

REGIONAL RESOURCE GROUP PRACTICE GUIDE

Consultation Regional Resource Group (RRG) case consultation is a purposeful and organized process with a RRG specialist who reviews presenting case-related issues as well as any relevant historical information and needs which leads to recommendations and case next steps to resolve or address those issues and needs. The purpose of RRG consultation is to provide direction, guidance and/ education regarding the presenting issues of the case.

RRG case consultation may focus (but not be limited to) case matters such as:

- parent or child case and treatment planning;
- placement needs;
- assessment of functioning;
- risk assessment;
- assistance with assessment of level of care and provision of services;
- assistance with safety planning and implementation of support services;
- assistance with discharge planning and aftercare services; and
- assessment of cultural and linguistic resources pertinent to the clinical needs of the family.

An RRG consult may be requested by staff on any case; however, some types of cases require RRG consultation. **See** Attachment 1, "Criteria for Consults with the Regional Resources Group."

**Staffing:
Clinical
Program
Director**

The Clinical Program Director:

- reports to the Regional Administrator, providing leadership, guidance, recommendations, and information for Regional clinical services (except Nursing);
- directs the clinical supports and services of a Region;
- develops program goals and objectives to conform with DCF policies, standards and legal matters;
- assists in the directing and coordinating of staff and resources to maintain the clinical, cultural and linguistic service delivery system and programs;
- manages clinical systems and programs to ensure compliance with federal, state and DCF mandates;
- acts as the hiring manager for the RRG;
- identifies training and developmental needs of clinical staff;
- supervises and evaluates RRG staff;
- maintains liaison functions with clinicians and clinically-related organizations that impact on area or program activities; and
- prepares and analyzes management reports.

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**Staffing:
Supervising
Clinician**

The main role of the Supervising Clinician in the Regional Resource Group is to provide supervision, both clinical and administrative, to RRG staff with the exception of the nursing and education staff.

The Supervising Clinician:

- reports to the Clinical Program Director
 - is charged with ensuring quality consultation as it applies to comprehensive psychosocial assessment, diagnostic impression and the development of a comprehensive service plan;
 - functions at the level of a CPS Manager or acts as the designee of the Clinical Program Director;
 - performs other duties as assigned by the Clinical Program Director.
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**Staffing:
Clinical SW
Associate**

The Clinical Social Work Associate:

- may report to the Supervising Clinician or the Clinical Program Director
 - provides consultation to staff around children and families with complex psychological and behavioral health issues including substance use.
 - reviews clinical evaluations and assessments provided by various evaluators and treatment providers
 - works in partnership with multiple community and state partners and
 - has knowledge of evidence-based practices and best practice models, inclusive of the cultural and linguistic needs of the child and family.
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**Staffing:
Children
Services
Consultant
(IPV
Specialist)**

The Children Services consultant (IPV Specialist) may report to the Clinical Program Director or the Supervising Clinician.

As a member of the Regional Resource Group, the role of the Intimate Partner Violence Specialist (IPVS) is to provide consultation, support, leadership and coordination to improve outcomes for children and families impacted by domestic violence.

Work is done in consultation with the Social Workers but it can also include direct consultation with families and offering of resources that are beneficial to the entire family system and that are pertinent to their cultural and linguistic service needs.

Nursing

The RRG Nursing complement is made up of one Nurse Supervisor (Advanced Nurse Practitioner or Nurse Consultant) and Clinical Nurse Coordinators.

The RRG nurses receive administrative and clinical supervision as part of the Central Office Health and Wellness Division.

As members of the RRG team, the RRG Nurses work closely with the other members of the RRG group.

The RRG nurses provide key health functions to DCF staff through:

- medical consultations,
- as community liaisons,
- in coordinating health care,
- as health educators and
- in providing health oversight and monitoring of children in care.

Case support by RRG nursing is through clinical consultation that ensures the health and safety of children served by DCF, congruent with the cultural and linguistic needs of the family. The RRG nurses assist DCF staff in decision making when there is a need to understand and transfer medical health information to appropriate stakeholders. Additionally, the RRG nurses ensure that children with complex medical needs have access to community services and supports within their homes and communities.

More specifics about the roles and responsibilities of RRG nurses can be found in the DCF Practice Guide "[Standards and Practice Regarding the Health Care of Children in DCF's Care.](#)"

Education

Education is a critical area in a child's life. School is where children spend most of their day. Education overlaps with other areas within the RRG. For some children education begins at birth, with referral to Birth to Three services. For others, it can be later.

If a consultation for a child of any age takes place due to physical or mental health needs, the Education Consultant or Education Specialist should be requested to provide support regarding any education-related issues or concerns that may be directly related to the child's physical or mental health needs.

The Education Consultant or Education Specialist also work in tandem with other members of the RRG and the Social Workers consulting on issues centering on absenteeism, frequent suspensions, expulsions, change in school placement, Birth to Three, school attendance, PPT and 504 meetings Functional Behavior Reviews, post-secondary education planning and other related educational matters, congruent with the cultural and linguistic needs of the child and family.

The Education Consultants and Education Specialists report directly to the United School District #2 Superintendent at Central Office.

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Referral Process

RRG consultation may be requested by the Social Worker, Social Work Supervisor or Program Manager assigned to a case, including Special Investigations Unit staff, or recommended by other supervisory or management staff, using the [DCF-2126, "Regional Resource Group Consultation Request,"](#) to request consultation with RRG staff.

1. The Social Worker or Social Worker Supervisory, prompted by any of the criteria in the Attachment 1, "Criteria for Consultation with the Regional Resource Group," or by a recommendation from supervisory or management staff will complete the DCF-2126 and send it by email to the Clinical Program Director or designee, or for nursing consults, to the RRG nurse.
2. The Clinical Program Director or designee will assign the consult request to the appropriate RRG specialist within 24 hours.
3. An RRG Consultation Assignments log will be maintained in each Region and utilized by the Clinical Program Director or designated staff for data collection and tracking purposes as deemed necessary by the Regional Administrator. RRG nurses will maintain a log of requests.
4. Once the consult is assigned, the RRG specialist will contact the staff requesting a consult and arrange for a consultation meeting or collaborate with staff to facilitate participation in a provider meeting, home visit or teaming.
5. Some of the consultation criteria may also require joint consultation with other RRG specialists, *e.g.*, nursing, substance use, mental health, education, IPV, or the Regional Medical Director or a Central Office subject matter specialist.
6. To adequately assess the presenting case issues, in preparation for and/or during consultation process, the RRG specialist will:
 - review and discuss with the Social Worker the case plan and case history, including LINK history;
 - review previous RRG consult notes;
 - review any available evaluations, clinical summaries or records;
 - contact providers to discuss treatment progress, updates and recommendations;
 - if appropriate, conduct a home visit with the Social Worker to assess the parents' and child's level of functioning and risk;
 - accompany the Social Worker to the hospital or meetings at a facility, York or MYI or detention; and
 - have phone contact with Beacon Health Options regarding levels of care, authorizations, bed availability, etc.
7. Following the consultation discussion, an appropriate summary will be documented by the RRG specialist in LINK.
8. The RRG specialist may prioritize consultations based on the acuity level and as required by other protocols such as Attachment 1, "Criteria for Consults with the Regional Resource Group."

**Case Consultation
Recommendations**

Differing Recommendations:

When the assessment or recommended course of action made by any member of the RRG is contrary to that of assigned CPS staff or a community provider, best efforts should be made to achieve consensus. In order to do so, a joint meeting should be held that is co-facilitated by the Supervising Clinician and the CPS Program Manager and which includes the RRG specialist making the recommendation, the Social Worker, Social Work Supervisor and community providers, as appropriate.

The discussion should include:

- the process used to make the assessment (*e.g.*, records reviewed, face-to-face interactions, other factors used in arriving at decision); and
- all alternative options considered.

If consensus still cannot be reached, a decision will be made jointly by the Area Office Director and Clinical Program Director, and in the case of a recommendation involving medical services, the Central Office Health and Wellness Division's Director of Nursing or DCF's Medical Director.

Supervision

Supervision with Regional Resource Group staff generally follows standards identified in the DCF "[Supervision Practice Guide](#)," including the expectation of regularly scheduled, face-to-face individual and group supervision. The four functions of supervision identified in the Guide are cornerstones of RRG supervision as well. These cornerstones are ensuring the quality of service provided, ensuring that administrative tasks are completed accurately and in a timely way, providing support to employees in their jobs as they face work-related challenges and helping employees to grow and develop their skills including cultural awareness.

Supervision of RRG staff shall include a review of the status of individual staff training plans developed at orientation of new staff and updated annually, ensuring staff adherence to licensing standards and required Academy for Workforce Knowledge and Development hours of five training days annually.

Completed, written Supervisory Agendas shall be stored and available to the employee and the employee's supervisor and manager.

Note: Activities in the "Supervision Practice Guide" that clearly refer to CPS activities will not be completed by RRG staff.

**Unique
Service
Expenditure
(USE) Plans**

Unique Service Expenditure (USE) Plans

Definition: Unique Service Expenditure Plan means the mechanism through which exceptions to usual and customary spending patterns are authorized.

Target Population: Children who have a significant history of using multiple behavioral health service types and have complex clinical or behavioral treatment and support needs that cannot be safely or effectively met by using traditional services. USE plans may be developed for children at imminent risk of disruption from family placement or at risk of placement in a more restrictive setting.

Role of the RRG in USE Plans:

All USE plans must be developed with RRG input and assistance. This may include:

- case and service plan review;
- identification of clinical and support needs taking into consideration culture and language;
- identification of appropriate services and providers;
- identification of goals for service;
- establishment of time frames, frequency, sequencing and duration of services and supports;
- ongoing review of documentation and progress reports to determine closure or extension of service; and
- participation in regular USE Plan reviews.

Cross reference: DCF Policy "[Unique Service Expenditure Plans \(USE\)](#)," and companion "[Practice and Procedures Guide](#)."

**Gatekeepers
and Liaisons:
Behavioral
Health
Services -
Definitions**

Gatekeeper means an Area Office or Regional designee responsible for the efficient and effective oversight of DCF-funded behavioral health programs relative to capacity and utilization. The gatekeeper is expected to have detailed knowledge and understanding of program and service referral processes, best practice and evidence-based models, case practice, target populations and scopes of service to ensure the appropriateness of referrals and fit with the child and family cultural and linguistic needs and resources. The gatekeeper works closely with the Regional Systems Director and the Central Office Program Development and Oversight Coordinators (PDOCs).

Liaison means an Area Office or Regional designee who serves as a point of contact and source of information for DCF staff and our external partners as it relates to a specific behavioral health function, service or initiative. Liaisons are expected to have specific knowledge and understanding of the service or initiative in order educate staff and external partners.

**Gatekeepers
and Liaisons:
Behavioral
Health
Services –
RRG Role**

RRG staff may participate in gatekeeping and liaison functions by:

- facilitation of clinical rounds and case reviews;
 - troubleshooting;
 - triaging, tracking and prioritizing referrals;
 - education of and information sharing with staff regarding target population, capacity, and interventions;
 - ensuring communication and relationship building between and between DCF staff and providers; and
 - matching children and families to appropriate service and intervention based on clinical needs and congruent with their cultural and linguistic needs.
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**Administrative
Case Reviews**

DCF is required to conduct Administrative Case Review (ACR) meetings for all children under the care of DCF and their families, including youth over age 18 and children placed through the Voluntary Services Program, no less frequently than once every six months.

The purposes of the ACR are to determine:

- the physical and psychological safety of the child;
- the extent of compliance with the case plan;
- the extent of progress that has been made toward alleviating or mitigating the causes necessitating DCF involvement;

and, if the child is placed in out-of-home care:

- the appropriateness of the placement;
- the treatment and monitoring of any trauma associated with maltreatment and removal from home; and
- a projected likely date by which the child may be returned to and safely maintained in the home or placed for adoption or legal guardianship.

Given the multidisciplinary skill set of the Regional Resource Group staff members, a clear connection to the ACR process exists. RRG staff should participate in ACRs whenever they have had involvement in a particular case leading up to that ACR and should receive a formal invitation.

In addition, for any ACR involving complex child or parental needs in the areas of mental health, substance use, intimate partner violence or medical or when the parent or child is struggling to achieve the objectives of the case plan, social work staff should consult with the appropriate RRG specialist in preparation for the ACR so they may plan on attending.

Cross reference: DCF Policies ["Introduction to the ACR Process"](#) and [36-11-2, "ACR Meetings"](#) and the companion ["Case Planning Practice Guide."](#)

**Permanency
Teaming**

As stated in the "Child and Family Permanency Teaming (CF-PT) Practice Guide,"

Permanency practice is rooted in the firm conviction that every child—whatever his or her age or circumstance—deserves a family and can be prepared to live successfully in a family environment. It is a process of supporting, strengthening and restoring relationships, acknowledgement of their cultural and linguistic needs, rebuilding existing families and/or creating new ones. It provides a bridge of healing that helps children and young people from foster care maintain or re-establish relationships that may have been lost or fractured, build new relationships to fill in the gaps and, with intact families, help to expand their support network.

The RRG has a clear nexus to permanency work. Efforts should be made to include RRG staff in Permanency Teaming when:

- RRG staff have had prior involvement with a youth or family;
- mental health, substance use, medical needs or other factors warrant such involvement, and especially when any of the aforementioned needs are perceived as a barrier to permanency;
- a child is transitioning to an adult service agency such as DDS or DMHAS;
- a child has a history of congregate care treatment or is presently in a congregate setting; or
- multiple psychiatric crises are hindering the child's permanency.

Cross reference: DCF Policy "[Child and Family Permanency Teaming](#)" and the companion "[Child and Family Permanency Teaming \(CF-PT\) Practice Guide](#)."

**Assessment
and
Transfer
Conferences**

The Ongoing Social Worker will facilitate the individual and joint conversations inclusive of family, RRG staff and other key stakeholders.

Clinical assessment conferences are held in conjunction with the completion of a risk assessment tool.

Transfer conferences are held when a CPS case transfers from Intake to Ongoing Services.

Cross reference: DCF Policy "[Case Transfer Conference](#)."

**Multidisciplinary
Assessment of
Permanency
(MAPs)**

When utilized in a Region, a MAP meeting is a multi-disciplinary consultation that is required for all cases involving first-time placements.

The purpose of the MAP meeting is to:

- identify barriers to achieving the goals of the case plan;
- determine the permanency plan and concurrent plan; and
- establish timelines to achieve these plans,

all in an effort to help maximize DCF's compliance with goals for achieving permanency for children as quickly as possible.

Regional Resource Group staff will participate in MAP meetings for the purpose of providing recommendations to assist DCF CPS staff with ensuring that appropriate referrals to services for parents and children are made, in finding permanent families for children and promoting the formation of lifelong family ties.

**Competency
Evaluations**

RRG staff may be involved in competency to stand trial evaluations of juvenile services clients by:

- interpreting competency evaluations performed by court-appointed **clinicians and physician;**
- **recommending** intervention services for the purpose of restoring competency;
- reporting to the juvenile court on the proposed plan for implementation of the interventions;
- reporting to the juvenile court on the progress of the intervention services;
- consulting with the court-appointed clinicians or physician when requested; and
- conducting an assessment of and developing a plan for services for a juvenile who cannot be restored to competency.

Legal reference: Conn. Gen. Stat. § 46b-128a

**Integrated
Service
Systems (ISS)**

An Integrated Service System (ISS) is a functional and comprehensive system inclusive of DCF staff and community partners that allows for coordinated integrated care for DCF-involved children with behavioral health needs. The expected outcome of ISS is that children will be successfully served and maintained in their communities.

RRG staff will work with the Social Worker and community providers to identify cases for presentation and to jointly conduct the presentation. Essential to a fully functioning ISS is the establishment of an Executive Team focused on relevant systemic issues and barriers.

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Substance Use Managed Service System (SUMSS) The Regions may elect to implement a Substance Use Managed Service System (SUMSS) which is a system of local network providers who serve families involved with DCF who have complex substance use problems. The purpose of SUMSS is to ensure the opportunity for referrals, recommendations and seamless communication about recovery, treatment and case management support services.

The RRG substance use specialist will identify appropriate cases for consultation at the SUMSS meetings, organize the agendas and co-facilitate the meetings with the Area Office Director or designee.

Transition to DMHAS and DDS RRG staff serve as liaisons to facilitate screening and referrals to the Departments of Mental Health and Addiction Services (DMHAS) and Developmental Services (DSS) to ensure seamless transition of youth.

They work in collaboration with the Office of Interagency Client Planning at Central Office and with representatives from DDS and DMHAS.

Documentation and Records Regional Resource Group staff shall generally follow the practices outlined in the [DCF Documentation Guide](#) and accompanying [Case Practice Documentation video](#). Documentation by the RRG is also referenced in the [10/18/13 Commissioner's Memorandum, "Documentation Guidance."](#) Finally, [DCF Policy "Case Narratives,"](#) outlines case narrative requirements for all DCF staff.

Regional Resource Group staff shall not maintain client-specific records separate from the official DCF case record (except for temporary files assembled for immediate need). Client-specific records shall be maintained in LINK, when possible and hard copy documents shall be filed in the hard copy case record maintained by the social work staff assigned to the case.

All RRG consultation activities shall be documented in LINK, using the RRG Consultation icon. Entries must be made within five working days of the event being documented, in accordance with [This policy also](#) provides examples of what activities constitute an "event" that must be documented in a narrative.

The content of an RRG consultation narrative is identified in the DCF Documentation Guide under the sub-heading of "Regional Resource Group Consultation." Content of the RRG nursing note will follow the [RRG Nursing Documentation Guide](#) established through the Health and Wellness Division.

Orientation

All newly-assigned Regional Resource Group staff shall complete a standardized orientation, as designed by the Clinical Program Director, in addition to orientation provided by the DCF Academy for Workforce Knowledge and Development. The RRG orientation shall include, at a minimum:

- **Administration**
 - office tour, including fire exits and fire drill emergency locations
 - interviews with key office personnel (RA, OD, Safety Officer, Intake PM, FASU PM, Education Specialist, Ongoing Services PM, Office Manager, Considered Removal Facilitator, Health Advocate, System PD)
 - shadowing selected staff
 - attending key meetings
 - review of the Business Continuity Plan

- **Interview with Office Manager or Assigned RRG Clerical**
 - review of time card and call out procedures
 - accessing equipment and supplies
 - understanding office cultures, protocols and phone lists
 - reviewing car sign out procedures
 - reviewing safety protocols and Everbridge notification

- **Supervisory Initial Orientation**
 - review of DCF policies and where they are located and system to track review and sign off on policies
 - review of Practice Guides
 - determination of computer and LINK literacy and appointment with LINK Specialist, if needed
 - review of the DCF Mission Statements, DCF organizational charts and the Commissioner's vision
 - review of case assignment protocols, paperwork and LINK narrative duties and documentation standards
 - introduction to rest of RRG team
 - development of initial Training Plan
 - review of Area Office service array
 - review of required meetings and their purposes

Note: For new nurses, orientation shall occur as identified in the [RRG Nursing Orientation Manual](#).

DCF and Private Facility Interface

For all children in congregate care settings, PRTF (psychiatric residential treatment facilities, inclusive of Solnit), inpatient facilities (inclusive of Solnit) and CJTS, there should be timely sharing of psychological and psychiatric evaluations, specialty evaluations, medical records, educational records, and biopsychosocial summaries to facilitate collaboration and discharge planning.

RRG staff play a pivotal role in the collaboration and interface with these facilities. This role includes but is not limited to:

**DCF and
Private
Facility
Interface
(continued)**

Prior to admission:

- Assisting CPS staff in gathering essential information needed by the provider prior to admission. This information includes psychosocial summaries that take into consideration cultural and linguistic needs and resources, formal evaluations and assessments, educational records and medical information.
- Developing questions for needed specialized evaluations.
- Reviewing protocols used by the facility and sharing those with CPS staff and family members.
- Helping the social work staff and family understand the nature of treatment and what may be expected of them.
- Identifying the discharge plan.

During treatment:

- Assisting with the establishment of treatment goals.
- Participating in admission and subsequent treatment planning meetings.
- Establishing expectation of reports needed from the provider.
- Monitoring content of treatment reports and seeking clarification if necessary.
- Requesting treatment modifications when needed.
- Monitoring progress toward established treatment goals and discharge planning.
- Helping social work staff and families advocate for permanency goals.

Child's Re-Entry to the Community:

- Participating in timely re-entry meetings.
- Ensuring needed individual and family medical, behavioral health and educational services are identified and in place prior to re-entry.

**Quality
Assurance
Process**

Nurses, intimate partner violence specialists, education consultant and specialists and clinical staff of the DCF Regional Resource Group will participate in the Quality Assurance processes of the Area and Regional Offices by providing recommendations to assist DCF staff and management in the following areas:

- participation in Quality Assurance committees or processes;
- participation in RRG specialty-relevant initiatives to improve DCF's performance with regard to permanency planning and the assessment processes in Intake and Ongoing Services cases;
- participation in the MAP meetings;
- keeping updated logs and conducting regular meetings with DMHAS and DDS;
- keeping updated logs of children in congregate care settings and assisting in the discharge planning process by regular participation in all treatment planning meetings;
- ongoing collaboration with the Regional Systems Program Director in the regular review of DCF-contracted services.