

# Memorandum

**To:** All Staff

**CC:** Susan I. Hamilton, Floyd Blair, Heidi McIntosh, Rudy Brooks, Karl Kemper, Peter Mendelson, Greg Messner

**From:** Dr. Brett Rayford

**Date:** 9/17/2007

**Re:** Therapeutic Support Staff and Support Staff Services  
Therapeutic Support Staff and Support Staff Services in Congregate Care Settings

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At the request of Commissioner Hamilton, this memorandum is being issued for the purpose of clarifying the parameters for the allowable use for both Therapeutic Support Staff (TSS) and Support Staff (SS) Services. While these services may be confused with mentoring or therapeutic mentoring, TSS and SS are distinct from mentoring programs and are intended to serve as time-limited components of an individual child or youth's treatment plan.

The Department's mentoring contracts support the development of lifelong mentoring relationships in which the mentor is not paid for their time with the child or youth, therefore discretionary funds should not be used for the purchase of "mentoring" services. Many of our contracted volunteer mentoring programs have mentors waiting to be matches with our children. I would encourage you to maximize the utilization of Volunteer Mentoring services to benefit our youth.

Effective as noted, the following guidelines are being implemented for TSS and SS. These guidelines include services provided to children and youth in Residential Treatment, Group Homes of all levels, Safe Homes, and Shelters.

## **Referrals**

- Effective immediately, referrals to TSS or SS services shall be initiated by DCF only.
- Effective immediately, TSS and SS services may be initiated when a child or youth meets the criteria outlined in the attached "Service Category Guide." The service request, hours of service and length of service shall be approved as outlined in the Service Category Guide.

## **Levels and Length of Service**

- Effective immediately, for children and youth who are in the community:

- TSS may be approved for up to 8 hours per week for up to 26 weeks.
- SS may be approved for up to 5 hours per week for up to 26 weeks
- Effective immediately, extensions to the length of service and/or requests for hours exceeding the set limits, (up to 8 hours per week for TSS and up to 5 hours per week for SS), must be approved by the Program Director as outlined in the attached Service Category Guide.
- Effective October 1, 2007, in the event that a child or youth in the community is receiving TSS or SS services and is moved to a congregate care setting, these services can continue through the pre-authorized time period while the child or youth is in a congregate care setting, at the following levels:
  - Up to 5 hours per month of services if deemed appropriate by the Area Office.
  - Beyond the 5 hours noted above if the TSS or SS is directly tied to service provision on home visits and is approved by the Area Office on a case by case basis.
- For youth currently in congregate care settings who are receiving TSS or SS services, a review of the services shall occur no later than September 30, 2007. A decision to continue services at the new hourly limits or end services shall be made. This decision shall be communicated to the TSS/SS provider in a timely fashion to allow for a planned reduction or end of services by November 1, 2007.

### **Provider Credentials and Reporting**

Providers desiring to deliver TSS/SS services are currently in the process of being credentialed to deliver these services. Effective November 1, 2007, TSS/SS services can only be delivered by a credentialed provider. Additionally, staff for the providers will also be credentialed to provide TSS or SS services. Shortly, there will be a website available to staff to determine who is a credentialed TSS or SS agency and which staff is credentialed for which category of service. Once this website is online, an e-mail with this information will be sent to all staff. As of November 1, 2007, the requirements for these providers will be:

- In order to be credentialed to deliver TSS, provider staff must have a Bachelors degree in a Human Services field or 7 years experience in a Human Services field (staff members with a Bachelors degree in another field must also have 7 years experience). Providers will be required to submit prospective staff resumes supporting credentialing requests.
- In order to be credentialed to deliver SS, provider staff must be at least 21 years of age and possess a level of experience consistent with the age and needs of the child or youth, as demonstrated by a current statement of experience and a current resume.
- TSS and SS staff must be supervised by a Masters-prepared clinician with experience in child and adolescent behavioral health. This will be verified through a collection of written documentation of the supervisory arrangement, supervisor's current resume, and a copy of the supervisor's master's level degree.
- TSS/SS Providers will provide DCF with a monthly invoice that includes detailed information about the services delivered for all children and youths for the prior month.

**THERAPEUTIC SUPPORT STAFF/SUPPORT STAFF  
SERVICE CATEGORY GUIDE**

| <b>Therapeutic Support Staff (TSS)</b>   | <b>Support Staff (SS)</b>  |
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| <b>Service Description</b>   | <b>Service Description</b>   |
| TSS is provided for children and youth who present as having significant difficulty dealing with the stressors of daily living due to previous or current trauma, psychiatric impairment, or out of home placement.  | SS is provided for children and youth who present as having mild to moderate difficulty in social and recreational activities and do not meet the criteria for TSS.  |
| For children and youth who are in the community TSS may be approved for up to 8 hours per week for up to 26 weeks;   | For children and youth who are in the community SS may be approved for up to 5 hours per week for up to 26 weeks   |
| <p>For children or youth receiving TSS services and who are moved to a congregate care setting , services may continue through the pre-authorized time period while they are in a congregate care setting at the following levels:</p> <ul style="list-style-type: none"> <li>○ Up to 5 hours per month of services if deemed appropriate by the Area Office;</li> <li>○ Beyond the 5 hours noted above if the TSS or SS is directly tied to service provision on home visits and is approved by the Behavioral Health PD in the Area Office on a case by case basis.</li> </ul> | <p>For children or youth receiving SS services and who are moved to a congregate care setting, services may continue through the pre-authorized time period while they are in a congregate care setting at the following levels:</p> <ul style="list-style-type: none"> <li>○ Up to 5 hours per month of services if deemed appropriate by the Area Office;</li> <li>○ Beyond the 5 hours noted above if the TSS or SS is directly tied to service provision on home visits and is approved by the PD in the Area Office on a case by case basis.</li> </ul> |
| <b>Indicators for Service</b>  | <b>Indicators for Service</b>  |
| Require intensive support due to environmental factors that pose a risk to the child's or youth's emotional and social development.  | Require additional support due to environmental factors that pose a risk to the child's or youth's social development.   |
| Moderate to acute behaviors in a least one domain of family,   | Mild to moderate behaviors in at least one domain of family, community or  |

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| <p>community or school.</p> <p>May include:</p> <ul style="list-style-type: none"> <li>a) Substance abuse</li> <li>b) Issues of trauma, separation or loss</li> <li>c) Runaway behaviors</li> <li>d) Juvenile justice involvement</li> <li>e) Previous hospitalization</li> <li>f) Not responsive/resistant to conventional therapy</li> <li>g) School: truancy, chronic behavioral issues</li> <li>h) At risk of disruption from current placement or removal from home due to behavior</li> <li>i) Current DSM diagnosis or diagnosable condition</li> </ul> | <p>school.</p> <p>May include:</p> <ul style="list-style-type: none"> <li>a) Negative peer associations</li> <li>b) Lack of peer connections</li> <li>c) Lack of positive family or community supports</li> </ul> |
| <p>Child or youth may require services to support reintegration upon return to the community.</p>  | <p>Child or youth may require services to support increased community involvement.</p>  |
| <p><b>Referrals</b></p>  | <p><b>Referrals</b></p>   |
| <p>Initial request for services is initiated by the Social Worker, reviewed by the Social Work Supervisor, and approved by the Program Supervisor.</p>   | <p>Initial request for services is initiated by the Social Worker, reviewed by the Social Work Supervisor, and approved by the Program Supervisor.</p>  |
| <p><b>Requests for Additional Hours</b></p>  | <p><b>Requests for Additional Hours</b></p>   |
| <p>Length of initial service is up to 8 hours per week for 26 weeks. Requests for more than 8 hours per week require a Behavioral Health Program Director approval.</p>  | <p>Length of initial service is up to 5 hours per week for 26 weeks. Requests for more than 5 hours per week require a Program Director's approval.</p>   |
| <p><b>Extensions of Service</b></p>  | <p><b>Extensions of Service</b></p>   |
| <p>Extensions of service beyond the initial 26 weeks require the approval of the Behavioral Health Program Director.</p>   | <p>Extensions of service beyond the initial 26 weeks require the approval of the Program Director.</p>  |