



## BEHAVIOR REHABILITATION SERVICES SEMI-ANNUAL UPDATE



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

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## Executive Summary

SB 5950, section 227(11), requires the Washington State Department of Children, Youth, and Families (DCYF) to provide semi-annual reports to the Governor and appropriate legislative committees that include the number of in-state behavior rehabilitation services providers and licensed beds, as well as the number of out-of-state behavior rehabilitation services placements. Effective January 1, 2024 it is required to provide the same information as it pertains to in state emergency placement service beds.

## BEHAVIOR REHABILITATION SERVICES (BRS)

### Introduction

Behavior Rehabilitation Services (BRS) is a short-term intensive support and treatment program that can include placement in a Qualified Residential Treatment Program (QRTP) or Therapeutic Foster (TFC) home, as well as services provided in a caregiver's home. These placements and services are intended to support and safely stabilize youth with high-level service needs and support transition to a less intensive service to assist in achieving a permanent plan.

Over this reporting period, the BRS service line has continued to strengthen with the increased presence of the additional Intensive Resource Program Consultants (IRPCs) at Child and Family Team Meetings (CTFMs) and support for the contracted providers. Positive partnerships between the provider community and DCYF, in particular, the Placement Continuum Unit (PCU) in the Division of Partnership, Prevention, and Services (PPS) continues to increase.

Since January 2024, the IRPCs have been visiting QRTP programs in person to conduct child and youth interviews as part of the QRTP assessment process. The Intensive Resources Provider Support Program Specialist started program observations in January 2024 focusing on CFTMs and Treatment Plans. These observations will include in-person visits to all contracted BRS agencies. These new processes are helping to strengthen our system through more in-person provider interactions, physical tours of the programs and increased interaction with youth statewide in QRTP settings.

Ongoing direct support to BRS providers via phone, zoom, and in-person contacts continues by all members of the PCU. The development and implementation of an updated onboarding plan for new providers and a retention plan for new and experienced agencies highlights program strengths and provides for the development of support and technical assistance when needed and requested.

### Historical and Current Capacity

As required by the budget proviso, DCYF continues to report licensed BRS provider capacity in these regular reports to the legislature. A comparison of the average number of providers and average beds available will be reported as data is available. It must be noted there are no enhanced BRS beds funded or contracted at this time.

Historical Reporting: In State BRS Provider and Bed Count			
Dates	Type	Count of Providers	Number of Licensed BRS Beds
Average Jan. – Apr. 2021	QRTP	24	338
	Treatment Foster Care	16	*
Average May – Sept. 2021	QRTP	18	252
	Treatment Foster Care	12	*
Actual Oct. 31, 2021	QRTP	19	257
	Treatment Foster Care	11	*
Actual Jan. 31, 2023	QRTP	22	256
	Treatment Foster Care	14	*
Actual Jun. 30, 2023	QRTP	18	245
	Treatment Foster Care	14	*
Actual Dec. 31, 2023	QRTP	16	233
	Treatment Foster Care	14	*
Historical Reporting: Number of Youth Placed Out of State			
Actual April 2021		9	
Actual Nov. 24, 2021		8	
Actual Jan. 31, 2023		5	
Actual Jun. 30, 2023		7	
Actual Dec 31, 2023		7	

\* Denotes unavailable data

Current Reporting: In State BRS Provider and Bed Count			
Dates	Type	Count of Providers	Number of Licensed BRS Beds
Average Jan.- Jun. 2024	QRTP	16	231
	Treatment Foster Care	14	*
Actual June 30, 2024	QRTP	16	229
	Treatment Foster Care	14	*
Number of Youth in BRS Out-of-State Placements			
Dates	Count of youth		
Average Jan. – Jun. 2024	7		
Actual June 30, 2024	7		

\* Denotes unavailable data

Between January 1 and June 30, 2024, the count of in state providers and out of state BRS placements have remained constant. However, one provider closed one QRTP, resulting in the loss of four (4) licensed beds in region 1. This closure was due to a lack of referrals and the need for the provider to pivot and explore other contracts. Despite the decrease in beds, we can still meet the needs of a significant majority of the youth requiring this level of care as we continue to focus on development of resources that keep youth in their home communities in the least restrictive environment. This closure has not impacted bed availability in that area or for youth statewide.

**EMERGENCY PLACEMENT SERVICES (EPS)**

**Introduction**

Emergency Placement Services (EPS) provide a short-term emergent placement option for children and youth with all levels of support needs from the ages of birth to twenty (20) years. These children and youth utilize EPS when they initially enter out of home care or experience a placement disruption. Children and youth are referred and admitted twenty-four (24) hours a day/seven (7) days a week with providers contracted to have an 85% acceptance rate. These providers serve children with a goal of preserving or reconciling the family and work to assist with effective transitions to other placement resources with the shortest length of stay possible. EPS placements assist DCYF in making future placement decisions and work to minimize the number of moves children and youth experience while in care.

Work has been on-going over the last 18 months to complete rate modeling and address the deficits of the current fee structure. The Governor and legislature approved a rate increase for July 1, 2024, the first since 2018. This is an increase of \$4,141 per month per bed with a new monthly rate of \$13,413.00. This rate is structured with 50% paid as a monthly retainer and 50% as fee for service when beds are occupied. Providers have shared positive accolades for the work that went into this increase. Additionally, a 1:1 rate has been established to support

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youth with higher support needs to be successful in EPS programs. This has allowed some providers to accept youth they previously may have had to decline. It has had a positive impact for all partners.

## Current Capacity

As required by the budget proviso, DCYF will now report on the EPS provider capacity. Work focused on the analysis of utilization data continues as DCYF and providers adapt to the current needs of children and youth in care. It must be noted there are no enhanced EPS beds funded or contracted at this time.

EPS Provider Count			
Dates	Count of Providers	Count of Programs	Number of Licensed EPS Beds
Average Jan. – Jun. 2024	4	6	45
Actual June 30, 2024	4	6	45

EPS programs continue to serve youth with the high level of support needs as they experience emergent placement needs. The needs of these youth are ever changing, and providers are working to make adjustments in their programming and structure to adapt to these changes. Providers meet individually with the Intensive Resources Program Manager monthly and as a larger group quarterly to discuss trends in referrals, utilization, case specific staffings and to discuss program and system improvement.

Partnerships between divisions and providers are being built to collaborate on the licensing Negotiated Rule Making process which will impact group care WACs in the Fall of 2025. Work is also being done to implement wage standardizations as well as contract language surrounding electronics and cell phone use – a main reason DCYF youth refuse placement in these settings. These conversations are on-going between all partners and updated contract language will be implemented July 1, 2024.

On-going recruitment continues to focus on developing new EPS providers in areas and regions where there is a service gap. Currently Regions 3 and 4 do not have any EPS programs, although there is an identified need. It is hopeful that the rate increase will prove sufficient for new partners to establish EPS or a service in these areas as well expansion in Region 6.

## Conclusion

DCYF continues to partner with our providers and partners to create a placement continuum that will ensure children, youth, and their families are provided access to placements and supports that are least restrictive. Work will continue to identify providers to fill service gaps in areas and regions where there is an identified need. DCYF will also continue to incorporate

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youth and family voices in decision-making to ensure well-being, recognizing the uniqueness of individual and family needs and understanding that community connections are paramount to success.