

# BEHAVIOR REHABILITATION SERVICES HANDBOOK



Washington State Department of  
**CHILDREN, YOUTH & FAMILIES**

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Washington State Department of  
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# 1. BRS General Guidelines

## 1.1 Behavior Rehabilitation Services (BRS)

### What are Behavior Rehabilitation Services?

Behavior Rehabilitation Services (BRS) are temporary intensive wraparound support and treatment services for youth with extreme, high level service needs used to safely stabilize youth and assist in achieving a permanent plan or a less intensive service. These services can be provided in an array of settings and are intended to safely:

- Keep youth in their own homes with wraparound supports to the family
- Reunify or achieve alternative permanency more quickly
- Increase family-based care by using a wraparound approach
- Reduce length of service by transitioning to a permanent resource or less intensive service

The desired outcomes for this service, are to increase the child's behavioral stability, increase school stability, increase placement stability and increase potential to reach permanency. A major focus is to develop necessary supports which would allow the child to maintain or develop a permanent family connection and to reside in his/her own community in an identified permanent resource.

Youth in the care of the Department of Children, Youth and Families (DCYF) have experienced high levels of trauma in their lives. All contractors providing BRS services are to use a trauma informed approach when delivering services to youth. This model is designed to address the needs, including clinical needs as appropriate and is able to implement the treatment identified by the qualified individual conducting the required assessment. Information about trauma informed approaches can be found at [The National Child Traumatic Stress Network](#)

BRS services are expected to last only as long as needed with a goal for the child to transition on or before 12 months. There are special requirements for youth being served in QRTP settings (see the QRTP section for further details). Services can be delivered in the child's legal guardian or permanent resource home, a treatment foster home, group, or staffed residential home (QRTP).

The services outlined in this contract are designed to be all inclusive and the monthly service rates are the only payment reimbursement. Any exceptions are outlined in the contract.

Any services provided by the Contractor which fall outside of this contract are not reimbursable unless those services are deemed necessary to the youth's treatment plan and agreed upon in advance and in writing by the assigned DCYF Caseworker and the Regional BRS manager.

**The provisions listed in sections 1-4 are required by all BRS contractors. Sections 5-7 are required depending on the type of service being provided, location of the service and licensed held by the contractor.**

## 1.2 Behavior Rehabilitation Services (BRS) Referrals

### How are Behavior Rehabilitation Services (BRS) referrals made?

All BRS referrals shall be sent to the provider from a DCYF regional BRS program manager using DCYF form 10-166A with all of the necessary most recent supporting documentation. Referrals from outside the home region need to have the home BRS manager's approval before accepting referrals served under the BRS

contract. “Home region” refers to the DCYF regional area that the contract is held for that program or site. The DCYF BRS Regional Manager in the Contractor’s home region is the gatekeeper for placement of DCYF-paid children. Regional BRS managers should not be sending the Contractor incomplete referral packets or packets with outdated information. The Contractor can request updated supporting documentation and completed packets prior to even reviewing the referral to determine ability to serve the youth.

### 1.3 Incomplete Referrals

**What actions shall be taken if there are additional concerns or presenting problems that were not stated in the DCYF referral?**

If the Contractor determines that there are additional health and safety concerns, suspected substance abuse and/or other presenting problems, which were not stated in the DCYF referral to the Contractor, the Contractor shall immediately report this information to the DCYF Caseworker and Regional BRS manager. The verbal notification shall be followed by written notification within 72 hours.

### 1.4 Reportable Incidents

**What incidents involving children must I report?**

Incident shall be defined as per Licensing WAC [110-147-1540](#) (CPA) or [WAC 110-145-1535](#) (facility based) All reporting requirements regarding an incident shall follow [WAC 110-148-1420](#) or [WAC 110-145-1535](#). Licensing WAC can be viewed at [WAC 110-145](#) or [WAC 110-147](#)

### 1.5 Actions After Incidents

**What actions must be taken when an incident occurs?**

The Contractor shall take actions as required by their License and outlined in [WAC 110-145-1535](#) or [WAC 110-147-1540](#) and the notification requirements in section 1.4 of this handbook.

### 1.6 Missed Appointments

**What actions should be taken if the youth or his or her family misses a scheduled appointment?**

The Contractor shall:

- Document missed appointment in the client file.
- When specific appointments are specified in the Individual Services and Treatment Plan (ISTP) and the youth or family misses the appointment, the contractor shall:
  - Immediately notify the DCYF Caseworker by phone of the missed appointment; and
  - Email or fax written notification to the DCYF Caseworker within one working day of missed appointment

### 1.7 How to Stop Services

**What happens if the contractor wants to stop serving a child and family?**

The contractor must make every effort to serve children within that the contractor’s system. If a contractor wants to stop serving a child and family under their BRS contract, the contractor **must provide 30-day written notice to DCYF (DCYF Caseworker and BRS Regional Program Manager)**, unless there is a prior written agreement between the DCYF Regional BRS Program Manager and the contractor that an immediate change must occur.

## 1.8 Transitioning Youth

### What steps must be taken when transitioning a youth from care?

The contractor shall convene a Child and Family Team Meeting to include the youth's caseworker before transitioning a youth from the Contractor's program to their family or other placement or to independent living.

Youth shall be referred for a WISE screen before transitioning from BRS services. If youth is currently receiving concurrent WISE services, the BRS contractor will use the last CANS assessment. For more information, go to;

#### [WISE Information and Resources](#)

A copy of the WISE screen or the results shall be provided upon completion and be part of the discharge summary.

The Contractor shall review the youth's IBMP/safety plan with individuals who have a role in monitoring the child's safety before the transition takes place. The Contractor shall complete a CFARS and Youth Transition Report, along with a discharge summary. The Youth Transition Report shall be mailed to the assigned Caseworker and the Regional BRS Manager no later than 30 days after the youth's discharge or transition from the program.

## 1.9 FTDM, SPM, CPT, Formal Staffing

### Are Contractors required to attend Family Team Decision Making (FTDM) meetings, shared planning meetings or other formal staffing's?

The Contractor shall participate in FTDMs, shared planning meetings, Child Protective Team (CPT) meetings, prognostic staffings, fatality reviews, or any other formalized staffings when requested by DCYF to attend specific meetings or staffing's. In the event that the Contractor is unable to attend a meeting or staffing, the Contractor shall provide a written report of information needed for the meetings or staffing.

## 1.10 Client Records/Ombuds

### Can client records be released to the Office of the Family and Children's Ombuds?

- The Office of the Family and Children's Ombuds (OFCO) shall have the same right of access to clients as DCYF.
- The Contractor shall release records relating to services provided to youth that are dependent under Chapter 13.34 RCW to the OFCO. The Contractor can release records for dependent youth under Chapter 13.34 without the consent of a dependent youth's parent or guardian or the youth if the youth is under the age of 13 years, unless law otherwise specifically prohibits such release.
- The Contractor shall notify the DCYF headquarters BRS Program Manager when the OFCO makes a request.

## 1.11 Limited English Proficient Clients

### What services must be provided for Limited English Proficient clients?

- In accordance with DCYF policy, the Contractor shall 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. Interpreter and

translation services shall be provided at no cost to the client. All interpreter and translation costs shall be the financial responsibility of the Contractor. These costs are included in the rate.

- Extraordinary costs, which create an undue hardship for the Contractor in providing interpretation and/or translation services to an individual client, may be reviewed and addressed for supplemental reimbursement by the Regional Administrator or designee on a case by case basis.
- BRS is a service package that potentially includes room and board, informal services that happen in the course of daily living, and formal services as identified in the youth's service plan. All of these elements should support the youth's personal growth and development and contribute toward the remediation of the client's presenting problems. As such, youth with LEP must have a mechanism for communication in their native language during all waking hours, including meals and free time. This requirement may be met in a variety of ways: through the use of contracted interpreters; through the use of bi-lingual staff or volunteers who have been certified or qualified through a DCYF language fluency examination; or by the use of the ATT Language Line. Contractors must choose a mechanism appropriate to the situation.

### **1.12 Cultural/Ethnic/Religious Services**

#### **How shall culturally, ethnically and religiously relevant services be provided under BRS?**

- The Contractor shall provide accessible services to clients that are culturally relevant and respond to each client's cultural beliefs and values, ethnic norms, language needs, religion, and individual differences. Service providers are encouraged to employ a diverse workforce that reflects the diversity of their clientele and the community.
- In order to ensure that services are culturally relevant, the Contractor may need to obtain consultation from a consultant who is recognized by the community at, or prior to, the initial planning meeting and as needed thereafter.

### **1.13 Delivering Services**

#### **What factors must be considered in delivering services to children?**

- Services shall be provided in accordance with BRS Provider Qualifications.
- The services must be individualized and respond to the identified needs of the client. Recommendations from DCYF generated evaluations or screenings shall be considered in the service plan
- Family focused services shall be provided and the contractor shall encourage active involvement of the family team. Upon intake the Contractor shall focus on a discharge plan. This plan shall include the DCYF plan for permanency.
- The contractor shall ensure supervision of staff providing direct services.
- Services shall be accessible and culturally appropriate.

### **1.14 Youth on the Run, Detention and Hospitalization**

#### **Will payment be paid when a youth is on the run, in detention or hospitalized?**

- A. DCYF shall pay for temporary absences of children from BRS only in compliance with DCYF policy. In addition, the following conditions shall apply:

1. DCYF shall not pay for absences of a child from BRS, unless there is an agreement in writing with the Contractor for the child to return to their placement within 15 days.
2. When a child leaves a BRS placement, unless there is agreement in writing by DCYF and the Contractor to place the child back into their placement, the caseworker shall only pay the actual days of care provided, not including the last day of placement. Acceptable absences, where the plan is to return the child to any placement, QRTP or TFC, within 15 days, include:
  - a. Planned visitation;
  - b. Hospitalizations;
  - c. Attendance at summer camps and similar activities;
  - d. Respite placements;
  - e. Temporary placement while Treatment foster parent(s) is vacationing or receiving medical treatment;
  - f. Juvenile detention placement of youth; or
  - g. Runaways when the bed is being held for the return of the child.
3. An exception to policy (ETP) may be submitted to the Regional Administrator or designee to continue payment beyond 15 days of absence or when a planned absence is for a reason other than listed above, if continued payment is necessary to continue a plan of care which is in the child's best interests. Payment for absences with Regional Administrator or designee approval shall not exceed 30 days.

## 1.15 Telephone Policy

### **Can I limit or censor the mail or phone calls of children and youth I am serving?**

Children and youth served by your program shall have reasonable access to uncensored communication with parents, relatives, and other people important to them. Communication restrictions must be based on a pending investigation or an identified child safety issue and be addressed in a court order or service plan. Child safety issues must be addressed prior to allowing the child to participate in any communications with parents, relatives or people important to the child. Contractors shall discuss and collaborate with the Caseworker to determine whether there are individuals with whom contact is not allowed or there are any other circumstances that require monitoring of communications. The communication plan shall be provided by or developed with the Caseworker. Unless such circumstances dictate, children and youth shall be allowed uncensored mail, calls and electronic communications. Access to electronic communication is based on reasonable caregiver or Caseworker discretion and on electronic device availability.

## 1.16 Assessments

### **What assessments are required?**

The Contractor shall:

- Refer a youth for a WISE screen through a WISE contracted provider at least every six months from entrance into their program.
- Refer for a WISE screen within 30 days of a youth's discharge from BRS. A WISE screen is not required if a youth is transitioning from one BRS contractor to another or from one BRS program to another. If the youth is discharging from BRS services within 60 days of their last WISE screen another screen is not required.

### [WISE Information and Resources](#)

## 1.17 WISE Services

### Can WISE and BRS be provided concurrently?

BRS youth screened and identified as eligible for WISE are able to receive BRS and WISE concurrently if the WISE provider has the capacity to provide the service. The BRS contractor and local WISE agency will partner on these cases and unify the CFT into one team.

## 2. BRS Program Services for Youth

### 2.1 Child and Family Team Meeting (CFT)

#### Who convenes the Child/Family Team Meeting?

- The Contractor shall have the responsibility of convening and developing the framework for an individualized Child/Family Team (CFT). The Contractor is responsible for facilitating the CFT meetings unless otherwise instructed by the DCYF worker. This team will form the basis for a network of community support for the client incorporating a wraparound approach. The youth and family shall have a role in identifying people who should be on the child and family team. The DCYF Caseworker shall be a member of the team. Other CFT members should include:
  - Immediate family members
  - Extended family members
  - Foster parents
  - Concerned professionals
  - Concerned community members
  - Other natural supports
  - Other significant individuals identified by youth
  - Tribal members when appropriate.
- In the event a Child/Family Team has already been developed, the contractor shall work cooperatively with the existing team. The contractor, DCYF Caseworker, and child/family team shall evaluate team membership and appropriate adjustments shall be made.
- Child and Family Team meetings shall be convened in collaboration with the DCYF Caseworker, no later than 30 days after entering services. These meetings shall coincide with the WISE CFT meetings (if youth is participating in WISE) or occur monthly. These meetings are designed to engage the child and family in order to maximize their respective involvement in the case plan and follow a wraparound approach. The child and family should have input in the development of the permanency plan.

### 2.2 Child and Family Team

#### What is the role of the Child and Family Team?

An individualized care planning and management process to collaboratively develop an individualized plan, implement this plan, monitor the efficacy and work towards the problem-solving skills, coping skills, and self-efficacy of the child and family members. The child and family team composed of natural and system supports is a key component in developing the support network necessary for a youth to make a successful transition from resource intensive care to less intensive services. The Contractor shall ensure that the team is involved

in the development of the ISTP and IBMP and involved with all major decisions pertaining to the client. In accordance with child or youth's best interest and case plan, the CFT will facilitate participation of family members, documents outreach efforts to those family members, and maintain contact information of all CFT members.

If youth is involved in Wraparound Intensive Service (WISe), the Child and Family Team shall collaborate with the WISe team forming one Child and Family Team.

## 2.3 Admission Procedure

### What steps shall be completed upon a youth's admission?

- **HEALTH ASSESSMENT:** Ensure the youth is assessed to identify any emergent or chronic health needs that require immediate attention. The Health Assessment shall be completed within 24 hours of intake. The Health Assessment shall include, but not be limited to the following:
  - Identification chronic medical issues
  - Identification immediate health concerns
  - Identification follow-up action needed
  - Identification if an emergency or medical appointment visit is necessary immediately
  - Identification if the EPSDT needs to occur
  - Signature of the BRS staff completing the form, along with the time and date completed
- **PROGRAM ORIENTATION:** Provide an orientation within 8 hours of the youth's admission to the program for the youth, which shall include but not be limited to:
  - Behavioral expectations
  - Method for contacting the DCYF Caseworker
  - Crisis Response Protocol for the youth and caregiver
  - DCYF and Contractor responsibilities to youth. The Contractor shall post, review and provide each youth *Your Rights Your Life* document, which explains DCYF and Contractor responsibilities to the youth. This form will be provided by DCYF to the Contractor. It can also be found at:  
["Your Rights, Your Life"](#)
- **INDIVIDUAL BEHAVIOR MANAGEMENT PLAN (IBMP):** The Contractor shall develop a proactive IBMP with input from DCYF and from the youth within 24 hours of their start date in your BRS program. The IBMP must identify strategies and consequences to be used in managing behavior specific to youth's presenting problems. This plan shall take into account factors of all children residing in the same placement to ensure their safety and protection. Family members and/or Foster Parents shall be involved in the development of the plans and shall have copies of the plans. The IBMP plan shall be reviewed at the first monthly CFT, then at least quarterly based on the entry/start date or as the needs, issues and/or behaviors of the child change. The IBMP may be part of the ISTP or separate document. The IBMP must be available for all BRS staff. In addition to specific behavioral goals, the IBMP shall include the following components:
  - **Individualized Supervision Plan** which addresses:
    - ✓ Supervision needs
    - ✓ Other youth with whom the youth will interact
    - ✓ Supervision needs while in the community

- **Individualized Safety Plan** which addresses:
  - ✓ Safety issues for the youth
  - ✓ Factors that may contribute to escalated behavior for the youth
  - ✓ Preferred response strategies for preventing or defusing escalated behavior
  - ✓ Back-up plan for de-escalating behavior
  - ✓ Behavior management goals aimed at reduction of unsafe behaviors through skill building
  - ✓ Crisis response plan
- The Contractor shall obtain signatures from the youth’s DCYF Caseworker, parent, and the youth if 13 years old or older. If the youth is placed in a foster home, the foster parent must also sign the IBMP. If the DCYF Caseworker, parent or foster parent signature is unattainable, the Contractor shall document why the parent did not sign the IBMP.
- **INDIVIDUAL SERVICES AND TREATMENT PLAN (ISTP):** The Contractor shall develop an ISTP within 30 days of the youth’s start date in the BRS program. The DCYF Caseworker, the Contractor’s social service staff, the youth and the youth’s family and/or the foster parents shall participate in the development of the ISTP. The ISTP must address all of the major needs and risk factors identified by DCYF and identify members of the child/family team. The contractor shall be responsible to ensure the needs stated in the ISTP are met. The ISTP must be readily available for all BRS staff. The ISTP shall be reviewed at the monthly CFT and updated at least quarterly based on the entry/start date in the program. The ISTP shall include the following components:
  - **Assessment:** An assessment of the youth and family’s current level of functioning, strengths, treatment needs and support needs. The WISe screen should be included (if available).
  - **Permanency Plan:** A permanency plan for the child and an indication of how the current intervention strategies support the goals of the permanent plan. In addition to the primary plan, an alternate plan for permanency shall be included.
  - **Discharge Plan:** The discharge plan and estimated time frame for discharge. In collaboration and mutually agreed upon with DCYF the targeted discharge date and transition placement.
  - **Goals:** 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.
  - **Intervention Strategies:** A description of how identified strengths will be utilized to meet identified treatment and support needs.
  - **Strength Utilization:** A description of how identified strengths will help the child and family achieve the individualized goals.
  - **Assignment of Responsibility:** A method for assigning lead responsibility and time frames for the completion of treatment and support system development tasks.
  - **Child/Family Team:** A method for identifying child/family team members and their role in providing support to the child/family team. Documentation of how family members are integrated into the treatment process, if safe to do so, including outreach efforts to engage appropriate family members into the team.

- **Independent Living Service Plan (ILS)** for all youth who are age 15 or over. Please see Section 2.4 regarding ILS plans and services.
- **ISTP Signatures:** The Contractor shall obtain signatures on the ISTP from the following parties: the youth's DCYF caseworker, parent, contractor's social service staff, the youth, if 13 years old or older, and the foster parents if the youth is in a foster home placement. If the parent's signature is unattainable, the Contractor shall document why the parent did not sign the ISTP.

## 2.4 Independent Living Skills (ILS) Guidelines

### What are the guidelines for Independent Living Skills (ILS)?

1. The Contractor shall assist youth age 15 years and older in out-of-home care with enrichment opportunities regarding independent living skills that they will need upon turning age 18. Such essential skills will help ensure the youth's ability to live independently. ILS for youth 15-20 should be provided by a contracted ILS provider.
2. The Contractor shall provide enrichment opportunities for youth ages 13 through 14 that primarily focuses on successful school achievement and the skills critical for negotiating early adolescence.
3. In coordination with the assigned DCYF Caseworker and where services are available, all ILS eligible youth shall be referred for services to a contracted ILS provider. The Contractor is not responsible for payment of ILS services by a contracted ILS provider. If no contracted ILS provider is available, the Contractor shall assist the youth in completing the following ILS assessment and plan:
  - a. Complete an assessment of the youth's current ILS skills using the Casey Life Skills Assessment. The CLSA can be accessed at <http://www.caseylifeskills.org/>.
  - b. Ensure that the youth has a written ILS plan that defines services to be provided which will assist the youth to become self-sufficient in the following areas:
    - Education (*GED, or high school completion, post-secondary education etc.*)
    - Income maintenance (*budgeting, opening and maintaining a checking/savings accounts, comparative shopping, etc.*)
    - Housing (*"know-how" to securing adequate housing, i.e., rentals, shared housing, transitional living housing resources, etc.*)
    - Vocational goals (*obtaining marketable skills, job search skills, work place expectations, volunteer or employment experiences, etc.*)
    - Daily living skills (*cooking, chores, transportation, community resource access, etc.*)
    - Interpersonal skills (*communication, anger management, dating, parenting, etc.*)
  - c. Assist with the completion or update of the ILS plan as follows:
    - (1) Determine if a plan has been developed for the youth. If the youth has a current plan, the Contractor shall review, assist with the update and revise the plan in collaboration with the youth and ensure the plan addresses the elements described above under item b of this section.

(2) If the youth does not have a plan, assist in developing a written plan in collaboration with the youth using the Casey Life Skills Assessment. The plan shall address the elements described above under item b of this section. The CLSA can be accessed at <http://www.caseylifeskills.org/>

d. Submit the following reports to the youth's assigned DCYF Caseworker within 15 days of completion:

(1) Assessment of the youth's current ILS skills

(2) ILS Plan

4. The Contractor shall assist with the update of the ILS plan every 90 days and shall incorporate the plan into the ISTP.
5. The Contractor shall assist the youth in identifying, establishing and maintaining connections with significant adults. This can be accomplished by working with appropriate adults the youth already has a connection with or by assisting the youth to obtain a mentor.
6. If the youth is expected to exit the BRS program to independence, the Contractor shall work with the youth's child/family team to ensure the youth has:
  - Adequate housing
  - A means of financial support
  - Connections to adult supports
  - Connections to needed services

## 2.5 Service Expectations

### What services shall be provided for each youth?

- **BEHAVIORAL SERVICES:** Behavioral assessment and intervention as indicated in the IBMP and or ISTP, either as part of the contractor's service network or in conjunction with community resources. Options for intervention should include individual, family and group services.
- **COUNSELING AND THERAPY:** The contractor shall advise or give guidance to the family and child(ren) and provide services or activities intended to remedy or alleviates a disorder or undesirable condition. BRS youth are also eligible to be screened through the Behavioral Health Organization (BH) for Mental Health Services. The BRS contractor shall be responsible for activities specific to the child's behavior in the youths setting. These services shall focus on behavior rehabilitation directly related to the child's level of functioning. The provider shall be responsible to ensure the needs are met that are stated in the ISTP. Activities focused on long term family reconciliation goals or resolution of issues underlying the behavioral problems, may be provided by the BHO or other private practitioners.
- **SUBSTANCE ABUSE SERVICES:** Substance abuse assessment, education, treatment and relapse prevention shall be provided as needed either as part of the contractor's service network or in conjunction with outpatient community resources.
- **CASE MANAGEMENT SERVICES:** Develop and provide oversight of the IBMP/ISTP; communication and coordination with community partners, family, foster family, DCYF staff, and other child/family team members. Assist the Caseworker in implementing the permanent plan for each youth.

- **CLINICAL CASE CONSULTATION SERVICES:** Clinical case consultation shall be provided to address individual clients' needs. The consultant shall have clinical experience in one or more of the following areas: Behavior and emotional disability, sexually aggressive behavior, developmental disabilities, and/or other areas which address the specific needs of the youth being served. Consultation shall be provided at a rate of no less than ½ hour per client per month averaged over a three- month period. Consultants may be hired staff or can be a subcontracted staff and shall meet the requirements under section 3.4 of this handbook. In addition, the clinical consultant must be licensed/certified with the Department of Health with their license and certification in good standing.
- **EDUCATIONAL SERVICES:** Educational services shall be provided either by means of an on-ground self-contained education program or through the use of public schools. DCYF is not responsible for education costs, including a 1:1 school aide for a youth. When, or if the contractor needs support with the public school, the Contractor shall utilize educational advocate resources to ensure the youth is receiving all appropriate services.

DCYF has the authority to provide BRS for youth who are participating in the Extended Foster Care (EFC) program. The continuation of BRS services for EFC participants shall only occur if the following criteria are met;

- Youth continues to meet EFC eligibility requirements (policy 43105).
- Agrees to stay in care and complies with all DCYF and Contractor placement requirements.
- Youth continues to meet eligibility for BRS and need that level of care.
- DCYF agrees to continue to pay for BRS.
- The Contractor agrees to continue to provide BRS.
- DCYF Regional RA or designee provides approval per DCYF policy 4533.

- **HEALTH CARE SERVICES:** To include emergency care, routine health care, health maintenance and disease prevention services such as: nutrition, hygiene, pregnancy prevention, preventing sexually transmitted infections, etc. The Contractor must comply with the provisions of [RCW 13.34.060](#) *Authorization of Routine Medical and Dental Care* and Chapter 71.34 RCW *Mental Health Services for Minors*, for children prescribed psychotropic medication.

Per Chapter 71.34 RCW and DCYF policy 4541, consent for the administration of psychotropic medication can only be given by:

- The parent of the child or
- DCYF Caseworker if child is legally free or with a court order authorizing administration or
- The child is age 13 or older and competent to give consent on their own behalf.

If the child gives consent on their own behalf the Contractor must clearly document the consent and place the documentation in the child's records. The contractor shall also submit a copy of this documentation to the DCYF Caseworker.

- **REMEDICATION AND STABILIZATION:** Education and other services focused on skill acquisition, stabilization of behaviors and resolution of conflicts shall be offered. Options for intervention should include individual, family or group services and shall be provided either as part of the contractor's service network or the

contractor shall arrange for these services in the community. The cost of these services shall be the financial responsibility of the Contractor. These costs are included in the rate.

- **AGGRESSION/ANGER MANAGEMENT SKILLS:** For all youth who exhibit or have a history of assaultive or aggressive behaviors. This intervention should teach youth to understand and replace aggression with positive alternatives.
- **COMMUNITY SUPPORT DEVELOPMENT:** Efforts shall be made to identify and develop linkages to support the family and child to facilitate the child’s continued success in the community where the child will reside.
- **TRANSPORTATION:** Routine transportation for youth in care shall be the primary responsibility of the Contractor. Routine transportation shall include, but not be limited to transportation to: educational, recreational, medical and counseling and/or other therapeutic services, visitation and community support development appointments. The Contractor shall also assist with transportation upon transition into and out of their program, based upon the agreement with the DCYF Caseworker. The Contractor shall ensure the supervision and safety of the youth while providing transportation as outlined in [RCW 46.61.687](#) Child passenger restraint requirements and [WAC 110-148-1510](#) What requirements do I need to follow when I transport children.

At the discretion of DCYF, DCYF may pay for non-routine travel. The Contractor must obtain prior written approval for all non-routine travel from the DCYF Regional Administrator, or designee.

## 2.6 Early Periodic Screening Diagnosis and Treatment (EPSDT)

### Are youth served under BRS required to have an EPSDT?

Youth served under BRS are eligible for health care screenings through Early Periodic Screening Diagnosis and Treatment (EPSDT) administered in Washington State as the “Healthy Kids” program. The Contractor shall arrange for an EPSDT screening for each youth within thirty (30) days of placement. If a youth has a current EPSDT exam upon placement, the Contractor shall facilitate the process for the youth to obtain an inter-periodic screening. The Contractor shall facilitate annual EPSDT health screenings thereafter. A licensed professional healthcare provider shall perform the screening. The Contractor shall follow through with obtaining or providing any recommended treatment or services. If the youth is being served outside the State of Washington, the provider will identify a similar service for the youth.

The Contractor shall submit the EPSDT results to the DCYF Caseworker within 15 days of receiving the EPSDT results from the healthcare provider.

## 2.7 Wraparound

### What is a wraparound approach?

*Wraparound* is an intensive, holistic, individualized, team-based, method of engaging with individuals and families with complex needs so they can safely live in their homes and communities. The wraparound process aims to achieve positive outcomes by providing a structured creative and individualized collaborative team planning approach.

The principles of wraparound are:

1. **Family voice and choice.** Family and youth/child perspectives are intentionally elicited and prioritized during all phases of the wraparound process. Planning is grounded in family members' perspectives, and the team strives to provide options and choices such that the plan reflects family values and preferences.
2. **Team based.** The wraparound team consists of individuals agreed upon by the family and committed to the family through informal, formal, and community support and service relationships.
3. **Natural supports.** The team actively seeks out and encourages the full participation of team members drawn from family members' networks of interpersonal and community relationships. The wraparound plan reflects activities and interventions that draw on sources of natural support.
4. **Collaboration.** Team members work cooperatively and share responsibility for developing, implementing, monitoring, and evaluating a single wraparound plan. The plan reflects a blending of team members' perspectives, mandates, and resources. The plan guides and coordinates each team member's work towards meeting the team's goals.
5. **Community based.** The wraparound team implements service and support strategies that take place in the most inclusive, most responsive, most accessible, and least restrictive settings possible; and that safely promote child and family integration into home and community life
6. **Culturally competent.** The wraparound process demonstrates respect for and builds on the values, preferences, beliefs, culture, and identity of the child/ youth and family, and their community.
7. **Individualized.** To achieve the goals laid out in the wraparound plan, the team develops and implements a customized set of strategies, supports, and services.
8. **Strengths based.** The wraparound process and the wraparound plan identify, build on, and enhance the capabilities, knowledge, skills, and assets of the child and family, their community, and other team members.
9. **Unconditional.** A wraparound team does not give up on, blame, or reject children, youth, and their families. When faced with challenges or setbacks, the team continues working towards meeting the needs of the youth and family and towards achieving the goals in the wraparound plan until the team reaches agreement that a formal wraparound process is no longer necessary.
10. **Outcome based.** The team ties the goals and strategies of the wraparound plan to observable or measurable indicators of success, monitors progress in terms of these indicators, and revises the plan accordingly.

A Resource Guide to Wraparound can be accessed at the National Wraparound Initiative at:

<http://www.wrapinfo.org/>

## 2.8 Missing From Care

### When a youth is missing from care and returns what services should be provided?

- Assist and/or conduct a run debriefing interview when asked by DCYF. When the debriefing interview is completed send a copy to the DCYF caseworker and DCYF Locator, if assigned. A copy of the run debriefing form can be accessed at:

### Returning Child De-Briefing Form

- Coordinate the development of a run prevention plan with the youth, caregivers and DCYF caseworker. Based on information obtained in the debriefing interview, this plan should contain targeting interventions designed to reduce the likelihood the youth will run again.

### Youth Run Prevention Plan

## 3. BRS Program Administration

### 3.1 Youth Health and Safety

#### Who is responsible for assuring youth health and safety?

- In the delivery of services under this Contract, the youth's health and safety shall always be the first concern of the Contractor.
- The Contractor shall be responsible to assure the health and safety of all clients served.
- The Contractor shall provide services which help alleviate immediate danger to the child and if working with the family provide services which aid parents alleviate potential future endangerment of their child.

### 3.2 Suspected Child Abuse

#### What actions must be taken if child abuse is suspected?

- Contractors are mandated reporters under Chapter [26.44.030 RCW](#). The Contractor must immediately report all instances of suspected child abuse to (1) DCYF Intake and (2) the assigned DCYF Caseworker. All verbal notifications shall be followed by written notification within 72 hours.
- DCYF Intake will process intakes and screen in for a Child Protective Services intervention when there are allegations of Child Abuse or Neglect (CA/N) that meet the minimum WAC ([110-30-0030](#)) definition of CA/N, or if there are circumstances that place a child at imminent risk of serious harm. DCYF intake also processes intakes involving rule infractions related to Licensing Division (LD) licensed homes or facilities.

### 3.3 Job Qualifications for Staff

#### What are the job qualifications for Contractor staff?

- Contractors licensed as a Child Placing Agency (CPA) providing treatment foster care under the BRS contract. Staff qualifications per Chapter [WAC 110-147](#) Licensing Requirements shall be met.
  - **Case Consultants** shall meet all requirements listed in Chapter [WAC 110-147](#) and shall be licensed or certified in WA State with the Washington Department of Health (DOH).
- Contractors with licensed facility based programs under the BRS contract shall meet all requirements listed in Chapter [WAC 110-145](#).
  - **Case Consultants** shall meet all requirements listed in Chapter [WAC 110-145](#) and shall be licensed or certified in WA State with DOH.

- Contractors licensed in another State shall meet the staff qualifications listed in Chapter [WAC 110-145 \(facility based\)](#) and [110-147 \(treatment foster care\)](#).

### 3.4 Case Manager Responsibilities

#### What are the job responsibilities of a Case Manager?

Case Managers shall have the primary responsibility of planning, developing and implementing services for youth. Case managers shall collaborate with DCYF in delivering services to each youth:

- Develop the ISTP and IBMP for each youth utilizing the Child Family Team (CFT) for input.
- Arranging for counseling as described in the ISTP.
- Coordinating mental health, drug/alcohol, medical or other treatment as described in the ISTP.
- Reviewing and participating in the development of the youth’s Individual Education Plan (IEP) in coordination with the child/family team. Advocating with the local school district to ensure that the youth receives appropriate educational services.
- Coordinating and ensuring inclusion of the child/family team in planning and decision making processes.
- Providing on-going assessment of service and support needs of the client. Advocating for youth to be moved to a less intensive support structure as their functioning improves.
- Ensuring that services provided are documented in the individual client file.

### 3.5 Training Requirements

#### Are BRS staff required to attend training?

- All BRS staff that have unsupervised contact with clients providing supervision, recreation, or any other activity or individuals **who supervise these staff shall attend 30 hours of training annually** and it shall be documented in the staff’s social service summary. **The contractor must also provide 30 hours of training annually to all BRS professional staff.** Topics offered must be based on the staff members needs for skill development, their interests, and the issues of the children they are serving. The training shall also be relevant to the staff’s specific job duties.
- Prior to the Contractor accepting referrals for youth identified as sexually aggressive or physically assaultive/aggressive the Contractor shall ensure or provide any staff responsible for the supervision or care of these youth have completed specialized or specific training for sexually aggressive or physically assaultive/aggressive youth. DCYF does offer such trainings. These trainings can be taken in a classroom or online. Information may be accessed at:

[Alliance for Child Welfare Excellence Course Catalog Menu](#)

Working with Children Exhibiting Physically Aggressive Behaviors ([English](#))

Working with Children Exhibiting Sexual Behavioral Problems ([English](#)) ([Spanish](#))

- Contracted agency staff and caregivers shall take the online Medication Management and Administration training found at the Alliance for Child Welfare (link below) for any staff that will be administering medications. These individuals will need to print off the certificate at the end of the training and keep a copy in the agency’s personnel file. This training will give staff 1 (one) hour towards their continuing education hours.

[Medication Management and Administration training](#)

- All staff completing the CFARS shall be trained and certified to do so. Training and certification information can be found at: [CFARS training](#)

### 3.6 Client Confidentiality

#### What measures must be taken to assure client confidentiality?

- The Contractor and its subcontractor(s) shall not disclose information on individuals directly or indirectly except in compliance with state RCW, WAC and federal law.
- The Contractor shall not use or disclose any information concerning any DCYF client for any purpose not directly connected with the administration of the Contractor’s responsibilities under the Contract unless the Contractor obtains prior written consent from the client and provides prior notification to DCYF.
- If the client is a dependent child and is not of legal age to provide consent, the Contractor must obtain such prior written consent from the parent or legal guardian of the child or from the assigned DCYF caseworker, if the child is in the custody of DCYF.
- The Contractor shall maintain information concerning individuals in strictest confidence and safeguard all information, electronic and hard copy.
- The Contractor shall assist foster parents to develop strategies, methods and mechanisms to safeguard confidential information in their homes. Confidential information includes, but is not limited to, Court reports, health records, school and mental health records. The Contractor shall follow The “Confidentiality Notice” of the Court Report regarding the sharing of parent information with the child/youth caregiver.

### 3.7 Assigned Therapist

#### Can the Executive Director or CEO of the agency also be the primary therapist?

To prevent potential therapeutic abandonment, the assigned therapist should not be the Executive director or CEO of the contracting agency.

## 4. BRS Required Reports

### 4.1 Progress Reviews

#### 4.1.1 Review Deadlines

#### How often shall cases be reviewed?

- The case shall be reviewed and a report generated at intervals within the specified time frame according to the service category.
  - Initial Reports within 30 days of intake
  - Monthly during CFTs
  - Quarterly as part of the ISTP and IBMP
- The contractor shall convene the child/family team to review the progress made toward short-term and the permanency goals identified in the ISTP. At a minimum, the following shall be reviewed:
  - Ongoing assessment of the child/youth's strengths and needs
  - Differences between current and last CFARS score (quarterly)
  - Any barriers to movement to a less restrictive environment and eventual discharge from BRS level of services
  - Strategies to resolve any barriers
  - Type, frequency and quality of contact with family of origin and/or family resource
  - Primary and alternate permanency goals and progress in identifying and finding a permanent home
  - Educational progress
  - Progress in achieving skills for independence for youth 15 years of age or older
  - A determination on whether or not the youth can be served at a lower intensity of service
  - Any changes to the ISTP or the IBMP
  - Wraparound with Intensive services (WISe) screen and or evaluations and with other mental health information and progress
  - Review all updated reports from outside agencies

#### 4.1.2 Progress Report Requirements

##### **What elements must be included in a Progress Report?**

The contractor shall prepare a written Progress Report for each youth with input from the child/family team. The Progress Report shall document progress made toward goals identified in the ISTP. The report shall include, at a minimum:

- Identified client's and family strengths and successes
- Current and last CFARS score and any changes to the domains.
- Any barriers or challenges that may prevent achievement of goals outlined in the ISTP
- Strategies to address barriers and challenges
- Type, frequency and quality of contact with family of origin and/or family resource
- Primary and alternate permanency goals and progress in identifying and finding a permanent home, including the targeted transition placement and exit date
- Educational progress
- Progress in achieving skills for independence for youth 15 years of age or older
- Any modifications to the ISTP and IBMP
- Documentation of decision to continue services past 18th birthday and youth eligibility for extended foster care
- Any WISe screens/evaluations completed or the results and any WISe services provided or other mental health services.

### 4.1.3 Progress Report Recipients

#### Who should receive copies of the Progress Report?

The contractor shall distribute copies of the Progress Report to:

- DCYF Caseworker
- BRS Regional Program Managers
- Parents and/or foster parents (if appropriate)
- Others designated by DCYF

## 5. In-Home Support Services

In-home services are designed to support youth and families to prevent a disruption to the current placement or to help with transition of a youth back into their family's home or other identified resource. In-home support services can also provide wrap around support services for youth that are placed outside of their legal guardian's home. This can be to support youth placed in a licensed foster home, their own home or unlicensed kinship care.

Contractors who provide in-home support services under the BRS contract shall adhere to the following expectations as well as all other BRS contract and handbook requirements. Staff qualifications for in-home support services depend on the license held by the program providing the in-home services. In home support service shall not be provided for WISE eligible youth placed in a licensed foster homes where WISE can be provided to the same youth.

### 5.1 In-Home Expectations

#### What are In-Home service expectations?

- Prior to providing in home services, Contractor staff shall view the Introduction to Child Safety Framework, which can be found at the following address:  
[Child Safety Framework training](#)
- Safely keep youth in their own home or current placement resource using wraparound principles to support the family/caregiver.
- The contractor shall complete an assessment of the family's strengths and needs within the first two (2) weeks of service to the family.
- If the DCYF assigned caseworker has developed and provided a DCYF Safety Plan to the Contractor, the Contractor shall review the plan with the caregiver to ensure the plan addresses any new safety issues identified by the contractor.
- If the DCYF assigned caseworker has developed and provided a DCYF Supervision Plan to the Contractor, the Contractor shall review the plan with the caregiver to ensure the plan addresses any new supervision issues identified by the contractor

- The contractor's staff shall model the skills identified in the service plan and mentor caregivers as they master these skills.
- Services to caregivers shall be individualized to meet the caregiver's identified needs and shall be responsive to the family's culture and ethnicity.
- The contractor shall provide staff needed to support the service and/or safety plan, to include but not be limited to: social service staff, case manager, clinical consultant, case aides, and 24 hour on-call staff who are familiar with the youth and their treatment goals including crisis response. The Contractor shall have the ability to provide at least four hours a week or 16 hours a month of on call relief coverage by direct care staff.
- The contractor shall have the ability to provide emergency respite to a youth as mutually agreed upon by the contractor, DCYF and caregiver if the youth's placement is in jeopardy of disrupting at any time during. The provider will collaborate with the current CFT to identify respite options, including respite in foster care homes licensed by the contractor.
- Consistent with service and or safety plan goals, the contractor must assist caregivers in meeting the needs to safely stabilize the youth and prevent disruption. This can be accomplished both through use of existing community resources and by providing support as needed. These supports should supplement what DCYF cannot provide through normal casework and funding to a caregiver. DCYF can and should offer supports for childcare, rent, mileage reimbursement and other concrete goods outside of the In-home support services rates. The contractor is responsible for any cost that may be charged by community resources or costs incurred to which they referred the caregiver to or set up.
- In-home case manager's caseload shall not exceed eight (8) cases.

## 5.2 Respite

### How often shall respite care be provided for family or the child's family resource?

- Respite care shall be among the range of service options and intervention strategies available at this level of care. Respite may be offered either in the child's home (*allowing the child to stay and the caregiver to leave*) or in the community (*allowing the caregiver to stay and child to leave*). The decision to offer respite services shall be made in conjunction with the child/family team and shall be based on the assessed needs of the client.
- The contractor shall offer and be able to provide a minimum of 2 days per month of respite care, which may be accumulated to a maximum of 6 days per quarter, if consistent with the child's service plan. (*A day is defined as an 8-hour block of time, but may include additional hours of care, up to 24 hours, when respite includes an overnight stay.*)

## 5.3 Expectations

### What shall be the focus of in-home services?

In addition to the overall BRS goals for behavior stabilization and treatment of present issues, in-home services shall focus on the following:

- Minimize the disruption caused by a residential move, or avoid a residential move, while providing a high level of services to the child and caregiver.
- Ensure the safety of the child and caregiver throughout planning and service delivery.
- Identify and build upon the individual strengths of each caregiver.
- Strengthen caregiver’s connections to supports – both within the family and in the community – which will endure once DCYF services have ended.
- Teach caregivers the skills needed to manage the presenting issues.
- Assist caregivers in identifying and using community resources.
- Provide opportunities for all caregivers to experience success in dealing with the issues.
- Increase caregiver’s protective capacity.
- Report any new safety concerns that are not described in the existing safety or supervision plan to the DCYF caseworker immediately.
- Identify opportunities to improve the Safety Plan to the Caseworker during case staffing.
- Take immediate action when present danger is thought to exist and to ensure child safety. Action may include contacting 911 or CPS Intake.

## 5.4 Support Services

**What support services shall be provided for caregivers that are in addition to the support services that are required in sections 1.15 and 2.5?**

- The contractor shall offer caregivers the opportunity to participate in training that is relevant to the needs of their child.
- The contractor must visit the caregiver’s home at least weekly as part of the overall service plan. If the service plan calls for decreasing support in preparation for ending services, steps and timelines must be specifically identified in the ISTP.

## 6. Treatment Foster Care (TFC)

Child Placing Agency (CPA) contractors who provide treatment foster care homes under a BRS contract shall adhere to the following expectations as well as all other BRS requirements, policies and procedures set forth in the contract and this handbook.

## 6.1 Treatment Foster Care Capacity

### How many children can reside in a treatment foster home?

The contractor shall ensure:

- Treatment foster homes are limited to no more than 6 children, per the Minimum Licensing Requirements.
- Each treatment foster home must operate within the capacity stated in its license.
- Treatment foster homes have no more than 4 of their own minor children or non-TFC children, in the home; and
- No more than 3 TFC foster children are placed in a foster home at one time, unless a sibling group is to be placed together or there is a therapeutic basis for the placement of more than 3 children in the home. All placements in excess of three TFC children must have the approval of the DCYF Regional Administrator, or designee.
- Within the above parameters, foster families must have no more total children in the home than they can demonstrate the ability to manage successfully -- based on history, training, number of adults in the home, agency support, and physical space.

## 6.2 Respite

### How often shall respite care be provided for treatment foster parents?

- Respite care shall be among the range of service options and intervention strategies available at this level of care. Respite may be offered either in the child's home (*allowing the child to stay and the caretaker to leave*) or in the community (*allowing the caretaker to stay and child to leave*). The determination to offer respite services shall be made in conjunction with the child/family team and shall be based on the assessed needs of the client.
- The contractor shall offer and be able to provide a minimum of 2 days per month respite care to foster parents serving children under the BRS contract. (*A day is defined as an 8-hour block of time, but may include additional hours of care, up to 24 hours, when respite includes an overnight stay.*). Respite may be accumulated up to 6 days per quarter, if consistent with the child's service plan.

## 6.3 Foster Parent Training

### Are foster parents required to attend training?

Foster parents shall complete all DLR required foster parent trainings before placement of children in the home.

- The contractor shall develop, monitor, and annually assess training plans for treatment foster parents. **Each foster parent must obtain 30 hours of training annually.** Foster parents may not carry over excessive training hours to the next period. Topics offered may be based on foster parents' needs for skill development, and the issues of the children they are serving. Foster parents are required to take Medication Management training as is required in 3.7 of this Handbook.

- Prior to placing a sexually aggressive (SAY) or physically aggressive assaultive youth (PAAAY) with a foster parent (s) that foster parent (s) shall have specific training to address the safety and supervision of SAY or PAAAY youth. This training can be obtained through DLR in a classroom setting, online or by the Contractor using a DVD provided upon request by DCYF. Online trainings can be accessed at:

<https://allianceforchildwelfare.org/content/caregiving-children-physically-aggressive-behavior-concerns-elearning>

The contractor shall provide monthly meetings for informal support and training for foster parents.

## 6.4 Foster Parent Training Review

### How often shall foster parent’s skills and abilities be evaluated?

The contractor shall conduct annual evaluations of foster parents to assess their skill and ability to provide and support services for children in their care. If foster parent needs are identified, the contractor shall plan with the foster parents for amelioration. The contractor shall follow up with the foster parents at regular intervals, at least quarterly, and support them in improving their skills and abilities. A copy of the evaluation and any applicable improvement plans shall be kept in the foster parent file.

## 6.5 Foster Parent Support Services

### What support services shall be provided for foster parents?

- The contractor shall initiate and participate in weekly treatment/support meetings with the foster family. At least two meeting per month must happen in the foster home.
- The contractor shall provide the staff needed to support the service plan and the child’s success in the foster home, which may include but not be limited to: case manager, clinical consultant, case aides and 24 hour on-call staff who are familiar with the case. The Contractor shall have the ability to provide at least 16 hours of On-call relief/coverage response time by direct care staff per month.
- Wraparound approach as described in section 2.7 of this Handbook.
- TFC case manager’s caseload shall not exceed 8 cases.

## 6.6 Treatment Foster Home Expectations

### What are the expectations for Treatment Foster Homes that provide care under the contractor’s BRS contract?

1. Foster parents shall serve as the primary service providers for the children placed in their homes, assuming direct responsibility for daily management of the child’s emotional and/or behavioral problems.
2. Foster parents shall model appropriate problem-solving, communication, conflict resolution, emotion regulation and other social skills.
3. Foster parents shall act as members of the service team, participating in the development and implementation of the service plan.

4. Foster parents shall maintain adequate records and documentation of each child's activities and behavior to assist the agency and the department in planning for the child.
5. Foster parents shall maintain records of all medical appointments and services provided to the child, including all pertinent information regarding medications.
6. Foster parents shall maintain confidential information about each child in a secure manner so that it is not accessible to children or unauthorized adults.
7. At least one parent in each foster home must be available at all times to respond to the child's needs, unless other arrangements have been specifically made with the agency and DCYF has approved the arrangement.
8. Children in treatment foster care shall not be enrolled in child care, unless enrollment is consistent with the child's therapeutic needs.
9. With the support of the contracting agency, foster parents shall enroll the child in school and participate in educational planning and school meetings, and shall advocate for the child in the school system.
10. Foster parents should complete all pre-service and in-service training required, and have an approved license by LD before serving children under the BRS contract. This training should be relevant to the types of BRS youth placed in their home in accordance with 6.3.
11. Foster parents shall participate in appropriate support activities offered by the contracting agency.
12. Foster parents shall work with whatever family resources are available for a child, to facilitate reunification, visitation, and/or permanency planning.
13. Foster parents shall provide transportation for the child, as needed, to school, appointments, activities, and other day-to-day appointments and/or activities.

## 6.7 Admission Procedure

### What steps shall be completed upon a youth's admission that is in addition to section 2.3?

- **PROGRAM ORIENTATION:** Provide an orientation within 8 hours of the youth's placement in the TFC home for the youth, which shall include but not be limited to:
  - Physical layout of the home including emergency evacuation route
  - Control of contraband policy
  - Client visitation policy
  - Daily program and activities
  - Behavioral expectations
  - Method for contacting the DCYF Caseworker

## 6.8 Supervision Requirements

### What supervision resources are required?

The contractor shall have available the capacity to offer a variety of safety/supervision strategies as appropriate for a youth's assessed needs. These resources may include but are not limited to:

- Individual sleeping room
- Additional supervisory staff (including in-home aides)
- Respite care
- Safety related items (door alarms, window alarms, etc...)

## 6.9 Conflict of Interest

### What actions must be taken to avoid any conflict of interest in placing a child?

- The Contractor shall ensure that an assessment of potential conflict of interest occurs before the Contractor places any child in an out-of-home placement. The assessment shall include asking any adult living in the out-of-home placement whether a conflict of interest of the following nature exists. The Contractor must also require that all adults in the home report any conflict of interest that occurs after the child is placed by the following work day.
- A conflict of interest exists when:
  - An adult in the home conducts or has conducted an investigation, as a part of their 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:
    - ✓ An allegation of abuse or neglect of the child or sibling of the child; or
    - ✓ A claim of damages for wrongful interference with the parent-child relationship between the child and his or her biological parent.
- For purposes of this provision, “investigation” means the exercise of professional judgment in the review of allegations of abuse or neglect by (a) law enforcement personnel; (b) persons employed by, or under contract with, the state; (c) persons licensed to practice law and their employees; and (d) mental health professionals as defined in chapter 71.05 RCW.
- The Contractor shall not place or allow a child to remain in a specific out-of-home placement, when there is a conflict of interest on the part of any adult residing in the home, in which the child is to be or has been placed.

## 6.10 Reimbursement for Damages

### What actions must be taken to seek reimbursement for damages by a foster child?

- The Contractor shall ensure that the foster parent completes a Third Parent Claim Checklist (DCYF 18-400A). Foster parents must complete this form to request reimbursement for property damages/losses and initial emergency medical treatment expenses incurred because of an act of their foster/respice care child. Electronic copy of this form can be accessed at:

[Third Party Claim Checklist \(DCYF 18-400A\)](#)

## 6.11 After Care Services

The Contractor shall provide six (6) months of aftercare services for youth discharging from BRS level of care to the extent applicable and in accordance with the transition plan developed by the child and family team. If needed, DCYF will contract with another Contractor within the discharge placement area for the family based aftercare support. If this is necessary, both Contractors will work collaboratively on the discharge plan to enable a smooth transition.

The Contractor shall submit a detailed discharge service plan for each client who will receive family based aftercare services. All aftercare services must be approved in writing by DCYF prior to delivery of services.

The Contractor shall review the safety plan with the youth's DCYF Caseworker, parents, individuals who have regular contact with the child, treatment providers, and others who have a role in monitoring the youth's safety.

## 7. Qualified Residential Treatment Program (QRTP)

Contractors who provide facility based care (licensed as a group home or staff residential home) under a BRS contract shall adhere to the following expectations as well as all other BRS requirements, policies and procedures set forth in the contract and this handbook. This also includes wraparound approach when possible as described in section 2.7 of this Handbook.

All facility based care (group home or staffed residential home) shall meet and maintain requirements of a Qualified Residential Treatment Program (QRTP) as defined by the Family First Prevention Services Act. A QRTP can provide both long and short-term (interim) services.

### 7.1 QRTP Requirements

#### What are the requirements of a Qualified Residential Treatment Program?

The program shall meet the following Qualified Residential Treatment Program Requirements:

- a. Have a trauma-informed treatment model, designed to address the identified emotional, behavioral and clinical needs as appropriate, of a child or youth with serious emotional or behavioral disorders or disturbances and, with respect to the child or youth, is able to implement the treatment identified for the child or youth by the assessment for the qualified individual. <https://www.nctsn.org/trauma-informed-care/creating-trauma-informed-systems>
- b. Ability to implement the treatment identified by any assessment(s) or evaluation
- c. In accordance with the approved case plan:
  - (1) Engages and includes the child's family in the treatment program
  - (2) Facilitates outreach to family and siblings
  - (3) Documents the outreach efforts and maintains contact information
  - (4) Documents how the family is integrated into the treatment process for the child, including post discharge
  - (5) Documents how sibling connections are made
  - (6) Provides discharge planning and family-based aftercare support for at least six (6) months post-discharge
- d. Has licensed clinical staff who:
  - (1) Provide care within the scope of their practice as defined by state law

- (2) Are on-site in accordance with the trauma informed treatment model and needs identified in the assessment for the child and youth
- (3) Are available 24 hours a day and 7 days a week
- e. Has registered or licensed nursing staff and
  - (1) Provide care within the scope of their practice as defined by state law
  - (2) Are on-site in accordance with the trauma informed treatment model and needs identified in the assessment for the child or youth.
  - (3) Are available 24 hours a day and 7 days a week
- f. Licensed in accordance with state requirements
- g. Accredited by any of the following independent, not-for-profit organizations:
  - (1) Commission on Accreditation of Rehabilitation Facilities (CARF)
  - (2) Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
  - (3) Council on Accreditation (COA)

## 7.2 Admission Procedure

### What steps shall be completed upon a youth's admission in addition to section 2.3?

- **PROGRAM ORIENTATION:** Provide an orientation within 8 hours of the youth's admission to the program for the youth, which shall include but not be limited to:
  - Physical layout of the facility including emergency evacuation route
  - Control of contraband policy
  - Client visitation policy
  - Daily program and activities at the facility
  - Behavioral expectations
  - Method for contacting the DCYF Caseworker

## 7.3 Required Supervision Resources

### What supervision resources are required?

The contractor shall have available the capacity to offer a variety of safety/supervision strategies as appropriate for a youth's assessed needs. These resources may include but are not limited to:

- Individual sleeping room
- Additional supervisory staff

## 7.4 Structured Activity Expectations

### What structured activities should be provided in QRTP programs?

Activities to increase skills, learning and confidence so youth obtain the maximum benefit from this level of care. Activities shall include but are not limited to:

- Anger/aggression management skills
- Drug/alcohol education
- Health education
- Social skills training
- Work/vocational activities
- Physical recreation

- Other recreation
- Communication and interpersonal interaction skills
- Emotional regulation and conflict resolution skills

## 7.5 Minimum Staff Ratio

### What are the minimum staff-to-child ratios, which must be maintained for QRTP?

The Contractor shall maintain, *at a minimum*, staff-to-child ratios of 1:3 during awake hours, and 1:6 during overnight.

- Health and safety of children *shall always* be the first concern of the Contractor. It is the Contractor's duty and responsibility to provide adequate staff to ensure health and safety of children. The Contractor shall provide additional staff if the health and safety of children warrants such action.
- For youth's specific supervision and behavioral management needs, the contractor may request short term Extra 1-1 Supervision reimbursement from the Regional BRS program manager. These requests will need to be made in writing using DCYF form 10-490- BRS Extra 1-1 Supervision Agreement.
- The Contractor shall provide awake staffing at all times per the staffing ratios outlined in the BRS contract exhibit.
- All facility programs shall have rotating staff scheduled to provide adequate supervision and program coverage 24 hours a day, 7 days a week.
- The Contractor's staff shall be onsite to receive child(ren) returning from runs, school, (even if earlier than planned), hospital, detention, etc.
- Case manager caseloads shall be no more than 10 cases.

## 7.6 After Care

### What Aftercare Services required are for youth upon discharge from the program?

The Contractor shall provide at least six (6) months of aftercare services for youth discharging from BRS level of care in accordance with the transition plan developed by the child and family team. There are circumstances where aftercare post discharge may not be applicable or realistic to provide. Such as, but not limited to, WISe provided, dependency is dismissed, child or youth adopted, or post discharge placement is outside the Contractor's realistic service area. If needed, DCYF will contract with another Contractor within the discharge placement area for the family based aftercare support. If this is necessary, both Contractors will work collaboratively on the discharge plan to enable a smooth transition.

The Contractor shall submit a detailed discharge service plan for each client who will receive family based aftercare services. All aftercare services must be approved in writing by DCYF prior to delivery of services.

The Contractor shall review the safety plan with the youth's DCYF Caseworker, parents, individuals who have regular contact with the child, treatment providers, and others who have a role in monitoring the youth's safety.

## 7.7 Short Term (Interim) QRTP

### What are the requirements for Short Term (Interim) QRTP?

Short term (interim QRTP) is designed to serve referrals more quickly with shorter lengths of stay.

- Services shall be provided within 4 hours of accepting a referral.
- Referrals can be submitted for consideration 24 hours a day, 7 days per week.
- Services can last between 90 days and 180 days from entrance into the program.
- All referrals will need to follow the BRS referral process as outlined in section 1.2 of this handbook.
- The contractor shall convene the CFT to develop a case plan within 15 days of entry into the program.

## Glossary

*The words and phrases listed below, as used in this Contract, and the Behavior Rehabilitation Services Contractor's Handbook, shall each have the following definitions:*

**Abuse of Client:** The injury, sexual abuse or exploitation, negligent treatment or maltreatment of a client by any person under circumstances which indicate that the client's health, welfare or safety is harmed thereby.

**Authorized:** Approved by DCYF Caseworker as evidenced by receipt of a Social Services Payment System (SSPS) notice or other written notice.

**BRS:** Behavior Rehabilitation Services

**Child and Family Team (CFT):** A group of professionals and others providing services to the child and family, including family members and the DCYF Caseworker, who are convened regularly by the Contractor to evaluate progress, review the effectiveness of the service plan, and build on the strengths of family members.

**Child Protection Team (CPT):** A group of community professionals with varied expertise convened by DCYF to review DCYF cases at critical decision-making points to strengthen planning and provide expert consultation.

**Child, Youth, and Client:** Are used interchangeably throughout this contract and shall mean any un-emancipated individual who is under the chronological age of 18 years. Youth that meet and are enrolled in EFC (Extended Foster Care).

**COA:** Council on Accreditation

**Consultant:** A person who is qualified by credential, background, or experience to assist in assessing, evaluating, counseling, or treating the client, and who provides technical, clinical, practical or other relevant assistance to the Contractor in the assessment evaluation, counseling, or treatment of a client (sections 3.4 and 2.5)

**Contract:** The entire written agreement between DCYF and the Contractor, including any Exhibits, documents, and materials attached or incorporated by reference.

**Contractor:** The individual or entity performing services pursuant to the Contract and includes the Contractor's owners, members, officers, directors, partners, employees and/or agents unless otherwise stated in the Contract. For purposes of any permitted Subcontract, "Contractor" includes any Subcontractor and its owners, members, officers, directors, partners, employees and/or agents.

**Court Report:** The Court Report is the document presented to the courts for dependency and permanency reviews, identifying the service plans for children, parents, foster/relative caregivers, agencies, and DCYF.

**CPS:** Child Protective Services

**DDA:** The Developmental Disabilities Administration, which is a division within DSHS.

**Department of Children, Youth, & Families or DCYF** means the Washington agency devoted exclusively to serve and support Washington state's youth and their families.

**Caseworker:** In providing services to Native American children, whenever the term Caseworker is used, the term shall also mean the child's tribe and Tribal Caseworker.

**EPSDT:** Early Periodic Screening Diagnosis and Treatment, which is administered in Washington State as Apple Health for Kids. May also be referenced as Well Child Exam (WCE).

**Family Team Decision Making meetings (FTDM)-** Brings people together who are involved with the family to make critical decisions regarding the removal of child(ren) from their home, changes in out-of-home placement, and reunification or placement into a permanent home.

**Handbook:** The Behavior Rehabilitation Services Contractor Handbook

**Home Region:** The DCYF region in which the Contractor's headquarters is located.

**IBMP:** The Individual Behavior Management Plan

**IEP:** Individual Education Plan

**Incident:** a disruption in normal routine of the home as a result of a conflict between youth, youth and staff, or as a result of an external disturbance.

**ISTP:** The BRS Individual Service and Treatment Plan

**ILS:** Independent Living Skills

**LEP:** Limited English Proficiency

**LD:** Licensing Division, which is a division under DCYF.

**LICWAC:** Local Indian Child Welfare Advisory Committee

**RCW:** Revised Code of Washington. All references in the Contract to RCW chapters or sections shall include any successor, amended, or replacement statute.

**Regional Administrator:** The Regional Administrator of DCYF that has primary responsibility for that client.

**Regulation:** Any federal, state, or local regulation, rule or ordinance.

**Shared Planning Meeting:** means bring individuals together to help make decisions for children about safety, permanency and well-being.

**Staffings:** Formal or informal meetings of two or more DCYF or professional staff, consultants, parents, youth, or others to review, discuss, or make decisions concerning a client or case.

**Subcontract:** A separate contract between the Contractor and an individual or entity (“Subcontractor”) to perform all or a portion of the duties and obligations that the Contractor is obligated to perform pursuant to the Contract.

**TFC:** Treatment Foster Care, also known as Therapeutic Foster Care.

**WAC:** The Washington Administrative Code. All references in the Contract to WAC chapters or sections shall include any successor, amended, or replacement regulation.

## Appendix A – BRS Quick Resources Guide

The contractor should follow DCYF Behavioral Management Guidelines which can be accessed, copied and or printed on the sites listed below.

### [DCYF Behavioral Management Guidelines](#)

#### THE RESOURCE GUIDE TO WRAPAROUND

The Resource guide to Wraparound can be accessed at:

<http://nwi.pdx.edu/NWI-book/>

The National Wraparound Initiative website is at: <http://www.nwi.pdx.edu/> or <http://www.wrapinfo.org/>

#### Trauma Informed Care

### [The National Child Traumatic Stress Network](#)

<https://www.nctsn.org/trauma-informed-care/creating-trauma-informed-systems>

Essential Elements of a Trauma-Informed care for Child welfare systems link:

<https://www.nctsn.org/trauma-informed-care/trauma-informed-systems/child-welfare/essential-elements>