



DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES (DCYF)
BEHAVIORAL REHABILITATIVE SERVICES (BRS)

Comprehensive Review: BRS Contractor Client File

AGENCY NAME			DATE OF REVIEW
REVIEWER'S NAME			BRS PROGRAM START DATE
CHILD'S NAME	DATE OF BIRTH	AGE	CONTRACT NUMBER
<input type="checkbox"/> Foster Homes <input type="checkbox"/> Staff Residential Home <input type="checkbox"/> Group Home <input type="checkbox"/> In-Home			

REQUIREMENT	IN FILE		COMMENTS
	YES	NO	
Placement Authorization to include the following			BRS HB 1.2, Page 5 and 3.13 Client Records
<input type="checkbox"/> BRS Referral <input type="checkbox"/> History of concerns <input type="checkbox"/> Medical documentation of health history <input type="checkbox"/> All medications currently prescribed <input type="checkbox"/> CHET report <input type="checkbox"/> Initial WISE Screen requested <input type="checkbox"/> Immunizations record <input type="checkbox"/> Behavioral outcomes desired <input type="checkbox"/> Mental Health Assessments/Evaluations <input type="checkbox"/> Agreed Start Date and BRS Service Level <input type="checkbox"/> BRS Program Manager signature / date <input type="checkbox"/> VPA <input type="checkbox"/> Current Court Order <input type="checkbox"/> Current ISSP	<input type="checkbox"/>	<input type="checkbox"/>	
Documentation of Program Orientation completed within 8-hours of the youth's admission to the program			BRS HB 2.3
Behavioral expectations	<input type="checkbox"/>	<input type="checkbox"/>	
Method for contacting the DCFS case worker	<input type="checkbox"/>	<input type="checkbox"/>	
Crisis Response Protocol for the youth and caregiver	<input type="checkbox"/>	<input type="checkbox"/>	
DCYF and Contractors responsibilities to the youth	<input type="checkbox"/>	<input type="checkbox"/>	
Health assessment occurs within 24-hours of intake and identifies the following			BRS HB 2.3
Chronic medical issues / Immediate health concerns	<input type="checkbox"/>	<input type="checkbox"/>	
Follow-up action if needed	<input type="checkbox"/>	<input type="checkbox"/>	

If an emergency visit or medical appointment visit was identified as necessary, was it scheduled and completed immediately	<input type="checkbox"/>	<input type="checkbox"/>	
If the EPSDT needs to occur	<input type="checkbox"/>	<input type="checkbox"/>	
The signature of the BRS agency staff completing the form, along with the time and date completed	<input type="checkbox"/>	<input type="checkbox"/>	
Did the contractor determine that there were additional Health and Safety concerns which were not stated in the DCYF referral to the contractor	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> If yes, did the contractor provide immediate verbal notification followed by written notification within 72 hours? 	<input type="checkbox"/>	<input type="checkbox"/>	
Child / Family Team			BRS HB 2.1 and 2.2
Developed the framework for an individualized Child / Family Team (when one has not been developed), which may include: <ul style="list-style-type: none"> Immediate and/or extended family members Foster parents Concerned professionals and/or community members Other significant individuals identified by the youth Other natural supports Tribal members when appropriate 	<input type="checkbox"/>	<input type="checkbox"/>	
The Child / Family Team held no later than 30 days after entering program and 30 days prior to the child exiting.	<input type="checkbox"/>	<input type="checkbox"/>	
Documentation that the Child / Family Team was involved in the development of the Individual Treatment Plan and the Individual Behavioral Management Plan	<input type="checkbox"/>	<input type="checkbox"/>	
Documentation that the Child and Family Team was invited to participate	<input type="checkbox"/>	<input type="checkbox"/>	
Individual Behavior Management Plan (IBMP)			BRS HB 2.3

Developed within 24 hours of the start date in BRS program	<input type="checkbox"/>	<input type="checkbox"/>	
Reviewed / Updated 30 days after initial intake	<input type="checkbox"/>	<input type="checkbox"/>	
Reviewed / Updated every 90 days	<input type="checkbox"/>	<input type="checkbox"/>	
Individualized Supervision Plan	<input type="checkbox"/>	<input type="checkbox"/>	
Identifies strategies and consequences to be used in managing behaviors	<input type="checkbox"/>	<input type="checkbox"/>	
Other youth that will be interacting with the identified Client	<input type="checkbox"/>	<input type="checkbox"/>	
Interactions with the community	<input type="checkbox"/>	<input type="checkbox"/>	
Shall take into account factors of all children residing in the program	<input type="checkbox"/>	<input type="checkbox"/>	
Individualized Safety Plan Includes: <ul style="list-style-type: none"> • Safety issues for the youth • Factors that may contribute to escalated behaviors for the Youth • Preferred response strategies for preventing or defusing escalated behaviors • Backup plan for de-escalating behavior • Behavior management goals aimed at reduction of unsafe behaviors through skill building • Crisis response plan 	<input type="checkbox"/>	<input type="checkbox"/>	
Team signatures for IBMP: <ul style="list-style-type: none"> • Parent (if not, documents why) • Social Worker • Child if over 13 years old • If youth in foster care, <u>Foster parent must sign</u> • Other involved team members 	<input type="checkbox"/>	<input type="checkbox"/>	
Individual Services and Treatment Plan (ISTP)			BRS HB 2.3 and 2.4
Developed <u>w/in 30 days</u> of start date in program	<input type="checkbox"/>	<input type="checkbox"/>	
Reviewed and updated every 90 days	<input type="checkbox"/>	<input type="checkbox"/>	

Assessment of the youths and family's current level of functioning, strengths, treatment needs and support needs	<input type="checkbox"/>	<input type="checkbox"/>	
Permanency plan: for the child and an indication of how the current intervention strategies support the goals of the permanent plan, an alternate plan for permanency is also identified	<input type="checkbox"/>	<input type="checkbox"/>	
Discharge Plan: that includes the estimated time frame for discharge; this includes collaboration with DCYF regarding the targeted discharge date and transition plan	<input type="checkbox"/>	<input type="checkbox"/>	
Goals that describe short-term, benchmarks of success for the child and family. These benchmarks shall be used in determining when a child and family are ready for less intensive supports	<input type="checkbox"/>	<input type="checkbox"/>	
Intervention Strategies: Description of how identified strengths will be utilized to meet identified treatment and support needs	<input type="checkbox"/>	<input type="checkbox"/>	
Strength Utilization: Description of how identified strengths will help the child and family achieve the individualized goals	<input type="checkbox"/>	<input type="checkbox"/>	
Assignment of Responsibility: Method for assigning lead responsibility and time frames for the completion of treatment and support system development tasks	<input type="checkbox"/>	<input type="checkbox"/>	
Child/Family Team: Method for identifying child/family team members and their role in providing support to the child / family team	<input type="checkbox"/>	<input type="checkbox"/>	
Independent Living Skills Plan for youth 15 years and older updated every 90 days; or documentation of enrichment opportunities for youth ages 13 through 14 that primarily focuses on successful school achievement and the skills needed for early adolescence.	<input type="checkbox"/>	<input type="checkbox"/>	

Documentation that youth aged 15 years and older in out-of-home care is being assisted with enrichment opportunities for ILS	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a contracted ILS provider working with this youth?	<input type="checkbox"/>	<input type="checkbox"/>	
Copy of Completed Casey Life Skills Assessment and Learning Plan within 30 days of the youth's intake if no community ILS provider is available (youth to complete)?	<input type="checkbox"/>	<input type="checkbox"/>	
Sign-in sheet with team members signatures and rolls	<input type="checkbox"/>	<input type="checkbox"/>	
Missed appointments are documented: If addressed in the ISTP, and the client / family missed an appointment, DCYF/DCFS SW was notified by phone and by a fax written notification within one working day of the missed appointment.	<input type="checkbox"/>	<input type="checkbox"/>	
Quarterly Progress Report required every 90 days to include the following			BRS HB 2.4, 4.2.1, 4.2.2 and 4.2.3
Identified Client strengths and successes	<input type="checkbox"/>	<input type="checkbox"/>	
Any barriers or challenges that may prevent achievement of goals outlined in the ISTP	<input type="checkbox"/>	<input type="checkbox"/>	
Strategies to address / resolve Client barriers and challenges	<input type="checkbox"/>	<input type="checkbox"/>	
Type, frequency and quality of client contact with the family of origin and/or family resources	<input type="checkbox"/>	<input type="checkbox"/>	
Primary and alternate permanency goals and progress in identifying and finding a permanent home; Include the targeted transition placement and exit date	<input type="checkbox"/>	<input type="checkbox"/>	
Education progress	<input type="checkbox"/>	<input type="checkbox"/>	
Progress in achieving skills for the Independence Living Plan for youth 15 years of age or older, or progress of the enrichment opportunities for youth ages 13 through 14 that primarily focuses on successful school achievement and the skills needed for early adolescence.	<input type="checkbox"/>	<input type="checkbox"/>	

Any modification to the ISTP	<input type="checkbox"/>	<input type="checkbox"/>	
Evaluation of service category assignment including why the service level has or has not changed	<input type="checkbox"/>	<input type="checkbox"/>	
Documentation of decision to continue BRS services past a client's 18 th birthday	<input type="checkbox"/>	<input type="checkbox"/>	
Quarterly Progress Report sent to the following: <ul style="list-style-type: none"> • DCYF/DCFS SW; • Parent(s); and/or • Foster parent(s). 	<input type="checkbox"/>	<input type="checkbox"/>	
Cultural Relevancy			
LEP and ILS plans (if appropriate). Provide Limited English Proficient (LEP) clients with certified or qualified interpreters and translated documents and shall provide deaf, deaf-blind, or hard of hearing clients with the services of a certified sign language interpreter.	<input type="checkbox"/>	<input type="checkbox"/>	
Assessment of Potential Conflict of Interest			
<p>If the youth is placed in a foster home:</p> <ul style="list-style-type: none"> • Ensures that an assessment of potential conflict of interest occurs before the Contractor places any child in an out-of-home placement • Placement does not occur if a conflict of interest exists on the part of any adult residing in the home • The assessment includes asking any adult living in the out-of-home placement whether a conflict of interest of the following nature exists: <ul style="list-style-type: none"> ○ An adult in the home conducts or has conducted an investigation, as a result of the adult's employment, of an allegation of abuse or neglect of the child; or ○ The child is or has been, or is likely to be, a witness against an adult in the home in any pending legal action or claim against the state involving: <ul style="list-style-type: none"> ❖ An allegation of abuse or neglect of the child or a sibling of the child <p>A claim of damages for wrongful interference with the parent-child relationship between the child and his or her biological parent</p>	<input type="checkbox"/>	<input type="checkbox"/>	

Case Consultation Notes		BRS HB 2.5 and 3.4	
Case consultation to address individual clients needs and signed off by DOH licensed or certified Master's level consultant	<input type="checkbox"/>	<input type="checkbox"/>	
Provided at a rate of no less than ½ hour per client per month average over a three-month period and documented in a clinical case consultation log.	<input type="checkbox"/>	<input type="checkbox"/>	
Incident Reports		BRS HB 1.17	
Immediately notifies DCYF SW by verbal and/or written notification when safety concerns for child arise and when contractor becomes aware of an unusual incident which may impact the child's health, safety or wellbeing, the child's living situation or permanent plan.	<input type="checkbox"/>	<input type="checkbox"/>	
Notification within 24 hours is required in the following situations. The Contractor shall notify the child's assigned DCYF case worker in writing by fax within 24 hours in the following situations, but not limited to: <ul style="list-style-type: none"> • Child changes placement; • Parent address changes; • Child is suspended or kicked out of school; • Child changes schools; • Parent misses visits • Non-emergent health concerns for the child; • Child violates probation or parole not resulting in detention stay 	<input type="checkbox"/>	<input type="checkbox"/>	
Contractor notified Licensing Division (LD) in accordance with LD Requirements	<input type="checkbox"/>	<input type="checkbox"/>	
Contractor followed-up with written notification to the Regional BRS Program Manager within 24 hours of the incident.	<input type="checkbox"/>	<input type="checkbox"/>	
Incident Report included: <ul style="list-style-type: none"> • Circumstances leading up to the incident • Description of the incident with the date, time and location • Response by contractor's staff • Response by the youth(s) involved in the incident • Sanctions imposed or recommended for the incident 	<input type="checkbox"/>	<input type="checkbox"/>	

Medical Information	BRS HB 2.5
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Dates of illnesses / Dates of any accidents	<input type="checkbox"/>	<input type="checkbox"/>	
Medications / treatments and prescriptions	<input type="checkbox"/>	<input type="checkbox"/>	
Medications time given and by whom	<input type="checkbox"/>	<input type="checkbox"/>	
Annual physical exam (w/in 30 days of placement); EPSDT completed on an annual basis	<input type="checkbox"/>	<input type="checkbox"/>	
Provided emergency care, routine health care, health maintenance and disease prevention services	<input type="checkbox"/>	<input type="checkbox"/>	
Psychotropic medication consent or clear documentation in the file Signed / Dated The <u>parent</u> of the child OR <u>DCYF case worker</u> if child is legally free or with a <u>Court Order</u> authorizing administration OR The <u>child</u> is age 13 or older and competent to give consent on their own behalf	<input type="checkbox"/>	<input type="checkbox"/>	
Medical and Emergency surgical consents (group and staffed residential only) or court order	<input type="checkbox"/>	<input type="checkbox"/>	

General Comments (Strengths / Concerns)
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<input type="checkbox"/> Satisfactory <input type="checkbox"/> Compliance Agreement	REVIEWER'S SIGNATURE	DATE
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