

STATEMENT OF WORK

Adolescent Transitional Living Program Services

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The Contractor shall ensure that services provided under this Contract at all times meet the specifications described in this Statement of Work Exhibit.

Intent of Services

The intent of the services to be provided under this Contract is to provide transitional living services to eligible youth.

Eligibility

The Contractor shall provide services for youth on referral by DCYF, when the following criteria are met:

DCYF Social Service Specialist must determine an ATLP placement is the most appropriate placement given the youth's strengths, needs, and goals for independence;

Youth must be currently dependent under Chapter 13.34 RCW;

Youth must be sixteen (16) or seventeen (17) years old upon placement;

Youth has no relative or suitable other, placements available unless it is part of a concurrent permanency plan;

Youth does not have a current or most recent court order for Involuntary Treatment Act (ITA);

Youth is not eligible for, awaiting placement for, or had a most recent placement in a :

Children's Long Term Inpatient Program (CLIP);

Developmental Disabilities Administration Residential Habilitation Centers (RHC); or

Developmental Disabilities Administration State Operated Living Alternatives SOLA facility.

Youth is not eligible for or awaiting placement for a Behavioral Residential Services QRTP placement; and

Youth has a desire and agrees to participate in ATLP.

Authorization of Services and Referral

Only DCYF can authorize services under this Contract. All authorizations must be initiated in writing by DCYF via the Child Information and Placement Referral Form (DCYF Form 15-300).

The Contractor shall not accept a case from DCYF without a complete written referral.

A complete written referral from DCYF shall include all information necessary to deliver services to the youth, including any risk factors and all known information specified in RCW 74.13.280. The referral must include the youth's most current court report, placement history report, and safety plan (if applicable).

If the referral is not complete, the Contractor shall not accept the referral and shall notify the DCYF referring Social Service Specialist that the case is not an accepted referral.

The Contractor will participate in FTDM's to discuss the youth's eligibility for and desire to participate in the program.

The Contractor upon receiving a DCYF referral for ATLP services will complete the ATLP Screener Tool to determine the youth's identified strengths, needs, and goals.

The Contractor will provide information about and notify the DCYF ATLP Program Manager five (5) business days of the referral or prior to placement whichever occurs first.

Notifications shall include when a referral for ATLP has been received, whether the referral was complete, and if the referral was accepted based on established eligibility and admission criteria. This notification must be provided to the ATLP Program Manager in a format prescribed by DCYF.

Ability to Serve Youth Referred

The Contractor shall act in good faith to the greatest extent possible, and accept youth that meet Eligibility requirements.

Based upon openings, the Contractor will have the ability to serve eligible youth as described in **Section 2 Eligibility**.

DCYF and the Contractor shall jointly determine whether placement of a youth would impact the safety of the youth or other youth in residence.

The Contractor must make every effort to serve children within the contractor's system. If a Contractor wants to stop serving a child under their ATLP contract, the Contractor must facilitate a specific Child and Family Team Meeting (CFTM) to discuss placement stability and needed supports for the youth to remain in the program prior to issuing a thirty (30) day written notice to the ATLP Program Manager and DCYF Social Service Specialist.

Length of Stay

Youth may reside in an ATLP until eighteen (18) years old, or twenty-one (21) years old if the youth is continuously enrolled in Extended Foster Care. All parties will need to agree if youth remains past age eighteen (18) years old.

Youth are no longer eligible once they turn twenty-one (21).

Re-admission to the Adolescent Transitional Living Program

Youth who leave the ATLP may be re-admitted within seven (7) days of leaving if the Contractor, ATLP Program Manager and the youth's DCYF Social Service Specialist mutually agree the youth's re-admittance would be beneficial for the youth after re-consideration of the admission criteria.

Residence, Food, Clothing, and Essentials

Youth requiring placement outside their own home shall be provided a place of residence, food, replacement clothing and essentials for life, in addition to other services provided by the Contractor.

A standard inventory of clothing in the correct size and in good repair must always be available to the child, including at the time of discharge.

This will include, but not be limited to:

Five (5) bottoms for cold weather;

Five (5) bottoms for warm weather;

Five (5) tops;

Two (2) jackets including one for cold weather;

Two (2) pairs of shoes;

Seven (7) pieces of underwear;

Three (3) bras (if appropriate);

Seven (7) pairs of socks; and

Three (3) pairs of pajamas.

The youth shall have input on the clothing that is purchased or given to them to meet this requirement.

Delivery of Services

The Adolescent Transitional Living Program (ATLP) structure, philosophy, service planning and approach shall emphasize the following:

Services are individualized and responsive to the needs of each youth, meeting youth where they are at;

Services build on youth's strengths, ability, and skills, fostering protective factors which promote youth's resiliency;

Services are youth driven, providing meaningful opportunities for youth to have a voice in the development of program policies, programming, and service delivery;

Services align with the developmental needs of adolescents, respecting youth's need for privacy, autonomy, and self-expression;

Services are accessible, removing and/or lowering barriers to program engagement and participation;

Services apply housing first principles, prioritizing the youths need for safe and stable housing ahead of service delivery or the achievement of outcomes;

Services shall be based in a trauma informed model, this model is designed to address the needs responding to the impact of trauma and emphasizing physical, psychological, and emotional safety, including clinical needs as appropriate and is able to implement the treatment identified by the qualified individual conducting the required assessment. Contractor will:

Routinely screen for trauma exposure and related symptoms;

Use evidence-based, culturally responsive assessment and treatment for traumatic stress and associated mental health symptoms;

Make resources available to children and families, on trauma exposure, its impact, and treatment;

Engage in efforts to strengthen the resilience and protective factors of children and families impacted by and vulnerable to trauma;

Address parent and caregiver trauma and its impact on the family system; and

Emphasize continuity of care and collaboration across child-service systems.

Services are healing centered, providing holistic approaches to health and wellbeing that are culturally grounded, value interdependency, oriented around communities, and sees youth as agents in their own healing and wellbeing;

Services are affirming and culturally responsive, informed by the cultural experiences, beliefs, and values of each youth, are linguistically accessible, and provide opportunities for maintaining cultural, social, and spiritual connections;

Services apply harm reduction principles, resisting stigmatization of youth, addressing motivations for risk taking behaviors, and promoting practical strategies which reduce harm in young people's lives;

Services provide regular opportunities for engagement with program staff and case managers to ensure positive and supportive relationships which facilitate feelings of trust, belonging, and growth; and

Services are coordinated with other caregivers, individuals, advocates, and/or providers to remove program silos and provide holistic wrap around support that addresses the youth needs and achievement of service planning goals.

Admission

Admission into the ATLP shall be based on the following criteria:

ATLP offers services that align with the youth's identified strengths, needs, and goals;

Youth is committed to participating in the ATLP and developing IL skills;

Appropriate strategies for mitigating any safety concerns have been identified. If necessary, the Contractor has been a part of developing a safety plan with the youth in collaboration with the youth's caseworker;

The Contractor agrees to the youth's admittance to the program; and

A final decision regarding the youth admittance in the ATLP will be made as part of the FTDM.

Program Intake

The Contractor shall complete an intake within eight (8) hours of the youth's placement that includes and documents the following:

Meet with the youth to discuss the program model, expectations, and re-affirm the youth's desire to participate;

Address any emergent or chronic health needs that require immediate attention, and notify the youth's DCYF Social Service Specialist

Review privacy and confidentiality policies;

Review youth's rights; and

Obtain releases of information (as needed).

Program Orientation

Provide a follow up program orientation within twenty-four (24) hours of the youth's admission to the program for the youth, which shall include, but not be limited to:

Being matched with a case manager;

Physical lay-out of the housing or facility where the youth will live;

Meeting roommates (if applicable);

Meeting RA's or building managers (if applicable);

Emergency evacuation plan;

Where appropriate, peers should be encouraged to help orient youth to the program;

Reviewing program policies which address:

Illicit substances;

Weapons;

Steps to prevent the spread of infectious diseases, including COVID-19;

Behavioral expectations;

Visitation;

Technology usage (i.e. phones, internet, social media, etc.); and

Grievances.

Knowledge and location of neighborhood resources including but not limited to:

Public transportation;

Grocery stores;

Libraries;

Schools;

Parks;

Places of worship or faith;

Civic and/or cultural organizations;

Healthcare facilities (i.e. hospitals, urgent care, etc.); and

Method for contacting their assigned DCYF Social Service Specialist.

Arrange for the first contact with family or desired participants of the youth's CFT.

Health Assessment

Will be completed within twenty-four (24) hours of intake.

Ensure the youth is assessed to identify any emergent or chronic health needs that require immediate attention.

The Health Assessment shall include, but not be limited to the following:

Identification of chronic medical issues;

Identification of immediate health concerns;

Identification of follow-up action needed;

Identification if an emergency or medical appointment visit is necessary immediately;

Identification if the EPSDT needs to occur; and

Signature of the ATLP staff completing the form, along with the time and date completed.

Needs Assessment

The ATLP case manager will complete a needs assessment within fourteen (14) days of Admission that addresses:

Daily living and self-care;

Physical and mental health;

Healthy relationships and connections with others;

Career and education planning;

Economic needs and financial literacy;

Long term housing stability;

Legal needs; and

Other needs as indicated by the youth and/or their DCYF Social Service Specialist.

The needs assessment must be completed using a standardized assessment tool selected by the Contractor and approved by DCYF.

Child and Family Team

The Contractor shall ensure the youth and family have a role in identifying people who should be on the child and family team.

The Contractor shall create a team composed of natural and system supports to include, but not limited to:

Youth;

DCYF Social Service Specialist and DCYF ATLP Program Manager;

Parent(s);

Family members;

Other identified supportive adults;

Tribal representative if applicable;

Legal Parties;

Foster Parents if youth is placed in a foster home;

The Case Manager or Case Consultant; and

Other service professionals involved with the youth and family (therapist, WISE team, Coordinated Care, school connections and treehouse advocates, DDA, JRA, etc).

In the event a Child/Family Team has already been developed, the contractor shall work cooperatively with the existing team.

The Contractor, DCYF Social Service Specialist, and child/family team shall continually evaluate team membership and appropriate adjustments shall be made.

The Contractor shall ensure the CFT be 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 involved with all major decisions pertaining to the client.

In accordance with child or youth's best interest and case plan, the Contractor will facilitate participation of family members, documents outreach efforts to those family members, and maintain contact information of all CFT members.

Formalized Staffing's

Child and Family Team Meeting (CFTM)

The Contractor shall have the responsibility of convening and developing the framework for an individualized (CFTM). The CFTM is an opportunity for the youth and all members of the CFT to attend, speak and have input. CFTMs shall be convened in collaboration with the DCYF Social Service Specialist and must occur monthly with the first one being within thirty (30) days of intake.

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. They must be held at a time and place convenient for the family. The child and family must have input in the development of the permanency plan.

The CFTM shall include conversations about the following, at a minimum:

Identified client's and family strengths and successes;

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 to include evidence/documentation that the CFTMs are held at a time and place convenient for the family;

Primary and alternate permanency goals and progress in identifying and finding a permanent home, including the targeted transition placement and exit date (if identified);

Educational progress;

Progress in achieving skills for independence for youth fifteen (15) years of age or older;

Any modifications to the ISTP;

Decision to continue services past the eighteenth (18th) birthday for youth who are seventeen-half (17.5) and older 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; and

Any medical, dental or service appointments that occurred since the last CFTM/progress report and outcomes or required follow up that is needed.

The Contractor is responsible for facilitating the CFT meetings unless otherwise instructed by the DCYF Social Service Specialist.

These meetings must be held monthly and may coincide with the WISE CFT meetings (if youth is participating in WISE).

The Contractor shall ensure the CFTM be 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 Contractor shall participate in FTDMs, shared planning meetings, Child Protective Team (CPT) meetings, prognostic staffing's, fatality reviews, or any other formalized staffing's 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.

Early Periodic Screening Diagnosis and Treatment (EPSDT)

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 that occurred within the last year and is not presenting with any health issues 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.

The Contractor shall document the date and outcome of the EPSDT in the monthly progress report and ISTP.

The Contractor shall follow through with obtaining or providing any recommended treatment or services.

The Contractor shall ensure a licensed professional healthcare provider perform the screening.

Individual Services and Treatment Plan (ISTP)

The Contractor shall develop an ISTP within thirty (30) days of the youth's start date in the ATLP program.

The Contractor shall ensure the DCYF Social Service Specialist, the Case Manager or Case Consultant, the youth and the youth's family participate in the development of the ISTP.

The contractor shall be responsible to ensure the needs stated in the ISTP are met.

The ISTP must be readily available for all ATLP staff.

The ISTP must address all of the major needs and risk factors identified by DCYF and identify members of the child/family team.

The ISTP shall be reviewed at the monthly CFTM and updated at least quarterly based on the entry/start date in the program.

The ISTP shall include the following components:

An assessment of the youth and family's current level of functioning, strengths, treatment needs and support needs.

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.

The transition/discharge plan and estimated time frame for transition or discharge. In collaboration and mutually agreed upon with DCYF, CFT members and youth, the targeted discharge date and transition placement.

Goals that describe short-term benchmarks of success for the child and family.

A description of how identified strengths will be utilized to meet identified treatment and support needs.

A description of how identified strengths will help the child and family achieve the individualized goals.

A method for assigning lead responsibility and time frames for the completion of treatment and support system development tasks.

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. Please see Statement of Work Section 15 regarding ILS plans and services.

The Contractor shall obtain signatures from the youth's DCYF Social Service Specialist, parent, the Case Manager or Case Consultant, and the youth.

If the parent signature is unattainable, the Contractor shall document why the parent did not sign.

Independent Living Skills (ILS)

In coordination with the assigned DCYF Social Services Specialist and where services are available, the Contractor shall ensure all ILS eligible youth ages fifteen (15) to twenty (20) be referred for services to a DCYF contracted ILS provider.

When youth are concurrently enrolled in the Independent Living Skills (ILS) program the ATLP case manager will support and enhance service coordination by engaging the IL case manager in monthly meetings to identify how each program will mutually support the youth's development of IL skills and achievement of service plan goals.

The ATLP case manager will ensure the youth's service plan is updated every thirty (30) days from initial date of completion.

The Contractor will incorporate ILS goals and services into the ISPT.

National Youth in Transition Database (NYTD)

Independent living services provided to dependent youth must be documented quarterly via FamLink or a DCYF form which will be inputted into the National Youth in Transition Database (NYTD) to track the state's efforts towards helping dependent youth successfully transition into adulthood. More information regarding the NYTD requirement can be found via <https://www.acf.hhs.gov/cb/fact-sheet/about-nytd>.

Service Expectations

The following services shall be provided to each youth:

Assist the youth in obtaining furniture and/or basic household supplies as needed;

Confirm in collaboration with the youth's DCYF Social Service Specialist that a CSEC screening has occurred within fourteen (14) days of intake by staff trained to use CSEC screening tools approved by DCYF;

Facilitate monthly CFT's with each youth in the ATLP to include their DCYF Social Service Specialist, ATLP case manager, and any other pertinent party;

Participate in the multi-disciplinary staffing (staffing which occurs by age seventeen in a half (17.5));

Arrange for family visitations with the youth in accordance with court orders including parent-child visitations and/or sibling visits;

Ensuring youth have opportunities to exercise autonomy and develop independent living skills while in the program.

Allowing youth to maintain their own daily schedule of activities which may include going to school, work, community or social events, hang out with friends, etc. within the parameters established by the ATLP provider (ex. curfews, safety plans, etc.).

Ensuring youth have a voice in establishing house rules,

Allowing youth to prepare their own meals, and take responsibility for the general upkeep of their personal and shared spaces of the home.

Develop a written safety plan, in coordination with the youth's DCYF Social Service Specialist, for any youth who may pose a risk to self or others;

Case Management Services

Develop and provide oversight of the ISTP; communication and coordination with community partners, family, DCYF staff, and other child/family team members.

Assist the DCYF Social Service Specialist in implementing the permanent plan for each youth.

Clinical Case Consultation Services

Clinical Case consultation shall be provided to address individual clients' needs.

Consultation shall be provided at a rate of no less than one-half (½) hour per client per month averaged over a three (3) month period.

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Support youth who are experiencing mental health challenges and relationships issues by monitoring youth's mental health needs including but not limited to providing crisis intervention on a twenty-four (24) hour basis, seven (7) days a week and referrals to mental health professionals who can provide counseling as needed to promote the youth's overall mental wellbeing; and

Consult with ATL Program Manager regarding any concerns about the provision of services to any youth enrolled in the program.

The ATLP Case Manager will develop a service plan with the youth and their DCYF Social Service Specialist within thirty (30) days of intake which will specify the services to be provided and coordinated by the Contractor which address the youths' identified needs.

Youth Satisfaction Survey

The Contractor's Case Manager will provide and assist the youth in completing the Youth Satisfaction Survey with all active youth on quarterly basis.

The Contractor shall utilize the results of the survey for program review and updates to meet the youth's needs.

The ATLP Case Manager will coordinate and provide direct services identified in the plan to include the following, but not limited to:

Independent living skills for daily living and self-care

Coordinate services to include:

Formalized workshops or IL skill-based programs.

Provide direct services to include:

Mentoring in budgeting, grocery shopping, food preparation, cleaning and household maintenance, etc; and

Mentoring in money management, support establishing a bank account, filing taxes, applying for public benefits, etc.

Education Services

Coordinate services to include:

Formalized tutoring;

Utilize educational advocate resources to ensure the youth is receiving all appropriate services;

Access to direct financial aid or scholarships; and

Educational advocacy.

Provide direct services to include:

Facilitate school enrollment, attendance and participate in special education planning and the implementation of IEP or 504 plans;

Planning for post-secondary education;

Providing access to school supplies;

Provide transportation to school or make arrangements for transportation by the school district;

Assisting youth in applying for financial aid or scholarships; and

Support for engaging in extracurricular activities (i.e. sports, academics, student clubs, etc.).

Career Planning

Coordinate services to include:

Vocational programs (i.e. apprenticeships, work-study, technical trade programs, etc.)

Provide direct services to include:

Mentoring in resume writing, job searching and applications, interpersonal communication skills, etc; and

Access to interview clothing and/or personal hygiene services (i.e. haircuts).

Housing Stability – for youth exiting ALTP

Coordinate services to include:

Housing or rental subsidy programs that can support youth after an ALTP exit.

Provide direct services to include:

Housing navigation support including looking for housing units, completing housing applications, communicating with potential landlords, etc.

Legal Support

Coordinate services to include:

Referrals to civil legal aid.

Provide direct services to include:

Support accessing legal forms of ID including applying for birth certificates, social security cards, etc;

Providing information to youth regarding their civil and legal rights; and

Helping youth identify methods for paying off legal debts or fines (via financial literacy mentoring).

Healthy Relationships

Coordinate services to include:

Referrals to sexual assault and/or domestic violence services; and

Referring to volunteer and civic engagement opportunities.

Provide direct services to include:

Providing opportunities for pro-social engagement with peers (i.e. games nights, movies, craft activities, etc.); and

Mentoring in healthy boundary setting, interpersonal communication, and conflict resolution.

Physical Health

Coordinate services to include:

Connecting and referring youth to food resources including food banks, SNAP benefits, etc.

Provide direct services to include:

Providing recreational opportunities; and

Mentoring youth in their daily physical health, hygiene and proper nutrition.

Health Care Services

Coordinate services to include:

Emergency care (via Medicaid);

Routine health care (via Medicaid);

Substance use assessment, education, treatment and relapse prevention with outpatient community resources; and

Supporting sexual health including access to:

Reproductive health;

Gender affirming care; and

Sexually transmitting disease education/awareness.

Provide direct services to include:

Providing first aid or treatment for minor injuries or illnesses that don't require a physician's treatment; and

Ensuring youth take medications in accordance with a physician's prescription; and

If a youth is prescribed psychotropic medication, the Contractor must comply with the provisions stated in:

*RCW 13.34.060 Authorization of Routine Medical and Dental Care; and
Chapter 71.34 RCW Mental Health Services for Minors.*

Mental Health

Coordinate services to include:

Collaborating with behavioral health professionals from the Managed Care Organization; and
Refer to counselors, clinical therapist, and/or psychiatrist.

Provide direct services to include:

Activities specific to the child's behavior in the youths setting;
Mentoring youth in their daily mental health; and
Provide crisis intervention on a twenty-four (24) hour basis, seven (7) days a week.

Program Exits

The youth shall exit the ATLP when one (1) of the following occurs:

Youth turns eighteen (18) and exits foster care;

Youth is between eighteen (18) and twenty-one (21) and is no longer participating or eligible for EFC;

Youth attains a different permanency goal; or

Youth's behavior significantly impacts the safety of self or others AND strategies for mitigating safety issues have been proven unsuccessful.

If the youth exits the ATLP for the reason stated in Subsection a. (4), the Contractor shall document the specific behaviors which are contributing to the safety concern, steps taken to mitigate the safety concern, and potential consequences of continuing to keep the youth enrolled in the program.

The Contractor shall notify the youth's DCYF Social Service Specialist no later than twenty-four (24) hours after a determination to exit a youth has been made.

The Contractor shall provide the DCYF Social Service Specialist and ATL Program Manager with thirty (30) day advance written notice of the youth's planned exit from the ATLP. The written notification shall state the date the youth will be exiting from the ATLP, and the reason why the youth will be leaving the program.

Transition Plan

Transition planning should begin from the initial placement into the ATL Program.

The Contractor shall coordinate and work cooperatively with DCYF and other service providers when a youth is admitted into the ATL Program and when the youth is discharged from the ATL Program. This will include, but is not limited to:

Participation in the multi-disciplinary staffing through DCYF;

Making appropriate referrals to housing and other resources which may support the youth with their goals for independent living provided concurrently with ATLP services and/or following discharge from the ATLP including but not limited to:

Extended Foster Care (EFC);

Independent Living Skills Program (ILS);

Independent Youth Housing Program (IYHP);

Young Adult Housing Program (YAHP);

Family Unification Programs (FUP); and

Foster Youth Independence (FYI).

Developing a written transition plan within ninety (90) days of initial placement and updating quarterly in order to help the youth to begin thinking of their transition from foster care.

This transition plan should be shared in monthly updates to the youth's DCYF Social Service Specialist and should include continuity planning in the following domains as applicable to the youth circumstances and service plan goals:

Career and education (including assistance with post-secondary education);

Housing and financial stability (including accessing public assistance);

*Health and wellbeing (including access to healthcare, mentoring, and support networks);
Contact information for two people who will know how to reach youth once they leave foster care.*

Procedures to Prevent Youth Runaways

The Contractor shall institute a policy that assures the whereabouts of youth are known when leaving the ATLP housing or the youth is immediately reachable by phone, text, or email to confirm their whereabouts when necessary.

Youth who refuse to return home or to the care of the Contractor when requested, or who are unreachable by phone, text, or email for a period of more than 4 hours for reasons unknown to the Contractor are considered youth missing from care.

Youth Returning from Missing from Care

Contractor shall assist and/or conduct a run debriefing interview when asked by DCYF. A copy of the run debriefing form 15-309 can be accessed at: <https://www.dcyf.wa.gov/forms>.

When the debriefing interview is completed send a copy to the DCYF Social Service Specialist and DCYF Locator, if assigned.

Coordinate the development of a run prevention plan with the youth, and DCYF Social Service Specialist.

Based on information obtained in the debriefing interview, this plan shall contain targeting interventions designed to reduce the likelihood the youth will run again.

Medical Proxy

The contractor will discuss with each youth receiving ATLP services the importance of having a Durable Power of Attorney for Health Care (once they turn age eighteen (18)), which would designate another person to make health care treatment decisions on the youth's behalf in case the youth becomes incapacitated and unable to participate in such decisions and does not have or want a relative who would otherwise be authorized to make such decisions.

This includes where to find the document and how to execute it, including <http://www.uslivingwillregistry.com>.

Notifications

The Contractor shall notify the assigned DCYF Social Service Specialist and ATLP Program Manager in accordance with Exhibit C – Program Requirements, Health and Safety of DCYF Client Children, as described below if any of the following situations occur. Verbal notification and/or written notification sent by secure e-mail shall be made within the time lines stated.

- a. **Immediate notification to DCYF.** Immediate notification to DCYF requires the Contractor to:

During Business hours speak with a live person, the child's assigned DCYF Social Service Specialist, a supervisor, or a local DCYF intake person. If outside of normal business hours (after 5pm, weekends, holidays) contact Central Intake; and

Leave a voice message for the assigned DCYF Social Service Specialist; and

Provide written documentation of concerns to the child's assigned DCYF Social Service Specialist and ATLP Program Manager within twenty-four (24) hours from the telephone contact via secure e-mail.

Immediate notification is required in the following situations:

Safety Concerns

The Contractor must provide immediate notification to DCYF when they become aware of:

An allegation of child abuse or neglect;

A parent/child relapses with drugs/alcohol;

A safety plan that is not followed by the signed agreed parties;

A new safety concern surfaces that is not addressed in the safety plan; and/or

Any safety concerns related to a missed visit.

Unusual Incidents

The Contractor must provide immediate notification to DCYF when they become aware of an unusual incident which may impact the child's health, safety or well-being, the child's living situation or permanent plan.

Examples of unusual incidents include, but are not limited to:

Physical self-abuse or abuse of others;

Self-harm or suicidal ideation;

Sexual assaults or sexual behaviors that are age inappropriate;

Severe behavioral incident(s) unlike the child's ordinary behavior;

Missing from care or running away;

Any incident that necessitates medical attention or hospitalization;

An unexpected adverse reaction to medication, food, etc.;

Death of any DCYF client receiving services from the Contractor;

A child's caregiver, or person incorporated into the child's safety plan, is injured or dies; and

Any high-profile incidents or criminal behavior occurring in the community.

Notification within twenty-four (24) hours is required in the following situations:

The Contractor shall notify the child's assigned DCYF Social Service Specialist in writing by secure email within twenty-four (24) hours in the following situations, but not limited to:

Child's emergent change of placement;

Parent address changes;

Child is suspended or kicked out of school;

Child changes schools;

Missed appointments by youth or family;

Parent misses visit;

Non-emergent health concerns for the child; and

Child violates probation or parole not resulting in detention stay.

Missing from Care

In addition to following Section 21.a reporting responsibilities for youth missing from care, the Contractor shall also follow WAC 110-145-1540, or successor statutes.

Reportable Incidents

The Contractor shall follow Licensing WAC 110-145 (Facility Based) for any incidents not covered with this Section, **Section 23 Notifications**.

Progress Reviews

The Contractor shall ensure cases are reviewed and a report generated at intervals within the specified time frame according to the service category as follows:

Initial Reports within thirty (30) days of intake;

Monthly during CFTs; and

Quarterly as part of the ISTP.

The Contractor shall convene the CFT and coordinate the monthly CFTM 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;

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;

Any changes to the ISTP;

Wraparound with Intensive services (WISe) screen and or evaluations and with other mental health information and progress; and

Review all updated reports from outside agencies.

Monthly Progress Report

The Contractor shall prepare a written monthly progress report following the monthly CFTM 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;

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 to include evidence/documentation that the CFTMs are held at a time and place convenient for the family;

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;

Any modifications to the ISTP;

Documentation of decision to continue services past eighteenth (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; and

Any medical, dental or service appointments that occurred since the last CFTM/progress report and outcomes or required follow up that is needed.

The contractor shall distribute copies of the Monthly Progress Report within three (3) business days of the CFTM to:

DCYF Social Service Specialist;

Parents and/or foster parents (if appropriate); and

Others designated by DCYF.

Reports

The Contractor shall submit the following reports to DCYF as prescribed by DCYF.

Written reports must be submitted by secure email. The DCYF Secure E-mail User Guide is available at:

<https://www.dcyf.wa.gov/services/child-welfare-providers/encrypted-email>.

Client Reports

The Contractor shall submit the following to the DCYF Social Service Specialist:

Intake;

Needs assessment – within fourteen (14) days;

Service plan – within thirty (30) days;

Progress report- Monthly;

ISTP- within thirty (30) days of intake, then updated quarterly;

Quarterly Progress/Transition Report – every three (3) months;
and

Exit Report– within thirty (30) days after the youth exits the ATLP.

Program Reports

The Contractor shall provide a census report every (1) month via email to the ATLP Program Manager in a format prescribed by DCYF covering the following:

Name of youth;

Date of birth of youth;

Demographic data;

Age of youth;

Referral date;

Reason referral was declined, if applicable;

If a youth is admitted, the census report must include the following:

Admission date;

Anticipated discharge date;

School or work status;

Name of DCYF Social Service Specialist;

Actual discharge date and current whereabouts of youth (if applicable);

Housing and income status (i.e. how they will address basic needs) at discharge

Whether the youth is receiving Mental Health or substance treatment; and

Whether the youth was identified as CSEC.

The Contractor shall provide an semi-annual Program Report to the ATLP Program Manager and DCYF Headquarters Program Manager (if applicable). These reports are due on Jan 31st (covering July – Dec) and July 31st (covering Jan-Jun) each contract year.

The report shall include at minimum:

Semiannual census roll up of all of the data elements specified in section d (1) and (2));

Description of the youth progress developing IL skills and/or enrolling in IL programming;

Description of youth involvement in program planning, implementation and evaluation;

Opportunities provided to youth to maintain connections to their cultural and/or tribal communities;

Opportunities provided to youth to develop connections with adult mentors;

Training and development for staff; and

Self-evaluation of the ATLP to include:

Effectiveness of service delivery, including program successes and highlights;

Program challenges and/or barriers;

Youth satisfaction with services, as reported by youth surveys; and

Summary of collaborative community relationships.

Contractor shall keep a documented log of all reports and when they were submitted, as applicable, to DCYF Social Service Specialist, ATL Program Managers, and/or DCYF Headquarters Program Manager.

DCYF may request additional measurable service and outcome data for services provided. In the event DCYF so requests, DCYF commits to work with the Contractor to develop these data elements. If so requested, the Contractor agrees to provide data collection in a manner prescribed by DCYF.