

DMR Voluntary Services Program Description

The purpose of this program description is to articulate the philosophy of the Department of Mental Retardation for the Voluntary Services Program.

The goal of DMR Voluntary Services Program is to assist families to care for their children who have behavioral health needs. Other children may be included in VSP with approval. The DMR VSP provides in home and community supports and skill development aimed at enhancing families abilities to care for their children within the family home. In home supports are available with the expectation of parental involvement. Parents are to be key players and are actively involved in the Individual Plan (IP) process and development of the goals for supports and services. The amount of available supports and services is determined based on the child's level of need which is determined using the department's Level of Need (LON) tool. The IP will be reviewed every six months, more frequently if requested, and the LON will be reviewed annually.

DMR will develop a budget to implement supports and services identified in the IP. Supports may be provided inside of the family home and may also be provided in the family's community. Supports and services will not be offered to supplement or supplant educational programs that are the responsibility of the LEA. Families will be expected to participate in trainings that will assist them to follow through in behavioral plans and techniques that are developed and put into place by Behavioral Consultants or providers.

The goal of in home supports and services is to provide the family with the support and skills they need to maintain the home environment for the child. An example of some supports include but are not limited to: personal support, family training, including supervision and assistance with activities of daily living and gaining access to community activities. Individual support and habilitation including skill development instruction, implementation of behavior strategies or other, behavioral support, respite, community supports, after school programs and counseling. Services are individually designed for each child and intended to help the family keep the child at home in a safe and stable setting. If needed, these services may be increased. If maximum in home supports are not effective then the quality of those supports and services will be evaluated to determine if they need to be changed and/or enhanced in any way. If a vendor or provider does not have enough or appropriate staff available the family should be supported in selecting a new or additional vendor agency.

If enhanced in home supports and services are found to be of appropriate quality but ineffective then temporary out of home supports will be considered. All families will be expected to start with in home supports before DMR will consider funding an out of home placement, except in an emergency situation.

If a family is requesting out of home placement or treatment, the request will be presented to the Children's Services Committee by the case manager. The Children's Services Committee is made up of DMR staff, representatives from Department of

Attachment A

Children and Families, State Department of Education, Office of the Child Advocate, Family Support Council and parents. This committee makes recommendations to the case manager with the expectation they will be followed through by the case manager, region, and the family. A follow-up presentation regarding the progress of the child will be presented to the committee by the case manager. Individual cases can be brought back to the committee at any time, and should be presented if recommendations are not effective, additional information needs to be considered, and/or the home situation changes. If the committee is in agreement with an out of home placement or treatment consisting of a residential treatment facility or other congregate setting then that recommendation will be forwarded to the Commissioner.

Families who refuse appropriate in home support services offered or refuse to follow through on recommendations or plans developed by consultants, providers and /or DMR, may be discharged from the Voluntary Services Program. The decision to discharge a child from voluntary services will be made by the Regional Director. Families will be given written notification of discharge from the Voluntary Services Program with 30 days notice. The written notification will include the reason for discharge along with the information to the right to a PAR. The child will continue to be a client of DMR and can access other services available to all families who care for their children at home.