PROGRAM DESCRIPTION

Department: Social Services **HB Section(s): 11.340**
Program Name: Residential Treatment
Program is found in the following core budget(s): Residential Treatment

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 Children's Division Residential Treatment program provides children who are status offenders, have been abused or neglected, and/or who have emotional or psychological difficulties with necessary treatment and rehabilitative services in a residential environment, offering various levels of residential services available to these youth and children, depending on their specific needs. 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.

The residential contracts allow the department to maintain compliance with federal requirements, strengthen Medicaid rehab claiming protocols, and maintain compliance with the federal district court order, to base room and board reimbursements on a cost-based methodology.

Residential Treatment Service include:

- 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.
- Above Level 4 – services are short term and provide services above and beyond Level 4 Residential Care.
- 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.
- 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.

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CD rate structure consists of using a daily rate for all providers. Below are contract rates as of 7/1/2022:

Residential Care Facility	Maint.	Rehab.	Total Daily Care Rate
Residential Treatment Maintenance - Level II	$66.47	$66.57	$133.04
Residential Treatment Maintenance - Level III	$66.61	$66.72	$133.33
Residential Treatment Maintenance- Level IV	$87.56	$87.70	$175.26
Emergency Maintenance	$119.67		$119.67
Infant Maintenance	$113.37		$113.37
Maternity Maintenance	$119.67		$119.67
Rehab – Aftercare		$82.40	$82.40

Specialized Care Management Contract

The Interdepartmental Initiative for Children with Severe Needs was a consortium of the Departments of Elementary and Secondary Education, Health and Senior Services, Mental Health, and Social Services designed to address a more responsive approach to children with severe behavioral health needs that negatively impact their ability to remain in their homes and communities. These children's severe behavioral health issues negatively impact their placement success in traditional Children's Division residential care, Mental Health residential care, or Mental Health hospitalization. The children and their families have complex interactions with mental health, medical, social service, legal, and education systems. They often receive a series of increasingly intense and expensive state services including long-term placement in residential care. This contract includes outcomes to measure child safety, permanency, stability, and well-being.

The Specialized Care Management contract award covers 42 counties; 10 Eastern Missouri counties; 10 Central Missouri counties; 5 Kansas City Area counties; 9 counties in Southwest Missouri (this area can be expanded as negotiated with the contracted agency), and 8 Southeast Missouri counties. The contract serves a maximum of 375 children, ages 6 - 20 years. As of June 2021, there were 331 children were served by this contract.

Voluntary Placement Agreements (VPA)

This program allows children to receive appropriate and necessary services, which include out-of-home placement to address mental health needs. The VPA allows the parent to retain custody of their child, while receiving services that the parent cannot afford or access. The VPAs are not to exceed 180 days. The ultimate goal is to provide services and reunify the child with his/her parent(s) as quickly as possible.

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S.B. 1003 Arrangements

Children can be placed in the custody of the CD solely to access mental health services when no abuse or neglect has occurred. This program allows children to receive appropriate and necessary services to address mental health needs when custody of the child has been returned to their parent/custodian. The child receives services which the parent cannot afford or access even though the court has terminated jurisdiction and returned custody to the parent/custodian.

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 the case rate is for residential treatment services and is paid from this appropriation. Contracted case managers contract directly with residential agencies for their services.

Developmental Disabilities

The CD, through a Memorandum of Understanding (MOU) with the Department of Mental Health, has access to services for children with developmental disabilities. Through this MOU, CD can access appropriate services for children in the Division's custody. DMH accesses Medicaid dollars for the services, and the general revenue match is paid by the CD through the Residential Treatment appropriation. Children must meet the following criteria: An individual must have a developmental disability (per state law Section 630.005, RSMo) that occurred before age 18 or a severe health problem such as autism, epilepsy, or cerebral palsy that results in a need for specialized habilitation services. They may also have been injured or have a brain injury (from accidents, etc.). However, the disability should be expected to be a continuing problem rather than short-term, and result in significant functional limitation in at least three areas. These children will, in most cases, transition from DSS services to DMH adult services.

Independent Assessor

The CD is piloting an Independent Assessor program for changes to residential treatment for youth in foster care. This is being done in preparation for the implementation of federal legislation the Family First Prevention and Services Act which will require full implementation by October 2021. The Independent Assessor would require that before a foster youth being placed in residential treatment, the youth be assessed by an independent qualified clinician who is separate from both the residential facility and the Children’s Division. The youth will be assessed either in-person or via tele-health so the youth has a voice in what happens to them while they are in the foster care system. The clinician will then prepare a report to be sent to the juvenile and family court for the court’s consideration. The court will make a finding if residential treatment is in the child’s best interest. These changes are being made to make sure that residential treatment is truly being used for the youth to determine who needs it most and to reduce the amount of time youth spend in residential treatment.

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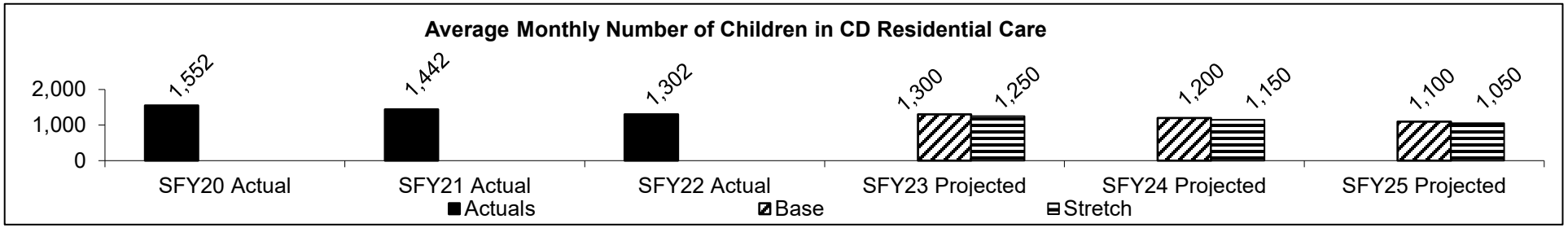
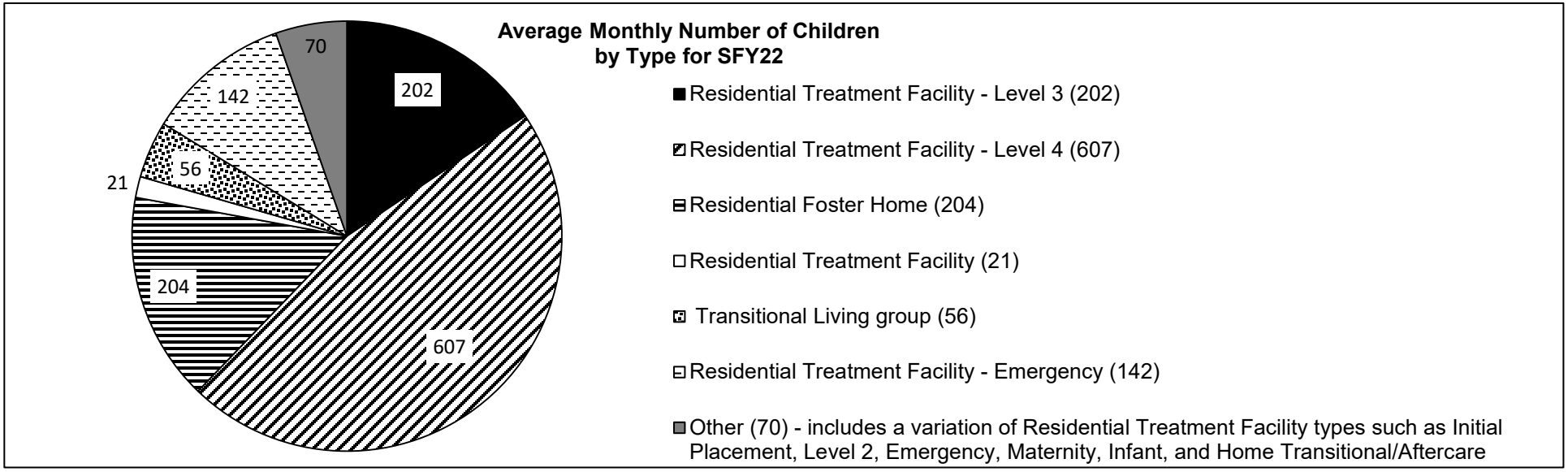
2a. Provide an activity measure(s) for the program.





Eligible: All children between the ages of 0 and 18 years who have been placed in the legal and physical custody of the Children's Division. Some children, who qualify remain in custody until they are 21 years of age.

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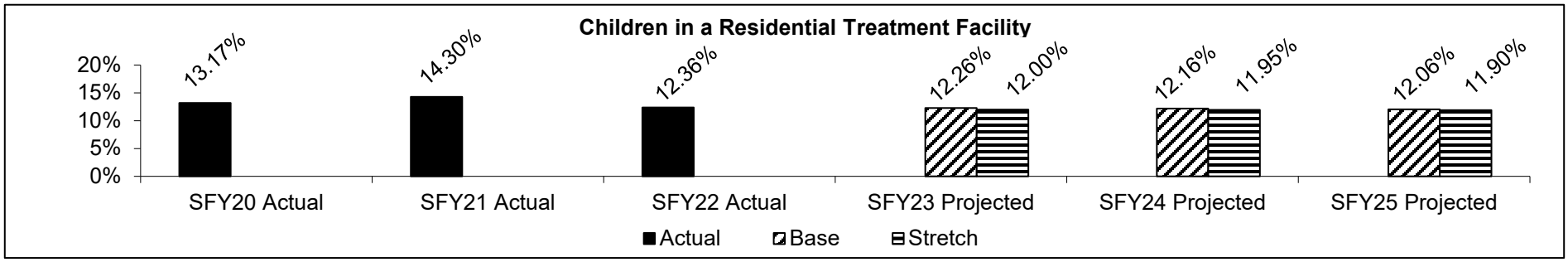
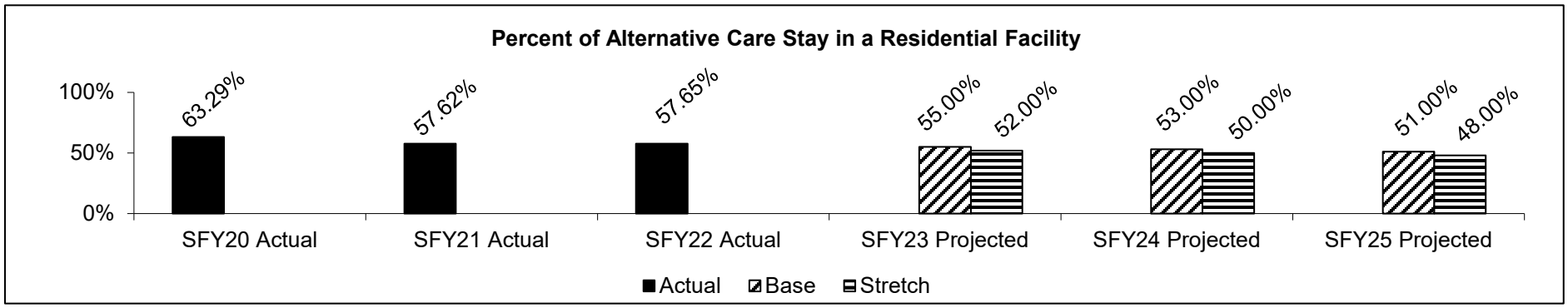
2b. Provide a measure(s) of the program's quality.



Measures children who received Residential Treatment at any point in time throughout the year that are in the care and custody of CD.

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



Stay represents a specific period of time in placement. This measure includes children who spent at least one (1) day in residential treatment and calculates what percentage of their time in CD custody was in a facility.

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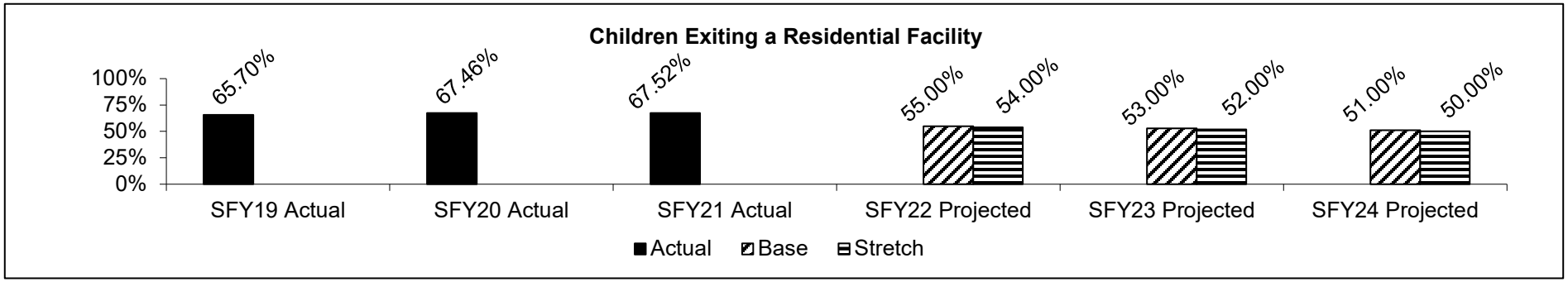
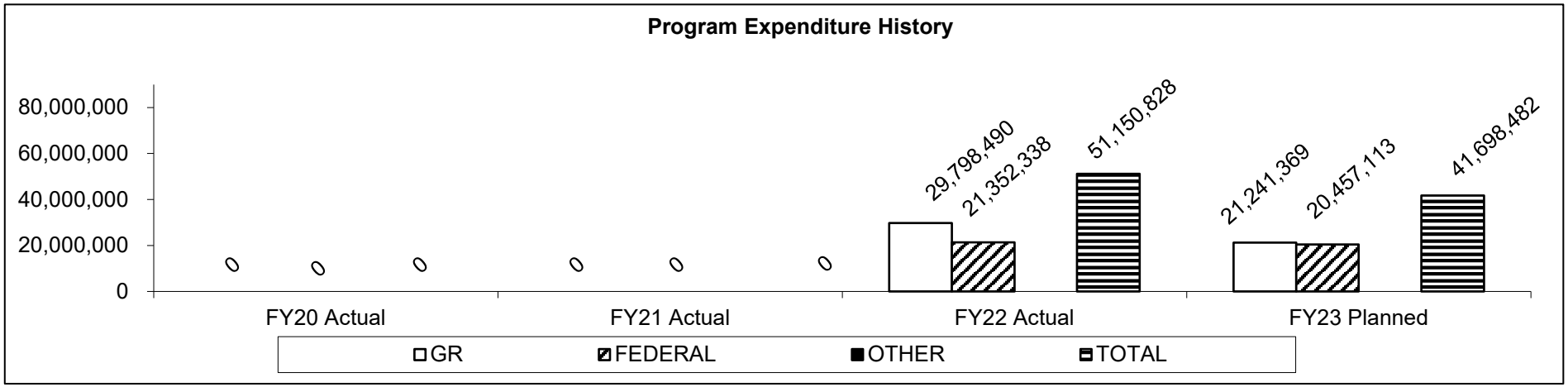
2d. Provide a measure(s) of the program's efficiency.



Children exiting a Residential Treatment Facility includes exits to a family setting, community setting, for medical reasons or exiting out of care.
*FY22 data will be available in March 2023.

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.

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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

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.

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.