

Department of Public Health and Human Services – Procedure



Category:	<i>Child and Family Services Division</i>
Procedure:	<i>Therapeutic Group Homes Referral and Placement Process (PRO)</i>
Procedure Number	

1. PURPOSE

The Child and Family Services Division (CFSD) understands that children do best in settings that are the most family-like and least restrictive. However, CFSD also recognizes that there are times that children will need to be placed in a more restrictive setting, including a Therapeutic Group Home (TGH). If children must be placed outside of the home, the primary goal of the child’s case plan is to achieve and sustain permanency as quickly as possible. This procedure outlines the process when considering if a child should be placed in a TGH and, if it is determined it is the most appropriate and least restrictive placement for the child, the steps to be taken to ensure the treatment provided is effective and for the shortest duration necessary.

2. SCOPE

This procedure applies to situations where a Child Protection Specialist (CPS) is considering the placement of a child in a TGH or when a Level of Care Assessment Team (LCAT) has recommended that a TGH be considered. It addresses the roles and responsibilities of regional staff in the referral and determination process, the initial and ongoing court processes, the timeframes for court hearings and reviews, and the internal approval mechanisms needed for a child’s continued placement in a TGH.

3. RESPONSIBILITY

Regional staff are responsible for managing the process of determining the appropriateness and necessity of a child’s placement in a TGH, including obtaining the recommendation of a Qualified Individual (QI), notifying legal staff of such placement, and providing legal staff with the necessary documentation described in this procedure. Regional staff includes but is not limited to a CPS, a Child Protection Specialist Supervisor (CPSS), a Permanency Planning Specialist (PPS), and a Resource Family Specialist (RFS).

The Division Administrator (DA) is responsible for reviewing and determining the necessity to continue TGH placements of more than six (6) months (consecutive or non-consecutive) for a youth age twelve (12) years or younger or TGH placements of twelve consecutive or eighteen non-consecutive months for youth age thirteen (13) and older.

4. DEFINITIONS

CASII – Child and Adolescent Services Intensity Instrument, it is the functional assessment used to determine if a child needs to be placed at the TGH level of care.

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Discharge Planning - family and locality-based care coordination that begins upon admission, has clear action steps and target dates outlined in the treatment plan, with the goal of transitioning the individual to a less restrictive care setting with continued clinically appropriate services.

Level of Care Assessment Team (LCAT) - appropriate professionals who are working with the child and/or the family, as well as all appropriate biological family members, relatives, and fictive kin of the child. In the case of a child who has attained age 14, the family and assessment team shall include the members of that are selected by the child that are included in the Level of Care Assessment Team.

Qualified Individual (QI) – a trained professional, youth Targeted Case Manager (TCM) or licensed clinician, who completes a CASII assessment on a youth. This assessment will address the strengths and needs of the child, will make a recommendation on the most appropriate placement setting for the child, and will recommend short and long-term goals.

Therapeutic Group Home (TGH) – a congregate care setting that provides behavioral intervention and life skills development in a structured group home environment for youth who cannot be served in an outpatient setting due to safety concerns or functional impairments that result from serious emotional disturbance.

5. PROCEDURE

A. Determination of Possible TGH Placement

1. If a child is being considered for potential placement in a TGH, the CPS will organize and facilitate a LCAT meeting. The CPS will document the results of the meeting in the child’s electronic case record. Documentation must include:
 - a. the names and contact information of team members as well as family and fictive kin who are not a part of the team
 - b. input from the parent(s) on the team members
 - c. the date, time, and location of the meeting as well as how the time and location were selected to be convenient for the family
 - d. that the information from the LCAT was provided to the QI for consideration in the CASII assessment
 - e. the placement preference of the LCAT
2. The CPS must ensure that a CASII assessment is completed on the youth by a QI and that the QI participates in the LCAT meeting. The CPS will make a referral to a licensed mental health center for Targeted Case Management or to

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another contracted professional trained in the completion of the CASII assessment. If the level of care recommended by the CASII assessment is different from the recommendation from the LCAT, the CPS will document in the electronic case record the reasons why the placement recommendation from the LCAT is different from the CASII assessment.

3. If it is determined in this meeting that placement in a TGH is the most effective, appropriate, and least-restrictive setting consistent with the child’s short and long-term goals in their permanency plan, the CPS will begin the referral process to a TGH by gathering detailed and specific data about the child’s behaviors over the past 30 days and obtaining a copy of a clinical mental health assessment or other document that includes a mental status examination and shows the child has a Serious Emotional Disturbance (SED) diagnosis. The CPS may also provide supplemental information in the referral process, including information about current medications, prior mental health assessments or evaluations, treatment plans or discharge summaries from prior services the child received, educational documents, or other documents that provide information to the TGH about the child’s SED diagnoses or behaviors.

4. The CPS will provide the referral information to the TGH provider. Included in this referral information will be the identified discharge plan for the youth. The CPS will provide the TGH provider with any additional information needed to request a Prior Authorization (PA) from Telligen:
 - a) if the PA is approved, the CPS will coordinate with the TGH to develop and effectuate a transition plan for the child to be placed in the TGH.

 - b) if the PA is not approved, the CPS will inform the team and will consult with the CPSS about the next steps to be taken.

 - c) the CPS shall document in the child’s electronic case record the placement preferences of the Level of Care Assessment Team meeting and the reasons why the placement preferences of the team were not the recommended placement by the CASII if those two things are different.

B. Court Approval required within 60 days from of the date the child is placed in the TGH.

1. When a child is placed in the TGH, the CPS must notify the CFSD attorney on the case immediately and must request that a court hearing is scheduled within 60 days of the date on which the child was placed in the TGH.

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2. The CPS shall submit the Qualified Individual's Therapeutic Needs Assessment and the attached CASII results worksheet to the CFSD attorney. If the TGH has developed an individualized treatment plan, the CPS shall also submit it to the CFSD attorney.

C. Ongoing Review and Permanency Hearing Requirements

1. For as long as a child remains in a TGH, the following information will be included in every case plan submitted to the Foster Care Review Committee (FCRC) and in every permanency plan affidavit:
 - a. how the ongoing assessment of the child's strengths and needs is occurring
 - b. how this ongoing assessment continues to support that a TGH placement is most effective and appropriate level of care in the least restrictive environment
 - c. how the placement is consistent with the short- and long-term goals for the child as specified in the permanency plan
 - d. the specific treatment needs that are being met in the TGH placement and the anticipated discharge date
 - e. the efforts made by CFSD to prepare the child for discharging to a lower level of care

D. Division Administrator Approval Required for Longer Stays

1. If a child twelve years of age or younger and has been in a TGH for more than six months (consecutive or non-consecutive) the approval of the Division Administrator is required for the placement to continue. If the Division Administrator does not approve continued placement in the TGH, the CPS and the CPSS will identify an alternative placement resource and move the child to that alternative placement as soon as possible.
2. If a child is thirteen years of age or older and has been in a TGH for twelve consecutive months or eighteen non-consecutive months the approval of the Division Administrator is required for the placement to continue. If the Division Administrator does not approve continued placement in the TGH, the CPS and the CPSS will identify an alternative placement resource and move the child to that alternative placement as soon as possible.

E. Transition Planning and Aftercare Services

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1. CPS shall coordinate a transition plan with the TGH and step-down placement resource. This plan shall include services identified to support the youth in his/her next placement. The plan shall be documented in the child’s case plan.
2. Services include, but are not limited to, targeted case management, home support services, outpatient individual and family therapy, and medication management.
3. Aftercare services must be in place for 6 months post-discharge.

6. RELATED DOCUMENTATION

7. RELATED FEDERAL OR STATE GUIDANCE

- Mont Code Ann. 52-2-601*
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- ARM 37.37.101-336*
- ARM 37.93.101-716*
- ACYF-CB-PI-18-07*
- Family First Prevention Services Act of 2018*
- New MCA*
- Program Instructions from ACYF*