Title 18: Mississippi Department of Child Protection Services

Part 311: Functional Standards for Congregate Care and Private Child-Placing Agencies

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Chapter 1 TRADITIONAL GROUP HOMES AND THERAPEUTIC GROUP HOMES

Rule 1.1. *Traditional Group Care Home Services* – Traditional Group Care Home services shall be designed to provide services to children and youth in MDCPS custody ages ten (10) to twenty (20) years (or until the twenty first (21st) birthday if custody has been extended by the court). Group Care Homes may serve children younger than ten (10), upon written approval by the Assistant Deputy Commissioner (ADC), when they are siblings of a resident over age ten (10).

The purpose of a Group Care Home is to provide an environment and services that will help children and their families develop the necessary skills to support lasting permanency through reunification, relative care, adoption, or guardianship. The Group Home shall provide services to help children and youth return to their families, transition to a less restrictive setting, or to independent living.

Source: Miss. Code Ann. §§ 43-15-105, -107

Rule 1.2. *Therapeutic Group Care Home Services* – Therapeutic Group Care Home services shall provide services to children in MDCPS custody ages ten (10) to twenty (20) years (or until the twenty first (21st) birthday if custody has been extended by the court) and should be designed to meet the needs of children who are unable to live at home, or with a Foster Family) with at least moderate emotional, behavioral, medical, or developmental problems, for instance, bipolar disorder, dysthymia (depression), intermittent explosive disorder, oppositional defiant disorder, sexually deviant behavior, intellectual disability/developmental delays, behavior disorder, mental illness/on medication, other diagnosed psychiatric disorders according to the current Diagnostic and Statistical Manual of Disorders and therefore require temporary therapeutic and mental health services in a group care setting that is integrated within the community.

The goal for children in therapeutic group homes is lasting permanency through reunification, relative care, adoption or guardianship. Therefore, the primary work with the child and family should be focused on making this happen. The Therapeutic Group Care Home Applicant shall provide structure, therapeutic support, behavioral intervention and other services identified in a child's permanency plan for children with moderate clinical and behavioral needs.

The Therapeutic Group Care Home program shall be designed for children and youth in need of twenty-four (24) hour care and integrated planning to address behavioral, emotional, or family problems and the need for progressive reintegration

[1] *See* 18 Mississippi Administrative Code, Pt. 310, R. 1.2. for definitions of terms used throughout this Part.

into family and community living. Children and youth in a therapeutic group home placement shall remain involved in community-based schools (if possible) and participate in community and school based recreational activities with appropriate supervision.

Source: Miss. Code Ann. §§ 43-15-105, -107

Rule 1.3. *Traditional and Therapeutic Group Care Home Partner Provider Requirements*

1. Partner Providers must meet or exceed all standards prescribed within these and other applicable policies to receive and maintain licensure. The Partner Providers must be licensed to receive a referral of any child/ren in MDCPS custody. No child under ten (10) years of age shall be placed in a congregate care setting, including traditional group homes, unless:

    a. The child has exceptional needs that cannot be met in a licensed foster home; or

    b. In order to keep a sibling group together for a temporary period; or

    c. To enable a mother and baby to be placed together and there is not an available foster home for both of them.

2. The maximum bed capacity of each Group Home is:

    a. Therapeutic Group Homes - Ten (10) beds per home.

    b. Traditional Group Homes – Twelve (12) beds per home.

Source: Miss. Code Ann. §§ 43-15-105, -107

Rule 1.4. *Youth Placement Requirements* – MDCPS will select an appropriate facility for a child and document in the case record the following:

1. The child's level of development, social and emotional needs and the reason the child needs a group living experience;

2. The child's Individual Service Plan;

3. The parent-child relationship and the potential for parental, foster parent, or guardian participation in the program and visitation;

4. The plan for sibling visitation if not placed together;

5. Documentation on why siblings are not placed together and plan to reunite siblings;

6. The reason the residential Partner Provider was selected as the most appropriate for the child;

7. A statement regarding the placement's close proximity to the child's family and county of jurisdiction.

Source: Miss. Code Ann. §§ 43-15-105, -107; 42 U.S.C. § 675

Chapter 2 QUALIFIED RESIDENTIAL TREATMENT PROGRAMS

Rule 2.1. *Description* – A Qualified Residential Treatment Program ("QRTP") is a specific category of a non-foster family home setting, for which agencies must meet detailed assessment, case planning, documentation, judicial determination and ongoing review and permanency hearing requirements for a child to be placed in and continue to receive title IV-E foster care maintenance payments ("FCMP") for the placement. The facility must also meet the definition of a child care institution ("CCI") at sections 472(c)(2)(A) and (C) of the Social Security Act, including that it must be licensed (in accordance with section 471(a)(10) of the Act and that criminal record and child abuse/neglect registry checks must be completed in accordance with section 471(a)(20)(D) of the Act.

Source: Miss. Code Ann. §§ 43-13-115; 43-15-12, -105, -107; 42 U.S.C. § 672(c)(2)(A) and (C); 42 U.S.C. §671(a)(10); 42 U.S.C. §671(a)(20)(D); 42 U.S.C. §675; 42 U.S.C. §1396(a) et seq

Rule 2.2. *Eligibility Requirements* – Partner Providers must meet or exceed all standards prescribed within these and other applicable policies to receive and maintain licensure. Mississippi QRTPs must meet additional requirements above and beyond the requirements for MDCPS Therapeutic Group Home Licensure. QRTP services are intended for children and youth ages ten (10) to twenty (20) in foster care that have been assessed and deemed appropriate for this level of care.

Source: Miss. Code Ann. §§ 43-13-115; 43-15-12, -105, -107; 42 U.S.C. § 672(c)(2)(A) and (C); 42 U.S.C. §671(a)(10); 42 U.S.C. §671(a)(20)(D); 42 U.S.C. §675; 42 U.S.C. §1396(a) et seq

Rule 2.3. *Admission Criteria* – Admission to a QRTP must follow these guidelines:

1. A qualified and independent individual must conduct a comprehensive assessment of a child placed in a QRTP within thirty (30) days of the placement start date. The qualified individual may conduct this assessment prior to the placement in the QRTP but must complete it no later than the end of the 30-day period.

2. Within sixty (60) days of a foster youth's placement in a QRTP, a court review must take place to approve or disapprove the placement. The Court will consider the 30-day assessment and determine whether the needs of the youth can be met through placement in a foster family home or whether the QRTP provides the most effective and appropriate level of care for the youth, as specified in the permanency plan for the youth.

3. A QRTP placement must be reviewed by the MDCPS Commissioner and the United States Department Health and Human Services Secretary if a foster youth fourteen (14) years of age or older has been placed in a QRTP for twelve (12) consecutive months or eighteen (18) non-consecutive months.

4. A QRTP placement must be reviewed by the MDCPS Commissioner and the United States Department Health and Human Services Secretary if a title IV-E agency places a child in a QRTP for more than twelve (12) consecutive months, or eighteen (18) non-consecutive months, or, in the case of a child who has not attained age thirteen (13), for more than six (6) consecutive or non-consecutive months. MDCPS will submit to HHS:

    a. The most recent versions of the evidence and documentation submitted for the most recent status review or permanency hearing; and

    b. The signed approval of the MDCPS Commissioner for the continued placement of the child in that setting.

Source: Miss. Code Ann. §§ 43-13-115; 43-15-12, -105, -107; 42 U.S.C. § 672(c)(2)(A) and (C); 42 U.S.C. §671(a)(10); 42 U.S.C. §671(a)(20)(D); 42 U.S.C. §675; 42 U.S.C. §1396(a) et seq

Rule 2.4. *Mississippi QRTP Program Requirements*

1. QRTP's shall be licensed and nationally accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the Council on Accreditation, or others approved by the Secretary.

2. QRTPs shall have an MDCPS approved trauma informed approach applicable to the population of youth being served in which all employees, volunteers, interns, and independent contractors within a QRTP must be trained in that trauma informed approach. MDCPS has identified Trust-Based Relational Intervention (TBRI) as its trauma informed approach of choice. Any other model must be deemed evidenced based according to the Family First Prevention Services Act Clearinghouse and approved by MDCPS. In addition, organizations shall have a trauma informed treatment model that addresses services of the youth's and family's clinical needs.

3. QRTP shall have registered or licensed nursing and clinical staff who:

    a. Provide care within the scope of their practice as defined by state law;

    b. Are available twenty-four (24) hours a day and seven (7) days a week;

    c. Are accessible on-site or face-to-face to meet the youth's clinical and/or medical needs.

    Note: QRTPs will be required to have nursing and clinical staff accessible in person or via telephone 24/7. These staff can be contract staff who can

come on-site at any time if the child's needs warrant face-to-face interaction from these staff.

4. QRTP's should facilitate and document family participation in the child's treatment with consideration for the child/youth's safety and development needs. The treatment should be family driven with both the family and the child included in all aspects of care (when in the best interest of the child). Documentation of family involvement shall include:

    a. Facilitation of regular contact between the child and family including siblings and all attempts to do so;

    b. Ways in which family was actively involved and any support provided to the family of youth in residential treatment program;

    c. Plans to provide outreach and six(6) months of aftercare support for the child and the family must be documented and maintained in the youth's case file; (services may be provided directly or via partnerships with Partner Providers in close proximity to youth's home);

    d. Monthly documentation for six (6) months verifying aftercare support services to be kept in youth's file.

    e. All outreach with any known biological family and fictive kin of the child, how this outreach is made, and maintenance of contact information for any known biological family and fictive kin of the child.

5. The discharge policy shall apply to QRTPs according to Pt. 310, Ch. 7.

Source: Miss. Code Ann. §§ 43-13-115; 43-15-12, -105, -107; 42 U.S.C. § 672(c)(2)(A) and (C); 42 U.S.C. §671(a)(10); 42 U.S.C. §671(a)(20)(D); 42 U.S.C. §675; 42 U.S.C. §1396(a) et seq

Chapter 3 TEEN MATERNITY HOMES

Rule 3.1. *Description* – A Teen Maternity Home is a setting specializing in providing prenatal, postpartum, or parenting supports for youth in foster care. The facility must meet the definition of a CCI in sections 472(c)(2)(A) and (C) of the Act.

Source: Miss. Code Ann. §§ 43-15-105; 42 U.S.C. § 671(a); 42 U.S.C. § 672(c)(2)(A) and (C); 42 U.S.C. § 675A

Rule 3.2. *Partner Provider Requirements* – Partner Providers must adhere to the requirements for a Therapeutic Group Home in addition to the requirements for a Teen Maternity Home. The maximum bed capacity of each home is ten (10) beds per home for children/youth twelve (12) years of age through age twenty (20) years and (11) eleven months.

Source: Miss. Code Ann. §§ 43-15-105; 42 U.S.C. § 671(a); 42 U.S.C. § 672(c)(2)(A) and (C); 42 U.S.C. § 675A

Rule 3.3. *Eligibility Requirements* – Pregnant or parenting teens in foster care who have been determined to have the capacity to reside in the setting with support and provide care for a dependent.

Source: Miss. Code Ann. §§ 43-15-105; 42 U.S.C. § 671(a); 42 U.S.C. § 672(c)(2)(A) and (C); 42 U.S.C. § 675A

Rule 3.4. *Admission Criteria* – Admission to a Teen Maternity Home must follow these guidelines:

1. The youth must be between the ages twelve (12) years of age through age twenty (20) years and eleven (11) months and currently in MDCPS custody.

2. A complete medical examination including obstetrical findings shall be provided and reviewed prior to admission into the program.

3. Family and medical history shall be obtained on the pregnant or parenting teen and the additional parent if possible.

4. A comprehensive assessment shall be conducted by the Partner Provider for each mother in the program.

5. The prenatal program shall accept an applicant without prejudice based on age, race, marital status, plans for the child, prior pregnancies, or stage of pregnancy.

Source: Miss. Code Ann. §§ 43-15-105; 42 U.S.C. § 671(a); 42 U.S.C. § 672(c)(2)(A) and (C); 42 U.S.C. § 675A

Rule 3.5. *Planning and Service Delivery* – Transitional Living Plans must be developed for each youth admitted to the program.

1. Plans should address basic life skills to include but not be limited to:

    a. Parenting skills (e.g., child-safe transitional and independent living accommodations, education in parenting, child discipline, and safety as well as direct supervision of parenting and related domestic skills)

    b. Money management, budgeting, consumer education, and use of credit

    c. Childcare facilities

    d. Trust-Based Relational Intervention Training (TBRI)

    e. Interpersonal skill-building

    f. Educational advancement

    g. Job attainment skills

    h. Mental and physical health care

    i. Individual and/or group counseling and parent/child counseling

2. Leisure activities for pregnant or parenting teens and dependent(s) shall be provided by the program. Transportation support shall be provided by the program.

3. Additional expectations for participants should be identified in the program handbook.

Source: Miss. Code Ann. §§ 43-15-105; 42 U.S.C. § 671(a); 42 U.S.C. § 672(c)(2)(A) and (C); 42 U.S.C. § 675A

Rule 3.6. *MDCPS Collaboration/Involvement* – The Teen Maternity program shall be monitored by the MDCPS Congregate Care Unit and will be reviewed according to the MDCPS Congregate Care review schedule. In addition, MDCPS specialists will conduct monthly visits with program participants and document contact with teens and dependents.

Source: Miss. Code Ann. §§ 43-15-105; 42 U.S.C. § 671(a); 42 U.S.C. § 672(c)(2)(A) and (C); 42 U.S.C. § 675A

Rule 3.7. *Staffing Requirements*

1. The maternity home shall provide a staff/child ratio of two (2) staff members to every five (5) youth. If the ratio falls below 5, a minimum of two (2) staff shall always be present.

2. During sleeping hours, all staff members shall be awake.

3. A maternity home shall have on the premises or otherwise readily available 24 hours a day/7 days a week, a registered nurse or licensed practical nurse.

4. A maternity home shall obtain a consultation from a licensed practicing physician or licensed nurse practitioner concerning medical plans and a program of medical care for the mothers and their children.

Source: Miss. Code Ann. §§ 43-15-105; 42 U.S.C. § 671(a); 42 U.S.C. § 672(c)(2)(A) and (C); 42 U.S.C. § 675A

Rule 3.8. *Staff Development* – The prenatal and Parenting Teen Placement shall provide training for the staff which includes:

1. Medical, physical and psychological implications of pregnancy

2. Parenting education

3. Safe sleep

4. Development needs of infants and toddlers

5. Trust-Based Relational Intervention.

6. Verbal de-escalation

Staff must also be able to provide information on legal options available to young mothers.

Source: Miss. Code Ann. §§ 43-15-105; 42 U.S.C. § 671(a); 42 U.S.C. § 672(c)(2)(A) and (C); 42 U.S.C. § 675A

Rule 3.9. *Physical Facility Requirements*

1. Family like setting

2. Semi-private sleeping quarters for pregnant teens and;

3. Private sleeping quarters for parenting teens and dependent child(ren). When parents and infants sleep in the same room, each room shall have a maximum

of one (1) parent and their infant(s) and/or children. Each parent shall have their own bed and each baby has his/her own crib.

4. Diaper disposal or soiled diaper storage in a hygienic manner, as applicable.

Source: Miss. Code Ann. §§ 43-15-105

Chapter 4 SUPERVISED INDEPENDENT LIVING

Rule 4.1. *Description* – Supervised Independent Living is a licensed or approved setting in which young adults in foster care can reside in the least restrictive, non-traditional environment while continuing to receive casework and supportive services that promote independence and will help them become self-sufficient. The program should encompass a balance between independence and dependence. Young adults in the program should not require 24-hour supervision but have scheduled and unscheduled intermittent check-ins.

Source: Miss. Code Ann. §§ 43-15-105; 42 U.S.C. § 671(a); 42 U.S.C. § 672(c)(2)(A) and (C); 42 U.S.C. § 675A

Rule 4.2. *Eligibility Requirements* – Youth (ages 18-21) currently in foster care who have been assessed and determined to be ready for living independently with supportive services which provided by the approved Partner Provider.

Source: Miss. Code Ann. §§ 43-15-105; 42 U.S.C. § 671(a); 42 U.S.C. § 672(c)(2)(A) and (C); 42 U.S.C. § 675A

Rule 4.3. *Admission Criteria* – Admission for Supervised Independent Living must follow these guidelines:

1. Youth (ages 18-21) currently in foster care who have been assessed and determined to be ready for living independently with supportive services provided by the approved Partner Provider.

2. Partner Provider must ensure that the youth will:

    a. Turn 18 while in MDCPS custody participating in a high school, GED/HiSET, or post-secondary program.

    b. Remain in compliance with attendance policy established by high school, GED/HiSET, or post-secondary program. Young adults who are unable to do one of the above requirements because of a medical condition may also be eligible for services and support. Supportive services shall be provided by the program Partner Provider.

    c. Be employed or actively seeking employment unless otherwise prevented by disability or full-time school attendance.

Source: Miss. Code Ann. §§ 43-15-105; 42 U.S.C. § 671(a); 42 U.S.C. § 672(c)(2)(A) and (C); 42 U.S.C. § 675A

Rule 4.4. *Planning and Service Delivery* – Partner Provider shall establish a participant handbook to provide to residents that includes participant expectations. The Partner Provider shall also provide a monthly, monetary stipend (determined by MDCPS)

to participants to be paid out of the provided MDCPS per diem. Supportive Services shall include but not be limited to:

1. Savings and financial education
2. Post-secondary education resources and information
3. Job skill and job training resources
4. Transportation and transportation plans
5. Support navigating medical coverage and assessing any needed healthcare
6. Life skills (cleaning, shopping, cooking, etc.)
7. Resource linkage

Source: Miss. Code Ann. §§ 43-15-105; 42 U.S.C. § 671(a); 42 U.S.C. § 672(c)(2)(A) and (C); 42 U.S.C. § 675A

Rule 4.5. *Discharge Requirements* – The Partner Provider must ensure The youth has appropriate resources to transition to full independence or has been released from custody. Discharges should be discussed with the multidisciplinary support team before discharge. In situations where immediate discharge seems most appropriate, the Partner Provider must follow MDCPS discharge criteria and notify the appropriate MDCPS Specialist and the MDCPS Congregate Care Unit.

Source: Miss. Code Ann. §§ 43-15-105; 42 U.S.C. § 671(a); 42 U.S.C. § 672(c)(2)(A) and (C); 42 U.S.C. § 675A

Rule 4.6. *MDCPS Collaboration/Involvement* – The program shall be monitored by the MDCPS Congregate Care Unit and will be reviewed according to the MDCPS Congregate Care review schedule. In addition, MDCPS specialists will conduct monthly visits with program participants and document the young adult's:

1. Access to community resources and services;
2. Progress in achieving Transition Plan goals, to include supervised independent living (SIL) placement and personal goals (any barriers to achieving transition should be documented);
3. Adequacy of furnishings (such as necessary furniture, cooking utensils and lines);
4. Ability to make responsible decisions;
5. Use of available funds;

6. Services provided by the SIL Partner Provider; and

7. Review of disaster and safety plans.

8. MDCPS Specialist's documentation shall also include contact with the teen and dependent on the ongoing monitoring of safety, permanency, and well-being.

Source: Miss. Code Ann. §§ 43-15-105; 42 U.S.C. § 671(a); 42 U.S.C. § 672(c)(2)(A) and (C); 42 U.S.C. § 675A

Rule 4.7. *Physical Facility Requirements*

1. Approved placement setting

    a. Single room occupancy in approved non-college dorm setting; or

    b. Apartment setting; or

    c. Shared house setting (on or off residential campus) shall include on-site management; or

    d. Occupancy in a college dormitory paired with case management and supportive services provided by an approved agency.

2. Interior and exterior housing conditions must be acceptable and include private or semi- private bedrooms.

3. Initial and annual safety inspection in conjunction with other required Congregate Care reviews.

Source: Miss. Code Ann. §§ 43-15-105; 42 U.S.C. § 671(a); 42 U.S.C. § 672(c)(2)(A) and (C); 42 U.S.C. § 675A

Rule 4.8. *Handbook for Supervised Independent Living* – The Partner Provider must provide each participant with a Community Living Handbook which must address, at a minimum, the following:

1. A person-friendly, person-first definition and description of the community living service being provided;

2. The philosophy, purpose and overall goals of the service, to include but are not limited to:

    a. Methods for accomplishing stated goals and objectives;

    b. Expected results/outcomes; and

c. Methods to evaluate expected results/outcomes.

3. A description of how the independent living program service addresses the following items, to include but not limited to:

    a. Visitation guidelines (applying to family, significant others, friends and other visitors) that are appropriate to Supervised Independent Living services:

        i. Person's right to define their family and support systems for visitation purposes unless clinically/socially contraindicated.

        ii. All actions regarding visitors (restrictions, defining individual and family support systems, etc.) must be documented in the person's record

        iii. Any restrictions on visitors must be reviewed whenever there is an identified need or request by the person to change any of the restrictions;

        iv. Visitation rights must not be withheld as punishment and may not be limited in ways that unreasonably infringe on the person's state rights; and

        v. To the greatest extent possible, people should have visitors of their choosing at any time.

4. Daily private communication (phone, mail, email, etc.) without hindrance unless clinically contraindicated:

    a. Any restrictions on private telephone use must be reviewed daily;

    b. All actions regarding restrictions on outside communication must be documented in the person's record; and,

    c. Communication rights must not be withheld as punishment and may not be limited in ways that unreasonably infringe on the person's stated rights.

5. Dating

6. Off-site activities

7. Household tasks

8. Curfew

9. Respecting the rights of other people's privacy, safety, health and choices.

10. Policy regarding the search of the person's room, person and/or possessions, to include but not limited to:

    a. Circumstances in which a search may occur;

    b. Employees designated to authorize searches;

    c. Documentation of searches; and

    d. Consequences of discovery of prohibited items.

11. Policy regarding screening for prohibited/illegal substances, to include but not limited to:

    a. Circumstances in which screens may occur;

    b. Employees designated to authorize screening;

    c. Documentation of screening;

    d. Consequences of positive screening of prohibited substances;

    e. Consequences of refusing to submit to a screening; and

    f. Process for people to confidentially report the use of prohibited substances prior to being screened.

Source: Miss. Code Ann. §§ 43-15-105; 42 U.S.C. § 671(a); 42 U.S.C. § 672(c)(2)(A) and (C); 42 U.S.C. § 675A

Chapter 5 PRIVATE CHILD-PLACING AGENCY

Rule 5.1. *Applicability* – This Chapter applies to Partner Providers which are private Child-Placing Agencies providing foster homes and foster care services, whether traditional or therapeutic.

Source: Miss Code Ann. §§ 43-15-105, -107

Rule 5.2. *Definition of Foster Family Home* – For purposes of this Chapter, a "foster family home" is the home of an individual or family:

1. That is licensed or approved by the state or tribe in which it is situated as a foster family home and that meets the standards established for the licensing or approval;

2. In which a child in foster care has been placed in the care of an individual who resides with the child and who has been licensed or approved by the state or tribe to be a foster parent;

3. Which the state or tribe deems capable of adhering to the reasonable and prudent parent standard; and

4. That provides 24-hour substitute care for children placed away from their parents or other caretakers.

Source: Social Security Act Titles IV-B and IV-E; Miss. Code Ann. §§ 43-15-13; 43-15-117

Rule 5.3. *Therapeutic Foster Home Overview* – Therapeutic foster homes are licensed or approved by the state as a foster family home that meets the standards established to provide care for children or youth with Serious Emotional Disturbance. These homes provide a family setting and utilize specially trained foster parents. Partner Providers may only use adults with current documentation of approval from MDCPS Congregate Care Unit.

Therapeutic Foster Care services are intensive and supportive services provided to children in the custody of MDCPS. These children have significant medical, developmental, emotional, or behavioral needs, who with additional resources, can remain in a family setting and achieve positive growth and development. Services include specialized training, clinical support, and in-home intervention to therapeutic foster parents and the child, allowing the child to remain in a family home setting.

1. Partner Provider must be licensed by MDCPS to receive a referral of any child/ren in MDCPS custody. Therapeutic Partner Providers must also be certified by the Mississippi Department of Mental Health as a therapeutic provider for therapeutic group homes, intellectual and developmental disabilities and supervised independent living.

2. Each foster home must have no more than one (1) child/youth with serious emotional disturbance placed in the home at a given time. Partner Providers seeking to place more than one (1) child/youth with serious emotional disturbance in a resource home must obtain prior approval from MDCPS. Siblings with serious emotional disturbance may be placed together in the same home if all of the following conditions apply:

    a. The siblings have never been separated;

    b. The siblings are not a danger to others or to each other; and,

    c. Therapeutic resource parents asked to place siblings in their home must have consented, in writing, and in advance of the placement. This documentation must be maintained in the record of each sibling. (MDMH Standards Rule).

3. Therapeutic Foster Care involves the following features:

    a. Provision of special training to foster parents to assist them in working with a child/youth who has experienced interpersonal trauma to include, but not be limited to Trauma-Based Relational Intervention (TBRI), shared parenting, mandated reporting and a non-violent, crisis de-escalation.

    b. Partner Providers shall work with the youth, foster family and biological family to create a plan for engaged and shared parenting.

    c. Creation of a support system among foster parents.

Source: Miss Code Ann. §§ 43-15-13, -117; 41-4-1

Rule 5.4. *Traditional Foster Home Overview* – Traditional Foster Homes are licensed or approved by the state as a foster home that meets the standards established to provide care for children in a family setting with licensed foster parents to support lasting permanency and/or reunification with biological families.

Source: Miss Code Ann. §§ 43-15-13, -105, -107

Rule 5.5 *General Requirements for Traditional and Therapeutic Foster Home Services* – A Partner Provider must satisfy these general requirements for licensing foster homes in addition to all other specific requirements. A Foster Home provides temporary care for a child who is in the custody of MDCPS and cannot return safely to his/her own home for some period. A Foster Home may also be a prospective adoptive home under the dual licensure policy of MDCPS. All Foster Homes must complete the same licensure requirements for foster or adoptive services.

1. A Partner Provider which provides Foster Home services must develop and follow written policies and procedures for these services. These policies and procedures must comply with the standards contained herein, as well as all other applicable MDCPS policies. Questions regarding the applicability of a MDCPS policy should be directed to the MDCPS Congregate Care Unit: Congregate.Care@mdcps.ms.gov

2. A Partner Provider that establishes and maintains a license for a Therapeutic Foster Home shall have Therapeutic Foster Care Specialists whose specific responsibilities must include at least the following:

    a. Recruitment and training of therapeutic foster parents:

        i. Partner Providers shall ensure that parents and families are trained in Trust-Based Relational Intervention (TBRI).

        ii. Partner Providers shall ensure that parents and families are trained in verbal de-escalation techniques via a recognized model approved by MDCPS.

    b. Conducting interviews and other necessary work to appropriately place individual children/youth with prospective Traditional/Therapeutic Foster Parents.

3. Traditional and Therapeutic foster homes must be licensed within 120 days of receipt of initial inquiry.

4. A Partner Provider must maintain regular contact with Therapeutic Foster Care families and provide documentation of those contacts in the person's record:

    a. The Partner Provider staff will conduct visits, at least, two (2) times a month when there are foster children placed in the home. One of those visits must be in the foster home to observe the members of the family together with the child. The other visit must include an interview with the child without the foster parent(s) present.

    b. Monthly contacts can be conducted by telephone or email when there are not foster children placed in the home. All visits must be documented in the child's file and available upon request to the MDCPS Congregate Care Unit.

5. A Partner Provider must maintain regular contact with Traditional Foster Care Families and provide documentation of those contacts in the person's record:

    a. The Partner Provider staff will conduct monthly in-home visits when there are foster children placed in the home. Monthly contacts can

be conducted by telephone or email when there are not foster children placed in the home.

b. More frequent contacts (in-home, telephone, email) may be required if there is a concerning issue facing the foster child/family or if there is an active Corrective Action Plan.

6. Ensure that the foster parents participate in Foster Parent Support Groups at least monthly.

Source: Miss Code Ann. §§ 43-15-13, -105, -107

Rule 5.6. *Prospective Foster Parent* – A person who wishes to become a Foster Parent through a Partner Provider must apply to that agency on the form specified by the Partner Provider Child-Placing Agency. MDCPS and the Partner Provider will conduct adequate screening of all prospective applicants in accordance with MDCPS Licensure Requirements found on the MDCPS website: www.mdcps.ms.gov. Partner Providers must submit a MACWIS Inquiry Data Sheet to the MDCPS Congregate Care Unit for all new hires, foster parents, interns and volunteers. If using MDCPS for the screening, then Partner Providers can submit the application for Livescan and background screening.

Partner Provider employees and board members must be licensed by a different Partner Provider to serve as foster parents. Employees of MDCPS and Youth Court personnel can be licensed by a Partner Provider as a foster parent. The criteria are:

1. Employees cannot foster a child(ren) that is on their caseload.

2. Court personnel wanting to foster cannot be in the same court jurisdiction of the child(ren) that they will foster or the siblings to that child(ren). A special judge would need to be brought in to hear the case should a relative come into care that is in the same jurisdiction.

3. All employees/court personnel who are approved foster parents follow the same policies and procedures, regardless of their employment position.

When the Partner Provider denies licensure of an applicant or closes a foster home, notice shall be sent to MDCPS within five (5) business days.

Source: Miss Code Ann. §§ 43-15-13, -105, -107

Rule 5.7. *Foster Home Application* – Prospective Foster Parents must be informed of the MDCPS requirements for Foster Parents, the gender and ages of children to be served and the reimbursement process. Prospective Foster Parents must complete an application form which shall include:

1. Basic demographic information on all family members,

2. A list of any criminal charges,

3. Permission to perform a criminal background, Central Registry check and fingerprinting on all household members aged eighteen (18) years and older, and

4. Four (4) references.

The Partner Provider must submit to MDCPS a Foster Home Inquiry Data Form for each applicant prior to the family attending any training. The purpose of this form is to screen prospective Foster Parents for current and/or past involvement with MDCPS and any other affiliations, such as other Child-Placing Agencies.

Source: Miss Code Ann. §§ 43-15-13, -105, -107

Rule 5.8. *Foster Parent Criteria* – The Partner Provider must ensure all foster parents satisfy the following criteria:

1. Age. Foster parents must be at least twenty-one (21) years old at the time of application.

2. Marital Status. Foster Parents may be married or single.

    a. All adult household members must be screened for all required backgound checks.

    b. If the composition of the household changes at any time, the foster parent(s) must notify MDCPS and the partner provider prior to the change to assess the need for additional background checks.

3. Residency. Applicant(s) must be a resident of the State of Mississippi.

4. Income. Applicant(s) must be financially self-sufficient without the board payment. Applicant(s) working outside the household must have a plan for safe, stable and reliable childcare as well as sufficient work flexibility to meet the needs of the children.

5. Acceptance. Applicant(s) must be willing to accept placement of child(ren) of any racial, ethnic, religious, diverse populations or educational backgrounds.

6. Space. Applicant(s) must have adequate room in the home.

    a. Children may not sleep on couches or share a bed with another person. Exceptions may be approved by MDCPS Congregate Care Unit.

b. Only same sex and similar aged children may share the same room. Exceptions may be approved by MDCPS Congregate Care Unit.

c. Children must be able to access a bathroom without passing through another person's bedroom. Exceptions may be approved by MDCPS Congregate Care Unit.

7. Telephone. Applicant(s) must have telephone service.

8. Transportation. Applicant(s) must have an operable automobile.

   a. All persons transporting children must have automobile insurance and valid driver's license.

   b. Vehicles must have the ability to transport all children in age-appropriate restraints.

9. Occupancy. Traditional and Therapeutic Foster Homes may have no more than a total of six (6) children, including biological, foster, or adopted children. No more than two (2) children in the foster home may be under the age two (2). No more than one (1) child may have therapeutic/special needs. However, a sibling group may be placed together in excess of these limits, but only upon written consent from MDCPS and a waiver from MDMH.

10. Criminal History. Applicant(s) must have a clear criminal background and Central Registry check, Sex Offender check and fingerprinting on all prospective parents and all persons residing in the household eighteen (18) years of age and older.

11. References. The applicant(s) shall have three (3) personal references. Only one (1) of these three (3) references may be related to the applicant(s).

12. Training. Training is considered as part of the application process and does not guarantee that the applicant will be accepted in the program.

    a. Applicant(s) for Therapeutic Foster Care must attend at least twenty-four (24) hours of pre-service training and successfully pass all skill testing.

    b. Applicant(s) for Traditional Foster Care must attend at least 15.5 hours of pre-service training.

    c. Pre-service training shall include:

       i. Trust-Based Relational Intervention (TBRI),

       ii. Verbal de-escalation techniques,

iii. Mississippi PATH or other approved foster parent training curriculum,

iv. Car seat safety,

v. Identification and mandated reporting of child abuse and neglect,

vi. Best practices identifying effective means of discipline,

vii. MDCPS approved crisis management, de-escalation and the management of aggressive behavior,

viii. Emergency and safety procedures,

ix. Cultural diversity and sensitivity,

x. Effective management of medication, including psychotropic drugs, dosages and side effects,

xi. Separation and loss focusing on issues of children in custody and the impact on family relationships,

xii. CPR and First Aid Training and certification must be maintained,

xiii. Universal precautions for prevention of infectious diseases,

xiv. Confidentiality,

xv. Reporting serious incidents,

xvi. Shared Parenting,

xvii. Suicide prevention, and

xviii. Identifying risk behaviors and managing runaways

13. Home Study. MDCPS or the Partner Provider must conduct a study of the prospective Foster Parent's home.

    a. Home Studies shall be updated every two (2) years and in accordance with the modality requirements.

    b. Partner Providers must utilize the Structured Analysis Family Evaluation (SAFE) as its home study assessment.

    c. SAFE is a structured home study methodology that allows child welfare agencies/professionals to thoroughly evaluate prospective

kinship, foster, adoptive and/or guardianship families in a uniform manner. (https://www.safehomestudy.org/).

14. Discipline. Applicant(s) must be willing to refrain from any use of corporal punishment with the foster child. Foster Parents are expected to learn and use approved forms of discipline. Corporal punishment and degrading punishment are prohibited.

15. Cooperation. Applicant(s) must be willing to work closely and cooperatively with Partner Provider staff, MDCPS, and others in learning to carry out parenting procedures within prescribed guidelines. This includes attendance at monthly support meetings, following treatment recommendations, transporting child to appointments, and any other necessary procedures.

Source: Miss Code Ann. §§ 43-15-13, -105, -107

Rule 5.9. *Foster Home Study* – The Partner Provider must conduct a Foster Home study to assess the appropriateness of the applicant(s) to be Foster Parent(s) utilizing the SAFE methodology to include the frequency of visits/interviews. Partner Providers must follow all requirements set forth in the SAFE Home Study methodology related to applicant references, etc. In addition to the overall requirements of the SAFE Home Study, the Partner Provider must ensure that the following areas are included in the home study(s):

1. Ability to ensure that the family has additional supports for alternative care when needed to include daycare/childcare;

2. Child caring skills and willingness to acquire additional skills needed for the child's development;

3. Ability to provide for the child's physical and emotional needs;

4. Verification from a physician that each family member has no communicable diseases, specific illnesses or disabilities which would interfere with the family's capability to care for a child. All household members must provide additional immunization records;

5. Ability to provide financially for the child or children; (a detailed description of the finances of the prospective Foster Parent (s) including but not limited to income, debts, expenses, medical insurance and life insurance);

6. Verification of employment and/or income;

7. Religious orientation, if any;

8. Location and physical environment of the home;

9. Recommendations for foster care in regard to number, age, sex, characteristics and special needs of children best served by the family;

All foster home application records must be maintained while the foster home is open, and seven (7) years thereafter.

Source: Miss Code Ann. §§ 43-15-13, -105, -107

Rule 5.10. *Responsibilities of Partner Provider to Foster Parents*

1. Orientation and Support Groups

    a. The Partner Provider must provide orientation to applicants approved to be Foster Parents to acquaint them with the agency's policies and practices.

    b. The Partner Provider must provide monthly formal support groups for Foster Parents. Each foster parent is required to attend at least six (6) support group meetings annually.

2. Agreement. The Partner Provider must have a signed agreement with all Foster Parents which includes the following:

    a. Confidentiality policy;

    b. Expectations and responsibilities of the Partner Provider staff and the Foster Parents;

    c. The services to be provided;

    d. Partner Provider policies on discipline;

    e. The actions which require Partner Provider staff authorization;

    f. The legal responsibility for damage or risk resulting from children in their home;

    g. The amount of the board payment and breakdown of child's allowances;

    h. Partner Provider policies on firearms in the home; and

    i. Partner Provider policies on transportation and reimbursement for expenses, if applicable.

3. Ongoing In-Service Training. Partner Providers must ensure the provision of foster parent support groups in each area of service and offer required annual training hours (10). Five hours must be in-person and five hours may

be online (any exceptions may be made, collaboratively, by MDCPS and the Partner Provider). The Partner Provider must provide training certificates, letters or verification of training to each Foster Parent for each training session attended. The training may be provided in the following areas:

a. Roles and relationships in care of children between agency personnel, Foster Parents, child's parents and the child;

b. Separation and loss and the importance of a child's birth family and the child's communication with them;

c. Permanency planning;

d. Developmental needs of children in care;

e. Cultural and religious awareness and differences;

f. Behavior management and discipline techniques;

g. Stress management;

h. Multi-cultural placement and adoption;

i. CPR, First Aid, communicable diseases and other health issues;

j. Understanding trauma and its impact on children;

k. Prevention of abuse and neglect in Foster Homes;

l. Roles in shared parenting;

m. Foster Parent involvement in family team meetings and county conferences (Foster Care Review);

n. Sibling interactions;

o. Parenting adolescents;

p. Child sexual abuse; and

q. Other training as deemed appropriate.

4. Foster Parent Bill of Rights. Every Foster Parent both therapeutic and traditional must be provided with a copy of the Foster Parent Bill of Rights (https://www.mdcps.ms.gov/foster-and-adoptive-parents/foster-parent-resources).

5. Grievance Policy. Every Foster Parent both therapeutic and traditional must be provided with a copy of the foster parent grievance policy

(https://www.mdcps.ms.gov/foster-and-adoptive-parents/foster-parent-resources).

a. A formal grievance is a formal statement of complaint for an alleged wrong or hardship suffered which may be filed by a person who provides foster care or relative care.

b. A formal grievance may be filed by filling out Section I of the Foster Parent Grievance Form. The form is located on MDCPS's website (https://www.mdcps.ms.gov/foster-and-adoptive-parents/foster-parent-resources) in an online version and a printable PDF version. The online version will be automatically filed once completed. The printable version must be filed via email at FPgrievance@mdcps.ms.gov An MDCPS representative will make contact with the foster parent once the grievance has been reviewed.

Source: Miss Code Ann. §§ 43-15-13, -105, -107

Rule 5.11. *Partner Provider Foster Home Supervision* – The Partner Provider shall maintain continuous supervision of the child and the Foster Home while the child is in placement to include all case management functions. The Partner Provider shall ensure that the child is receiving care in accordance with Partner Provider standards and in relation to the child's specific needs. Weekly therapy sessions are required for all children placed in therapeutic foster homes. Partner Provider must provide documentation upon request of all therapy notes to MDCPS.

Source: Miss Code Ann. §§ 43-15-13, -105, -107

Rule 5.12. *Foster Home Relicensing* – Foster Homes licensed through a Partner Provider may be relicensed.

1. Therapeutic Foster Homes shall be relicensed every two (2) years. All requirements including local background checks must be completed annually. However, fingerprinting is only required every five years.

2. Traditional Foster Family homes shall be relicensed every two (2) years. All requirements, including local background checks must be completed every two (2) years during the relicensing process. However, fingerprinting is only required every five years.

Source: Miss Code Ann. §§ 43-15-13, -105, -107

Rule 5.13. *Specialized Homes for Medically Fragile Children* – A licensed Foster Family specializing in medically fragile children shall comply with all foster home requirements as well as the following conditions:

1. Receive training to provide care to children with specific medical diagnoses.

2. Demonstrate the ability to care for children with special needs such as feeding tubes, heart monitors, oxygen, fetal alcohol syndrome, cerebral palsy, diabetes, diagnosed emotional or behavioral illnesses or disorders, HIV, etc.

3. Verify an additional eight (8) hours of specialized training by a certified Partner Provider. The additional hours shall include CPR training, first aid, medication administration and recognition and response to child behaviors that jeopardize health and well-being.

4. Agree to be licensed for no more than one (1)special care child at any given time. Placement of more than one (1) special care child may be considered in cases of sibling groups or other extraordinary circumstances. A waiver must be requested from MDCPS Coordinated Care Unit (Therapeutic.Placement@mdcps.ms.gov). If the specialized home is caring for the siblings of a medically fragile child, these siblings will not receive the special care board rate unless they have also been certified as eligible for that benefit.

5. Understand that specialized medical/treatment Foster Parents shall provide transportation and accompany the special care foster child to all school activities treatment and medical appointments, as well as any follow-up visits.

6. Agree to stay at the hospital with a special care child in their care should the child be hospitalized.

7. Maintain important records including medical documents, immunization records and a health journal for each special care foster child placed in their home.

8. Maintain adequate school/educational records on each special care foster child placed in their home.

9. Participate as a member of the service team through at least one of the following methods:

    a. Personal attendance at team meetings

    b. Conference calls

    c. Provision of a written report on the child's progress, including any recommendations for service.

Source: Miss Code Ann. §§ 43-15-13, -105, -107; 43-16-3 et seq

Rule 5.14. *Partner Provider Records for Therapeutic and Traditional Foster Home* – The Partner Provider must maintain separate records for each Foster Family home which must contain:

1. The application;

2. Completed SAFE home study;

3. Current medical reports including any medications, including psychotropic meds, and any additional information from mental health therapists or physicians needed to support that the foster family members can safely and effectively carry out childcare tasks;

4. Verification of Tuberculosis (TB) Test results;

5. Criminal background, Sex Offender and Central Registry checks which include fingerprints on all household members aged eighteen (18) years and older prior child being placed in the home;

6. MACWIS Inquiry Data Sheet results from the Congregate Care Unit;

7. List of the Partner Provider workers' visits with the child and Foster Family, including dates of visits and detailed summaries for each;

8. Three (3) letters of personal reference;

9. Copy of the license;

10. Historical narrative of the care provided for each child including all significant events by the Foster Family;

11. Chronological list of children placed with the Foster Family, including date placed, date discharged from care and child's legal name;

12. Narratives and all supporting documentation regarding any and all allegations of abuse, neglect, exploitation, corporeal punishment, and/or other maltreatment alleged to have occurred during the time the child was placed in that home;

13. A termination summary for closed homes including reasons for the closure;

14. Legal documents including but not limited to:

    a. Current marriage license;

    b. All divorce decrees;

    c. Proof of auto insurance; and

d. Valid driver's license.

15. Current bi-annual CPR and First Aid training;

16. If the home has a pool, all household members must be certified in CPR and First Aid. The Partner Provider and foster parent(s) must also provide a safety plan that outlines how they will keep the child/ren safe to include:

    a. Prevention of access to pool without supervision.

    b. Life-saving equipment.

    c. Any other barriers to prevent a child from entering pool unsupervised

17. Verification of training completion;

18. Copy of the board payment included in the Partner Provider's placement agreement;

19. Signed copy of the Partner Provider's grievance policy;

20. Signed copy of Partner Provider's discipline policy and corporal punishment policy;

21. Signed copy of Foster Parent Bill of Rights;

22. Signed copy of Foster Parent grievance policy;

23. Transportation plan;

24. Disaster plan and emergency plan;

25. Current vaccination records on all domestic household pets and outdoor animals on the premises that are accessible to the foster children. Any pets that do not receive vaccinations must be caged and not exposed to children placed in the home. Exceptions may be made by MDCPS upon request.

The following information regarding ALL Foster Homes must be sent to Congregate Care Unit within seven (7) calendar days after a home is licensed and as information is updated:

1. Face Sheet;

2. Copy of all parent licenses and certifications background checks, criminal record, central registry check, sexual offender registry including fingerprints on all household members age 18 years and older;

3. Signed copies of grievance and discipline policy;

4. Signed copies of child abuse state of compliance;

5. Home study;

6. Detailed pictures of each room in the home;

7. Detailed pictures of the exterior of the home and surroundings; and

8. Home inspection report of the checklist of minimum compliance.

Source: Miss Code Ann. §§ 43-15-13, -105, -107; 43-16-3 et seq

Rule 5.15. *Specialized Group Care for Minor Victims of Sex Trafficking*

1. Description. Specialized Group Care for Minor Victims of Sex Trafficking (SGC) is a setting that is licensed to provide 24-hour care and supervision for children and youth identified to be involved in any form of commercial exploitation. Partner Providers of this setting conduct services for commercially sexually exploited children (CSEC) (used synonymously with victims of human trafficking or victims at risk of human trafficking) and must meet the Congregate Care Licensure Standards in addition to the program requirements outlined in this rule.

2. Licensing. If the Partner Provider seeks reimbursement from MDCPS as a therapeutic placement resource, the resource must be certified through the Mississippi Department of Mental Health in addition to meeting the MDCPS licensure requirements for Congregate Care.

    a. The Partner Provider shall submit the following documentation to the Licensing Authority for license as a SGC:

        i. Facility's security plan;

        ii. Documentation of client services provided, to include age range and gender(s).

        iii. Copy of supervision policies and procedures;

        iv. Documentation of specialized training hours related to Human Trafficking completed for all staff; and

        v. Documentation of compliance with the requirements applicable to a Specialized Group Care for Minor Victims of Human Trafficking

3. General Requirements

    a. Utilize an evidenced-based and trauma-informed approach to care.

b. Serve exclusively one sex in the placement.

c. Assess and serve child victims of commercial sexual exploitation who need placement in a safe home on a voluntary basis without regard to MDCPS custody.

d. Have awake staff members on duty 24 hours a day. See licensure standards for staffing ratios.

4. Security Plan. Provide appropriate security through staffing, facility location and design, hardware, technology, including, but not limited to, internal/external video monitoring and door exit alarms.

5. Client Services. Specialized Group Care for Minor Victims of Human Trafficking shall provide services tailored to the needs of minor victims of human trafficking and shall conduct a comprehensive assessment of the service needs of each resident. In addition to the services required to be provided by Congregate Care Facilities, SGC's must provide, arrange for, or coordinate, at a minimum, the following services:

   a. A mental health assessment completed by a licensed mental health practitioner within thirty (30) days of placement.

   b. Documented Safety Plan developed with the child and family (if applicable)

   c. Trauma-focused mental health therapy

   d. Family counseling

   e. Health care coordination

   f. Treatment and intervention for sexual assault

   g. Education tailored to the child's individual needs, including remedial education, if necessary

   h. Life skills and workforce training

   i. Mentoring by a survivor of commercial sexual exploitation, if available and appropriate for the child

   j. Substance abuse screening and, when necessary, referral for treatment

   k. Planning services for the successful transition of each child back to the community

l. Activities structured in a manner that provides child victims of commercial sexual exploitation with a schedule of activities tailored to meet their individual needs.

6. Training. The Partner Provider shall ensure all staff having direct contact with residents complete pre-service training requirements as outlined in the Congregate Care Licensure Standards and receive an additional 24 hours of specialized training on human trafficking prior to working with youth. The 24-hours of training shall be instructor led and delivered by a trainer certified to conduct Human Trafficking Training. The 24-hours of training are initial trainings to be completed before engagement with the population.

    a. Partner Providers shall ensure that staff trained in a human trafficking prevention education curriculum to facilitate to youth residing in the home.

    b. Partner Providers shall ensure that staff are trained in an evidenced based trauma informed care model.

    c. Partner Providers shall ensure that staff are trained in verbal de-escalation techniques via a recognized model approved by MDCPS.

    d. Additional and ongoing training for staff may be reviewed in the training licensure standards.

7. Policies and Procedures. The child-caring agency shall develop policies and procedures for all services and as well as a security plan and emergency response plan that includes local law enforcement agencies that meet minimum standards as determined by the regulatory body (i.e. Mississippi Department of Mental Health or MDCPS) including an emergency response plan that includes local law enforcement agencies.

8. Changes made to any policies and procedures shall be submitted to the Licensing Authority within ten (10) business days of the proposed amendments and will need to be reviewed by the regulatory body. Changes shall be reviewed prior to implementation to ensure they meet minimum standards as set forth.

9. Admission and Discharge.

    a. You must be at least ten (10) years of age at the time of admission.

    b. Congregate care licensure standards describing pre-discharge requirements shall apply. The Partner Providers admission criteria shall identify any exclusionary factors and outline the intake and discharge procedures. This shall include criteria for requests for change of placement and early termination of the program due to

youth's consistent unapproved leave (i.e. runaway) from the program as determined by the Partner Provider.

c. Current or historical trauma-related behaviors and coping mechanisms, such as the following should not be used as a reason to deny a placement request or discharge a youth, unless it can be determined that such behavior will create an imminent risk to the safety or stability of other residents in the home:

   i. Running away;

   ii. Non-violent delinquent offenses (with consideration of violent offenses on a case-by-case basis)

   iii. Recruitment, grooming or similar behaviors;

   iv. Violent behaviors that do not pose an imminent risk to others;

   v. Mental health diagnoses that do not require a higher level of care; or

   vi. Occasional substance abuse, separate from deep substance abuse, places the child in imminent danger that may require inpatient treatment.

d. The child-caring agency shall outline in their program policy responses to behaviors that support and develop the child's healthy recovery and resilience as included in the therapeutic model.

10. Discharge Planning and After Care Services.

a. Prior to a discharge determination from the SGC, each youth shall have a re-evaluation of their service plan and multidisciplinary team staffing to include the MDCPS HT Coordinator.

b. The child-caring agency shall have a written policy on discharge planning and aftercare services which shall specify the availability of services and identify the staff member or agency responsible for follow-up and implementation of the plan. The Partner Provider must incorporate an after-care plan upon discharge that identifies community services for the youth as stipulated in Standards.

c. The child-caring agency shall prepare a written discharge summary and document this in the child's case record at least fourteen (14) calendar days prior to the anticipated date of discharge from the program unless the release is unplanned and unforeseen. A copy of the discharge summary shall be provided to the parent, guardian, or

referral agency at least 14 calendar days prior to the proposed discharge date unless the discharge is unplanned and unforeseen.

d. Discharge planning shall include input from the child, the child's parent or guardian, caregiver, child's attorney if applicable.

i. The discharge summary shall include the following:

ii. A summary of services, an assessment of goal achievement, and identification of the needs which remain to be met;

iii. Clinical recommendations for the child and family following discharge, including provisions for support and referrals;

iv. The date and reasons for discharge;

v. The name, address, telephone number and relationship of the person or agency to whom the child is being discharged; and

vi. A copy of the child's medical, mental health, dental, educational, legal assistance, alcohol and drug treatment, and other records for the use of the person or agency who will assume care of the child.

11. The Partner Provider shall have procedures for adequate follow-up or aftercare services. Aftercare plans shall at a minimum, reflect recommendations for services, where appropriate, and document any referrals generated, and include at least one (1) documented contact with the discharged child or his/her family within the first thirty (30) days following discharge.

12. All documentation shall be placed in the child's file.

Source: Miss Code Ann. §§ 43-15-13, -105, -107; 43-16-3 et seq; 43-26-3; 37-13-1 et seq; 97-3-54.4; 28 U.S.C. § 7101 et seq

Rule 5.16. *Child Ratios*

1. The facility shall have at least one bedroom per resident based on the square footage of the room as described in the Congregate Care Licensure Standards.

2. There shall always be at least two (2) direct care staff members awake at all times with a maximum of ten (10) children/youth in the facility.

3. The Partner Provider shall ensure 24-hour per day supervision of the children and young adults in its care and observe the required ratio at all times.

Source: Miss Code Ann. §§ 43-15-13, -105, -107

Rule 5.17. *Educational Services* – The Partner Provider must meet the educational requirements as stated by the Mississippi Department of Education and 18 Mississippi Administrative Code, Pt. 310, R. 8.17.

Source: Miss Code Ann. §§ 43-15-13, -105, -107

Chapter 6 ADOPTION SERVICES

Rule 6.1. *Overview* – The goal of adoption is to provide the child, in the absence of care and nurture by his birth family, with a family with whom he/she may develop his/her own personal identity and a new family identity. It is imperative that the child and the prospective adoptive family have the potential for compatibility.

Source: Miss. Code Ann. §§ 43-15-105, -107; 93-17-3 et seq

Rule 6.2. *Administrative Practices* – The Partner Provider must establish administrative policies, practices and procedures related to adoption. These must be clearly defined and explained and include the following:

1. The Partner Provider must follow MDCPS criminal background check requirements for the use of interim placements should it become necessary to do so prior to placing the child with the adoptive parents.

2. A decision on an application to adopt must be based on a home study which must include interviews with applicants and references, as well as medical and legal information.

3. Placement for adoption will be made in accordance with best practices for children whose parent's rights have been terminated.

4. The Partner Provider must ensure that the inability of prospective adoptive parents to pay a fee will not be criteria of eligibility for applicants and will not in any way influence the choice of the most suitable family for each child.

5. A licensed child placing Partner Provider must not conduct or approve a home study on any of its employees or officials which includes board members, volunteers, relatives, or anyone else who has direct affiliation with the Partner Provider. Arrangements must be made with another licensed child placing Partner Provider or licensed social worker to conduct and approve the home study, make a placement, and provide post-placement supervision.

6. Home studies must be approved by a licensed social worker.

Source: Miss. Code Ann. §§ 43-15-105, -107; 93-17-3 et seq

Rule 6.3. *Adoptive Home Application* – The Partner Provider must obtain preliminary written information from the prospective adoptive parents to determine if the applicant(s) are a potential resource for the available child/children.

The Partner Provider must provide information to the prospective adoptive parent(s) regarding the adoption process, the Partner Provider's policies and practices, legal procedures, fees, the approximate time the process will take and demographics of

available children. This information will enable the applicant(s) to make an informed decision as to whether they can meet the specific needs of the children available for adoption.

Source: Miss. Code Ann. §§ 43-15-105, -107; 93-17-3 et seq

Rule 6.4. *Adoptive Parent Qualifications* – The prospective parent must meet the following criteria:

1. The applicant(s) must be at least twenty-one (21) years old at the time of the application.

2. The applicant can be single or married.

3. Applicant(s) previously divorced must provide documentation of same.

4. Applicant(s) must be financially solvent and must have an adequate household income exclusive of the foster care board payment.

5. Applicant(s) must be a resident of Mississippi for six (6) months.

Verification of medical exams completed by a physician certifying each family member has no communicable diseases, specific illnesses, or disabilities which would interfere with the family's ability to care for children.

Source: Miss. Code Ann. §§ 43-15-105, -107; 93-17-101 et seq

Rule 6.5. *Adoptive Home Study* – The Partner Provider must utilize the Structured Analysis Family Evaluation (SAFE) as its home study assessment. SAFE is a structured home study methodology that allows child welfare agencies/professionals to thoroughly evaluate prospective kinship, foster, adoptive and/or guardianship families in a uniform manner (https://www.safehomestudy.org/). The Partner Provider will include the following areas in the home study and must include the information in the record of the adoptive applicant(s):

1. Motivation for adoption;

2. Verification of training;

3. Strengths and weaknesses of each member of the household;

4. The attitudes and feelings of the immediate and extended family, as well as significant others, toward accepting and parenting adoptive children;

5. Attitudes of the applicant(s) toward the birth parent(s) and the reason(s) the child is in need of adoption;

6. The plan for discussing adoption with children of applicant(s);

7. The plan for discussing adoption with prospective adopted child;

8. Emotional stability and maturity;

9. Ability to cope with problems, stress, frustrations, crises, and loss;

10. Capacity to give and receive affection;

11. Child caring skills and willingness to acquire additional skills needed for the child's development;

12. Ability to provide for the child's physical and emotional needs;

13. Verification of marriage(s)/divorce(s);

14. Record of criminal convictions;

15. Criminal background, Central Registry check, and fingerprinting of all household members aged eighteen (18) years and older;

16. Adjustment of birth children or previously adopted children;

17. Verification from a physician that each family member has no communicable diseases, specific illnesses or disabilities, which would interfere with the family's capability to care for a child;

18. Ability to provide financially for the child or children to be adopted;

19. A detailed description of the finances of the prospective adoptive parent(s) including but not limited to income, debts, expenses, medical insurance and life insurance;

20. Verification of employment and income;

21. Four personal references;

22. Religious orientation, if any;

23. Location and physical environment of the home;

24. Plan for childcare if parent(s) works;

25. Recommendations for adoption in regard to number, age, sex, characteristics, and special needs of children best served by the family;

26. History of the origin, educational background and life experiences of applicant(s); and

27. Contingency plan for adopted child in case of death or disability of adoptive parent(s).

Source: Miss. Code Ann. §§ 43-15-105, -107; 93-17-1 et seq

Rule 6.6. *Services to Adoptive Parent(s)* – The Partner Provider will provide services to adoptive applicant(s) to assist them in making an informed decision about adoption. The Partner Provider must provide the opportunity for applicant(s) to participate in the adoptive study and evaluation of the potential for meeting the needs of the children available for adoption.

1. The Partner Provider must prepare the adoptive family for the placement of a particular child. Preparation includes:

    a. Information about the needs, characteristics, expectations of the child and of the child's family;

    b. Review of medical histories of the child and of the child's family;

    c. Visitation with the child prior to placement;

    d. Arrange visits; and

    e. Assistance with travel arrangements.

2. The MDCPS specialist must provide post-placement visits for the adoptive parents in domestic adoptions. The post-placement adoption visits must be held at least two (2) times, face-to-face in the home prior to finalization and based on the needs of the child and prospective parent(s). International post-placement adoption visits are based on the originating country of the child. Observations made during the visits will be used in making recommendations for the finalization of the adoption.

3. MDCPS will provide information regarding the methods for matching children with adoptive parents.

Source: Miss. Code Ann. §§ 43-15-105, -107; 93-17-1 et seq

Rule 6.7. *Services to Birth Parent(s)* – The Partner Provider must provide services to the birth parent(s), including counseling and referral to other agencies when needed, to assist them in determining the best plan of care for the child. These services must be offered both prior to and after the birth of the child. Documentation regarding services provided by the Partner Provider to the parents must be maintained by the Partner Provider.

1. The Partner Provider must maintain a file for the birth parent(s) which includes:

a. Face sheet;

b. Application;

c. Legal documents, Adoption Release Consent Form and order regarding surrender of rights;

d. Summary of contact;

e. Birth child's birth certificate, pictures, medical records and placement visits summary until the adoption has been finalized; and

f. Correspondence.

2. The Adoption Services must provide information to the birth mother of possible crime of statutory rape as defined in the Mississippi Code Section 97-3-65.

Source: Miss. Code Ann. §§ 43-15-105, -107; 93-17-1 et seq; 97-3-65

Rule 6.8. *Birth Parent Records for Private Childcare Agencies* – Birth Parents Files are kept for children not in MDCPS custody. A birth parent file should include:

1. Application;

2. Summary of contact with birth parent;

3. Legal documents;

4. Release of Parental Rights forms;

5. Medical case assessment and medical records;

6. Any correspondence pertaining to the birth of the child; and

7. Consent for adoption.

Source: Miss. Code Ann. §§ 43-15-105, -107; 93-17-1 et seq

Rule 6.9. *Private Adoption Entity Checklist from Mississippi to Another State* – A private adoption packet should contain the following documents [five (5) copies of the 100A and three (3) sets of every other document]:

1. 100A completed on each child (Type 100A) to include:

a. Child's name consistent with name on birth records or explanation;

b. Proof why different Date of birth consistent with DOB on birth records;

c. Correct entity for planning/financial responsibility;

d. Prospective adoptive parent name/address/phone number;

e. Lists where adoption finalized;

f. Sending agency custody; and

g. Name and address of supervising agency/individual.

2. Cover letter that includes:

a. Shows name and phone number of agency or Partner Provider handling the adoption Indicates adoption will be finalized in Mississippi;

b. Addresses how birth/legal father(s) rights will be terminated (if applicable) Lists all contents of packet; and

c. Signed by entity representative.

3. Notarized consent signed by birth mother

a. Signed and notarized within seventy-two (72) hours after the birth of the child, or

b. Within ten (10) days if Indian Child Welfare Act (ICWA) applies

4. Consent signed by birth father. If no consent, be sure the cover letter addresses how termination of rights will be completed AND at-risk agreement

5. Social, family and medical information on birth parents, including physical description of birth mother and father(s)

6. American Indian statement. (If yes, proof that tribe was notified and ICWA at-risk agreement signed by prospective adoptive parents or signed statement by Indian birth mother that she does want the tribe notified and at-risk agreement signed by prospective adoptive parents)

7. Narrative/forms on birth mother/birth father history (reasons for decision to place child for adoption). Counseling summary reflecting that birth parents were advised of alternatives to adoption and that they chose adoption from available alternatives.

8. Hospital birth and delivery form

a. Document must be legible (if child one is (1) year or older, must have copy of exam completed within six (6) months of proposed placement request)

b. Legible copy of hospital discharge signed by a hospital official, which identifies child's medical condition at time of discharge

c. Copies of any medical reports/assessments, etc., if applicable

d. If a child has any special needs a more detailed assessment is required and approval by MDCPS is needed for a child to leave state.

9. Home study within one (1) year with Partner Provider information

a. Must include name, address, and phone number of the agency and individual completing home study

b. Copy of current professional license

c. Criminal history checks must be within twelve (12) months. (Criminal background, Central Registry check and fingerprinting).

d. Post placement supervisory agreement

10. Legal Risk Statement

a. Signed by prospective adoptive parents or Termination of Parental Rights Order on birth parents.

b. Initial disclosure to adoptive parents/ receipt of disclosure signed by prospective adoptive parents

Source: Miss. Code Ann. §§ 43-15-105, -107; 93-17-1 et seq; 43-18-1 et seq

Rule 6.10. *Adoptive Family Records* – The Partner Provider must keep separate records for each adoptive family which must contain as applicable:

1. The application, disposition of application and any re-licensure;

2. Current medical records of all family members including the foster child;

3. Disclosure statements;

4. Five (5) letters of reference: four (4) personal references and one (1) from a current or previous employer;

5. Criminal background check, fingerprinting, and Central Registry checks on all household members aged 14 years and older;

6. Summary of contacts with the prospective adoptive parent from initiation of adoptive process until the adoption is finalized;

7. A copy of the written information given to the prospective adoptive parent(s) concerning a child or children to be placed for adoption;

8. Completed home study;

9. Legal documents including current marriage license, current divorce decrees, death certificates, proof of auto insurance, and valid drivers' license;

10. Copy of the fee contract for adoptive services;

11. Verification of employment;

12. Financial statement;

13. Any ICPC information regarding the child;

14. Placement agreement;

15. Termination of Parental Rights form for the child;

16. Adoption Placement Affidavit;

17. Consent for Adoption;

18. Post-Placement Agreement;

19. Confidentiality policy

20. Petition for Adoption;

21. Final Adoption Decree;

22. Summary of the post-placement visits including transportation of child to family;

23. Disaster plan and emergency plan;

24. Visitation plan, if applicable, for each child;

25. Current vaccination records on all domestic household pets and outdoor animals on the premises that are accessible to the foster children. Any pets that do not receive vaccinations must be caged and not exposed to children placed in the home.

Source: Miss. Code Ann. §§ 43-15-105, -107; 93-17-1 et seq; 43-18-1 et seq

Rule 6.11. *Adoption Re-application* – Application for additional children may be submitted at any point after the first adoption is legally finalized. The following information will be needed:

1. Current application forms including current medical records for parents and child within the last twelve (12) months; and

2. Criminal background and Central Registry checks which include fingerprints on all household members aged eighteen 18 years and older prior to a child being placed in the home.

All other MDCPS requirements for adoption apply.

Source: Miss. Code Ann. §§ 43-15-105, -107; 93-17-1 et seq; 43-18-1 et seq

Chapter 7 INTAKE AND ASSESSMENT CENTERS/EMERGENCY SHELTERS

Rule 7.1. *Overview* – The requirements for Congregate Care Partner Providers applicable to the care of children detailed elsewhere within Parts 310 and 311 must be followed unless there is a clearly denoted exception for Intake and Assessment Centers. Additionally, Intake and Assessment Centers must comply with the requirements for Intake and Assessment Centers in this Chapter.

Source: Miss. Code Ann. §§ 43-15-105, -107

Rule 7.2. *Client Capacity* – The maximum bed capacity of each Intake and Assessment Center is twelve (12) beds per home for children/youth between the ages of ten (10) to twenty-one (21).

Source: Miss. Code Ann. §§ 43-15-105, -107

Rule 7.3. *Admission and Planning*

1. Intake and Assessment Centers shall adhere to the Admissions Procedures and Discharge Procedures as described in the supporting procedures.

2. Intake and Assessment Centers shall adhere to the training requirements of therapeutic group homes.

3. The Intake and Assessment Centers Partner Provider must develop, with MDCPS, a plan for the temporary care of the children including the anticipated length of stay.

4. No child must remain in an emergency or temporary facility for more than sixty (60) calendar days unless there are exceptional circumstances and the MDCPS Deputy Commissioner of Well-Being and Safety has granted express written approval and documented the need for the extension.

5. Children under ten (10) years of age must not be placed in a congregate care setting including group residential homes and shelters, unless:

    a. The child has exceptional needs that cannot be met in another placement; or

    b. The child is a member of a sibling group and express written approval is granted by MDCPS's Assistant Deputy Commissioner or designee; or

    c. Sibling groups with one or more siblings under ten (10) years of age must not remain in Intake and Assessment Center settings for more than sixty (60) days.

6. For children who stay more than three (3) days, the Intake and Assessment Centers must cooperate with MDCPS in assessing the needs of the child. A plan based on the child's needs must include the specific services to be provided by the Intake and Assessment Center and other resources required to meet the needs of the child.

7. The Intake and Assessment Center must be open twenty-four (24) hours, seven (7) days per week, including holidays, for admission, except when operating at licensed capacity.

8. Intake and Assessment Center do not require the certification by MDMH.

Source: Miss. Code Ann. §§ 43-15-105, -107

Rule 7.4. *Placement in Intake and Assessment Center* – No child may be placed in more than one emergency or temporary facility within one episode of foster care unless an immediate placement is necessary to protect the safety of the child or others as certified in writing by the Assistant Deputy Commissioner or designee.

Source: Miss. Code Ann. §§ 43-15-105, -107

Rule 7.5. *Intake and Assessment Center Staffing Requirements*

1. The Intake and Assessment Center shall provide a staff/child ratio of one (1) staff members to every six (6) youth.

2. During sleeping hours, all staff members shall remain awake.

3. The Partner Provider must have at least one (1) social worker or comparable professional for every twelve (12) children that are in care (i.e. one (1) social worker for one (1) to twelve (12) children; two (2) social workers for thirteen (13) to twenty-four (24) children). This staff must work full-time (full-time is forty (40) hours per week).

Source: Miss. Code Ann. §§ 43-15-105, -107

Rule 7.6. *Health Services for Intake and Assessment Center*

Any child who needs immediate medical treatment must be referred to a licensed physician for examination and appropriate treatment must be provided immediately. MDCPS must be notified immediately when a child is referred for emergency medical treatment or any other serious incident. A mental health assessment must be completed by a licensed mental health practitioner prior to discharge.

Source: Miss. Code Ann. §§ 43-15-105, -107

Rule 7.7. *Intake and Assessment Center Licensed Capacity Exceptions* – The license capacity may be temporarily exceeded in shelter care facilities to serve children in emergency situations, provided the proper staff-to-child ratio is maintained and the total does not exceed the number of beds available.

Source: Miss. Code Ann. §§ 43-15-105, -107

Rule 7.8. *Separation of Living Groups in Intake and Assessment Center* – When Intake and Assessment Center is offered as one part of the program of a childcare facility, a separate cottage or wing of a dormitory must be used exclusively for shelter care. Ongoing contact with the children in other group care is prohibited.

Source: Miss. Code Ann. §§ 43-15-105, -107

Chapter 8 PERMANENCY ASSESSMENT CENTERS

Rule 8.1. *Overview* – A Permanency Assessment Center (PAC) offers time limited (up to 60 days) treatment services provided in a Crisis Residential setting to children and youth who have been identified as being a victim of human trafficking and his/her personal safety is at imminent risk and/or children and youth in the custody of MDCPS in which no placement can be located due to acute symptoms, high risk behaviors and/or a high number of failed placements. PAC services will include high fidelity wraparound services, psychiatric supervision, nursing services, structured therapeutic activities and intensive psychotherapy targeting stabilization/ permanency purposes. Services shall be provided to children and youth between the ages of 10 years old to 20 years old and address immediate physical safety concerns, acute symptoms, distress and are designed to prevent civil commitment, long term psychiatric hospitalization and/or detention (minor victims of human trafficking).

Source: Miss. Code Ann. §§ 43-15-105, -107; 43-26-3; 97-3-54.4; 22 U.S.C. § 7101 et seq.

Rule 8.2. *Treatment Services Description*

1. The following services shall be provided within twenty-four hours of admission to determine the need for services and to rule out the presence of mental symptoms that are judged to be the direct physiological consequences of a general medical condition and/or illicit substance/medication use:

    a. Initial Assessment

    b. Medical Screening

    c. Drug Toxicology Screening

    d. Psychiatric Consultation

2. Direct Services shall be provided at a minimum of five (5) days per week; 5 hours per day (2 hours per day if youth is attending school) including:

    a. Supportive Counseling

    b. Initial Therapy Session (must be provided within seventy-two (72) hours of admission.

    c. Therapy (Individual, Group and Family)

    d. Therapeutic Activities (recreational, psychoeducational, social / interpersonal, spiritual)

3. Other services available shall also include:

    a. Ongoing Child and Family Team Meetings

b. Evaluation and Observation

c. Substance Abuse Counseling

d. Targeted Case Management and/or Community Support Services

e. Family Psychoeducation

f. Nursing and Psychiatric Services (provided every seven (7) day at a minimum)

Source: Miss. Code Ann. §§ 43-15-105, -107

Rule 8.3. *Personnel* – PAC Personnel will include the following:

1. Full time Program Director (on-site 40 hours a week)

2. Full time Therapist (on-site 40 hours a week)

3. Resident Advisor – 1 staff to 4 residents (or child) ratio 24 hours / day, 7 days a week

4. Registered Nurse (RN)

5. Psychiatrist/Psychiatric Nurse Practitioner

6. Wraparound Facilitator

Source: Miss. Code Ann. §§ 43-15-105, -107

Rule 8.4. *Admissions and Orientation* – Admissions must be coordinated with the MDCPS Therapeutic Placement Department. Clients, during business hours, are screened for eligibility requirements during an initial contact with the Admissions Coordinator and/or Clinical Director. Client's results are forwarded to an identified therapist and wrap facilitator for review and intake.

1. Referrals made during non-business hours will be screened for eligibility. Upon admission into the program an orientation will be held with the client and legal guardian/parent.

2. The admissions meeting (intake) will include the following:

a. Complete all intake documentation

b. Initial Child and Family Team Meeting

c. Provide and review Client/Family Handbook

d. Discuss service expectations, client rights, and agency expectations

e. Wraparound process and treatment schedule

f. Emergency contact information

3. An initial individual therapy session will be provided for each youth admitted within the first 72 hours of admission. If the client is being readmitted to the program within three (3) months, only an intake assessment will be required.

4. The client's expected outcome/results will be outlined in the Individual Service Plan (ISP) based on goals identified during the initial assessment, comprehensive assessment, trauma assessment, human trafficking assessment, child and adolescent functional assessment scale, substance abuse scale and runaway risk assessment.

5. The expected outcome/results will be reassessed by the client and their wraparound team on a monthly basis. The ISP shall be updated on an as needed basis and at least monthly.

6. No child may be placed in more than one emergency or temporary facility within one episode of foster care unless an immediate placement is necessary to protect the safety of the child or others as certified in writing by the Assistant Deputy Commissioner or designee.

7. Placement decisions must not be made based on race, color, or national origin.

Source: Miss. Code Ann. §§ 43-15-105, -107

Rule 8.5. *Assessment and Individual Service Planning* – Assessment begins in the intake interview and builds on the information and presenting issues gathered during intake. The initial assessment will be conducted within 24 hours of admission and seeks to gather basic information, to explore client strengths and issues, and determine the client's desired outcomes. Based on this assessment, staff will work with the client to jointly create a service plan with mutually agreed goals which is documented in the client record.

1. Contextual information is gathered, as relevant and appropriate to the nature of the issues and outcomes desired, such as:

a. Client's presenting issue(s)

b. History of the issues (trauma assessment)

c. Human Trafficking Assessment (completed at day 30)

d. Runaway Risk Assessment

e. Client's strengths and resources

f. Safety plan will be developed during intake (e.g., human trafficking, abuse, current risk of self-harm, previous suicide attempts)

g. Physical and mental health issues

h. Social and environmental context (e.g., social supports, work situation, income, living situation, neighborhood, family background)

i. Formulation of the problem/issue

j. If applicable: Child and Family Functional Assessment (CAFAS), Fetal Alcohol Syndrome Questionnaire (FASD), Ansell Casey Life Skills Assessment, and Functional Analysis of Behavior (FAB).

2. Child and Family Team meetings will take place within 14 days after admission and every 30 days thereafter. The client and his/her Wraparound Team will agree on the service goals to be achieved, the expected length of service and any potential interventions that may be required to achieve the stated goals. This plan for the service will be documented in the assessment.

3. Safety issues must be explored, as appropriate. If there are any concerns, staff should follow the appropriate policy (e.g., human trafficking, child abuse, adult abuse, dealing with child custody situations, client suicide). Where there is a risk of imminent harm, the assessment of risk and the development of a safety plan is completed during the admissions process.

4. Staff will summarize or formulate the issues to the client in a way the client can understand for their consideration.

5. If more than one service Partner Provider is involved, staff should clarify who is ensuring service coordination, if needed, along with a clear direction from the client about the nature of communication among service Partner Providers. If needed, consents for the release of information should be obtained.

6. A comprehensive assessment will be completed within 14 days of the initial assessment.

7. Client has the right to terminate services at any time.

Source: Miss. Code Ann. §§ 43-15-105, -107

Rule 8.6. *Discharge and Transition Planning* – Partner Providers must adhere to the Discharge Procedures as outlined in Pt. 310, Ch. 7.

Source: Miss. Code Ann. §§ 43-15-105, -107

Chapter 9 ADOLESCENT DIVERSION UNITS / ACCESS UNITS

Rule 9.1. *Overview* – Access Units are less structured and formalized than Intake and Assessment centers and shall include fully furnished drop-in centers that include internet capability. The Access Units will offer time limited use of individual spaces for youth in foster care. MDCPS will consider providing supervision via the use of approved caretakers for up to 12 hours a day in the event the approved agency faces staffing challenges as all youth must receive 24-hour supervision. Approved Partner Providers will be expected to work with MDCPS to develop supervision schedules upon unit admission if required. Partner Providers are prohibited from the use of chemical restraints, physical restraints, and seclusion. Children up to 18 years of age cannot be served in the same facility with adults. A minimum of six units or beds is required for these services. The approved Partner Provider will provide three meals a day and snacks for the youth as well as ensuring youth receives adequate mental health services. Use of this location will allow for a short-term placement solution and allow time for MDCPS to locate a more permanent placement for the child or youth. No child under the age of 10 shall be placed in an Access Unit unless the child has exceptional needs that cannot be met in a foster home or another appropriate setting. Approved Partner Providers must be willing to allow for admission 24 hours a day including holidays and weekends.

Source: Miss. Code Ann. §§ 43-15-105, -107

Rule 9.2. *Admission* – Partner Providers must adhere to all Admission procedures as outlined in Pt. 310, Ch. 6.

Source: Miss. Code Ann. §§ 43-15-105, -107

Rule 9.3. *Discharge and Transition Planning* – Partner Providers must adhere to all Discharge procedures as outlined in Pt. 310, Ch. 7.

Source: Miss. Code Ann. §§ 43-15-105, -107