

Policy Title:	Target Planning and Consultation Committee – Policy		
Policy Number:	I-B.3.2.3		Effective Date: 01-07-2003

Approved By: *on file*

Date Approved:

- Policy
- Procedures
- Forms, etc.
- Definitions
- References
- Contact

Reference(s):

- MHDDSD/CSD Agreement
- TPCC Handbook

Form(s) that apply:

- DHS118, "Contract Request"
http://dhsresources.hr.state.or.us/WORD_DOCS/DE0118.doc
- DHS118D, "Directions for the 118 Series Contracting forms"
http://dhsresources.hr.state.or.us/WORD_DOCS/DE0118D.doc
- CF111, "Target Planning and Consultation Committee Referral Sheet"
http://dhsresources.hr.state.or.us/WORD_DOCS/CE0111.doc
- CF111A, "Target Planning and Consultation Committee Referral Checklist"
http://dhsresources.hr.state.or.us/WORD_DOCS/CE0111A.doc
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Policy:

Purpose

The *Department* has established a standing committee called the Target Planning and Consultation Committee (TPCC). The committee is responsible for the review, approval and funding of portions of individualized treatment plans for children who have severe physical, mental, emotional and or treatment needs. In reviewing and approving plans or portions of plans, the expectation of the committee is that workers will utilize the strengths/needs-based planning process whenever possible to join with both family and providers to identify the needs of the child and come to agreement about those needs. The committee is also responsible for identifying and reporting unmet service needs in the *Department* service delivery systems. These procedures describe the committee's role, the eligibility criteria for services from the committee, and the process for referral of appropriate children and funding of approved treatment plans.

Definitions

(1) "Department" means the Department of Human Services.

Procedure

(1) Committee Composition:

(a) TPCC is composed of a maximum of 10 voting members. Children, Adults and Families (CAF) provides two members, one of whom acts as chairperson for the committee. Community Human Services (CHS) provides two members with one representing CHS Office of Operational Supports; Health Services Office of Mental Health and Addiction Services (OMHAS) appoints one member; Seniors and Persons with Disabilities (SPD) may appoint three one member, representing developmental disability services; Oregon State Hospital Adolescent Treatment Program shall appoint one member; and the Community Mental Health Directors' Association appoints one member to represent the community programs. The Department of Education appoints one member and the Oregon Youth Authority (OYA) one member. The committee may select outside consultants, who are not voting members, to assist in the review of cases as needed;

(b) The TPCC makes recommendations regarding persons to fill vacancies on the committee. Committee members are appointed by the Assistant Directors of CAF, CHS, OMHAS, SPD, the Director of the OYA; the Superintendent of Public Instruction, and by the president of the Community Mental Health Directors' Association;

(c) CAF is responsible for providing the administrative support services for the committee and managing the funds which are subject to the committee's approval.

(2) Frequency of Meetings. The committee meets monthly if there are referrals or treatment plans to be reviewed.

(3) The Committee's Role:

(a) Designation of Target Planning Children. The committee decides, through a majority vote after reviewing the referral information, whether or not a child presented to the committee will be designated a TPCC child. A representative for the designated child may receive consultation, funding or assistance from the committee on treatment planning;

(b) Funding Treatment Plans:

(A) CAF administers a budget which is subject to the review and approval of TPCC. The TPCC budget is a contingency fund used to address gaps in treatment services. It is used to fund portions of a treatment plan in order to meet the child's individual needs within the *Department's* responsibility, and to keep

the child in Oregon. Monies from the budget are used only for the purchase of services which cannot be funded through another budgeted program. Authorization for funding plans shall be for services within the responsibility of the *Department* to provide, cost effective services and services within available funds;

(B) TPCC also reviews and authorizes the exploration of out-of-state residential care resources for children for whom there are no appropriate resources in Oregon. The out-of-state funds can only be used to purchase care in facilities which are licensed or operated by the receiving state for the care of children. The plan to place out-of-state and the selection of the provider must be approved by the committee prior to placement. Approval of an out-of-state placement does not constitute Target designation for in-state planning. In addition to the approval of the TPCC, the placement must be approved by the receiving state through the Interstate Compact. This does not include children who must be placed in a treatment program out-of-state near an adoptive home or other family resource, that represents the child's permanent family resource. The CAF Treatment Services Unit manages the funding for these types of out-of-state placements. Caseworkers must obtain prior funding approval of the Treatment Services Unit before making such out-of-state placements.

(c) Reporting Unmet Service Needs. When referrals indicate a clear pattern of unmet service needs, the committee will report to the Assistant Directors or to responsible program managers. Periodically the committee shall issue a formal report of its activities and findings regarding unmet service needs to the administrators.

(4) Criteria for Designation of Target Planning and Consultation Child. The committee must determine that the following criteria are met before a child is designated as a Target Planning and Consultation Child:

(a) No funded resource or service in Oregon is appropriate and/or available to serve the child. All potential local and state resources must have been explored prior to referral to TPCC; and

(b) Severe care or treatment needs must be present and diagnosed by an appropriate professional. Severe needs may include, but are not limited to a combination of the following: hearing problems, visual handicaps, deaf/blind, serious emotional disturbance, orthopedic impairments, health impairments, neurological impairments, brain damage, minimal brain dysfunction, speech impairments, autism. Children with a conduct disorder diagnosis will be reviewed by the TPCC coordinator on an individual basis for appropriateness prior to referral to TPCC;

(c) Developmentally disabled (DD) children who are in need of residential or other kinds of specialized care shall be referred to the local county Mental Health DD Office.

(5) Referrals:

(a) Prior Resource Review. The *Department* caseworker or the Residential Resource Consultant shall explore all appropriate alternatives to committee review. Referral to the committee is appropriate only if all local alternatives have been explored. In those branches where strengths/needs-based service planning is in process, referrals should not be sent to the committee until existing strengths/needs services and resources have been explored. A child will not be considered for Target Planning and Consultation designation, nor placement out of state, simply because the existing resources do not represent the treatment plan of first choice;

(b) Residential Resource Consultation. The *Department* worker shall seek the assistance of the appropriate Residential Resource Consultant in determining if a prior resource exists. If necessary, the Residential Resource Consultant may request reconsideration of referrals rejected by existing providers. The Residential Resource Consultant shall contact the assigned central office program analyst for intervention when the provider's rejection of the referral may not comply with the provider's contract;

(c) Initiation of TPCC Consultation. The *Department* caseworker shall consult the Target Planning and Consultation Coordinator prior to developing a referral to the TPCC. The Target Planning and Consultation Coordinator will assist the worker in exploring any other alternatives to referral to the TPCC;

(d) Referral Content. Referrals to the TPCC must be clear and comprehensive. The written referral to the committee shall comply with the expectations outlined in the TPCC Handbook;

(e) Administrative Review of a Referral:

(A) Before a referral from a *Department* caseworker is submitted to the TPCC, the supervisor of the Substitute Care Review Committee the appropriate CAF Residential Resource Consultant and SDA Manager or designee must approve the referral and support the worker's planning for the child. The appropriate SDA Program Manager is responsible for the final screening of referrals as to their appropriateness for referral to the committee. Referrals are appropriate only if all local alternatives have been explored.

(f) Staff in the SPD Health Services, Offices of Mental Health and Addiction Services (OMHAS) or a Community Mental Health Program who believe a child receiving mental health services needs to be reviewed by the committee, shall contact the appropriate local DHS office to determine if a referral is appropriate.

6) Committee Presentation:

(a) The assigned *Department* service worker is responsible for the case presentation to the TPCC. The worker's supervisor, and/or the appropriate Residential Resource Consultant must attend the initial presentation of a referral to the committee in order to provide support for the worker and to be aware of the follow-up required. The person accompanying the worker as discussed above must have the authority to authorize commitment of funds available to the SDA that may be needed in order to implement the plan. Other resource people (e.g., potential providers, parents, attorneys) may attend the meeting as appropriate;

(b) A concise verbal presentation of the referral will be given to the committee

following the presentation outline provided in the Committee Handbook. When the presentation is completed, the presenters may be asked questions. The decision will be made by the committee, through a majority vote.

7) Committee Decisions:

(a) The committee will discuss the presented referral and make a decision by a vote of the majority to designate the child as a Target Planning and Consultation child, to request more information before making a decision, or deny the request for designation.

(A) If the child is designated as a Target Planning and Consultation Child, the committee may approve funding for a plan, or assign responsibility for developing a specific time limited plan and cost detail of such a plan;

(B) When the request for designation is denied, the committee will make recommendations to the referring branch office for handling the case;

(C) If the TPCC services are not currently needed, the designation may be suspended. The committee will periodically review the need for the suspension to be continued.

(b) The committee will provide the assigned worker with a written statement of the committee's decisions and recommendations;

(c) The decisions and recommendations of the committee are the official position of CAF and SPD Health Services, Office of Mental Health and Addiction Services.

8) Funding the Plan:

(a) The committee may authorize a worker to explore services and resources after a child has been designated a Target Planning and Consultation Child. *Department* worker shall make a commitment to a provider regarding funding from a TPCC budget only when authorized to do so by the committee;

(b) The Target Planning and Consultation Coordinator, in conjunction with appropriate branch or Residential Resource Consultant, shall negotiate the terms of the contract for provision of services approved by the committee, and shall prepare a Contract Request (CF 118). The Contract Request shall be approved by the committee coordinator. A line item budget, with justification for the case plan, must be submitted to the coordinator. The manager of the Treatment Services Unit is responsible for providing final approval of contracts for funds from the Target Planning and Consultation budget;

(c) The Target support staff in Central Office will open the Target service, and subsequently notify the assigned worker and office manager or payment clerk that the service has been opened;

(d) In all planning and implementation procedures, the case management responsibility remains with the assigned worker. This includes responsibility for IIS entry of any non-Target service as well as referrals to SED; and for Title XIX, IV-E, TANF, SSI, and TCM eligibility. The assigned worker is also responsible to close the Target

service when the child leaves the service, and to notify the TPCC support person who is tracking the funds for the program.

9) Monitoring and Evaluation of the Treatment Plan:

(a) When the treatment plan involves a contract for services, the contract or the provider's treatment plan will include the objectives to be achieved. The monitoring of that contract or treatment plan involves assessing progress toward achievement of the objectives;

(b) The ongoing monitoring of the service plan remains the responsibility of the child's worker and should be monitored as any other case. The coordinator of the committee may assist in monitoring the contract and may need to intervene with the provider when there are issues related to the provider's performance under the contract or there is a need for an adjustment in the contract needed due to changes in the child's need. The worker must promptly notify the coordinator of the committee if service plans approved by the committee do not materialize or are changed or terminated;

(c) The *Department* worker shall inform the committee quarterly of the child's progress through a written update to the Target Planning and Consultation Coordinator. A copy of the provider's most recent ninety day (90) progress report or CF 147 case narrative may be utilized for this purpose;

(d) The case of each child designated by the committee will be reviewed by the committee at least annually.

10) Re-referral When Target Child's Designation Has Been Terminated and Worker Wants Re-designation: If a *Department* worker is wanting to have a child re-designated for Target after the initial designation is terminated, and the request is within six months from the date the original designation was terminated, the worker still needs to explore alternatives to Target and have supervisory, CAF Residential Resource Consultant and SDA Program Manager approval prior to returning to the Target Committee. However, letters on placement denials and other documentation required for original referrals would not have to be resubmitted except as noted below. The worker does need to do the following:

(a) Present the case to the Target Committee;

(b) Provide a current written update on the child and family;

(c) Provide a written psychological or psychiatric evaluation (current within the last 6 months.) However, if the previous psychological was current at the time the child was designated and is accompanied by a current treatment report, the request for a new psychological or psychiatric evaluation may be waived at the discretion of the Target Coordinator.

11) TPC Designated Child Who is Committed to OYA:

(a) The TPCC Coordinator will provide recommendations to the caseworker for treatment prior to OYA commitment;

(b) If commitment is 6 months or less, TPCC designation will remain unless the Target Committee directs otherwise;

(c) If commitment is greater than six (6) months, TPCC designation will be terminated at time of commitment.

12) Exceptions may be granted by the Committee at its discretion.

Contact(s):

- **Name:** CAF Reception; **Phone:** 503-945-5600