

DEPARTMENT OF SOCIAL SERVICES

CHILDREN'S DIVISION

P. O. BOX 88

JEFFERSON CITY, MISSOURI

M E M O R A N D U M

TO: CHILDREN'S DIVISION AND CONTRACTED STAFF

FROM: JOANIE ROGERS, INTERIM DIRECTOR

SUBJECT: FAMILY FIRST PREVENTION SERVICES ACT – SECTION 4, CHAPTER 2 (PLACEMENTS), SUBSECTION 3 (RESIDENTIAL REHABILITATIVE SERVICES)

DISCUSSION:

The purpose of this memorandum is to inform staff that the Children's Division policy for Residential Rehabilitative Services has been modified to incorporate changes associated with the Divisions implementation of the federal Family First Prevention Services Act. Specifically, modifications there were modifications made to the Residential Referral Process (CWM Section 4, Chapter 2, Subsection 2.3.1), to include the addition of specialized residential placement settings. Such settings include definitions for Qualified Residential Treatment Programs (CWM Section 4, Chapter 2, Subsection 2.1.9), Psychiatric Residential Treatment Facilities (CWM Section 4, Chapter 2, Subsection 2.1.10), Sex Trafficking Programs (CWM Section 4, Chapter 2, Subsection 2.1.11), Transitional Living Programs (CWM Section 4, Chapter 2, Subsection 2.1.12), Family Based Residential Programs (CWM Section 4, Chapter 2, Subsection 2.1.13), and Maternity and Maternity w/Infant Care (CWM Section 4, Chapter 2, Subsection 2.1.14) programs.

FFPSA modifies eligibility requirements for states to access Title IV-E funding related to the cost of providing residential treatment for children in foster care. FFPSA requires an Independent Assessment by a qualified clinician or trained person to determine if placement in a family setting or in a residential treatment is the most effective and appropriate option to meet the needs of the child.

A training has been added to the ELC titled Independent Assessor Process – and is required for all Alternative Care Staff, Supervisors, and Managers. This training is called **Independent Assessor Process** and the code is CD000715. This training is to be completed by December 1, 2021.

2.3.1 – Residential Treatment Referral Process

Residential treatment shall only be considered if it best meets the child's clinical needs.

The following placement settings are considered residential treatment settings. These settings require review by the Residential Care Screening Team (RCST) Coordinator and an Independent Assessor as described further below:

- Residential treatment (levels II, III, and IV) (as licensed in 13 CSR 35-71)
- Qualified Residential Treatment Programs (QRTP) (residential treatment agencies at levels II, III, and IV who have a QRTP Designation issued by Children's Division)
- Psychiatric Residential Treatment Facilities (PRTF)
- Sex Trafficking Programs

The following placement settings are not considered residential treatment. These settings require review by the Residential Care Screening Team (RCST) but do not require review by the Independent Assessor:

- Emergency shelters (temporary placements not to exceed **14 calendar days**)
- Maternity homes for pregnant or parenting youth (as licensed in 13 CSR 35-71)
- Transitional living placements (transitional living group home (TLG), scattered site apartments)
- Department of Mental Health (DMH) Division of Developmental Disability (DD) licensed or certified placements

If a referral to the RCST Coordinator for possible residential treatment occurs, the case manager and supervisor shall complete the following steps within three (3) calendar days of the decision to refer the child to a residential setting or within three (3) calendar days upon receipt of legal custody of a child already placed in a residential setting:

1. The case manager for the child shall complete the Residential and Specialized Placement Referral (CS-9) Section A.
2. In the event of a need for emergency residential placement, the CS-9 Section A, shall be completed and submitted to the RCST within three (3) calendar days of placement.
3. The CS-9, including all attachments shall be submitted for supervisory review.
4. The supervisor shall review and if complete, shall approve the referral.
5. The supervisor shall submit the CS-9 and the applicable attachments to the RCST Coordinator for the region. The Case Manager shall also be included on the communication.
6. Upon submission of the CS-9 to the RCST, the Case Manager shall utilize the Residential Referral Tracking Sheet (CD-303) to monitor the referral.

Independent Assessor's Review

Upon receipt of the CS-9 and supporting documentation from the RCST Coordinator, the Independent Assessor shall:

1. Send the RCST a written response acknowledging receipt of the referral within three (3) calendar says of receipt of the referral.

2. Work in conjunction with the family of, and FST for, the child while conducting and making the assessment.
3. Complete the assessment within thirty (30) calendar days of the referral.

Send the completed assessment to the RCST Coordinator, Circuit Manager, Supervisor, and Case Manager using a secure mode of transmittal.

If the Independent Assessor determines the child **should not be placed in a foster family home**, he/she must specify in writing:

1. The reasons why the child's needs can't be met by the family or in a foster family home (a shortage of foster family homes is not an acceptable reason for determining the child's needs cannot be met in a foster family home); and
2. Why the recommended placement in a residential treatment setting is the setting that will provide the child with the most effective and appropriate level of care in the least restrictive environment; and
3. How the setting is consistent with the short- and long-term goals for the child, as specified in the permanency plan for the child.

Review and Dissemination of the Independent Assessor Report

Immediate upon receipt of the report, the Case Manager shall:

1. Distribute the Independent Assessor's report to the parties to the juvenile proceeding, the members of the family support team and the court. Redactions may be necessary to protect information that is confidential as a matter of law, or may be harmful to the best interests, safety, and welfare of the child.
2. Ask the court to assess the appropriateness for the child to be placed or remain in a residential treatment setting as described below. The Case Manager may need the assistance of DLS (such as preparing a motion) in order to trigger action by the court.
3. In the event that after 15 calendar days after being sent the report, the court has not made a written finding to approve or disapprove the recommendations of the Independent Assessor's report, the Case Manager shall complete a referral to DLS, attaching the Independent Assessor's report.

For more details regarding the Court Process, see Section 4, Chapter 2, Subsection 2.3.1.

Tracking of Process

The Residential Referral Tracking Sheet CD-303 is to be used to capture dates related to this process. This document should be started by the case manager and then updated by the RCST. Tracking the dates of each step is critical to demonstrate compliance with the federal FFPSA requirements. The form shall be updated and uploaded to OnBase after each update.

Residential Extended Stay Review Process

The Children's Division Director or designee's written approval is required for the continued placement in residential treatment settings that extend beyond the timeframes below:

- **Under 13 years old:** When a child, not yet age 13, has been in a residential treatment facility for 6 months (consecutive OR non-consecutive);
- **Ages 13 and older:** When a child age 13 or older has been in a residential treatment facility for 12 consecutive months OR 18 non-consecutive months of the placement.

When a child is 60 days away from the prescribed review point, the case manager must complete a Residential Extended Stay Review and the following steps must be taken:

1. The worker and supervisor shall have a case consultation, within one week, to determine if child should remain in congregate care.
2. The worker, no later than 14 calendar days from the 60 day review point, shall schedule a FST meeting to be held. The entire FST, made up of the youth's family and permanency team, along with the RCST, shall be invited to participate. During this meeting, the team is to discuss the current treatment plan, progress of this plan, discharge plan, and progress towards discharge. The worker, along with the team, will discuss, and complete the Residential Extended Stay Review form (CD-304).
3. The worker, within 7 calendar days of the Family Support Team meeting, shall provide the completed Residential Extended Stay Review form (CD-304), required documentation listed on the form, and with the most recent treatment plan from the placement provider, to the RCST.
4. The RCST, no later than 14 calendar days from the date of receipt of the Residential Extended Stay Review form and attached documents, shall review the materials and provide the provided information to either the local Field Support Manager (for all residential treatment settings which do not have the Qualified Residential Treatment Program (QRTP) designation), or the Children's Division Director (for residential treatment settings with the QRTP designation).
5. Within 14 calendar days, the Children's Division Director or local Field Support Manager will approve or disapprove extended placement in residential treatment.
6. If Extended stay is not approved, the Case Manager must immediately begin process to obtain a new placement for the child.

This process shall be repeated every three months for a child aged 12 and younger, and every six months for a child aged 13 or older as long as the child remains in a residential treatment placement.

2.1.9 Qualified Residential Treatment Program (QRTP)

A QRTP is a licensed residential treatment program that has met all program requirements for designation as a QRTP. All QRTP programs shall be trauma-informed, accredited, and utilizing on-site nursing and clinical staff. More information about the

QRTP designation can be found in Section 4, Chapter 2 (Placements), Subsection 6 – Qualified Residential Treatment Program (QRTP) Designation.

2.1.10 Psychiatric Residential Treatment Facility (PRTF)

A PRTF is a program that provides inpatient psychiatric services furnished in a psychiatric residential treatment facility. Approval for placement in this setting requires rigorous review by an independent team, which includes a physician. These settings are not licensed by the Children’s Division. The Department of Health and Senior Services (DHSS) is responsible for the certification of PRTF settings in Missouri. More information about PRTF facilities can be found in Section 4, Chapter 2 (Placements), Subsection 7 – Requirements for Psychiatric Residential Treatment Facility (PRTF) Placements.

2.1.11 Sex Trafficking Program

A licensed residential treatment program that incorporates trauma-informed standards and care providing high-quality residential services for the safety, permanency and well-being of children (under twenty-one years of age) who are sex trafficking victims.

2.1.12 Transitional Living Program

The Transitional Living Program (TLP) is intended for a youth, typically age 16 and over; whose permanency goal is not reunification, adoption or legal guardianship. The purpose of the transitional living program is to provide a living environment in the best interest of the youth that provides a path for the youth to transition from alternative care to self-sufficiency and achieves the outcome of preparing the youth to live independently. More information about transitional living providers can be found in Section 4, Chapter 5 (Older Youth Program), Subsection 4 – Transitional Living Program.

2.1.13 Family Based Residential (FBR)

A Family Based Residential placement is used for a child in the legal care and custody of the Children’s Division to be placed with a parent in a licensed residential family-based treatment facility for substance abuse for up to 12 months. These settings are not licensed by Children’s Division, but are licensed and contracted with Department of Mental Health (DMH), Division of Behavioral Health (DBH). More information about FBR facilities can be found in Section 4, Chapter 2 (Placements), Subsection 8 – Requirements for Family Based Residential (FBR) Placements.

2.1.14 Maternity and Maternity with Infant Care

These are Residential care services provided to serve pregnant and parenting adolescents to help prepare them for parenthood and self-sufficiency.

NECESSARY ACTION

1. Review this memorandum with all Children’s Division staff.
2. Review revised Child Welfare Manual chapters as indicated below.
3. All questions should be cleared through normal supervisory channels and directed to:

<p>PDS CONTACT</p> <p>Jessica Woodruff Jessica.Woodruff@dss.mo.gov</p> <p>Stevie Keeth Stevie.Keeth@dss.mo.gov</p>	<p>MANAGER CONTACT</p> <p>Kate Watson Kate.Watson@dss.mo.gov</p> <p>Dawn Rector Dawn.M.Rector@dss.mo.gov</p>
<p>CHILD WELFARE MANUAL REVISIONS</p> <p>Section 4, Chapter 2 (Overview) Section 4, Chapter 2 (Placements), Subsection 1 – Common Placement Types Section 4, Chapter 2 (Placements), Subsection 2 – Initial Placement Activities Section 4, Chapter 2 (Placements), Subsection 3 – Residential Rehabilitative Services Section 4, Chapter 2 (Placements), Subsection 4 – Therapeutic Foster Care Placements Section 4, Chapter 2 (Placements), Subsection 7 – Requirements for PRTF Placements Section 4, Chapter 2 (Placements), Subsection 8 – Requirements for FBR Placements Section 4, Chapter 2 (Placements), Subsection 9 – RCST Coordinator Responsibilities Section 4, Chapter 2 (Placements), Subsection 10 – IA Responsibilities Section 4, Chapter 2 (Placements), Subsection 11 - ICPC Section 4, Chapter 3 (Court)</p>	
<p>FORMS AND INSTRUCTIONS</p> <p>Residential Referral Tracking Sheet-CD-303 and Instructions Residential Extended Stay Review-CD-304 and Instructions</p>	
<p>REFERENCE DOCUMENTS AND RESOURCES</p> <p>NA</p>	
<p>RELATED STATUTE</p> <p>NA</p>	