

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.010

Program Name: Office of the Director

Program is found in the following core budget(s): Childrens Division Residential Program Unit

1a. What strategic priority does this program address?

Safety, wellbeing, behavior support and rehabilitative treatment services for foster care youth.

1b. What does this program do?

The Residential Program Unit personnel encompass two (2) distinct teams that are responsible for the licensing and regulatory oversight of licensed residential treatment agencies, notification requirements associated with license exempt residential care facilities (HB 557), the coordination of residential treatment services, residential contract development, management of child specific contracts, and monitoring specific to the services provided through the CD residential treatment program. The children served through the residential treatment program are those with needs that cannot be managed in a less restrictive setting, therefore, requiring placement in a safe, secure, 24/7 supervised setting. This program leads the effort in the coordination of residential rehabilitative services for children in care that may have delinquency histories, are medically fragile, are pregnant and/or parenting, have been abused or neglected, and/or who have emotional and/or psychological difficulties. Personnel working within this program have access to various levels of residential services depending on the specific needs of the child. Two basic federal funding streams partially help fund Residential Treatment: Title IV-E (Foster Care, and Adoption and Guardianship Assistance) and Title XIX (Medicaid). Residential contractors provide room and board, supervision, and therapeutic rehabilitative services to children within their programs. Rehabilitative services are necessary to address the behavioral needs of children and transition them to community-based settings through rehabilitative planning, evaluation, and service delivery. Children who receive such services have completed a Childhood Severity of Psychiatric Illness (CSPI) assessment to establish eligibility. A portion of the children and youth receive residential services as a result of an emergency need for placement, or are young women in need of maternity and infant care, rather than because of behavioral needs.

Residential treatment agencies are licensed and provide residential treatment services associated with the following levels of care:

- Emergency Shelter – temporary living arrangement other than their own home, which will assure a safe and protected environment.
- Level 2/Moderate/Residential – for children who are in need of twenty-four hour care for moderate behavioral needs.
- Level 3/Severe/Residential – for children who are in need of twenty-four hour care in a stable, structured, therapeutic environment that focuses on treatment.
- Level 4/Psychiatric/Intensive – for children previously in acute psychiatric hospital or children whose treatment needs are beyond severe.
- Therapeutic Foster Care Services – services provided to eligible youth consisting of highly intensive individual treatment in a family foster home setting and community environment.
- Aftercare Services – short term intensive services provided to eligible youth and their families to expedite the youth's return home from residential care.
- Maternity Residential Services – services are for pregnant adolescents for whom a family or family-like resource is not available.
- Maternity Residential Services with Infant – services for parenting adolescents and their newborn infants, for whom a family or family-like resource is not available.

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• Infant/Toddler Residential Services – services directed toward children under the age of seven, including those who are medically fragile, drug/alcohol-affected, and/or severely emotionally disturbed for whom a family or family-like resource is not available.

Qualified Residential Treatment Programs (QRTPs)-These are residential treatment programs that are IV-E reimbursable since the passage of the Family First Prevention Services Act and now part of the CD residential treatment service array. These residential programs provide short term residential treatment services to children deemed appropriate to be placed by the independent assessor. A QRTP must meet the following criteria:

- Licensed in accordance with the Title IV-E requirements and accredited by one of the following:
- The Commission on Accreditation of Rehabilitation Facilities (CARF)
- Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
- Council on Accreditation (COA)
- Any other independent, not-for-profit accrediting organization approved by the Secretary.
- Utilizes a trauma-informed treatment model that includes service of clinical needs and can implement the treatment identified for the child by the required 30-day assessment of the appropriateness of the residential which may include a QRTP placement.
- Provide care within the scope of their practice as defined by state law.
- Must be staffed by registered or licensed nursing staff (not required to be employed by the organization; however, must be accessible 24 hours per day, 7 days per week).
- Facilitates and documents outreach efforts made to the family members of the child including siblings and maintains contact information for any known biological family and fictive kin of the child.
- Be inclusive of family members in the treatment process if possible and capable of documenting the extent of their involvement.
- Provide discharge planning and offer at least six months of family-based aftercare support post-discharge.

QRTP Daily Rate Level 2 \$153.97 Maintenance (\$64.10) Rehab (\$89.87)

QRTP Daily Rate Level 3 \$154.30 Maintenance (\$64.24) Rehab (\$90.06)

QRTP Rate Level 4 \$202.39 Maintenance (\$84.01) Rehab (118.38)

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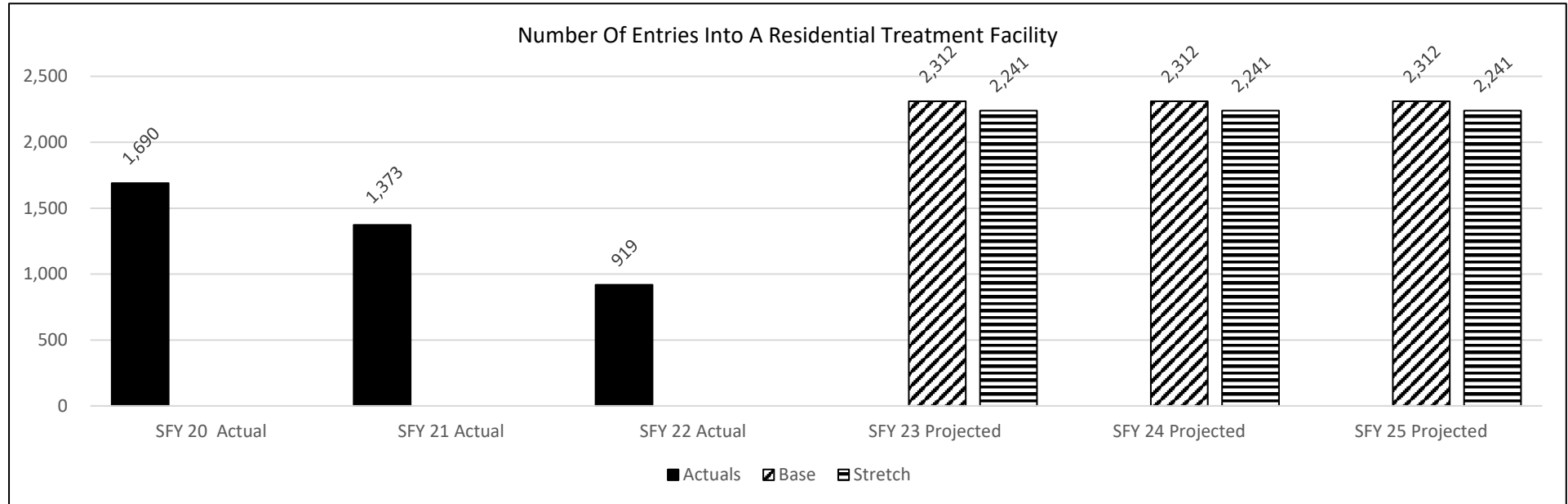
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2a. Provide an activity measure(s) for the program.



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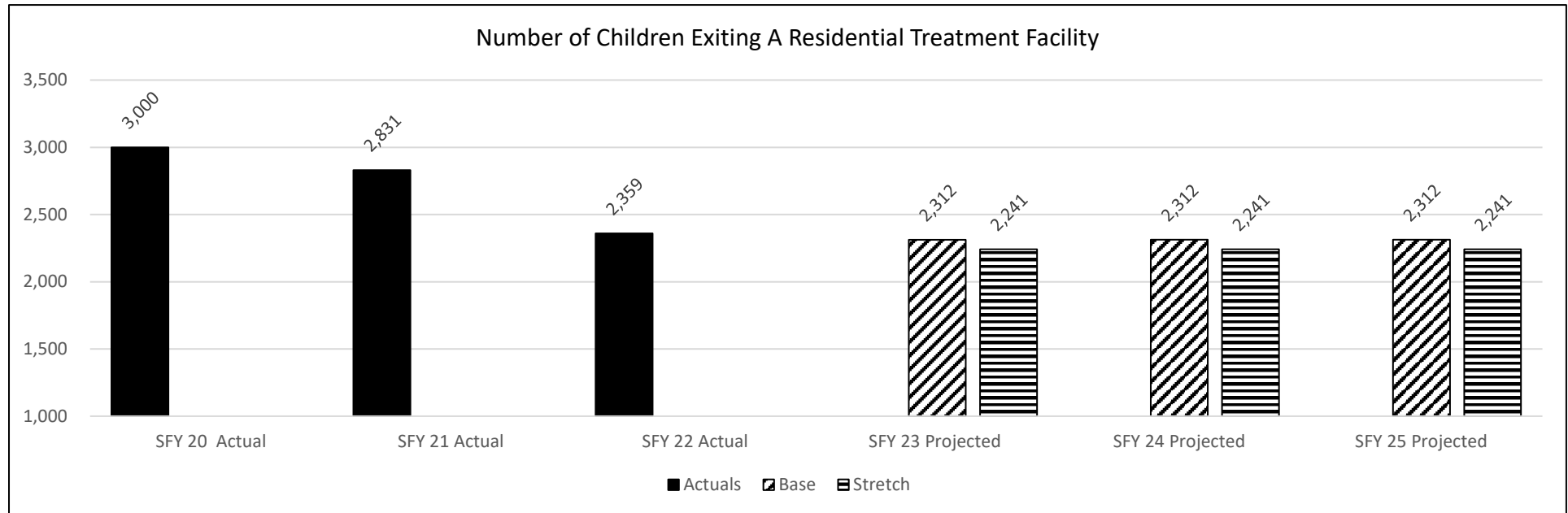
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2b. Provide a measure(s) of the program's quality.



This measure was selected as a way to illustrate the number of children who receive rehabilitative services in a residential setting, are stabilized and ultimately deemed appropriate to return to a less restrictive environment; which serves as a quality indicator of services provided within residential settings.

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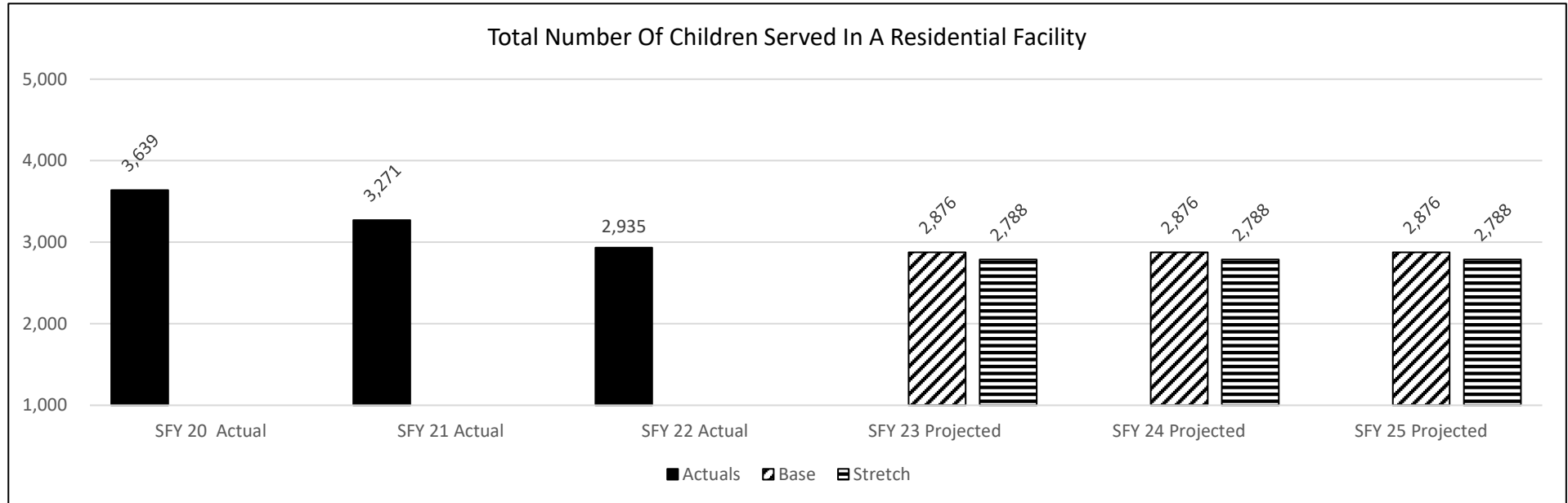
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2c. Provide a measure(s) of the program's impact.



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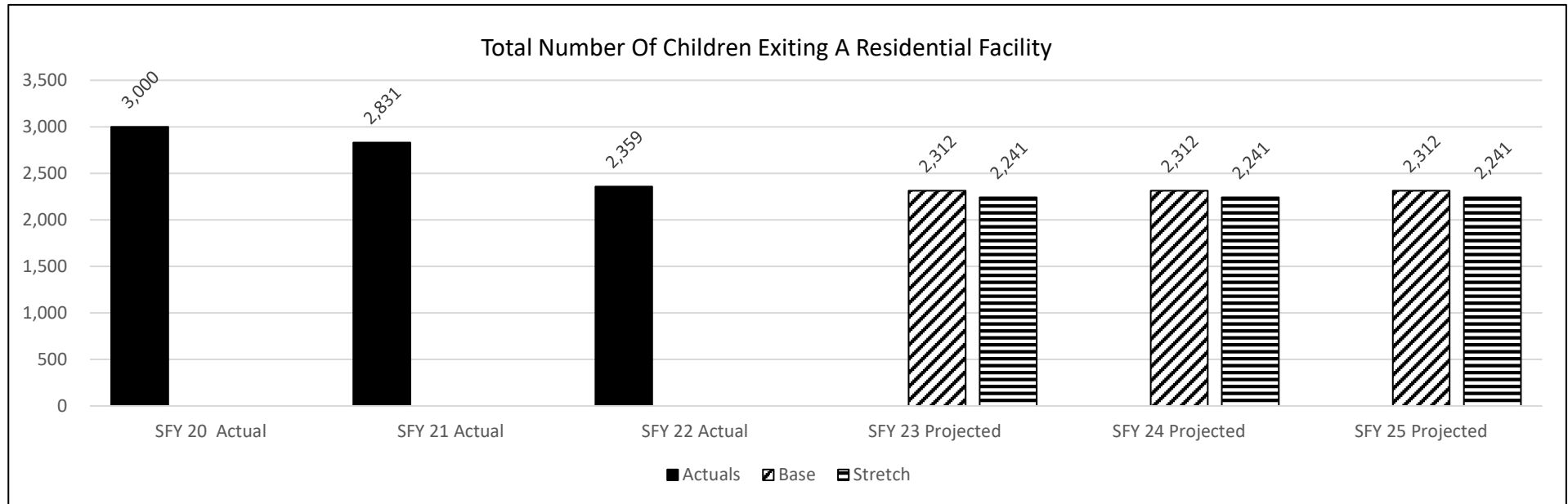
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2d. Provide a measure(s) of the program's efficiency.



This measure was selected as a way to illustrate children that move from residential settings into that of community based settings compared to the total number of children who enter residential facilities as shown in 2a.

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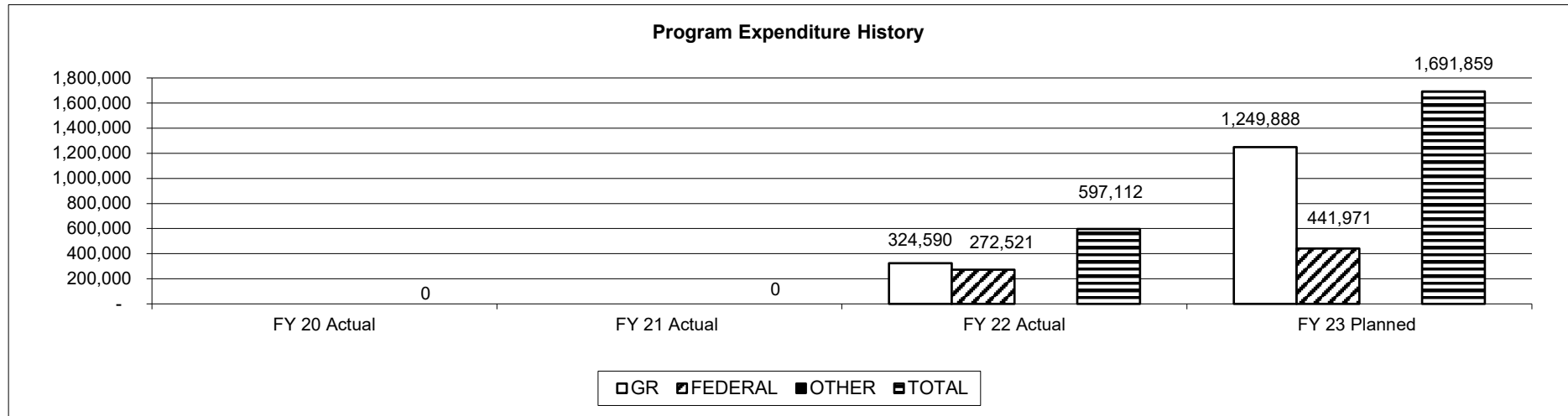
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3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



Planned FY 2023 expenditures are net of reverted.

4. What are the sources of the "Other " funds?

N/A

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: Sections 208.204, 210.122, 210.481 - 210.531, RSMo.;

Federal: 42 USC Sections 670, and 5101; 13 CSR 35-30.010; 13 CSR 35-71

6. Are there federal matching requirements? If yes, please explain.

Expenditures on behalf of eligible IV-E children and youth are reimbursable at the IV-E program rate, which is the FMAP (Federal Medical Assistance Percentage). The FMAP fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.

Yes. The federal Child Welfare Act and the federal Child Abuse Prevention and Treatment Act obligate Missouri to care for children who have been abused and neglected.