

Out-of-Home Placement Services: Ongoing Placement Services

Protocol – What you must do	Guidance – How you should do it
<ul style="list-style-type: none"> • Encourage participation in activities that are age- and developmentally-appropriate; • Youth 12 and older must be provided a copy of the <u>Understanding Foster Care – A Handbook for Youth</u> (DSS-1516); • Youth 14 and older must have a credit report run annually, from each of the three credit reporting bureaus (Equifax, Transunion, and Experian); • Develop a TLP with youth ages 14 and older and provide services to help them transition to successful adulthood; • Assess youth ages 16 and 17 to determine their needs for services to prepare them for making the transition from foster care to independent living; • Explain the child’s rights while in foster care placement; and • Create and maintain a life book for each child in foster care. <p>AUTHORIZATION FOR HEALTHCARE SERVICES</p> <p>Unless the court orders otherwise, county child welfare agencies have the authority to arrange for, provide, or consent to the following:</p> <ul style="list-style-type: none"> • Routine medical and dental care and treatment, including but not limited to treatment for common pediatric illnesses and injuries that require prompt intervention; • Emergency medical, surgical, psychiatric, psychological, or mental health care or treatment; and • Testing and evaluation in exigent circumstances. <p>Counties must obtain authorization to consent from the parent/caretaker for the following:</p> <ul style="list-style-type: none"> • Prescriptions for psychotropic medications; • Participation in clinical trials; 	<p>Children under age 12 should be provided a copy of the <u>Understanding Foster Care – A Handbook for Youth</u> (DSS-1516), if developmentally-appropriate.</p>

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<ul style="list-style-type: none"> • Immunizations when it is known that the parent has a bona fide religious objection to the standard schedule of immunizations; • Child medical evaluations not otherwise authorized by the court; • Surgical, medical, or dental procedures or tests that require informed consent; and • Psychiatric, psychological, or mental health care or treatment that requires informed consent. <p>NOTE: The court may authorize the director to provide consent after a hearing at which the court finds by clear and convincing evidence that the care, treatment, or evaluation requested is in the juvenile's best interest.</p> <p>For more information regarding authorization for consent, please refer to <u>General Authorization for Treatment and Medication (DSS-1812)</u> and <u>General Authorization for Treatment and Medication Instructions (DSS-1812ins)</u>.</p> <p>Once completed, authorization for consent must be scanned and attached to the electronic record in NC FAST.</p> <p>For children and youth in foster care receiving psychotropic medications, agencies must;</p> <ul style="list-style-type: none"> • Refer and coordinate services for all children in foster care who receive psychotropic or other high alert medications included in the <i>Best Practices for Medication Management for Children & Adolescents in Foster Care</i> to care management through Community Care of North Carolina (CCNC) within 7 days and request a medication reconciliation from the CCNC Care Manager. 	<p>To refer children and youth in foster care to care management with CCNC, Child Welfare Staff will complete the CCNC Custody Status Notification Form available at https://www.ncpedcs.org/page/FHNCLibrary and fax the document to CCNC at 833-282-0884.</p> <p>Care Management can:</p> <ul style="list-style-type: none"> • Assess/address needs as child comes into custody by coordinating with DSS Staff, e.g. imminent medical needs, emergency appointments, medications, and devices, etc. • Provide child welfare workers assistance with monitoring of psychotropic and high alert medications. • Ensure caregivers are aware of the child’s health history and provide education on medical conditions, medications including red flags, devices, and care plans. • Support continuity of care by encouraging the Medical Home concept. In the absence of a medical home, Care Managers can assist with linkage to a Medical Home and other needed services. • Facilitate information flow between DSS staff, medical providers, foster/biological parents. • Support the foster family by assisting with navigation of the medical and behavioral health system and removing barriers to care. • Coordinate with Care Managers across the state when children are placed out of county. Link DSS to Out-of-Region Care Managers who know services and resources in the child’s placement area. <p>All psychotropic medications should be monitored for side effects and, where indicated, appropriate metabolic monitoring should be completed by the prescriber of the medication. Additional information and guidance regarding psychotropic medications can be found on the resources page of the Fostering Health NC website/library (www.ncpedcs.org/fosteringhealthnc).</p>