Senate Bill 1003

Transfer of Youth from State Custody

No family shall feel compelled to relinquish custody of their child to the state in order to access necessary mental health treatment or services – provisions in both House Bill 1453 and Senate Bill 1003, passed during the 2004 legislative session, affirm this principle.

Senate Bill 1003
Transfer of Youth from State Custody

House Bill 1453 introduced the concept of voluntary placement, by which legal custody is retained by the parents while their child receives out-of-home treatment and care funded through the state.

Senate Bill 1003
Transfer of Youth from State Custody

Senate Bill 1003 introduced a process by which youth who may have entered custody of the Children's Division solely due to a need for mental health services are identified and then transitioned back to the legal custody of their parents.

Senate Bill 1003
Transfer of Youth from State Custody

The provisions of Senate Bill 1003 relating to this process of transition from the custody of the Children's Division are as follows:

210.204.2: Through judicial review or Family Support Team meetings, the Children's Division shall determine which cases involve children in the system due exclusively to a need for mental health services, and identify the cases where no instance of abuse, neglect or abandonment exists.

Senate Bill 1003

Transfer of Youth from State Custody

208.204.3: Within sixty days of a child being identified pursuant to the above, an individualized treatment plan shall be developed by the applicable state agencies responsible for providing or paying for any/all appropriate services – subject to appropriation – and the Department of Social Services shall submit the plan to the appropriate judge of the child for approval. The child may be returned by the judge to the custody of the child's family.

Senate Bill 1003
Transfer of Youth from State Custody

A third provision of this bill related to the return of custody to a parent is:

208.204.4: When children are returned to their family's custody and become the service responsibility of the Department of Mental Health, the appropriate monies to provide for the care of each child in each particular situation shall be billed to the Department of Social Services by the Department of Mental Health pursuant to a comprehensive financing plan developed by the two departments.

Senate Bill 1003
Transfer of Youth from State Custody

The Children's Division introduced a protocol to identify youth who may have entered its custody exclusively for mental health purposes. Regional Managers were provided a listing, compiled through the division's Alternative Care Information System, which identified 538 youth by their county. Staff reviewed the records of the youth identified on this listing and determined if the youth had entered state custody exclusively because they needed mental health treatment and services.

Senate Bill 1003
Transfer of Youth from State Custody

- The list was derived from the ACTS information system using the following logic:
  - The child was not the subject of a parental or guardian substantiated CA/N finding within one year of entering CD custody.
  - Circumstances at removal were identified as relating to the child's reported behavior, disability, substance abuse, or abandonment; and
  - The child entered one of only the following placement types within the first 90 days of his/her placement: residential treatment; mental health placement; or a career or behavioral (therapeutic) foster home.

SB 1003 – Case Review Protocol

Supervisory Review of Children Who May Meet the Criteria for SB 1003:

- The above referenced list was provided to field support staff to complete a review of the children listed, and in particular, note the following:
  - Are the children in the custody of the division solely because the parents were unable to meet the mental health needs of the child;
  - Is the parent verbalizing a desire for child's return to their custody if they could receive the necessary mental health services; and
  - Would the child's safety or the safety of others be compromised by such a return of custody?

SB 1003 – Case Review Protocol

- Staff were directed to also review their entire caseloads using the above criteria to determine if other children not previously identified on the list may meet the eligibility criteria of SB 1003, particularly noting any youth who were placed into Children's Division custody absent a substantiated Child Abuse/Neglect finding.

SB 1003 – Case Review Protocol

- Staff were instructed that should any parent contact the Children's Division expressing a belief that their child was in the division's custody solely for mental health services, staff were instructed to respond to the request and inform the parent that a Family Support Team (FST) meeting would be convened within two weeks of their request.

SB 1003 – Case Review Protocol

- The Division's determination relating to whether or not a youth and family meets the provisions of SB 1003 was to be documented in the record.

SB 1003 – Case Review Protocol

Convening the Family Support Team and Development of an Individualized Plan to Return the Child to the Custody of the Parent.

- Once the review was completed and the reason for the initial placement determined to be *solely* due to a need to access clinically indicated mental health services, a FST meeting was to be convened by the Children's Division case manager, upon agreement with the child's parents.

SB 1003 – Case Review Protocol

- This FST meeting was to be scheduled and held within 2 weeks in order to begin the planning process.
- The importance of the child's family being actively involved in the FST and planning process was conveyed to staff. Additional and crucial FST participants shall include:
  - The local representatives of Department of Mental Health (DMH) Administrative Agents and/or DMH Regional Center staff;
  - Representatives of current placement and treatment providers, and
  - Other individuals identified by the family.

SB 1003 – Case Review Protocol

- The focus of the FST meeting was to jointly determine if the child's placement in CD custody was due *solely* to a need for mental health services and was unrelated to parental abuse, neglect or abandonment and custody could be returned to the parent.

SB 1003 – Case Review Protocol

- If consensus was not reached by the FST on whether the child meets the eligibility criteria, the child was to be considered as not meeting the Senate Bill 1003 criteria. <u>This, however, in no way was to exclude other efforts toward reunification or further steps to obtain clinically indicated services or supports through DMH.</u>

SB 1003 – Case Review Protocol

- The case record is to clearly document the specific reason(s) custody is not being returned.

SB 1003 – Case Review Protocol

- If the FST agreed that the family meets the criteria for SB 1003 and the parent desires to have the child returned to his/her custody, an individualized plan was to be developed which outlines all services and supports needed by the child and family and identify which parties shall be financially responsible for those services and supports.

SB 1003 – Case Review Protocol

- The child, if appropriate, and family shall actively participate in the plan's design. Identified services shall be provided in the least restrictive and most normalized environment. Treatment services and supports shall include but not be limited to those which are home and community based.

SB 1003 – Case Review Protocol

- A guiding principle in the plan's design is the commitment to assure continuity of care for the child and family.

SB 1003 – Case Review Protocol

- The Children's Division has committed to assuring that the child and family continue to have access to those services that help them meet the needs of the child.

SB 1003 – Case Review Protocol

- It is not necessary for the child to be returned to the home of the parent for custody to be transferred. For example, the division will continue to pay for residential treatment if the child continues to need that service based on the individualized treatment plan.

SB 1003 – Case Review Protocol

- The individualized treatment plan shall be submitted to the court within (60) sixty days of the child having been staffed through the FST. The judge may then return the custody of the child to the parent.

SB 1003 – Case Review Protocol

Documentation of Case Review Efforts and Reporting

- Children's Division staff will routinely report on the findings of these reviews to the division. The Children's Division in partnership with the DMH will assess the prevalence of youth whose custody had been transferred to the CD *solely* for the purpose of accessing mental health services.

SB 1003 – Case Review Protocol

- A report is submitted by Children's Division field staff every two weeks starting in October 2004 until the initial FST meeting has been held and recommendations have been made on each identified child.

SB 1003 – Case Review Protocol

Ongoing Implementation of SB 1003.

- For youth who meet SB 1003 criteria and are not initially diverted from Children's Division custody, staff implement the above protocol as quickly as possible to help expedite the youth's return to the custody of his/her parents.

SB 1003 – Case Review Protocol

- The issues relating to the child's placement and the parent's desire to regain custody with appropriate mental health services are addressed as early as the initial 72-hour FST meeting.

SB 1003 – Case Review Protocol

- The representation of DMH and the current placement and treatment provider(s) is brought into the FST process as soon as possible to assist in the service planning.

SB 1003 – Case Review Protocol

- Youth, particularly those youth who have been placed in CD custody absent a substantiated Child Abuse/Neglect finding, will also be identified during any ongoing FST meeting or Judicial Review.

SB 1003 – Case Review Protocol

- Youth identified by other parties, such as parents, judges, guardian ad litems, etc., can also be staffed through an FST to determine if they meet the criteria set forth in SB 1003.

Custody Diversion Protocol

In addition to addressing youth currently in CD custody due solely to the need for mental health services, the Children's Division, Department of Mental Health, and Juvenile Courts have developed a Custody Diversion Protocol to prevent youth under such circumstances from being placed in state custody.

Custody Diversion Protocol

Summer 2003: Custody Diversion Protocol drafted by staff from the Division, DMH, parent representatives, and Citizens for Missouri's Children.

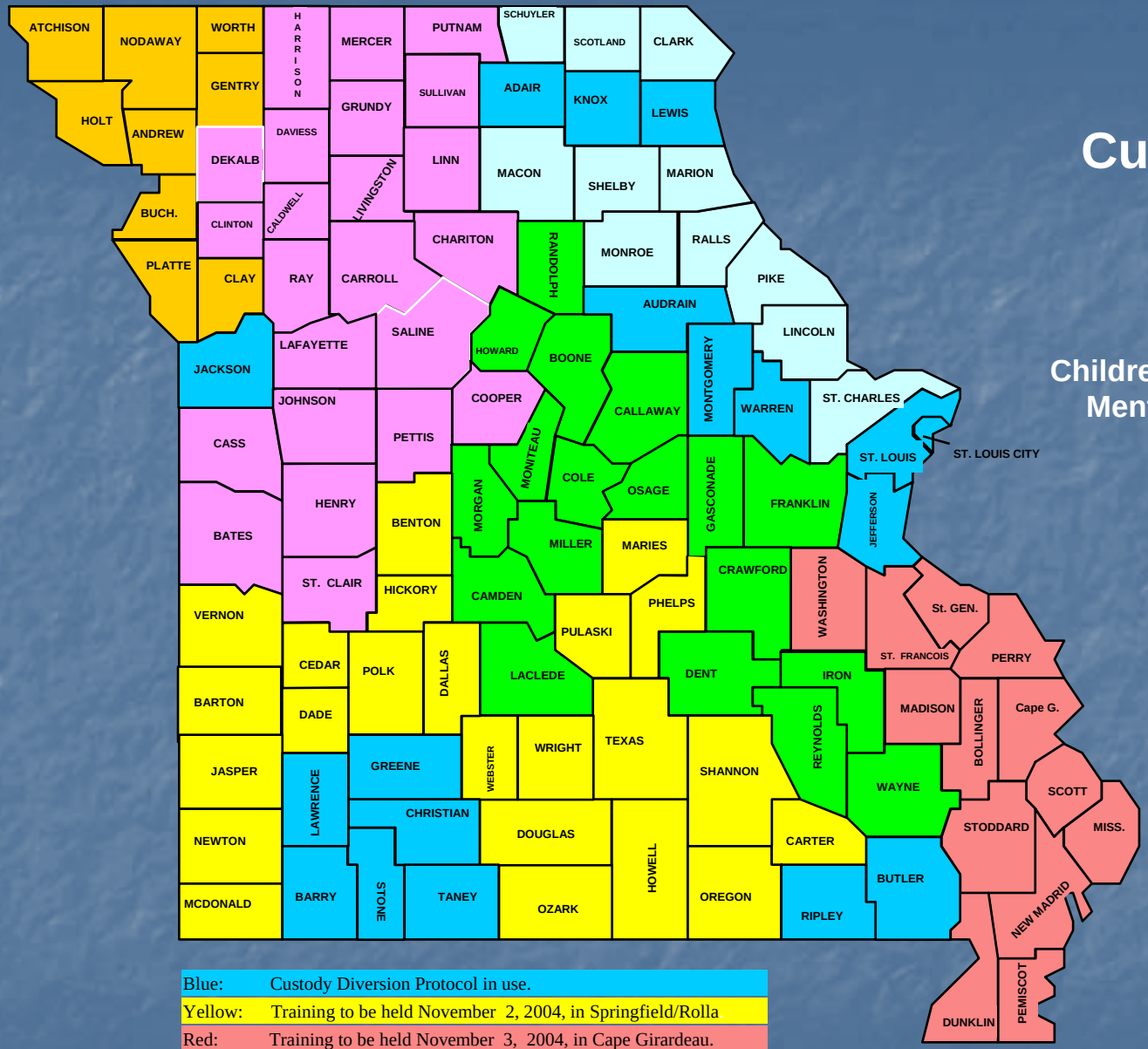
September 2003: Custody Diversion Protocol introduced and piloted in 21st and 12th Circuits (St. Louis County, Audrain, Montgomery and Warren Counties).

Custody Diversion Protocol

March 2004: Custody Diversion Protocol expanded to an additional eight (8) circuits, including St. Louis City, Jackson and Greene Counties.

October-December 2004: The Custody Diversion Protocol with training was further introduced to the remaining thirty-five (35) circuits, in keeping with the following schedule:

Custody Diversion Protocol



Blue:	Custody Diversion Protocol in use.
Yellow:	Training to be held November 2, 2004, in Springfield/Rolla
Red:	Training to be held November 3, 2004, in Cape Girardeau.
Green:	Training to be held November 30, 2004, in Rolla/Jefferson City.
Lavender:	Training to be held December 1, 2004, in Sedalia/Marshall.
Orange:	Training to be held December 7, 2004, in St. Joseph.
Lt. Blue:	Training to be held December 8, 2004, in Hannibal.

Children's Division – Department of Mental Health – Juvenile Court

Training Schedule

October 15, 2004

Custody Diversion Protocol

As of January 2005, based on data from ten (10) circuits utilizing the Custody Diversion Protocol, twenty-six (26) of thirty-three (33) children assessed using the protocol, or nearly 80%, were diverted from state custody.

Voluntary Placement Agreement (VPA)

- House Bill 1453, among many provisions, introduced the concept of a Voluntary Placement Agreement (VPA) in Missouri Statute (Section 210.108).

Voluntary Placement Agreement (VPA)

- Voluntary Placement Agreement (VPA) is a written agreement between the Department of Social Services (DSS) and a parent, legal guardian or custodian of a child under the age of 18 solely in need of mental health treatment.

- A VPA augments the Custody Diversion Protocol and authorizes the DSS to administer the placement and care of a child while the parent, legal guardian, or custodian of the child retains legal custody.

Voluntary Placement Agreement (VPA)

- The DSS has entered into a cooperative interagency agreement with the DMH authorizing the DMH to administer the placement and care of a child under a VPA.

- Any function delegated from the DSS to the DMH regarding the placement and care of children shall be administered and supervised by the DSS to ensure compliance with Federal and State law.

Voluntary Placement Agreement (VPA)

- A VPA may not exceed 180 days in duration.
- A VPA establishes Title IV-E and Medicaid eligibility for the identified child.

Voluntary Placement Agreement (VPA)

- The VPA will only be made available to a parent in conjunction with and only after staff have utilized the Custody Diversion Protocol. The VPA is not available to a parent on a "stand alone" basis.

- The VPA requires the commitment of a parent to be an active participant in their child's treatment.

Voluntary Placement Agreement (VPA)

December 2004:

- Title IV-E plan amendment to allow VPAs approved by Federal Region VII officials.
- State Administrative Rule to utilize VPA was filed for promulgation effective January 3, 2005.