

By: Representative Creekmore IV

To: Public Health and Human Services

HOUSE BILL NO. 1376

1 AN ACT TO CREATE NEW SECTION 43-15-12, MISSISSIPPI CODE OF
 2 1972, TO ESTABLISH QUALIFIED RESIDENTIAL TREATMENT PROGRAMS AS
 3 ALTERNATIVE PLACEMENTS FOR CHILDREN AND YOUTH WHO ARE IN THE
 4 CUSTODY OF THE MISSISSIPPI DEPARTMENT OF CHILD PROTECTION
 5 SERVICES; TO DEFINE THE TERMS "QUALIFIED RESIDENTIAL TREATMENT
 6 PROGRAMS (QRTP)" AND "QUALIFIED ASSESSORS"; TO PROVIDE THE DUTIES
 7 OF A QUALIFIED ASSESSOR AS IT RELATES TO QRTP PLACEMENT OF A
 8 CHILD; TO PROVIDE CERTAIN DUTIES OF THE COURT AFTER A CHILD IS
 9 PLACED IN QRTP PLACEMENT; AND FOR RELATED PURPOSES.

10 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MISSISSIPPI:

11 **SECTION 1.** The following shall be codified as Section
 12 43-15-12, Mississippi Code of 1972:

13 43-15-12. (1) The following words and phrases, for purposes
 14 of this section, shall have the meanings ascribed below:

15 (a) "Qualified Residential Treatment Program" ("QRTP")
 16 means a program that:

17 (i) Has a trauma-informed treatment model that is
 18 designed to address the needs, including clinical needs as
 19 appropriate, of children with serious emotional or behavioral
 20 disorders or disturbances and, with respect to a child, is able to



21 implement the treatment identified for the child by the assessment
22 of the child;

23 (ii) Has registered or licensed nursing staff and
24 other licensed clinical staff who:

25 1. Provide care within the scope of their
26 practice as defined by State law;

27 2. Are on-site according to the trauma
28 informed treatment model implemented; and

29 3. Are available twenty-four (24) hours a
30 day, seven (7) days a week.

31 (iii) To the extent appropriate, and in
32 accordance with the child's best interests, facilitates
33 participation of family members in the child's treatment program;

34 (iv) Facilitates outreach to the family members of
35 the child, including siblings, documents how the outreach is made,
36 including contact information, and maintains contact information
37 for any known biological family and fictive kin of the child;

38 (v) Documents how family members are integrated
39 into the treatment process for the child, including
40 post-discharge, and how sibling connections are maintained;

41 (vi) Provides discharge planning and family-based
42 aftercare support for at least six (6) months post-discharge; and

43 (vii) Is licensed and is accredited by Commission
44 on Accreditation of Rehabilitation Facilities (CARF), Joint
45 Commission on Accreditation of Healthcare Organizations (JCAHO),



46 Council on Accreditation (COA), or any other independent,
47 not-for-profit accrediting organization approved by the Secretary
48 of the U.S. Department of Health and Human Services.

49 (b) "Qualified assessor" means a trained professional or
50 licensed clinician who is not an employee of the Department of
51 Child Protection Services and who is not connected to, or
52 affiliated with, any placement setting in which children are
53 placed by the department.

54 (2) Within thirty (30) days of the start of a QRTP
55 placement, a qualified assessor must:

56 (a) Assess the strengths and needs of the child using
57 an age-appropriate, evidence-based, validated, functional
58 assessment tool to determine whether the needs of the child can be
59 met with family members or through placement in a foster family
60 home or, if not, which setting would provide the most effective
61 and appropriate level of care for the child in the least
62 restrictive environment;

63 (b) Specify in writing if it is determined the child
64 should not be placed in a foster family home:

65 (i) The reasons why the needs of the child cannot
66 be met by the family of the child or in a foster family home; and

67 (ii) Why the recommended placement in a QRTP is
68 the setting that will provide the child with the most effective
69 and appropriate level of care in the least restrictive environment



70 and how that placement is consistent with the short- and long-term
71 goals of the child, as specified in the child's permanency plan.

72 (3) (a) If the child is placed in a qualified residential
73 treatment program as defined in this chapter, the court shall,
74 within sixty (60) days of placement, establish in writing the
75 following:

76 (i) Consideration of the assessment required under
77 this section and any related documentation;

78 (ii) Determination of whether placement in foster
79 care can meet the child's needs or, if not, whether placement in
80 the Q RTP provides the most effective and appropriate level of care
81 in the least restrictive environment and whether that placement
82 meets the goals of the permanency plan; and

83 (iii) Approval or disapproval of the child's
84 placement in the qualified residential treatment program.

85 (b) If the child remains in a qualified residential
86 treatment program, the court shall establish the following in
87 writing at each review hearing after the initial hearing in

88 (3) (a) :

89 (i) Whether ongoing assessment of the child's
90 strengths and needs continues to support the determination that
91 the child's needs cannot be met through placement in a foster
92 family home;



93 (ii) Whether the child's placement provides the
94 most effective and appropriate level of care in the least
95 restrictive environment;

96 (iii) Whether the placement is consistent with the
97 child's permanency plan;

98 (iv) What specific treatment or service needs will
99 be met in the placement and how long the child is expected to need
100 the treatment or services; and

101 (v) What efforts the Department of Child
102 Protection Services has made to prepare the child to return home
103 or be placed with a relative, a legal guardian, an adoptive
104 parent, or in a foster family home.

105 **SECTION 2.** This act shall take effect and be in force from
106 and after July 1, 2024.

