

# **Schools & Care Management Organization (CMO): The Out-of-Home (OOH) Treatment Process**

**December 14, 2018**

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Out-of-Home Treatment is an  
intervention, not a destination



# Wraparound

## Family Voice and Choice

Family and youth/child perspectives are intentionally elicited and prioritized during all phases of the wraparound process. Planning is grounded in family members' perspectives, and the team strives to provide options and choices such that the plan reflects family values and preferences.

## Natural Supports

The team actively seeks out and encourages the full participation of team members drawn from family members' networks of interpersonal and community relationships. The wraparound plan reflects activities and interventions that draw on sources of natural support.

## Community-Based

The wraparound team implements service and support strategies that take place in the most inclusive, most responsive, most accessible, and least restrictive settings possible; and that safely promote child and family integration into home and community life.

## Collaboration

Team members work cooperatively and share responsibility for developing, implementing, monitoring, and evaluating a single wraparound plan. The plan reflects a blending of team members' perspectives, mandates, and resources. The plan guides and coordinates each team member's work towards meeting the team's goals.

## PRINCIPLES of OUR SYSTEMS of CARE

### Team-Based

The wraparound team consists of individuals agreed upon by the family and committed to them through informal, formal, and community support and service relationships.

### Culturally Competent

The wraparound process demonstrates respect for and builds on the values, preferences, beliefs, culture, and identity of the child/ youth and family, and their community.

### Persistence

Despite challenges, the team persists in working toward the goals included in the wraparound plan until the team reaches agreement that a formal wraparound process is no longer required.

### Outcome-Based

The team ties the goals and strategies of the wraparound plan to observable or measurable indicators of success, monitors progress in terms of these indicators, and revises the plan accordingly.

### Individualized

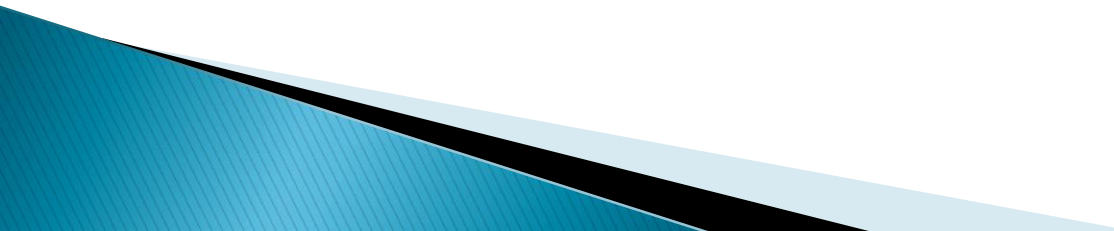
To achieve the goals outlined in the wraparound plan, the team develops and implements a customized set of strategies, supports, and services.

### Strength-Based

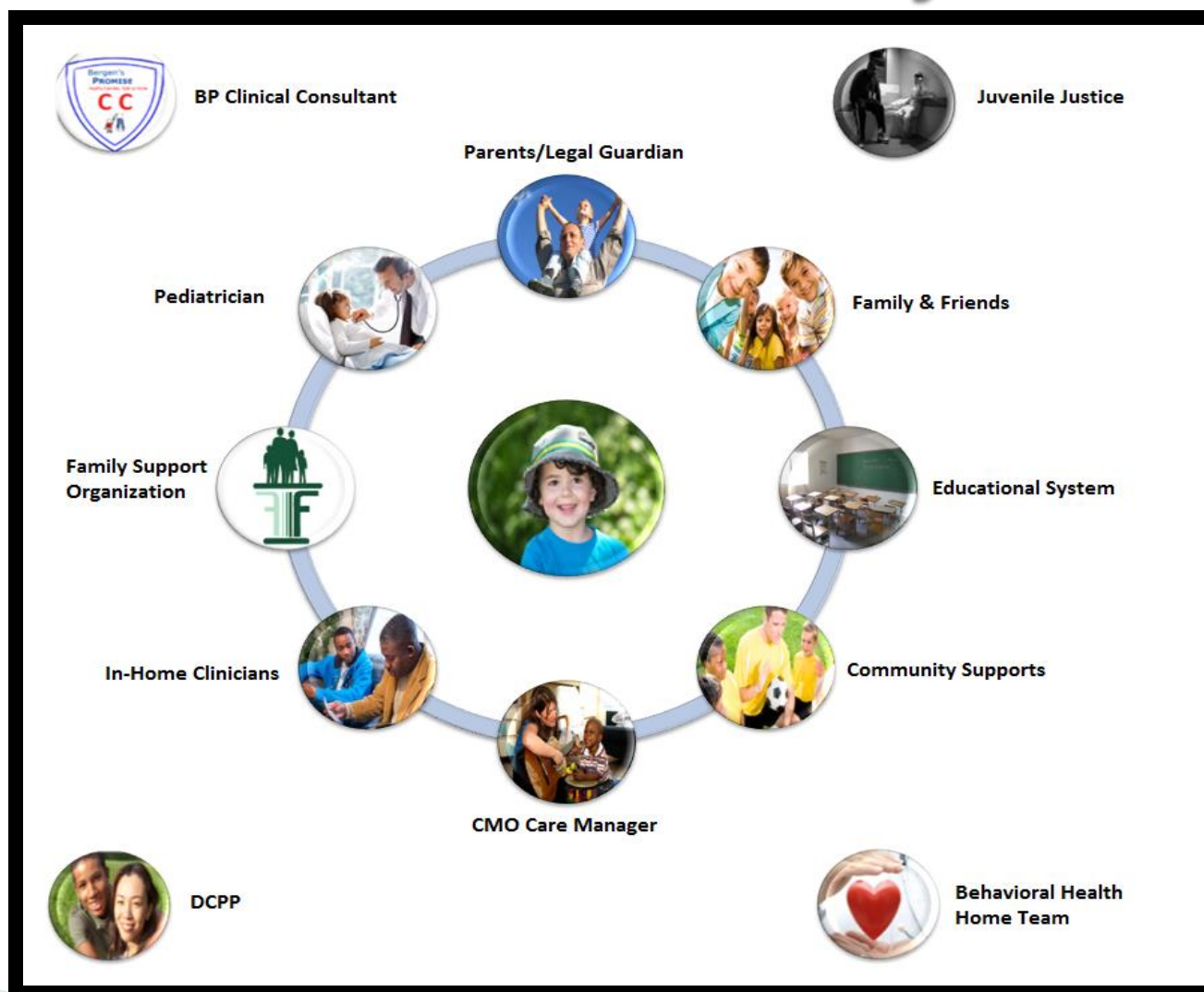
The wraparound process and the wraparound plan identify, build on, and enhance the capabilities, knowledge, skills, and assets of the child and family, their community, and other team members.

source:  
[https://www.dss.virginia.gov/files/division/dfs/fe/intro\\_page/toolkit/local\\_resources/winchester\\_frederick\\_clarke/ten\\_principles.pdf](https://www.dss.virginia.gov/files/division/dfs/fe/intro_page/toolkit/local_resources/winchester_frederick_clarke/ten_principles.pdf)

# The Child and Family (CFT) Team Process

- ▶ Develop/Building Child Family Team
  - ▶ Informal/Formal Supports
  - ▶ **Consent** is needed for CMO to speak with all CFT members
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# The Child and Family Team



# Educational Mission & Core Values!

## MISSION:

- ▶ The School Collaboration Team is internal to Bergen's Promise & it is our responsibility to ensure an Agency culture that is faithful to the Wraparound process, which emphasizes community-based collaboration with our school partners, resulting in best educational outcomes for youth and families.

## VALUES:

- ▶ **Communication**
- ▶ **Collaborative Relationships**
- ▶ **Expectations**
- ▶ **Knowledge**
- ▶ **Empowerment of Youth/Family**

\* For additional information, please refer to the Education Core Values handout





# Out-Of-Home (OOH) Treatment Process

- ▶ The OOH decision is made by the CFT, followed by a discussion with Supervisor after all in-Community options have been exhausted; or there are immediate safety concerns.
- ▶ School involvement is mandatory
- ▶ The youth's home school district is part of the CFT from day one and should already have been involved in the discussion of OOH
- ▶ If youth is at home or in the community, the Care Manager (CM) makes the referral
- ▶ If the youth is already in an Out of Home (OOH) treatment program the OOH provider is responsible for submitting a Transitional Joint Care Review (TJCR)
- ▶ Exceptions to the process
  - Substance Use Facility
  - Intensive Residential Treatment Services (IRTS)

# The Role of Care Manager(CM) in the OOH Process

- ▶ The CM facilitates the CFT and communication between all CFT members
- ▶ The CM educates all about the OOH process, as needed
- ▶ The CM collects information and all documents necessary for referral process
- ▶ The CM completes the OOH Referral in CYBER
- ▶ The CM advises the family and all CFT members about the progress of the referral
- ▶ Intensity of Service (IOS) determination is made by Children's System of Care (CSOC) and youth is placed on Youthlink
- ▶ Once a program(s) is identified by CSOC, the CM assists the family in scheduling/attending Meet & Greets with each program
- ▶ At all times, the CM facilitates constant communication between all CFT members



# The Role of School District in the OOH Process

- ▶ The School will take the lead on educational programming for the student. Immediately following the student's admission into the Out of Home Setting, the school will set up home instruction to include all academics and related services as per NJAC 6A:16-10.1a, "The district board of education shall provide instructional services to an enrolled student, whether a general education student in kindergarten through grade 12 or special education student age three to 21, when the student is confined to the home or another out of school setting due to a temporary or chronic health condition or a need for treatment that precludes participation in their usual education setting, whether general education or special education."

# The Role of School District in the OOH Process

- ▶ The School will attend all Child Family Team/Treatment Team meetings at the Out of Home setting and request the following documents, from the treatment team, in order to make the appropriate educational decisions:
  - Letter of Psychiatric Clearance (on appropriate letterhead from treating psychiatrist)
  - Psychiatric Assessment, report and accompanying recommendations
  - BioPsychoSocial (BPS) Assessment and accompanying recommendations
  - The OOH treatment plan with clearly delineated goals, objectives and associated assessments
  - (If Completed) Functioning level as reported by the Vineland Adaptive Behavior Scales

# The Role of School District in the OOH Process

- ▶ The School will have the documentation reviewed by the school Psychiatrist
- ▶ The school will educate the parent and the Child Family Team about the school process (each case individually determined based on clinical status, treatment needs and educational programming)
- ▶ The School will consult with the IEP team to determine if the student's current educational placement continues to be appropriate to meet the student's needs.
- ▶ Placement in an out of home setting does not automatically require a change in IEP placement.
- ▶ Barriers to schooling –
  - Distance of Out of Home facility to student's current placement
  - Requirements of Out of Home facility as it relates to a student's level of care
  - Psychiatric Clearance

# What is needed for Initial OOH Referral?

- ▶ Clinical documentation:
  - Psychological/Biopsychosocial evaluations within 1 year
  - Psychiatric evaluation (if youth prescribed psychotropic meds) within the last 6 months
  - Specialty evaluations (1 year) i.e. Fire setting; Psychological w/ID-DD; Psychosexual; Risk Assessment; Substance Use (30 days);
- ▶ Educational documents:
  - Individualized Education Plan (IEP)
  - 504 plan
  - Supporting evaluations and Progress Reports
- ▶ Discharge summaries i.e. Hospital; Partial Care etc.
- ▶ Court Orders

# Levels of Intensity of Services (IOS)

- ▶ Intensive Residential Treatment Services (IRTS)
- ▶ Psychiatric Community Home (PCH)
- ▶ Psychiatric Community Home I-DD
- ▶ Specialty Intensity of Services (SPEC; SPEC I/DD)
- ▶ Residential Treatment Center (RTC)
- ▶ Group Home
- ▶ Treatment Home
- ▶ Professional Parent
- ▶ Transitional/Independent Living
- ▶ Substance Use Therapy
- ▶ Detention Alternative Plan (DAP)
- ▶ Intellectual & Developmental Disability and Crisis and Stabilization Programs

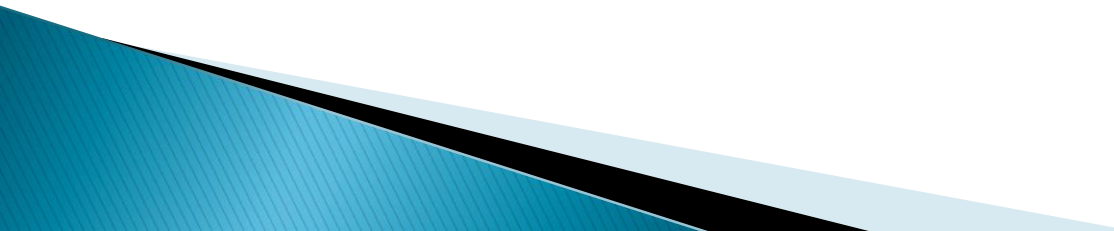
\*\*\* Specialty (SPEC), psychiatric community residence (PCR), and detention alternative programs (DAP) must not be contacted without prior authorization from the SRTU.

\*\*\* Intensive residential treatment programs (IRTS) are exclusively referred through CCIS units only and may not be referred by care management

\*\*\* If CFT members are in agreement that the CSOC assigned IOS level is not appropriate, the IOS dispute process will be followed

\*\*\* See handout for definition of IOS levels

# Out-Of- Home Treatment Placement Process

- ▶ Meet & Greet
  - ▶ Admission
  - ▶ Expectations
  - ▶ Additional questions
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# After Admission

- ▶ Maintain ongoing communication and oversight
- ▶ All CFT members are expected to attend monthly treatment meetings
- ▶ Review Treatment Plans (these may function as CFT's – so school needs to be involved)
  - JCR – Joint Care Review
  - TJCR – Transition Joint Care Review
  - DJCR – Discharge Joint Care Review



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# Education Liaison

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