

DEPARTMENT OF SOCIAL SERVICES

CHILDREN'S DIVISION

P. O. BOX 88

JEFFERSON CITY, MISSOURI

June 21, 2010

M E M O R A N D U M

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| <u>What's Inside:</u> Specialized Care Contract Roles and Responsibilities |
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TO: REGIONAL EXECUTIVE STAFF, CIRCUIT MANAGERS, AND
CHILDREN'S DIVISION STAFF

FROM: PAULA NEESE, DIRECTOR

SUBJECT: SPECIALIZED CARE CONTRACT

DISCUSSION:

The purpose of this memorandum is to provide clarification regarding roles and responsibilities of Children's Division staff relative to the specialized care contract. When a child is assigned to Missouri Alliance for specialized care management services contracted staff are responsible for providing case management services which will include permanency planning. However, the primary purpose of this contract is to stabilize the child at which point the case is returned to Children's Division for on-going case management services. As such, Children's Division staff need to participate in permanency planning activities as described below. The role of the RCST coordinator related to a disenrollment or discharge is also discussed.

Role of CD Case Manager

The Children's Division (CD) case manager needs to participate in all Permanency Planning Reviews. In addition, the CD case manager needs to participate in all Family Support Team meetings when there are siblings in out-of-home care who are not served under the specialized care contract. Finally, the CD case manager must participate in all FSTs and court hearings when a change in the permanency goal will likely be discussed or the FST is recommending termination of court jurisdiction. Under no circumstances are contracted staff to recommend termination of court jurisdiction. If the situation warrants such Children's Division will need to make this recommendation to the court. These instances should be rare as the child is not considered stabilized if still assigned for services under the specialized care contract.

Role of RCST Coordinator

The RCST Coordinator is responsible for approving all disenrollments. The criteria for a disenrollment are listed below:

- Placement in the community for a period of not less than one hundred twenty (120) calendar days;
- Improved functioning, as evidenced by the Childhood Severity of Psychiatric Illness (CSPI) score;
- Regular attendance and improvement in school, vocational training or GED program, as evidenced by progress reports from educators;
- No referrals to the juvenile court, family court, or law enforcement agencies for status or delinquent offenses within the past 120 calendar days;
- No acute inpatient psychiatric hospitalizations within the past 120 calendar days; and
- A viable, FST endorsed plan to support the child's stability.

The disenrollment summary screen in FamCare provides a brief summary. Contracted staff will include the date of the current placement in that summary. If the child has not been in the community setting for 120 days the disenrollment should be denied. This summary should also note the date of the most recent FST and the plan which was endorsed by the FST to support the child's stability.

The RCST coordinator must also check the following information in FamCare to determine if a disenrollment should be approved:

- Achieved and sustained permanency goal for 120 days must be checked "Yes".
- Improved functioning on CSPI must be checked "Yes".
- Less than 18 hours of suspension within last 90 days must be checked "Yes".
- Referrals to court/law enforcement within last 120 days must be checked "No".
- Acute psychiatric hospitalization within 120 days must be checked "No".

A disenrollment is reflective of a contractor's success stabilizing a child. A discharge is utilized when a child is not stable, the team recommends a discharge from the specialized contract, and Children's Division concurs the discharge is appropriate.

When a child has been on runaway status for 14 days a FST meeting will be arranged to discuss the potential discharge from the specialized care management services. Contracted staff will invite the RCST coordinator to the FST. A discharge must be considered on a case by case basis. If the team believes the child will be located in the near future a discharge should not be approved. The case should continue to be reviewed each month. A discharge should occur if the child has been on run for 60 days unless there are compelling reasons to support continued enrollment for specialized care management services.

NECESSARY ACTION

1. Review this memorandum with all Children's Division staff.
2. All questions should be cleared through normal supervisory channels and directed to:

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| 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 | |
| E-FORMS AND INSTRUCTIONS | |
| REFERENCE DOCUMENTS AND RESOURCES NA | |
| RELATED STATUTE NA | |
| ADMINISTRATIVE RULE NA | |
| COUNCIL ON ACCREDITATION (COA) STANDARDS NA | |
| CHILD AND FAMILY SERVICES REVIEW (CFSR) NA | |
| PROTECTIVE FACTORS NA Parental Resilience Social Connections Knowledge of Parenting and Child Development Concrete Support in Times of Need Social and Emotional Competence of Children | |
| FACES REQUIREMENTS NA | |