

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.335

Program Name: Foster Care Maintenance Payments

Program is found in the following core budget(s): Foster Care Maintenance Payments

1a. What strategic priority does this program address?

Safety and wellbeing for foster youth while safety reducing children in care.

1b. What does this program do?

The Children's Division (CD) Foster Care program provides the least restrictive environment for children placed into foster care by Missouri courts. Services and supports provided to the youth, birth parents, and caregivers to remedy the issues that prompted the child(ren) brought into custody. The Division works towards permanency (reunification, adoption, or guardianship) for all children in their care, while working toward improving their well-being.

Traditional Foster Care Program- CD, in conjunction with courts, take notice of children and youth who have been abused or neglected. In other cases, children or youth are placed in the care of CD as a result of mental or behavioral health challenges and delinquent behavior. By law, CD requires reasonable efforts to provide support and services to every parent/caregiver and child to reduce risk of serious harm to the child prior to and during out of home placement. During the documented court hearings, courts determine whether sufficient reasonable efforts were made by CD. CD has a responsibility to provide for the well-being (physical, medical, educational, emotional and social/behavioral needs) for all child(ren) in care. CD must also develop and implement, promptly, the most appropriate treatment plan with the family to facilitate early reunification or another permanent plan for the child. Children are returned to the custody of their parents or placed in other permanent arrangements only by order of the court.

Funding for a child while in out-of-home care, the child must be described in the court order as abused/neglected or having committed a status offense and be placed with a licensed contracted foster family, residential facility, relative family, or transitional living placement.

Licensed foster homes and licensed relative care providers receive a standardized monthly maintenance payment to cover daily living expenses such as room, board, clothing and incidentals. Foster homes that serve children with elevated needs (Level A, Level B, and medical foster care) receive payments based on the enhanced needs of the child.

All foster children, regardless of placement type, are eligible to receive medical/dental care, including services available through Health Children and Youth (HCY) preventative health care program, Title XIX through MO HealthNet, Child Care, special medical and non-medical expenses, and Children's Treatment Services (CTS).

The Children of Youth in Alternative Care (CYAC) program allows for the provision of maintenance and special expenses for a child who is born to a youth in the CD's custody. The youth and child must be in the same eligible placement.

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Youth with Elevated Needs- Youth with Elevated Needs- Level A- a foster family placement program designed for children who have moderate to severe behavioral issues. These children require a family setting that can provide structure and supervision. Children with elevated needs experience multiple placements due to their behavior in traditional foster care placements. A goal of the Level A program is to provide children with moderate to severe behavior issues, an individualized, consistent, structured family setting in which they can learn to control behaviors that limit their ability to function in a normal home setting and in society. Level A foster care is not meant to replacement appropriate residential treatment placement. However, it is intended to provide an alternative to residential treatment for children experiencing moderate to severe behavior problems. In order for the Level A foster parent to provide the structure, consistency, and individualization these children require, they are allowed to care for no more than two Youth with Elevated Needs at a time with a total of no more than four total children. CD ensures parents are adequately prepared and supported to effectively care for and intervene on behalf of the children placed in their home.

Youth with Elevated Needs - Level B Program

The Level B Foster Parent Program was developed as a result of seeing an influx of children with increasingly diverse and complex needs that were not adequately met through traditional foster care or the Level A Program. These children experienced multiple placements as they were moved from foster family to residential care, and back again, in an attempt to secure stability. Such moves were often very traumatic for the children and at high cost. A goal of the program is to provide children who exhibit serious behavior and emotional disorders with intensive individualized intervention in a family and community-based setting. Level B placements are viewed as a transitional placement designed to stabilize the child and prepare him/her for a less structured environment, i.e., traditional foster care, family reunification, and/or successful independence.

Children who qualify for Level B care may pose a threat to the safety of themselves, others, or property. Due to the severity of the children's needs, Level B Foster Parents are not allowed to care for more than two children screened in for this level of care at the same time, with a total of no more than four children.

Families/individuals interested in providing specialized Level B care and interventions for children and youth must meet all foster home licensing requirements, receive an additional nine (9) hours of Level B foster parenting workshops plus the eighteen (18) hours of specialized Level A training, and demonstrate the skills required to care for children requiring this high level of structure and care. The Level B Foster Parent serves as the primary change agent for these children and must be available to respond immediately to any problem experienced or created by the child, whether it is at home, at school, or in the community. Level B Foster Parent homes receive a higher monthly-rate to ensure their availability to meet the needs of the children daily.

Each month, CD staff and the Level B parent meet to assess the child's continuing need for this level of care. A formal reassessment is completed every six months.

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Medical Foster Care Program

Some examples of children who may qualify for Medical Foster Care include those suffering from: Down Syndrome, Autism Spectrum Disorders, Epilepsy/Seizure Disorder, Cerebral Palsy, Fetal Alcohol Syndrome, Spina Bifida, immobility, requires wheelchair or is dependent on mechanical support, has appliance for breathing/feeding/drainage, etc. Each month CD staff and the Medical Foster Care Parent will assess the child's continuing need for this level of care. Every twelve (12) months a formal reassessment is required to determine the progress of the child and the continued need for Medical Foster Care. Chronically ill or terminally ill children may require this level of care for long periods.

Families/individuals interested in providing this specialized level of care for children and youth must meet all foster home licensing requirements and must possess the experience, time, and commitment to provide necessary service to the Medical Foster Care child. The families/individuals must receive child-specific training from the medical professionals currently caring for the child in the hospital or rehabilitative setting. Medical Foster Care families receive a higher monthly rate to ensure the level of care, availability, and intensity of care these children require.

These children require far more than the routine daily care of children in non-medical settings. This may include assistance with bathing, eating, dressing, and their basic-level activities. They may also require medical treatments on a daily basis and/or frequent trips for medical care/therapy.

Emergency Foster Care Program

The Emergency Foster Care Program was designed to meet the needs of children who, after careful assessment, are determined to be in danger or threat of harm if they remain in the care of their parent(s), and that delivery of protective services will not provide immediate adequate protection for them. In many instances the family and children require immediate, short term separation for family members to remedy the problems which prompted the children being brought into care. Emergency Foster Care is not intended to be a long term placement, and generally is not to exceed thirty (30) days. When possible, the children are placed in relative homes, and only when these resources are not available, are the children placed in Emergency Foster Care.

Families/individuals interested in providing this level of care for the children and youth must meet all foster home licensing requirements and must possess the commitment to provide emergency care for children 24 hours a day, for a maximum of thirty (30) days. Emergency Foster Care Homes must accept placements of children at any hour of the day, seven days a week, and agree to maintain bed space, within their licensed capacity, for designated children. Emergency Foster Care parents are paid a higher daily rate for children placed in their homes under this program to compensate for the intensive one-on-one attention these children require and for the twenty-four-hour availability.

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Foster Care Case Management

Contracted Case Management providers receive a case rate per child per month for children being served by the private agency. A portion of that case rate is for foster care services and is paid from this appropriation. Contracted case managers contract directly with foster, relative, and respite providers.

Relative Care Program

The Relative Care Program exists because it is the most desirable and first choice for children who must be removed from their homes. Relative care provides children in the custody of CD with familiar caretakers who have previously been involved with the family. Relative foster care providers are persons, related by blood or marriage to the child or who have a close relationship with the child and/or the child's family. Relative care providers must also meet the same licensing/approval standards as non-relative foster homes, except for certain non-safety licensing standards which can be waived with Regional Office approval. Grandparents must be notified first when children are removed from their homes per Missouri statute and CD policy.

Definitions:

Level A: Placements for children with severe to moderate behavior problems.

Medical: Placements for children with acute medical problems or severe physical/mental disabilities.

Level B: Career foster parents - placement for children with serious severe emotional and/or behavior problems.

Base Maintenance Rate - FY23	<u>Age - 0 to 5 years</u>	<u>Age - 6 to 12 years</u>	<u>Age - 13 years and older</u>
Traditional Foster Care/Relative Care (after Licensure)	\$450/month	\$510/Month	\$630/Month
Level A/Medical Foster Care	\$990/Month	\$990/Month	\$990/Month
Level B Foster Care	\$1,800/Month	\$1,800/Month	\$1,800/Month
Emergency Foster Care	\$32/day	\$32/day	\$32/day

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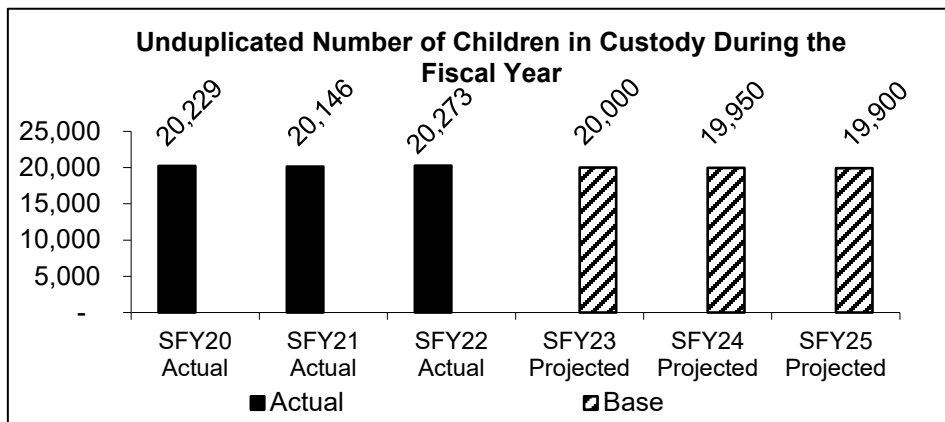
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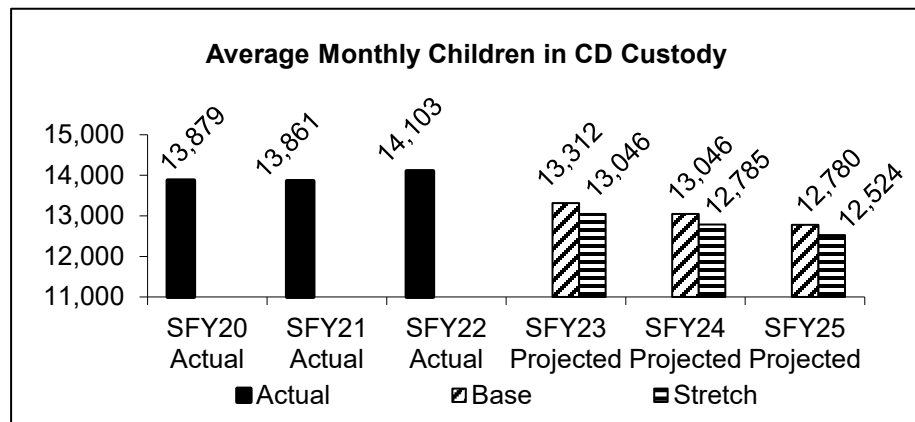
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2a. Provide an activity measure(s) for the program.

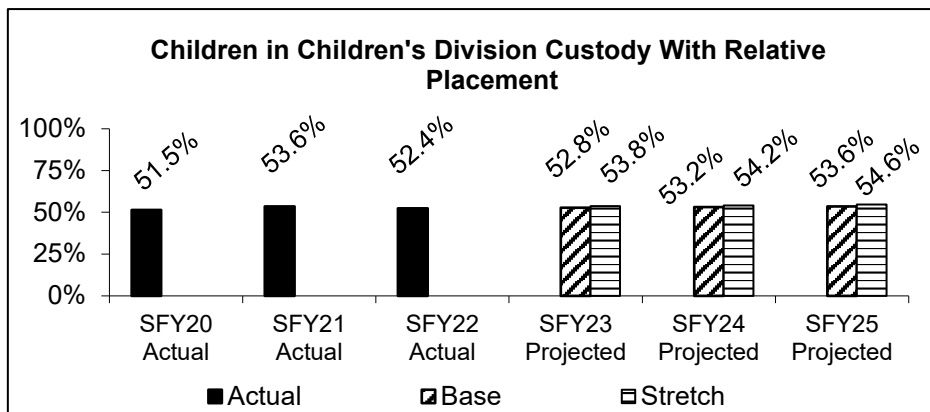


Children in care and custody of Children's Division

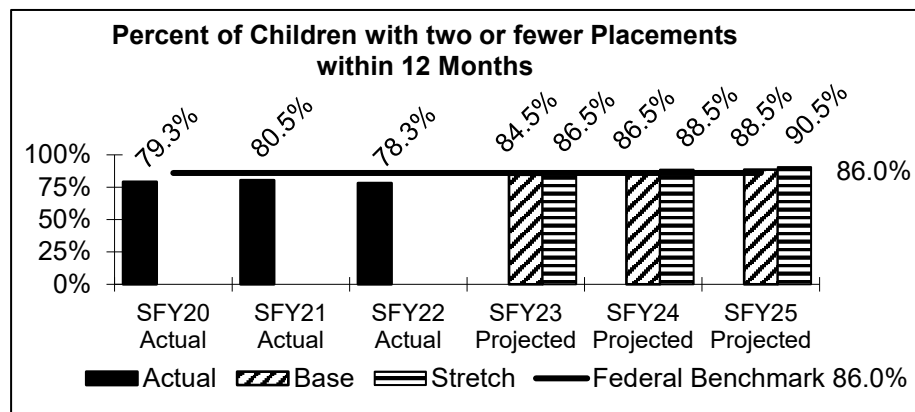


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2b. Provide a measure(s) of the program's quality.



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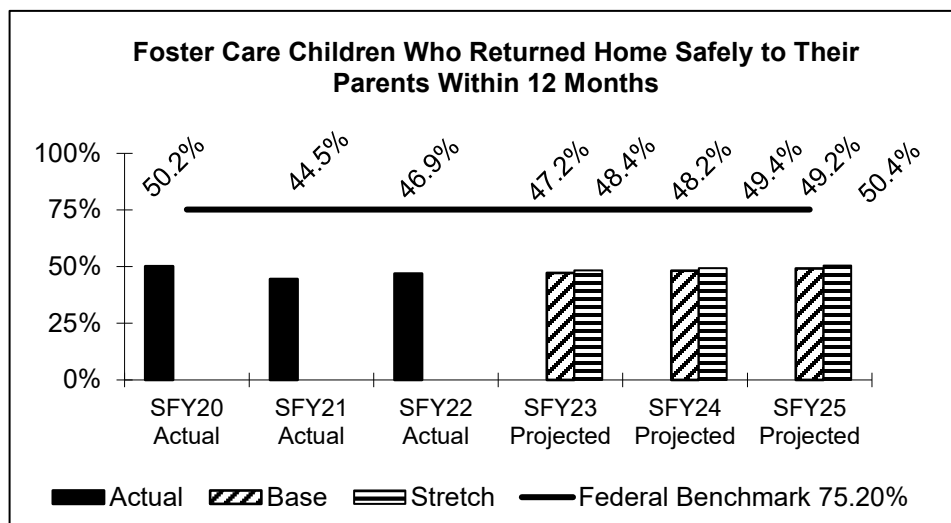
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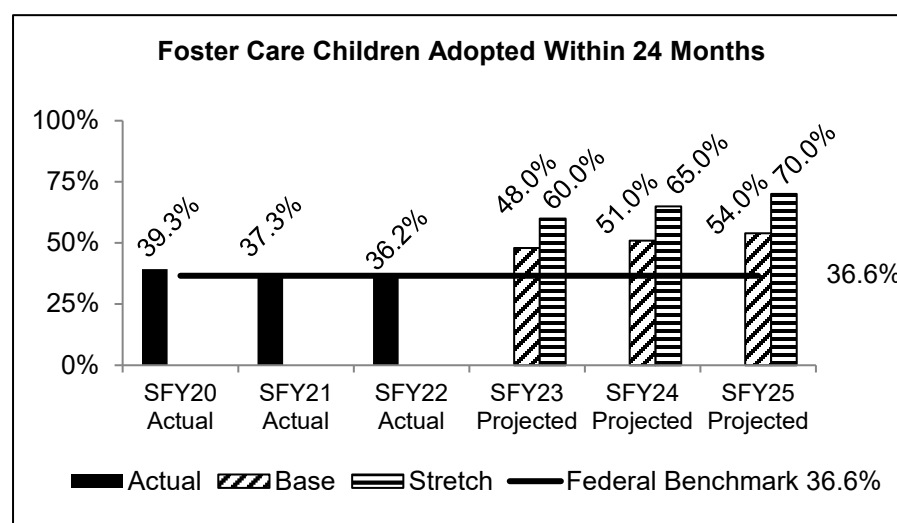
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2c. Provide a measure(s) of the program's impact.



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

This measure is under development.

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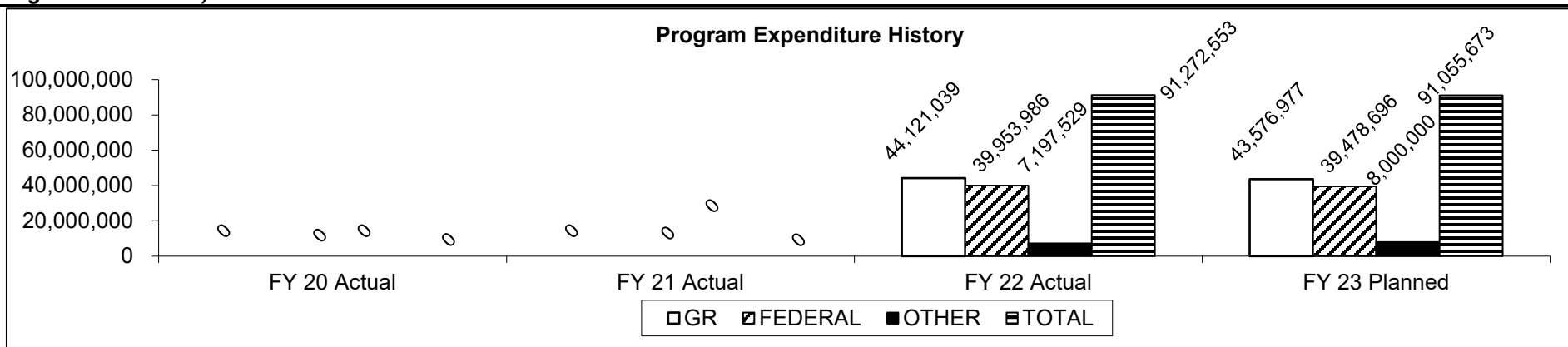
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3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



Planned FY 2023 expenditures are net of reverted and reserves.

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

Alternative Care Trust Fund (0905)

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 173.270, 211.031, and 453.315, RSMo.; Federal: 42 USC Sections 670 and 5101

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

Children and youth receiving services from the Children's Division are grouped into two categories for expenditure purposes - Homeless Dependent and Neglected (HDN) and IV-E. Expenditures for HDN children and youth are state-funded or TANF funded. Expenditures on behalf of eligible IV-E children and youth are reimbursable at the IV-E program rate, which is the FMAP (Federal Medicaid 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%. There is a 50% state match (50% federal earned) for IV-E administrative costs. Some expenditures are reimbursable at the Social Services Block Grant federal rate of 100%. Expenditures related to TANF are reimbursable at 100% federal and require MOE unless identified as a maintenance of effort.

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

The federal Child Welfare Act and the federal Child Abuse Prevention and Treatment Act obligate Missouri to care for children who are abused and neglected. Administrative activities related to these obligations would be considered mandatory.