

DEPARTMENT OF SOCIAL SERVICES

CHILDREN'S DIVISION

P. O. BOX 88

JEFFERSON CITY, MISSOURI

AUGUST 23, 2016

M E M O R A N D U M

What's Inside:

Is there a need for a FCS case when a subsidy child is in a residential treatment facility?

TO: REGIONAL EXECUTIVE STAFF, CIRCUIT MANAGERS, AND CHILDREN'S DIVISION STAFF

FROM: TIM DECKER, DIRECTOR

SUBJECT: Residential Subsidy and FCS

DISCUSSION: The purpose of this memorandum is to inform staff of policy and practice revisions to Family Centered Service (FCS) cases being open on subsidy residential cases.

There has been much discussion, statewide, of current policy to open a FCS case for families receiving residential services on their subsidy. A workgroup was established, comprised of persons from each region, to discuss the impact of FCS cases on families receiving residential services on their subsidy agreements. The group was in agreement that a FCS case for these families who did not indicate Child Abuse/Neglect (CA/N) need was not necessary or appropriate.

Once a child has been approved for residential treatment and it is on the subsidy contract, the worker will no longer refer the family to FCS unless there has been CA/N or significant needs to warrant an FCS case.

For FCS cases already open, staff will meet with the family to assess the need for the case remaining open. It may help to use the Signs of Safety three column questions; "what is going well," "what are we worried about", and "what needs to change?" Staff should consult with their supervisor prior to making a decision about closing the case. If the family and CD agree to close the FCS case, be sure to include a closing summary that documents the consultation and why the case is closed. Transition the work with the family to the subsidy worker, if an FCS worker was case managing the case, via transition meeting between workers, the family and the facility.

Once the child has been placed, the worker may complete an initial home visit with the family as best practice, to gather information from the family about the child, their experiences, etc. If the worker is unable to complete a home visit, they will communicate with the family by phone or email. Monthly home visits may occur if the family and worker feel it is beneficial.

Monthly meetings are expected to keep the family engaged and accountable. Meetings may be provided and facilitated with the residential treatment team. Parents and subsidy workers will participate. These can be held in conjunction with the facility's treatment team meetings or be held separately if a treatment team meeting is not held that month. These can be done in person or by conference call.

When subsidy workers are engaged with the families through this process, the families are more engaged with the treatment and visitation of their children. Children who do not have engaged participants often linger in residential treatment facilities. CD would like to minimize the length of stay by focusing on the care of the child and the goal to transition them back in the home.

There are two forms that were developed many years ago during the Northern Region subsidy residential pilot that will serve as a tool to subsidy workers who have subsidy children in residential treatment facilities.

Initial Referral Form:

The purpose of the Initial Referral – Residential Subsidy (CD-233) form is to evaluate the child's need for services and review the services the family has already utilized. This form comprises of the request made by the family, the reason for referral, a summary of the family and child, and a list of all services offered prior to request. This form is not mandatory and many regions may already have something similar in place. This may assist staff who are new to subsidy or are searching for something to help guide their discussion with the family during the initial meeting about residential treatment.

Ongoing Meetings Form:

The purpose of the Ongoing Meetings – Residential Subsidy (CD-232) form is to document the progress of the child and family. This form is comprised of residential goals, objectives, barriers to reintegration, services that may need to be in place at time of discharge, the family's willingness to participate and date of last report from facility with estimated date of discharge. Again, this form is not mandatory and many regions may already have something similar in place. This may assist staff who are new to subsidy or are searching for something to help guide their discussion with the family and residential treatment facility.

Section 4, chapter 30, attachment A, has revisions, the forms can be found on E-forms.

NECESSARY ACTION	
<ol style="list-style-type: none">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:	
PDS CONTACT Sarah Bashore 573-751-0311 Sarah.Bashore@dss.mo.gov	PROGRAM MANAGER Amy Martin 573-751-3171 Amy.L.Martin@dss.mo.gov

CHILD WELFARE MANUAL REVISIONS Section 4, chapter 30, attachment A
FORMS AND INSTRUCTIONS Initial Referral – Residential Subsidy Form (CD-233) Ongoing Meetings – Residential Subsidy Form (CD-232)
REFERENCE DOCUMENTS AND RESOURCES N/A
RELATED STATUTE N/A
ADMINISTRATIVE RULE N/A
COUNCIL ON ACCREDITATION (COA) STANDARDS N/A
CHILD AND FAMILY SERVICES REVIEW (CFSR) N/A
PROTECTIVE FACTORS Parental Resilience Social Connections Knowledge of Parenting and Child Development Concrete Support in Times of Need Social and Emotional Competence of Children
FACES REQUIREMENTS N/A