



## Centralized Resource Connection for Placement Stability

### *Connection Session Presentation*

**Purpose:** The purpose of the Resource Connection is to locate treatment and services for children with higher behavioral health needs to support placement stability. The connection session is a means to determine specific services to stabilize a placement for a child and help caregivers meet a child's needs in the least restrictive setting possible. The goal is to produce as many viable options as possible, so that if one option does not work out, others can be tried, or so that a combination of services can be tried if residential services are unavailable or insufficient for the individual child.

The session is meant to be a dialogue and professional exchange, during which the most current and accurate information regarding the child, the child and family's circumstance, and the provider options are shared.

**Presentation Outline:** SFCS Staff (Permanency Specialist, Permanency Supervisor, placement coordinator, etc.) should come prepared to provide the information below.

- 1) The reason treatment is needed (i.e., behavioral challenges; initial placement; lower level of care needed; higher level of care needed; placement disruption; something else).
- 2) What it looks like when the child is successful.
  - a. What are the child's strengths?
  - b. Are there things in the environment that contribute to the child's success?
  - c. Are there characteristics of caregivers/others that align better with the child's needs/personality?
  - d. Is there a certain level of activity or a certain type of activity (area of interest) the child benefits from?
  - e. Is there a certain level of attention the child benefits from?
- 3) The primary presenting challenges for the child's caregivers.
  - a. What kinds of behaviors, attitudes, or concerns have contributed to the child needing treatment?
  - b. What interferes with the child being successful at home or elsewhere?
  - c. What have others said about why they struggle to work/live with the child?
  - d. What trauma history contributes to the current presenting issues?
- 4) The child's triggers, behavior when triggered, and supports/interventions that promote regulation.
- 5) The child's level of cognitive/developmental functioning.
- 6) The child's physical health needs.
- 7) The child's ability to reside with others (including pets).
- 8) Additional information regarding the child's support system/connections, including who the child is closest to.
- 9) Other treatment, services, or activities the child is connected to and/or has been successful in.
- 10) Anything else a person working with the child and/or family should know.
- 11) The level of urgency as it pertains to treatment (low – 30 days; medium – 2 weeks; high – 1 week).
- 12) Where the child would like to be served and/or placed and the viability of those options.