



RPAC INFORMATION for SERVICE COORDINATORS/CASE MANAGERS

Contact Brant coordinates the Residential Placement Advisory Committee review process according to the Child, Youth and Family Services Act. A Contact Brant Resource Coordinator will assist you to prepare for an RPAC. An RPAC must be completed within 45 days of the residential placement.

Service Coordinator/Case Manager Responsibilities:

- Establish a meeting date with the Resource Coordinator, child and parent/guardian
- Identify who should be invited to the RPAC including the child, parents/guardians, the residential placement provider, and involved service providers
- Complete the required preparation for an RPAC meeting and provide the following to Contact Brant **at least 48 hours prior** to the meeting:

	RPAC Case Information (see form)
	Consent for RPAC
<i>Other pertinent documentation, if it is <u>recent</u> and relevant</i>	
	Current Plan of Care
	C.A.S. Reports/Recommendations
	Psychological/Psychiatric Assessments

Meeting Format:

15 minutes prior to the meeting, meet with the Resource Coordinator and the child/family to try to put them at ease. Review the RPAC process, their right to be involved and voice their wishes, have them choose whether or not they want to attend the full RPAC meeting (about 30 minutes), and identify any issues that you will address in the meeting that may be difficult for the family or child to hear.

During the meeting, you should be attuned to the child and family’s comfort with the meeting, and be prepared to support them to leave the meeting if needed. The Service Coordinator/Case Manager, the child and family, and the residential provider will make **brief** presentations. Your presentation should be a brief summary of the written information, which the Committee will have already read:

- Highlighting the strengths of the child and family first tends to make the child and/or parent feel more comfortable.
- Identify the child’s residential service needs with clear information on why the current placement was chosen, and what it can provide.

You may be asked to take the client and family to wait in the reception area while the RPAC team formulates their recommendations regarding the placement. The Resource Coordinator will meet with you and the child/family at the end of this RPAC discussion to explain the recommendations.

Follow-up:

You must notify Contact Brant when the discharge from the placement is pending, has occurred, or if an extension is planned. A secondary RPAC review must be held every 9 months that the child remains in the residential placement.

RPAC Case Information

Completed by:

Agency:

Date:

Name of Child/Youth:

Date of Birth:

If applicable, CAS status:

1. Child/Youth's Strengths:

-

2. Child/Youth's Needs: (Diagnosis/special needs; events & issues that precipitated the placement)

-

3. Child/Youth's Program Support Needs: (Social, emotional, residential; what supports have been successful and unsuccessful)

-

4. Plan of Care/Goals of Placement:

-

5. How is the residential placement likely to benefit the child?

-

6. Consideration of continuity of the child's care and possible effects on the child of disruption to that continuity

-

7. How is the placement appropriate for the child?

-

8. Less restrictive alternatives considered & why deemed not appropriate?

-

9. Considerations given to preserving the child's cultural identity:

- **Specify culture:**

-

Profile Checklist for Case Information	Unknown	Mild	Moderate	Severe
Behaviour				
Non-Compliant				
Impulsive				
Running Away				
Lying				
Stealing				
Destruction Of Property				
Fire Setting				
Verbally Abusive To Others				
Aggressive				
Sexual Acting Out				
Substance Abuse				
Poor Social Skills				
Mood Swings				
Self Injury				
Defiant				
Disrespectful				
School / Vocational				
Identified Exceptionality: (Specify: _____)_				
Attendance Issues				
Vocational Program				
Diagnoses				
ADD				
ADHD				
Oppositional Disorder				
Obsessive Compulsive				
Conduct Disorder				
Multiple Personality				
Depression				
Anxiety				
Tourette Syndrome				
Autism Spectrum Disorder				
Developmentally Delayed				
Dual Diagnosis				
Suicidal				

Profile Checklist for Case Information	Unknown	Mild	Moderate	Severe
Suicidal Ideation				
Bipolar				
Phobia				
Psychosomatic Illness				
Eating Disorder				
Justice Involvement				
Physical / Medical Issues				
Non Verbal				
Sensory Deficit				
Physical Handicap (Specify: _____)				
Medically Fragile				
Sleep Related Problems				
Enuresis / Encopresis				
On Medication: (Specify: _____)				
Speech Difficulties				
Child Abuse				
Deprivation				
Neglect				
Emotional				
Physical				
Sexual				
Family Issues				
Financial				
Unemployment				
Marital				
Family Illness				
Sibling Conflict				
Parent / Child Conflict				
Intellectual Functioning				
Psychiatric Issues				
Substance Abuse				
Criminal				
Abandonment				
Family Violence				
Parenting Skills				