

PURPOSE OF CARE REVIEW

- Assisting Child & Family Teams in reducing out of home placements
- Addressing multiple needs of children and their families

The partnering agencies in System Of Care (*Alamance-Caswell-Rockingham LME, Department of Social Services, DJJDP, School System, Guardian Ad Litem and Partnership for Children*) support the concept of Child & Family Teams (CFT) to ensure that best practice services are available to children and their families within the community.

System of Care removes agency silos and enables everyone to operate within a model of one family, one team, and one plan to focus on strengths, identify problems and prepare a plan of action.

These partnering agencies also strive to fulfill certain principles when youth and their family need intensive treatment including:

- Matching the needs of youth with what is understood to be best practice or evidenced-based services in the fields of mental health and substance abuse;
- Maintaining and strengthening the youth's connection to the community;
- Providing youth with services that match their needs in the least restrictive setting while valuing the preferences and culture of the family;
- Supporting the family in meeting the needs of their child.

The Care Review is the representative body from all partnering agencies charged with ensuring that these principles become reality so that youth and their families can be supported within the community.

SYSTEM OF CARE

CHILD & FAMILY TEAMS CARE REVIEW



CARE REVIEW

*STRIVING TO KEEP KIDS IN THE
COMMUNITY BY SUPPORTING
CHILD & FAMILY TEAMS*

To Schedule A Care Review:

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CASES FOR CARE REVIEW

OUT OF HOME PLACEMENT:

The Child & Family Team will present their reasons at a Care Review when considering out-of-home placement (excluding foster home placement) for a period longer than 30 days. Care Review also serves as the approval body for state-funded PRTFs, Wright and Whitaker Schools. *Note: Residential placement should be considered only when all resources have been exhausted and the community is unable to meet the needs of the youth and family.*

DISCHARGE & TRANSITION PLANNING:

When the youth is returning to the community following an out-of-home placement lasting more than 30 days, the CFT should meet to prepare a step-down plan that is forwarded to Care Review.

CFT Requests Assistance

A Child & Family Team may seek assistance from the Care Review Committee when treatment experiences have resulted in limited or ineffective progress towards achieving treatment goals and other measurable outcomes.

WHERE DOES THE PROCESS BEGIN?

The Case Manager consults with their supervisor about a need to refer a child for Care Review then contacts the Logistics Coordinator (see information on the back panel) to request a referral packet. After all paperwork has been completed and submitted, a time & date will be given to the Case Manager.

The Case Manager will then notify the CFT of the date & time. It is expected that the referring Case Manager, the child's parent(s)/legal guardian and any Child & Family Team members deemed appropriate by the Case Manager attend and provide information relevant to the nature and purpose of the Care Review.

As the review is not "strengths-based" and has the potential to be upsetting for clients and their siblings, consider the age-appropriateness of children before inviting them to attend.

WHERE IS CARE REVIEW HELD?

Alamance	Human Service Center G-25 – LME Conference Room 319 N. Graham Hopedale Rd. Burlington, NC
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THE DAY OF THE CARE REVIEW:

The Case Manager will be given 5-10 minutes to present a synopsis of the child's situation prior to a discussion, question and answer session with the Care Review Committee. The Case Manager should be prepared to address questions similar to the following:

- What is the desired outcome for this child being out of home and how would residential care accomplish this?
- What unmet needs in the community led the CFT to pursue residential placement? What resources could be put in place that might enable the youth to remain within his home community?
- What resources and/or services have the CFT attempted to secure for the purpose of meeting the child's needs?
- What is the anticipated length of stay within a residential facility? Where will the child live upon discharge and what is the transition plan?
- What informal supports/resources are available to the family (i.e., extended family, church, community, etc)? Is a crisis

plan in place and have the plans been used?

- What is the child's diagnosis / treatment need? How does the treatment at the proposed facility fit with the client's diagnosis? What other treatment will be available or provided by this residential facility?
- What interests, strengths and/or values of the client and family could contribute to successful treatment outcomes?
- What are the treatment needs of the child & family? How are these needs going to be addressed while the child is in residential placement?
- What are the expectations of the family's involvement with treatment while the child resides within the facility? Is family counseling provided? What are the expectations regarding home visits? How will the family arrange to visit the child or bring the child home for home visits?
- What is the client and family's response to residential placement? What are their preferences for placement? How has the CFT worked with the child and family to comprehend the concept of residential placement support? What cultural issues are important in seeking placement?
- How can positive community connection be sustained and maintained while the client is in placement?
- Is the residential placement requested the least restrictive setting?