appointments or calling to cancel;
 - c. inviting foster/adoptive parents to participate in strategic planning and policy development and review;
 - d. responding to requests for support by foster/adoptive caregivers in a timely manner;
 - e. treating inquiries regarding the child in-care or their family as important;
 - f. assuring staff availability 24 hours per day, seven days per week;
 - g. providing a nonbiased process for resolving conflicts and concerns;
 - h. conducting third party investigations with respect and sensitivity; and
 - i. treating out-of-compliance rules findings as learning experiences;
- 3) Staff conducting home visits should make these visits purposeful and meaningful based on set agendas. Agenda items should include, but not be limited to, the following:
 - a. at each visit, the staff should review the status of the:
 - i. foster child;
 - ii. foster family;
 - iii. reunification/permanency progress;
 - iv. birth and foster family relationship;
 - v. respite plan; and,
 - vi. if necessary, develop an action plan of resolution in these areas.
 - b. on at least a monthly basis, one or more of the following agenda items should be addressed:
 - i. child's cultural and developmental needs;
 - ii. placement preservation plan;
 - iii. behavior management issues and strategies;
 - iv. child and/or family separation issues;

- v. upcoming special events (e.g., semi-annual reviews, medical and educational tests, etc.);
 - vi. child's and foster caregivers' response to visitation;
 - vii. family-centered, neighborhood-based activities;
 - viii. relationship of the foster caregivers and CFSA staff;
 - ix. identification of training needs;
 - x. after hours crisis intervention strategies and resources;
 - xi. foster caregivers' compliance with state rules; and
 - xii. agency policies or procedures changes.
- 4) After a child has left a foster family, the CFSA should conduct an evaluation with the foster family identifying strengths of the placement, as well as any difficulties that may have occurred throughout the placement. The evaluation should elicit suggestions that may improve or support the foster family more with future placements. These suggestions should be incorporated in the CFSA's annual foster/adoptive caregivers support plan.
- 5) Retention is successfully achieved by listening to and hearing the concerns and issues raised by the foster caregivers, whether provided to the CFSA one on one, through coalitions, or member groups. CFSA's should make the commitment to provide timely responses to concerns raised by the foster caregivers regarding agency policies, procedures, and/or practices.
- a. CFSA's should establish a protocol for addressing foster caregivers' concerns and issues. The protocol should include, but not be limited to, the following:
 - i. designated personnel responsible for receiving concerns/issues, coordinating the review and providing a response;
 - ii. set time period for responding to concerns/issues;
 - iii. the method for tracking and reporting incoming concerns, action taken, and level of satisfaction; and
 - iv. resolution to concerns.
- 6) Recognition is an essential component of effective retention efforts. CFSA's should design retention strategies which demonstrate genuine support and appreciation for the foster/adoptive caregiver. This should include strategies that individual foster/adoptive caregivers value and perceive as recognition. Recognition activities may include, but not be limited to, the following:
- a. thank you notes for a job well done;
 - b. annual appreciation luncheon or dinner;
 - c. newspaper articles on outstanding foster caregivers;
 - d. invitation to, and sending to, national conventions;
 - e. additional respite days;
 - f. joint training with staff and foster caregivers;
 - g. family activities passes (zoo, parks, etc.);
 - h. annual family event;
 - i. participation on agency's leadership group, community evaluation teams;
 - j. requesting advice from foster/adoptive caregivers on caring for child;
 - k. participating in reunification/permanency planning activities; and
 - l. planning and participating in recruitment/training activities.

B. Recruitment Efforts

When planning recruitment strategies, the CFSA should consider the following recruitment activities.

- 1) The CFSA should, with input from their key community partners and contracted providers, conduct an assessment of gaps in placement resources. Topics assessed should include: historical data and anticipated needs (trends) according to the age of incoming children, their gender, race, cultural and ethnic backgrounds, special needs, geographic location and other child characteristics such as sibling group size.
- 2) The CFSA should review and analyze the type and location of homes available and determine, based on their analysis, the types of homes needed and the geographic locations that should be targeted for recruitment. While targeting specific populations to recruit the foster caregiver(s) to meet the placement needs of children coming into care, CFSA's should remain flexible and open to interested individuals and/or couples who may fall outside of the "target" population.
- 3) The CFSA recruitment plan should include the development of a clear, brief and "catchy" public message that "attracts and grabs" the targeted population by establishing an emotional connection between the message and the individual receiving the message which creates an impetus for action and involvement on the part of the audience.
- 4) The CFSA's should develop a planful approach to recruitment efforts to maximize limited staff resources. The recruitment plan should be creative. Strategies selected should be tailored to meet the specific interests, needs, etc., of the targeted population. Creative efforts may include, but not be limited to, the following:
 - a. regularly scheduled presentations to social, civic, religious groups;
 - b. regular presentations to public agencies and non-profit organizations (e.g., visiting nurses, hospital employees, AARP);
 - c. creating partnerships with local businesses and labor unions to access their newsletters, involvement in recruitment drives, etc.;
 - d. use of placemats, flyers, etc., in local restaurants, mailers;
 - e. use of radio and television public service announcements, newspaper articles, campaigns and special events;
 - f. billboards, message boards on busses and bus benches and other mass transportation/high visibility sign-boards;
 - g. development and distribution of an Annual Adoption Calendar;
 - h. partnering with foster/adoptive families, associations and support groups;
 - i. providing recruitment incentives to foster/adoptive caregivers;
 - j. foster/adoptive focused web page development;
 - k. developing collaborative partnerships with formal and informal leaders in the targeted neighborhood(s) to engage local stakeholders in the recruitment process.
- 5) Successful recruitment plans should receive the full commitment of the CFSA. Commitment should be demonstrated through in-house activities that focus staff's attention on the importance of recruitment efforts. Activities may include, but not be limited to, the following:
 - a. education of staff on foster caregiver recruitment needs, including attention and commitment to customer service, such as responding enthusiastically and appropriately, with attention to detail and timeliness;
 - b. coordinated recruitment activities staff can participate in;

- c. regular communication with staff on homes available and needed, based on the population of children entering care;
 - d. recognition of efforts and progress made;
 - e. solicitation of staff in the development of the recruitment plan (staff from all program areas of the agency should be asked to participate).
- 6) The CFSA should identify barriers to their recruitment efforts, and take steps to reduce and/or remove those barriers. Barriers may include:
- a. scheduling, location and amount of training;
 - b. rules compliance;
 - c. lack of service supports, such as day care, respite;
 - d. inaccessible caseworkers, response time to inquiries;
 - e. paperwork and red tape;
 - f. role confusion and lack of clarity regarding expectations;
 - g. perception of agency;
 - h. lack of follow-up and follow-through;
 - i. inability to accommodate prospective foster caregiver's work schedules;
 - j. inadequate resources to meet service activity demands.

V. Financial Implications

Costs associated with Standard 6.7, *Retention and Recruitment of Foster/Adoptive Caregivers* include assessment of need, plan development and implementation, monitoring, and evaluation, for a total of:

- a. Needs Assessment: 80 hours x \$89.25/hour = \$7,140
- b. Development of foster caregiver recruitment plan based on Needs Assessment findings: 40 hours x \$89.25/hour= \$3,570
- c. Implement foster caregiver recruitment plan: 1,000 hours x \$89.25/hour = \$89,250
- d. Monitor, evaluate, revise plan: 80 hours x \$89.25/hour = \$7,140.

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6.8 SUPPORTS FOR FOSTER CAREGIVERS

Council on Accreditation Standards

The Council on Accreditation Standards S21.9 (Caregiver Education); S21.11 (Human Resources); S21.12 (Human Resources: Personnel Skills); and S21.15 (Treatment Foster Parent Support) link to and support Standard 6.8 *Supports for Foster Caregivers*.

Administrative Code

The Ohio Administrative Code Rule 5101:2-5-13 (Required Agency Policy) addresses Standard 6.8 *Supports for Foster Caregivers*.

I. Philosophy

CFSA foster caregivers are a key resource in out-of-home care services. The complexity of the system, the unique needs of children and families, the additional responsibilities and the challenges faced by foster caregivers, increase the need for support and comprehensive training. Hence, as a valued resource, foster caregivers must be provided with individualized ongoing support, which allows for the provision of effective care to children. Effective support has been shown to retain foster families. CFSA recognizes that, without the necessary supports, foster families may burn-out, drop-out, or request that children be removed. While foster caregiver support services vary among communities, there are core support services that should be available and in place to meet the needs of all foster caregivers.

II. Outcome

Foster caregivers are retained.

Placements are successfully maintained.

III. Evaluation

FACSIS events, CPOE and the Federal Health and Human Services outcomes may be considered when evaluating this standard. In addition, the CFSA may consider the following:

- number of licensed foster families;
- number of foster families that transfer per year;
- number of foster families that terminate license per year;
- number of grievances files by foster families per year;
- number of children who disrupt placement;
- average number of moves from foster homes;
- number of children reunified;
- the median length of stay for children prior to returning home, emancipation or prior to adoption finalization;
- number of children adopted by foster families.

IV. Standards for Implementation

- 1) Ongoing and regular interaction with foster caregivers is the primary mean of providing support (see Standard 6.7, *Retention and Recruitment of Foster and Adoptive Caregivers*).
- 2) Supports are provided formally and informally by the agency and community. It is the agency's responsibility to assure that each foster caregiver has access to and is linked and/or provided with, those support services that will enable them to parent effectively.
- 3) In addition to supports described in Standard 6.7, *Retention and Recruitment of Foster and Adoptive Caregivers*, the CFSA should assure foster caregivers and their families are linked to the following core support services provided in the community by the CFSA or community provider:
 - a. respite;
 - b. foster caregiver mentoring and/or peer support;
 - c. transportation;
 - d. school based activities;
 - e. day care, before and after school programs;
 - f. recreational, cultural activities;
 - g. physical, mental health services for children;
 - h. support groups for children in care;
 - i. relevant training;
 - j. legal resources; and
 - k. complaint, grievance process supports.
- 4) At the time of certification and approval, each foster caregiver should receive a foster caregiver's information packet that describes agency policies, procedures and expectations, and support services available to them, with guidelines on how to access these (see Standard 6.3, *Combined Certification and Approval for Foster Care and Adoptive Families*).
- 5) During the foster caregiver recertification process, the CFSA should elicit information regarding foster parent satisfaction with CFSA foster parent support services (see Standard 6.4, *Reevaluation of Foster Care and Adoptive Homes*).
- 6) If there is a lack of adequate resources, the CFSA should collaborate and solicit community support and providers for support services for children and foster caregivers.
- 7) When support services are inadequate and/or unavailable, the CFSA should advocate with local and state agencies, ODJFS Office for Children and Families, and state representatives for the resources and supports needed to remove barriers and close identified gaps in services.
- 8) The CFSA should develop and implement an annual plan based on identified gaps in service supports to enhance the CFSA's current level/quality of support services.

V. Financial Implications

Costs associated with Standard 6.8, *Supports for Foster Caregivers* will vary based on the discrete services offered in the areas of:

- a. respite;
- b. foster caregiver mentoring and/or peer support;
- c. transportation;
- d. school based activities;
- e. day care, before and after school programs;
- f. recreational, cultural activities;
- g. physical, mental health services for children;
- h. support groups for children in-care;
- i. relevant training;
- j. legal resources;
- k. complaint, grievance process supports.

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6.9 PLACEMENT DISRUPTIONS

Council on Accreditation Standards

The Council on Accreditation Standards S21 (Foster and Kinship Services) and S21.3 (Permanency) link to and support Standard 6.9 *Placement Disruptions*.

Administrative Code

The Ohio Administrative Code Rule 5101:2-42-88 (Requirements for Substitute Care Placement Disruptions) addresses Standard 6.9 *Placement Disruptions*.

I. Philosophy

CFSA's should aspire to minimize placement disruptions for all children who must be placed in out-of-home care. Placement disruptions exacerbate the initial trauma experienced by foster children. In addition, foster families are affected by the disruption. Concentrating efforts on preserving placements benefit the children, their families and foster families.

II. Outcome

Children remain in their foster home without any disruptions.

III. Evaluation

FACSIS events, CPOE and the Federal Health and Human Services outcomes may be considered when evaluating this standard. In addition, the CFSA may consider the following:

- number of children with no moves while in foster care;
- number of children with one or less moves while in foster care;
- number of children with two or more moves while in foster care;
- number of unplanned disruptions/moves per year;
- number of planned disruptions/moves per year;
- the number of respites requested by and provided to foster families per year;
- number of children placed in foster homes close to or in their birth family's neighborhood;
- the number of family case conferences and team decision making meetings held to discuss and update the child and family assessment at key decision-making points with the family, foster family, service providers, family support persons and agency staff present;
- number of family team meetings each foster family attends;
- number of family team meetings agency holds per child per year;
- number of grievances filed by foster parents per year;
- number of licenses terminated per year;
- number of licenses revoked per year.

IV. Standards for Implementation

- 1) The CFSA should follow Standard 6.1, *Placement of Children in Out-of-Home Care* when placing a child in an out-of-home care setting.
- 2) Every agency should have a process for identifying a possible disruption. If a team member requests a change of placement or identifies indicators of disruption with the placement, a joint meeting (Team Decision Making meeting, see Standard 3.10, *Team Decision Making*) should be held to discuss methods/services for preserving the placement or making a planful move. At minimum, the foster parents, agency caseworker, foster care caseworker, youth and family shall be invited to participate in this meeting. All members should be strongly encouraged to participate in the meeting and voice their feelings about preserving the placement.
- 3) The CFSA should provide services that support and assist the foster family to prevent or reduce potential disruptions (see Standard 6.8, *Supports for Foster Caregivers*). Services may include, but not be limited to, the following:
 - a. conduct Team Decision Making meetings prior to removal, after removal and at other significant events (see Standard 3.10, *Team Decision Making*) to aid in making planful placements and if needed, placement moves;
 - b. support groups;
 - c. mentoring program linking the experienced foster caregiver(s) with those newly licensed;
 - d. ongoing home visits and support with the foster family and child;
 - e. respite;
 - f. agency and/or foster parent newsletter.
- 4) The CFSA should have a mechanism for monitoring placement utilization and disruptions in order to aid the agency in maintaining and improving the quality of services. Factors examined for program enhancement may include, but not be limited to, the following:
 - a. general disruption statistics;
 - b. reasons for disruption, including moves to more/least restrictive settings, interaction between foster families and birth families, location of foster family in relation to birth family's location, regular home visits with foster family;
 - c. factors that reflect agency's program, including rates of foster parent grievances, utilization and effectiveness of supportive services for caregivers, license termination and revocation.

V. Financial Implications

Costs associated with Standard 6.9, *Placement Disruptions* are discussed elsewhere, except for:

Maintaining disruption, grievance statistics (annually)
40 hours x \$89.25/hour = \$3,570

The cost of support groups, mentoring programs, etc., is discussed under Standard 6.8, *Supports for Foster Caregivers*.

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6.10 FAMILY TEAM MEETING

Council on Accreditation Standard

The Council on Accreditation Standard S21.7 (Services to the Child's Biological Parents) links to and supports Standard 6.10 *Family Team Meeting*.

Administrative Code

There are no Ohio Administrative Code Rules that directly address Standard 6.10 *Family Team Meeting*.

I. Philosophy

The purpose of the Family Team Meeting (FTM) is to create a continuation of care that reduces trauma to the child as a result of removal from the home and out-of-home placement, by establishing a healthy working relationship between the key adults in the child's life. When a child feels secure in knowing both sets of parents are working together, instead of in opposition to one another, trauma is reduced and, as a result, the child's transition into the temporary home is easier for the child, the birth family and the caregiver. Studies report that, as a result of this reduced trauma, the child has less need to act out, reducing the rate of placement disruptions.

The Family Team Meeting initiates the formal relationship between the birth parent, foster parent (or relative caregiver) and the social worker. As a result of this relationship, the child will feel the support and concern of both families working together while the child is in placement, during reunification and after s/he returns home.

II. Outcome

Children maintain placement in the foster home.

III. Evaluation

FACSIS events, CPOE and the Federal Health and Human Services outcomes may be considered when evaluating this standard. In addition, the CFSA may consider the following:

- number of family team meetings agency holds per child per year;
- number of foster families that attend family team meetings per year;
- number of birth families that attend family team meetings per year;
- number of family team meetings occurring within 3-7 days of placement;
- number of children reunified;
- the median length of stay for children prior to returning home, emancipation or prior to adoption finalization;
- number of placement disruptions;

- number of placement disruptions for children whose families attended a family team meeting versus the number of placement disruptions for children whose families did not attend a family team meeting;
- average number of moves;
- number of children with adoption finalizations.

IV. Standards for Implementation

- 1) This meeting should be scheduled and held within the first three to five days of placement, but no later than seven days.
- 2) The agency should provide advance notice to the meeting members and assist in arranging for transportation and childcare.
- 3) This meeting should be held in a neutral and natural location.
- 4) The social worker or supervisor facilitates these meetings.
- 5) Participants include the:
 - a. child's parent(s);
 - b. foster parent(s);
 - c. social worker (and also family foster care worker, if different from the child's social worker);
 - d. child (when possible);
 - e. Foster Care Network social worker (if applicable); and
 - f. parent's support person.
- 6) The Family Team Meeting can last from 30 minutes to one hour, depending on the needs of the members.
- 7) The social worker should start out by explaining the purpose and intent of the Family Team Meeting, and what the FTM is not, such as:
 - a. case planning/staffing;
 - b. discussing reason(s) for placement;
 - c. blaming, attacking, arguing with one another;
 - d. foster parents to give out personal information (address, phone number, etc.) unless foster parents decide to; and
 - e. a time to challenge the other parent on who knows the child best and what is best for the child.
- 8) The social worker begins the meeting by asking everyone to introduce themselves and reviewing the agenda.
- 9) The social worker should review the general types of things everyone can expect when a child is placed in foster care (visitation, parental rights, foster care activities, etc.).
- 10) The birth parent should be placed in the role of expert and consultant and asked to talk about their child's:
 - a. favorite food,
 - b. snack,
 - c. color,
 - d. toy, book, story,

- e. nap time,
 - f. cartoon,
 - g. favorite subject in school (when school age),
 - h. favorite activity,
 - i. medicines; etc.
- 11) The foster parents are encouraged to ask questions and enter into an informal dialogue with the birth parents as the birth parents are sharing information about the child.
 - 12) The foster parents are asked to give an update on the child's first days in their home.
 - 13) It is recommended that the agency have a Polaroid camera available at each FTM. The social worker may take pictures of the foster mom and birth parents and child, and the child with his/her birth parents.
 - 14) The social worker reviews with the birth and foster parents upcoming meetings and appointments, including court hearings. Questions regarding these meetings are surfaced and discussed, including who is responsible for taking the child, and if birth and foster parents will attend.
 - 15) The Family Team Meeting is concluded by the social worker asking if there are any additional questions, concerns or thoughts that need to be shared and discussed.
 - 16) Agreed upon activities and responsibilities should be documented and signed off by those present. Copies should be shared at the conclusion of the meeting.
 - 17) The first scheduled visit between the birth parents and the child often follows at the conclusion of the meeting. If this does not occur, the social worker should reaffirm the first visit per the agreement made earlier.
 - 18) The social worker should set the next FTM and reaffirm that any of them can call a FTM when they feel one is needed.

V. Financial Implications

Costs associated with Standard 6.10, *Family Team Meeting* would include preparation, family contact, documentation, and travel for a total of:

8 hours x \$89.25/hour = \$714 per Family Team Meeting

Additional costs may be included for possible clerical support, office supplies and room charge for meeting (if held in the community).

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6.11 CONGREGATE CARE

Council on Accreditation Standards

The Council on Accreditation Standards S26 (Group Living Services) and S27 (Residential Treatment) link to and support Standard 6.11 *Congregate Care*.

Administrative Code

The Ohio Administrative Code Rules 5101:2-9 (Children's Residential Centers, Group Homes and Residential Parenting Facilities); 5101:2-5-08 (PCPA and PNA Governance and Administration); and 5101:2-42-65 (Visitation In Group Homes and Children's Residential Centers) address Standard 6.11 *Congregate Care*.

I. Philosophy

CFSA's recognize that there are children who, due to severe social, emotional, or physical disabilities, require extensive treatment and rehabilitative services in non-family like settings. For this population, a high level of supervision, structure, and therapeutic services are necessary to overcome behavior which may threaten the safety of the individual, individual's family, or community. For these children, congregate care (group homes and residential settings) is a placement option. The goals of congregate care are:

- to enable children to overcome problems through participation in services as identified in their individual comprehensive treatment plans; and
- to assist children to move to a less restrictive community placement with plans toward eventual reunification with their own family, permanent placement with another family, or an independent living situation.

To assure goal attainment, a comprehensive assessment and a detailed treatment plan with measurable outcomes must be developed by a treatment team.

II. Outcome

Children in congregate care achieve the goals established in their treatment plan to function successfully within the least restrictive environment, which meets their needs.

III. Evaluation

FACSSIS events, CPOE and the Federal Health and Human Services outcomes may be considered when evaluating this standard. In addition, the CFSA may consider the following:

- number of children initially placed into congregate care settings;
- number of children placed into congregate care settings at some point during placement;

- the median length of stay for children in congregate care settings prior to another type of placement;
- the median length of stay for children in congregate care settings prior to termination of care;
- number of moves while in care compared to number of moves in care for children placed into foster care only;
- number of staffings held prior to placing children into congregate care settings;
- number of cases where concurrent planning began immediately;
- number of face-to-face visits (minimum monthly visits with child in facility).

IV. Standards for Implementation

A. Criteria for Congregate Care Placement

- 1) A child who may benefit from, and be considered for, congregate care services will be a child with one or more of the following, but not be limited to:
 - a. emotional and/or behavioral disturbances;
 - b. psychiatric disorders;
 - c. developmental disorders;
 - d. mental retardation;
 - e. substance abuse;
 - f. medical disorders.

- 2) Examples of a child who may be considered for placement in congregate care should include, but not be limited to, a child:
 - a. who is or has been recently released from a hospital or detention facility;
 - b. who exhibits mental retardation and/or a variety of developmental disabilities, which preclude the child's ability for self-care and independence;
 - c. whose physical and emotional well-being is at risk due to drugs or alcohol abuse or addiction, thus requiring a structured environment, close monitoring, frequent counseling, medical visits, and a well-coordinated network of medical support;
 - d. who exhibits emotional problems such as, but not be limited to, depression, anti-social behavior, and/or suicidal tendencies, requiring the constant attention of a caregiver;
 - e. who exhibits a moderate-to-severe degree of maladaptive behavior, acting-out behavior, such as verbal and physical aggressiveness, delinquent behavior, incorrigibility; and/or
 - f. who exhibits complex medical disorders which require special services, technological supports, constant nursing care, or some other form of intensive medical support.

B. PCSA Congregate Care Determination Process

- 1) At the time the CFSA considers that a congregate care placement may be the most appropriate setting for the child and in the best interest of the child, the staff should follow the agency's procedure for obtaining a comprehensive child assessment. The assessment should be completed by a certified or licensed healthcare professional and a certified or licensed practitioner of behavioral science.

- 2) Upon receipt of the assessment, the CFSA should schedule a staffing (see Standard 3.10, *Team Decision Making*). The purpose of the staffing is to determine, based on

available information, if everything possible has been, or is being, done to maintain the child in the least restrictive setting. Individuals invited to attend the staffing may include, but not be limited to, the following:

- a. the child (age and developmentally appropriate);
- b. the CFSA's staff (including the custodial CFSA staff), supervisor and/or manager;
- c. the child's parents and other significant family members or kinship connections;
- d. the child's current caregivers (if applicable);
- e. representatives from the medical and mental health community and/or juvenile court;
- f. any community professionals involved with or having information concerning the child under review;
- g. the county's Family and Children First Coordinator;
- h. the Guardian Ad Litem; and/or
- i. any others as identified by the CFSA.

3) The staffing should include a review and discussion of all available information including, but not limited to and not in order of importance:

- a. agency risk assessment matrix and the case plan and amendments;
- b. the adequacy and availability of current services and other placement options;
- c. a psychological/psychiatric assessment and history of psychotropic medications;
- d. the comprehensive family social history;
- e. the summary of child's history of abuse/neglect;
- f. the child's placement history and their adjustment to those placements;
- g. the child's juvenile court record;
- h. the child's medical history including previous and current medications;
- i. any reports from other service providers;
- j. the child's educational history; and
- k. any other relevant information available.

4) When the decision has been made that congregate care is in the child's best interest, the staffing participants should decide on available and appropriate facilities that can best meet the needs of the child. The CFSA should then refer the child to the appropriate facility with consideration for:

- a. the ability of the provider to meet the child's individualized needs including safety;
- b. the location and proximity to significant family members and/or kinship connections; and
- c. the ability of the provider to enhance the likelihood of reunification, when appropriate.

5) If facilities cannot meet the individualized needs of the child, the CFSA should network with facilities and/or other placement settings to brainstorm how they will creatively meet the individualized needs and safety of the child who they may not normally serve.

C. CFSA Responsibilities for Children in Congregate Care

- 1) At the time of placement, CFSA worker will actively participate in the development of a treatment plan and signs off on plan.
- 2) The CFSA should immediately begin concurrent planning (see Standard 3.15, *Concurrent Planning*).
- 3) Within 5 days of placing the child in the facility, the CFSA worker should have a face-to-face visit with the child in the facility.

- 4) The CFSA should schedule and conduct at minimum monthly face-to-face visits with the child in the facility.
- 5) The CFSA should attend scheduled review meetings in conjunction with the facility and regularly monitor and review the child's progress in the facility. The CFSA should support the child's family, other significant family/support members, kinship connections and/or child's foster family in attending and actively participating in, the scheduled review meetings. The CFSA should make every effort to assure the family's participation (i.e., transportation barriers).
- 6) The CFSA should arrange and support a regular ongoing visitation plan between the child and his/her family and other significant family/support members, the kinship providers, and/or the child's foster family (refer to Standard 3.13, *Visitation*).

V. Financial Implications

Costs associated with Standard 6.11, *Congregate Care* are included in a variety of other standards.

Additional costs include the cost of the congregate care facility.