

DEPARTMENT POLICY

POLICY # 201	SUBJECT: Integrated Service Planning
REVISED EFFECTIVE: November 9, 2004	PAGE 1 of 6
AUTHORIZED SIGNATURE:	

INTEGRATED SERVICE PLANNING

I. PURPOSE

The Department of Services for Children Youth and their Families recognizes that a holistic integrated approach is essential for the success of children and families. The intent of this policy is to ensure the integration and coordination of all services and resources available within the Department, the family and community. A "System of Care" is a strengths-based, family-centered, child-focused, culturally competent model. It is based on the belief that the best care and protection for children can be achieved when the strengths of the families are aligned with community and Department supports.

II. POLICY

The purpose of this policy is to clarify planning requirements and dispute resolution when a child is active with more than one division.

The Del.C. 29, Subsection 9001(b) states:

". . .The policy of the State is to achieve the consolidation of services to children, youth and their families within the jurisdiction of a single agency in order to avoid fragmentation and duplication of services. . . (and) to plan, develop and administer a comprehensive and unified service delivery system to abused, neglected, dependent, delinquent and mentally ill or emotionally disturbed children and youth within a continuum of care which shall include the involvement of their family, within the least restrictive setting possible..."

To ensure compliance with the Code, every child and family active with more than one service division of the Department of Services for Children, Youth and Their Families (DSCYF) shall have in place a comprehensive, coordinated Service Plan, which designates a primary case manager. Exempt from this policy are children and families served by DFS Investigation (unless dependency is the reason), DCMHS children not served by a Clinical Service Management (CSM) Team who are open with DCMHS Intake and Assessment (I &A), DCMHS crisis/outpatient services and DYRS children served by Level Two Probation entry-level programs such as Project Redirect and Back on Track. Department staff active with these clients may participate in ISP planning but would not be bound by this policy to do so nor would they be designated as the primary case manager.

The primary case manager will facilitate team meetings and the development/review of an Integrated Service Plan (ISP, formerly the Interdivisional Service Plan) that coordinates both formal and informal services to support the child and family. In addition to DSCYF case managers and family, teams should also include contracted providers, informal supports identified by the family (i.e. extended family, clergy, and friends), and educational representatives.

The Service plan will follow the DSCYF vision to provide services that are consistent with the system of care principles. It is believed that the best care and protection of children can be provided when family strengths are aligned with department and contracted services. Plans will be:

- Individualized built on the strengths of the child and family;
- Child centered and family focused;
- Community based;
- Culturally competent;
- Seamless within and across organizations; and
- Developed by a team of partners working with families.

III. PROCEDURES for case planning and primary case manager determination:

For the purpose of providing an integrated case management system and reducing the potential for case disputes, any child receiving services from more than one division must have an Integrated Service Plan completed and documented in FACTS.

A. Responsibilities of a Case Manager:

1. Upon assignment of a new case, the case manager shall determine if other divisions are already active with the child and family. The case manager will ensure the Department's risk assessment tool (SENS) has been completed. This tool is designed to identify early risk factors and to drive initial service planning. In the cases of children in foster care, the PCIC serves as the assessment tool and should be completed by the case manager.
2. If other divisions are active with the child and family, the case manager will contact the other active case manager(s) to gather information and schedule a planning meeting.
3. A planning meeting must be scheduled when the child and family are receiving DSCYF treatment services (e.g. DFS treatment, CMH managed care, YRS Community Services/ Incarceration) from more than one division.

B. Designation of the Primary Case Manager:

1. If there is an active DFS Treatment case, DFS will be designated the primary case manager.
2. If the child and family are active in a DFS dependency investigation case, the DFS case manager will convene a planning meeting. If the child is less than 12 years old and is in secure detention, the meeting must occur within 1 business day. The DFS investigator will convene the meeting, but while the case is in investigation, DFS will not be designated the primary case manager. The Detention Center Case Manager will complete the Integrated Service Plan documenting the goals/objectives agreed upon in the meeting.
3. If DFS is not involved, the division that is first active with the child and family will be the primary case manager unless there is agreement to the contrary based upon the best interest of the child and the family.
4. If DFS becomes active at any point during an existing multi-divisional case, DFS will assume the role and responsibility of Primary Case Manager. DFS will be responsible for convening a meeting and developing a new ISP within 6 weeks of the case opening.

C. Responsibilities of the Primary Case Manager:

1. The primary case manager will ensure the Department's risk assessment tool (SENSS) has been completed. In the cases of children in foster care, the PCIC serves as the assessment tool and should be completed by the case manager.
2. The primary case manager will have preliminary discussion with other DSCYF case managers and service providers prior to the ISP meeting in order to gather information, explain the ISP process and invite them to the upcoming ISP meeting.
3. The primary case manager will have preliminary discussion with the family/care provider to review the purpose of the meeting and determine the informal supports to invite as requested by the family.
4. The primary case manager will obtain the appropriate consent forms signed by the parent/guardian to authorize collaboration and communication between the Department, informal supports and service providers. It is also the responsibility of the primary case manager to ensure that all consent forms are current.
5. The primary case manager will ensure that the family/caregiver, other involved parties, and the child, if developmentally appropriate, are invited to participate in a meeting to create the ISP. This should include school personnel, outpatient providers, DFS Investigation workers if active, and other service providers or case managers providing or monitoring entry-level services (i.e., Back on Track and Project Redirect). The initial meeting must be a "face to face" meeting.
6. The ISP meeting must take place and a plan must be developed within 6 weeks of the opening of the second case (a second case means that the child and family becomes concurrently active with a second division within the department). The primary case manager has the responsibility and authority to facilitate the meeting.
7. The Primary Case Manager has the responsibility to help the group develop consensus on the goals and interventions and to ensure the delivery of appropriate services to the family.
8. When consensus is reached team members will sign the ISP indicating support for the plan.
9. A signed copy of the ISP must be distributed to all team members.
10. The primary case manager will enter the ISP and all updates into the FACTS system.
11. The primary case manager will schedule face-to-face or teleconference meetings to review the service plan with the child and family every 90 days or more often if there is a significant change in the child's situation.
12. The ISP will be monitored to ensure all services are provided and responsibilities of the respective parties are carried out as per the agreement in the plan.
13. Once assigned the primary case manager, that person shall retain all responsibilities unless a new primary case manager is assigned through joint agreement with other DSCYF case managers on the ISP team.

D. Responsibilities of Team Members:

1. It is the responsibility of each team member to ensure that the needs and strengths of the child and family corresponding to that team member's area of expertise have been assessed, and that services and supports are put in place to address those needs and utilize those strengths.
2. Each team member should monitor the delivery of services and supports to ensure success and timeliness.

3. Notify the primary case manager and the team of any changes in the child/family situation and make sure appropriate action is implemented as needed. This includes adjustments or changes to the treatment plan, services, and supports.
4. Attend every ISP meeting either in person or by teleconference.
5. Maintain regular contacts with the child and family as mandated by their division.
6. Update individual case records in FACTS as mandated or needed.

E. Guidelines for Creating an Integrated Service Plan:

Subsection 9003, Paragraph (4) of Del.C. 29 says the Department shall:

"...prepare and maintain a written case plan for each child under its supervision or custody, which shall include but not be limited to a description of the child's problems, the care and treatment of the child, and any other services to be provided to the child and his or her family; each case plan must be designed to achieve any placement of the child outside of his or her home in the least restrictive setting available and in close proximity to the child's home, consistent with the best interests and special needs of the child."

The following guidelines clarify the process and content for creating and documenting integrated service plans which serve as a blueprint for treating the child and family. The ISP should be based on a complete assessment of the child and family's strengths and needs. The child and family should be included in the assessment process. The ISP includes all services and supports to be provided to the child and family and the responsibilities of all parties involved including the child and family. At a minimum the ISP will be reviewed every 90 days. The plan shall meet the following requirements:

1. Ensure every child 14 years of age and older has a provision addressing independent living skills;
2. Provide clarity and structure to the process of engaging children and families in working collaboratively;
3. Establish a clear link between the child and family's needs, the professional's assessment and the planned intervention;
4. Ensure that the plan is consistent with system of care principles:
 - a. Individualized built on the strengths of the child and family;
 - b. Child centered and family focused;
 - c. Community based;
 - d. Culturally competent;
 - e. Seamless within and across organizations; and
 - f. Developed by a team of partners working with families.
5. Ensure that all parties are clear about responsibilities and activities;
6. Identify and resolve disagreements about the plan before they interfere with service delivery;
7. Avoid duplication of effort or incompatible approaches;
8. Establish a basis for evaluating progress;
9. Establish a basis for evaluating both the adequacy and quality of services provided; and

10. Establish a clear basis for closing the case when goals have been achieved.

F. Case Closure:

1. If a case is open in more than one division, no division shall close the case without consulting with the other division. Even though there are instances where procedure or legal requirements dictate that the case be closed, a meeting or consultation with team members must occur prior to case closure.
2. Divisions shall not close a case as long as they retain responsibility for any of the services listed on the Integrated Service Plan.
3. Divisions shall not be expected to maintain open cases purely as a "back-up" to services delivered through another division.
4. If two divisions hold joint custody of a child, neither shall request that Family Court rescind custody without consulting the other division.

G. Dispute Resolution:

1. Workers should attempt to resolve case issues so that the solution occurs at the lowest level possible before moving the resolution to the next supervisory level.
2. Respective supervisors of involved divisions will meet along with disputing workers to resolve case issues. This meeting must take place within two working days after becoming aware of the dispute. Once the internal DSCYF issues are resolved, the primary case manager will reconvene the team and together create an acceptable ISP.
3. If consensus is not achieved at the supervisory level, then the supervisors should invite Regional Administrators to assist in the resolution of issues. This meeting should also occur within two working days. Once the internal DSCYF issues are resolved, the primary case manager will reconvene the team and together create an acceptable ISP.
4. Should further assistance be needed to resolve issues, the case may be referred to the Resource Review Team. This team consists of the appropriate Divisional Operational or Program Managers and an OCM Facilitator. Decisions made at this level will be binding and communicated to the Divisions.
5. OCM Reviewers who participated in MDT cases may be contacted at any level to assist in advising on assembling and preparing the team for a successful coordinated meeting. The OCM Reviewer will act solely on a 'consultant' basis.

H. Procedures for Accessing Resources:

1. Guidelines for Workers:
 - a. When developing an Integrated Service Plan, the plan will include identification of services and resources needed for the child, based on the most appropriate service(s) and least restrictive resource(s) possible.
 - b. If barriers in determining or accessing appropriate resources are encountered (i.e. service gap identified, resource use at capacity, medical necessity criteria not met, etc.), and consensus cannot be reached regarding alternatives, the ISP is to be sent to the Resource Review Team (RRT) along with a request for assistance with resource identification. The RRT will review the information and make a decision on the appropriate service for the child. (RRT members will include Division management, contract representatives and any other appropriate expertise needed).

2. Guidelines for RRT: Resources will be allocated in accordance with the following agreement:

All children active with the Department of Services for Children, Youth and Their Families (DSCYF) are viewed as Department clients and will have access, to the greatest extent possible, to all community-based and residential services under contract with Divisions. Availability must conform to the provisions of the mixing law and the established eligibility criteria of the service and the respective Division. The cost of services shall be shared by divisions active with a child on an equal basis when:

- A placement resource recommended for a child is not available, or
 - A resource needed for a child is not available and an individualized contract needs to be developed, or
 - Two or more Divisions reach agreement on special funding.
3. DMSS staff will track resource use and report such use on a regular basis to Department management and contract managers.

IV. Monitoring Departmental Compliance with this Policy

The Office of Case Management will have Departmental Review and Monitoring responsibility to assure compliance to the Integrated Service Plan Policy. OCM will assign a limited sample to be reviewed by OCM Reviewers, Line Supervisors, Regional Managers, and Operations Managers with the goal of completing a minimum of one ISP review per month. Should OCM discover a gap in the quality of case management, including a trend showing the lack of completed ISPs, the issue will be sent to the Departmental Safety Committee (DSC) for review. The DSC will review the findings for referral to the Division(s) for a Corrective Action Plan or refer it as a Departmental Root Cause Analysis (RCA).