



NEW JERSEY DEPARTMENT
OF CHILDREN AND FAMILIES

New Jersey Department of Children and Families Policy Manual

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Discharge Philosophy 10-17-2011

Positive discharge to a permanent home is the desired end toward which the residential placement process is directed. This process is initiated at the time the decision is made to pursue placement. It is similar to permanency planning for children who enter foster care in that it is goal oriented, time limited, and based on the best interests of the child. The discharge plan is a working document which is revised and updated over the course of the residential placement and includes:

- a thorough understanding of the child's emotional, educational, social, physical, and health status, prior to the placement;
- a thorough knowledge of all available professional evaluations, reports, and recommendations concerning the child;
- a knowledge of the child's family and its functioning, where the child "fits" in the family, what the family expects residential placement to do for the child, what CP&P views as the family's responsibilities in the child's plan, and the family's plan for the child following treatment;
- what is anticipated will be accomplished by the placement in terms of the child's long range needs;
- identification of the permanency goal and the case plan to achieve it;
- a realistic awareness of the treatment plan and its expected duration on the part of the child, the family, the child's local school system, the selected facility and the Worker.

All discharge planning information is documented and incorporated into the CP&P Referral Summary for Out-of-Home Treatment, CP&P Form [25-70](#), Section 10, the CP&P Community Plan.

Referrals 10-17-2011

The CP&P Referral Summary for Out-of-Home Treatment, CP&P Form [25-70](#), contains a discharge plan at Section 10, The CP&P Community Plan. However tentative its nature, it provides a focus for appropriate and productive casework planning on the part of the CP&P Worker, the parents, and the facility staff. The discharge plan in the Referral Summary for Residential Placement, includes:

- long and short term goals for the child and his or her family, as indicated in the Family Summary/Case Plan, CP&P Form [26-81](#);
- the CP&P role and CP&P expectations of the family's role during and after the child's placement;
- the living arrangements for the child following termination of treatment;
- a description and utilization plan of community resources available to the child following discharge; and
- the educational and/or employment plans for the child following placement, if applicable.

The CP&P Referral Summary for Out-of-Home Treatment is reviewed and approved by the Supervisor before it is submitted to selected facilities, see policy at [CP&P-IV-E-1-500](#).

Developing the Working Discharge Plan After Placement Is Finalized 6-20-89

The Worker and the family are responsible for developing and implementing the working discharge plan. This on-going plan is developed from input provided by the child and family, appropriate community resources, and the facility. Communication of short-term treatment objectives, as well as long-term goals of the discharge plan, is shared with the child in terms and language he can understand.

Part of the discharge plan for the adolescent must address the adolescent's development of the life skills necessary for adult self-sufficiency. The Worker, the child, the child's family or foster family and the residential facility develop a written plan which is tailored to the individual youngster based on the youth's abilities and needs. The adolescent's future plans and CP&P' plan for his eventual emancipation are examined in the light of realistic expectations. Preparing the adolescent with the life skills he will need as an adult is the responsibility of the residential facility, the Worker, the child's family or foster family and, above all, the child himself, and involves the mastery of concrete tasks. See [CP&P-VI-B-1-300](#), Adolescent Services Towards Self-Sufficiency, for the transitional planning process and the life skills necessary to adult independence.

Evaluating the Child

6-20-89

Discharge planning is based on continued evaluation of the child's growth and progress during placement, his continuing needs, and/or a determination that the child has gained maximum benefit from his current placement. Areas where progress has not been made are also noted, so that the discharge plan is balanced and provides an honest assessment of the child's overall treatment needs when he returns to the community.

Evaluating the Family

6-20-89

The family is expected to be actively involved in the treatment process and is included in any discharge planning. Their involvement is reflected on the Family Summary/Case Plan, CP&P Form [26-81](#). A copy is given to the facility. A determination is made as to the parent's interest and ability to care for the child.

Consideration is given to the types and availability of supportive community resources and services required by the family in order that the child may return home. Every effort is made to return the child to his own family if at all possible.

Evaluating Alternate Placements (Permanency Planning)

6-20-89

Although return to the parent is the preferred plan, it is not always possible or in the best interest of the child or the family. Usually the identification of the need to develop an alternative placement is known long before the child's discharge date.

Determining which alternative is appropriate depends on the child's needs, age, and situation. If possible, moving the child along the continuum of services to a less restrictive and more "normalized" setting is desirable. See [CP&P-III-B-2-100](#).

Possible alternatives to consider are:

- adoption;
- relative placement;
- foster care;
- independent living;
- group home;
- another type of residential placement.

Alternate living situations are not developed quickly. Exploration and planning are essential to the successful development and implementation of any alternate placement.

Monitoring the Discharge Plan 10-17-2011

The Worker in the supervising Local Office is responsible for developing the discharge plan, and inserting it into the CP&P Referral Summary for Out-of-Home Treatment, CP&P Form [25-70](#), Section 10, the CP&P Community Plan. Develop the discharge plan with the youth and parents before placement, and the working discharge plan after placement is finalized. The Worker updates the plan on an on-going basis with new information from staffings, progress reports, and contacts with the child and family. The Supervisor approves all modifications to the original discharge plan and is responsible for ensuring that the actual discharge proceeds in an orderly and timely fashion. Updates and modifications to the plan may be reflected on the CP&P Form [26-81](#), Family Summary/Case Plan, if appropriate.

The on-going monitoring functions that the Worker and Supervisor provide are crucial to the success of the child's placement. Both CP&P and the facility have a responsibility to ensure that a residential placement does not continue beyond the time the child has reached full benefit from his course of treatment.

WORKER'S CONTACT WITH THE FACILITY 5-9-2011

Facilities approved by CP&P must develop and document discharge plans for CP&P children. Consistent regularly scheduled contact with facility staff, particularly the assigned social worker, ensures that the Worker is aware of all progress that the child makes in the facility.

- **For all children in placement in New Jersey, and within 50 miles of the NJ state border**, the assigned Permanency Worker has in-person contact with the facility social worker or a member of the child's treatment team at least once per month. The Worker attends at least four scheduled treatment team meetings per year.
- **For children placed beyond 50 miles of the NJ state border**, the assigned Permanency Worker attends the conference to develop the treatment plan at the facility within one month (30 days) of placement. After that, the Worker has in-person contact with the facility at least once every six months. In addition, monthly telephone contact is maintained with the facility social worker or a member of the child's treatment team.

These contacts can be combined with the Worker's contact with the child in compliance with the minimum visitation requirement (MVR) schedule. The facility is required to send regular reports with copies of treatment plans to the Local Office within prescribed time frames.

When a child is placed in a distant out-of-state facility, the Worker is not always able to be present at all staffings. Telephone and written contacts with the facility are used in documenting changes in the discharge plan. See [CP&P-III-C-3-100](#) and [CP&P-IV-E-3-100](#) for minimum visitation schedule requirements.

The residential facility staff must notify CP&P of their discharge plan ninety days prior to a planned discharge. The decision should be reached jointly by facility staff, representatives from the child's local school district, the assigned CP&P Worker and the parent(s), preferably at a formal final staffing at the facility which includes:

- Review and evaluation of all significant reports related to the placement/discharge plan;
- Review and evaluation of significant reports related to the home and community to which he will return;
- Review and evaluation of the child's educational progress and agreement by the sending school district to provide an educational program (if appropriate); and
- A final agreement between CP&P, the family and the residential facility that the child is ready for discharge.

Contact with Community Resources 6-20-89

The family, facility, child and Worker determine the post placement needs and goals for the child. Appropriate community resources are explored. The Worker or the parent (if appropriate) contacts the resources with information about the child and the discharge plan. The Worker secures commitment to the plan in writing and may arrange for payment for services, if appropriate. Both the Worker and the child's family are responsible for insuring that necessary community support services are in place at the time of discharge.

Effecting the Discharge 6-20-89

No discharge is approved without a suitable and appropriate plan which is developed with the family, the facility, the child, and appropriate community resources that are to provide post discharge services to the child. Prior to the actual discharge date, the child's record must contain written documentation from all resources/agencies that are utilized in the plan that they are:

- aware of the plan, and
- aware of their treatment responsibilities in the plan.

The Worker writes a letter to the parents/caregiver at least 30 days prior to the child's discharge to advise them of the actual date of discharge and their right to an administrative review. The parents are not entitled to a fair hearing; therefore, such information is not included in the letter.

Written documentation must be provided from:

- the child's family, indicating their knowledge of and responsibilities in the discharge plan as recorded on the Family Summary/Case Plan, CP&P Form [26-81](#);
- the school the child is to attend and/or;
- the prospective employer, if any, and/or;
- the community guidance center that may provide counseling to the child and family and/or;
- the child's prospective foster parents, if appropriate and/or;
- any other community resource/agency which intends to provide services to the child and family such as the court and probation department, or other institutional settings that may be appropriate, etc.

See [CP&P-IV-E-4-200](#), Unplanned Discharge.

Discharge Arrangements 5-24-82

The discharge date is determined with the agreement of the facility, child, and the parent or other caregiver. The Worker is responsible for making/coordinating transportation arrangements or ensuring that the parents make transportation arrangements for the child.

Termination and Discharge 5-24-82

CP&P may not terminate supervision while the child is in placement or at the time of discharge unless another state agency such as DMR or DMH&H has assumed complete responsibility for the child and has sent written notification of case acceptance to the Worker. The case is terminated when the case goals are reached. See [CP&P-IV-E-4-300](#) for appropriate procedures regarding post discharge supervision and termination.

Procedures Related to Discharge 5-24-82

Responsibility	Action Required
Worker/Child/Child's	1. Develop tentative discharge plan.

Family Worker	
	2. Document discharge plan in child's record.
	3. Develop the on-going discharge plan maintained in the child's record during placement
	4. Contact child and facility on required basis to monitor progress and/or changes.
	5. Incorporate the discharge information into the Family Summary/Case Plan, CP&P Form 26-81 .
	6. Send a copy of the Family Summary/Case Plan, CP&P Form 26-81 , to facility.
	7. Meet with parent/caregiver to discuss child's progress and discharge planning.
Residential Facility	8. Notify CP&P of discharge plan at least ninety days prior to a planned discharge.
Worker	9. Contact community resources that may participate in discharge plan.
	10. Document intentions of community resources.
	11. File in the record the written documentation from the child's school, employer, guidance center, or other service provider stating they are aware of their treatment/responsibilities in the plan.
	12. Evaluate alternate placements if it is not appropriate for child to return home after discharge.
	13. Write letter to parent/caregiver giving formal notice of intent to discharge at least 30 days prior to date of discharge.
	14. Document in the case record, the family's agreement/knowledge of the plan.
	15. Document the final discharge plan after consultation with child, facility, and family.
Supervisor	16. Monitor case movement toward desired discharge goals.
Worker	17. Make/coordinate transportation arrangements from facility to post discharge setting.
	18. Record case movement in NJS.
Residential Facility	19. Prepare comprehensive discharge summary and forward to CP&P within 30 days following child's discharge.