Delaware Children's Department Policy

I. Purpose

The Department of Services for Children, Youth and Their Families (DSCYF) strives to provide individualized, strengths-based, culturally competent and least restrictive community-based services for children being served by the Department. When a child’s emotional, physical, educational, social and family needs cannot be safely and effectively addressed within the community, DSCYF attempts to utilize local residential programs to address the presenting needs. All children active with 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.

The purpose of this policy is to establish a DSCYF process to address situations where county or regional planning regarding contracted community based services or residential/out-of-home care is unsuccessful and reasonable efforts to identify resources within the Department’s continuum of services have been exhausted.

II. Definitions

A. Division PRT members — individuals designated by each Division to serve on the PRT. Each Division will identify two PRT representatives.

B. Division PRT referral reviewer – individual designated by each Division to review and approve PRT referral.

C. Placement Resource Team (PRT) — The PRT is a multi-Divisional working group chaired by the Office of Case Management (OCM) Manager (or their designee).

III. Policy

The PRT process is designed to bring each Division together to review planning efforts and assist in identifying or developing the most appropriate resource(s) based on the presented needs of a specific youth and family. Services must conform to the established eligibility criteria and provisions of the mixing law, where appropriate. Case management responsibilities remain with the assigned Division case managers during the PRT process.

IV. Procedures

A. Prior to referral to PRT for situations where county or regional planning regarding contracted community based services or residential/out-of-home care are unsuccessful and
reasonable efforts to identify resources within the Department’s continuum of services have been exhausted, the involved Division(s) will have convened a family team meeting including participants from all active Divisions to discuss the concerns and ensure that all available Department resources have been exhausted. All appropriate placement resources available in the DSCYF continuum of services should be considered and ruled out prior to completing a PRT referral.

B. The PRT referral must include the following:
   a. Completed Placement Team Referral Form (Attachment 1);
   b. Current service plan(s);
   c. Notes from the most recent family team meeting;
   d. Most recent assessment(s) including current intellectual functioning;

C. The completed referral form (including comments from all active Division case managers) along with supporting documentation is forwarded to the supervisor for each case manager for review and signature.

D. The approved referral form is then forwarded to the referring Division’s PRT referral reviewer for review and approval. If the PRT referral reviewer agrees with the referral, they will sign, ensure that required documents are attached and forward to their Division PRT member.

E. Upon the Division PRT members’ agreement that all reasonable efforts have been made, the referral form will be sent to the OCM Manager (or designee) for scheduling. Division PRT members will ensure that the PRT referral form is fully completed and the required documentation is attached. The PRT referral form will be returned to the referring County/Regional Manager/Director if the referral is incomplete or reasonable efforts to identify resources have not been documented.

F. PRT reviews will be scheduled at the earliest time available on the PRT bi-monthly meeting schedule. Interim meetings for cases deemed “urgent” may be requested by a PRT member at any time. Requests for an interim PRT meeting should be forwarded by the Division PRT member who will forward to the OCM Manager or designee for scheduling.

G. Upon notification of a PRT meeting date, the Division’s PRT representatives will request the referring case manager or supervisor be available (in person or by telephone) to present case information to the PRT. It is recommended that all active Division caseworkers or supervisors attend the scheduled PRT meeting (in person or by telephone) when possible.
H. During the scheduled meeting, the referring case manager or supervisor will provide a brief overview of the child’s history and presenting issues. Following this overview, other members will have an opportunity to provide additional information or dissenting opinions.

I. The PRT will review the available information and work across Divisional boundaries to brainstorm solutions to challenging service delivery barriers and identify or develop appropriate resources and services. All DSCYF contracted provider information will be available to the PRT through the PRT Grants and Contracts Unit and PRT members.

J. The DMSS Grants and Contracts Unit will conduct a local or national search for a provider when the specialized needs of the referred youth cannot be met through the Department’s existing continuum of services.

K. PRT is empowered to make service recommendations. PRT placement decisions will be final. In the event that the PRT members cannot achieve agreement on service/placement decision, the case will be referred to the Division Directors for active Divisions for service/placement decisions.

L. Funding for these recommended services will be the responsibility of active Divisions, determined by each Division’s guidelines. Guidelines for joint funding by Divisions is outlined in Joint Funding (DSCYF policy 210).

M. The PRT chair or designee be responsible for writing and sending a PRT meeting summary including placement recommendations and next steps to case team members and PRT members. This should occur as soon as possible but no longer than within 3 business days. Case workers/supervisors will record the PRT meeting outcome in a FACTS progress note titled PRT.

N. PRT will continue to meet as necessary and PRT members will bring documentation of steps taken on the case to each meeting until the appropriate resources for the PRT referred child have been identified.

V. Tracking and Annual Reporting

PRT reviews, findings and recommendations will be tracked and maintained by OCM. A report summarizing reviews, outcomes, gaps, and recommendations will be submitted to Department leadership annually.
VI. Responsibility for Policy

The Office of Case Management and the PRT are responsible for providing guidance regarding this policy.