

DEPARTMENT OF SOCIAL SERVICES

CHILDREN'S DIVISION

P.O. BOX 88

JEFFERSON CITY, MISSOURI

October 14, 2009

What's Inside:

Custody Diversion Protocol, Voluntary Placement Agreements, ASFA and FACES instructions

MEMORANDUM

TO: REGIONAL EXECUTIVE STAFF, CIRCUIT MANAGERS AND CHILDREN'S DIVISION STAFF

FROM: PAULA NEESE, CD DIRECTOR

SUBJECT: CUSTODY DIVERSION PROTOCOL, VOLUNTARY PLACEMENT AGREEMENTS, THE ADOPTION AND SAFE FAMILIES ACT (ASFA), AND VOLUNTARY PLACEMENT AGREEMENT FACES INSTRUCTIONS

DISCUSSION:

In February 2005 Children's Division Memorandum CD05-05 introduced the Custody Diversion Protocol and the Voluntary Placement Agreement (VPA). The VPA is utilized only after the Custody Diversion Protocol has been implemented and the Department of Mental Health (DMH) recommends an out-of-home placement.

The Custody Diversion Protocol is not meant to replace or detract from the standard referral process to a community mental health center. If Children's Division staff are contacted by a parent/legal guardian in need of mental health services for their child, they should be referred to the Custody Diversion Protocol designee (see attached for contact information). The designee should first determine if the family has been referred to the local community mental health center. If not, the liaison should provide the parent/legal guardian contact information for the administrative agent. No screening form would be completed at this step. If a recent referral has been made to the community mental health center and the parent/legal guardian still wishes to *voluntarily relinquish custody of their child*, the Custody Diversion Protocol designee may then decide to complete the Custody Diversion Protocol screening form.

DMH will complete the assessment. If an out-of-home placement is recommended, a VPA can be explored. The VPA is a written agreement between the Department of Social Services (DSS)/Children's Division (CD) and a parent, legal guardian, or custodian of a child under the age of eighteen (18) for the purpose of securing an out-of-home placement and diverting the youth from entering state custody **solely** to access mental health services.

VOLUNTARY PLACEMENT AGREEMENT APPROVAL

- DMH must conduct an assessment and certify the appropriateness of the placement. When temporary placement outside of the family home is clinically appropriate and there are no other means of financial support for an out-of-home placement, the local Custody Diversion Protocol designee can explore a VPA.
- The agreement will need to be signed by the parent(s) and CD.
- The approved agreement must be sent to the local DMH Administrative Agent, Regional Office, or Adolescent CSTAR provider responsible for the VPA within 1 day of approval. Contact information for these individuals will be forwarded to the identified Custody Diversion Protocol designees.
- After approval is received, the local DMH Administrative Agent, Regional Office, or Adolescent CSTAR provider should send a copy of the signed agreement with the identified placement date to the local Custody Diversion Protocol designee. This should be completed within 5 days of placement. DMH is responsible for placement, care and treatment for the child while placed under the VPA.
- If the approved agreement is received without a placement date identified, the local Custody Diversion Protocol designee should contact the DMH Administrative Agent, Regional Office, or Adolescent CSTAR provider to request the begin date.
- The local Custody Diversion Protocol designee must send a copy of the signed VPA with the identified placement date to the Residential Care Screening Team (RCST) Coordinator and the CD Central Office designee responsible for the oversight of the VPA program within ten (10) days of receipt.
- The VPA is effective the date the child is placed in out-of-home care.
- VPAs may not exceed one hundred eighty (180) days in duration. In the event the child is in placement less than 180 days, subsequent agreements can only be approved with the authorization of the CD Director. Total period of placement under one or multiple VPAs shall not exceed 180 consecutive days from the first day the child is placed in out-of-home care.
- The DMH provider is to notify the local Custody Diversion Protocol designee any time a child is returned home. It is the local Custody Diversion Protocol designee's responsibility to then notify the RCST Coordinator.
- A VPA ends the date the child is placed back in the home. It is the RCST Coordinator's responsibility to update the system once a child is returned home.

TREATMENT AND PERMANENCY PLANNING

A Family Support Team (FST) meeting must be held within 72 hours of placement to develop permanency and treatment plans. The local Custody Diversion Protocol designee will ensure FSTs are scheduled as necessary. Designated staff from CD, community mental health centers, DMH Regional Office, and/or Adolescent CSTAR provider, the child's family, and children who are able to effectively participate in meetings must be invited to attend all FSTs.

When the local Custody Diversion Protocol designee approves the VPA, FSTs need to be scheduled to occur around and no later than 100 and 150 days of the date the child is placed. The child and family's progress will be reviewed to ensure appropriate transition planning occurs prior to the maximum 180 day VPA closure. If the child is unable to return home a determination must be made as to continuous care being provided by other available resources or CD petitioning the court for custody. The local Custody Diversion Protocol designees will be required to attend any hearings and testify in support of the plan to petition the court for custody.

DMH may arrange for a staffing for a youth served through a VPA. The DMH provider will notify the local Custody Diversion Protocol designee of meetings held on the child's behalf. The local Custody Diversion Protocol designee should maintain consistent communication with the DMH provider on each child served through a VPA.

MEDICAL COVERAGE

The RCST Coordinator should contact their CD Eligibility Specialist Supervisor to determine IV-E and Mo HealthNet eligibility for children placed through a VPA. During the time the youth is placed in out-of-home care through the VPA, children will receive MO HealthNet services through the Family Support Division (FSD). Children placed through a VPA who are eligible for MO HealthNet services will not be assigned to a managed care plan.

SSI BENEFITS

If the family receives SSI benefits for the youth, it is the family's responsibility to contact the Social Security Administration and inform them of the out-of-home placement.

ASFA PROVISIONS

Children placed in Voluntary Placements are subject to the Adoption and Safe Families Act (ASFA) requirements. Within sixty (60) days of the date the child is removed from the home, a case plan must be developed. To meet the requirements of Section 472 (a)(1) of the Social Security Act a removal from the home must occur pursuant to:

- a. A VPA entered into by a parent or guardian which leads to removal (i.e. a non-physical or paper removal of custody) of the child from the home; or
- b. A judicial order for removal of the child from a parent or specified relative.

CHILD WELFARE MANUAL AND FORMS

The Voluntary Placement Agreement form and the Screening and Feedback form will be updated to reflect the provisions discussed in this memorandum. The Screening and Feedback form is utilized by other agencies. As such, the form must be printed for use.

The Child Welfare Manual section relating to VPAs has been updated to reflect the most current protocol.

VOLUNTARY PLACEMENT AGREEMENT FACES INSTRUCTIONS

It is the responsibility of each region's Residential Care Screening Team Coordinator to enter all information for VPAs in FACES.

- VPA information must be entered in three (3) separate fields within the FACES Alternative Care (AC) Monitoring fields;(1) DMH Tracking; (2) Legal Status Information; (3) Voluntary Placement Agreement (VPA).
 - DMH Tracking Field: The Legislative Reference field must be updated. Click the dropdown box and choose "DMH Transition to MGMT (D); enter the date the VPA was effective.
 - Legal Status Information Field: The Legal Status must be updated. Click the drop down box and choose (V) Voluntary Placement Agreement (VPA); enter the date the VPA was effective.
 - Voluntary Placement Agreement (VPA) Field: Please enter all information as requested in this field including the date the family signed the agreement; enter the date the VPA was effective.
- All three fields should have the same VPA begin date.
- CSPI scores and Rehabilitation information should be updated in the system.
- The Child's Placement Reason should always be 19.
- The Child's Placement Type should always be ILA.
- The XIX begin and end dates must be entered with the same begin and end dates as the VPA.

There will be rare circumstances when a child, who is eligible for a VPA, has already been opened in the FACES Alternative Care function. When this occurs staff should contact the Central Office designee responsible for the oversight of the VPA program at 573-751-4344 for assistance.

NECESSARY ACTIONS:	
<p>1. Please review this memorandum with all Children’s Division Staff.</p> <p>2. All questions should be cleared through normal supervisory channels and directed to:</p>	
PDS CONTACT Randal D. Yancey (573)-751-8615 Randal.D.Yancey@dss.mo.gov	PROGRAM MANAGER LeAnn Haslag (573)-526-0957 LeAnn.M.Haslag@dss.mo.gov
CHILD WELFARE MANUAL REVISIONS Section 4.24.6. Voluntary Placement Agreements	
<u>E-FORMS AND INSTRUCTIONS</u> NA	
RELATED STATUTE Section 210.710 RSMo. Section 210.122 RSMo.	
ADMINISTRATIVE RULE 13 CSR 35-30.010 Voluntary Placement Agreement	
REFERENCE DOCUMENTS and RESOURCES Adoption and Safe Families Act	
COUNCIL ON ACCREDITATION (COA) STANDARDS NA	
CHILD and FAMILY SERVICE REVIEW (CFSR) NA	
PROTECTIVE FACTORS Parental Resilience NA Social Connections NA Knowledge of Parenting and Child Development NA Concrete Support in Times of Need NA Social and Emotional Competence of Children NA	
FACES REQUIREMENTS NA	