

Items for Consent Agenda from the Eligibility, Referrals, and Transitions group:

1. BRS and Eligibility Definitions – Key Decision Points regarding eligibility
2. Oregon BRS State Plan Definition Including Who is Eligible to Receive Services
3. Guiding Principles for Referrals
4. Checklist for Referrals
5. Guiding Principles for Transitions
6. Checklist for Transitions
7. Recommended Guidelines for placing children from birth to six years old

Eligibility Subgroup Guiding Principles

SUBSECTION 1 *BRS & Eligibility Definitions:*

*Note: Words or Definitions in **bold** were created by the Eligibility Subcommittee*

Key Decision Points Regarding Eligibility for BRS:

1. The Eligibility Subgroup maintains that the definition of BRS including who is eligible to receive services should remain the same and is written clearly and broadly enough to encompass those youths who we feel would benefit from BRS services.
2. The rule defines age ranges of eligible youth within the guidelines of the age groups in which we (Child Welfare and OYA) serve (0-24). The eligibility subgroup will not be recommending changes to reduce or expand the age range for BRS eligibility. Eligibility for 0-6 is included at the end of this document

SUB SECTION 2

Oregon BRS State Plan Definition Including Who is Eligible to Receive Services:

Behavior Rehabilitation Services are provided to Children/youth to remediate debilitating psycho-social, emotional and behavioral disorders. To provide early intervention, stabilization and development of appropriate coping skills upon the recommendation of a licensed practitioner of the healing arts within the scope of their practice within the law. Prior approval is required.

The population serviced will be Early and Periodic Screening Diagnostic, and Treatment (EPSDT) eligible children and youth who have primary mental, emotional and behavioral disorders and/or developmental disabilities that prevent them from functioning at developmentally appropriate levels in their home, school, or community. They exhibit such symptoms as drug and alcohol abuse, anti-social behaviors that require close supervision and intervention and structure, sexual behavior problems, victims of severe family conflict, behavioral disturbances often resulting from psychiatric disorders of the parents, medically compromised and developmentally disabled children and youth who are not otherwise served by the State Mental Health Developmental Disability Services Division.

OAR 410-170-0010 Purpose

The purpose of the Behavior Rehabilitation Services (BRS) Program is to remediate the BRS client's debilitating psychosocial, emotional and behavioral disorders by providing such services as behavioral intervention, counseling, and skills-training.

OAR 410-170-0020 Definitions

(3) Behavior Rehabilitation Services (BRS) program is a program that provides services and placement related activities to the BRS client to address their debilitating psychosocial, emotional and behavioral disorders in a community placement utilizing either a residential care model or therapeutic foster care model.

OAR 410-170-0040 Prior Authorization for the BRS Program; Appeal Rights

In order to meet the requirement in section (2)(a)(B) of this rule, the designated LPHA must determine that the BRS program is medically appropriate because the person:

- (a) Has a primary mental, emotional or behavioral disorder, or developmental disability that prevents the person from functioning at a developmentally appropriate level in the person's home, school or community;
- (b) Demonstrates severe emotional, social and behavioral problems, including but not limited to: drug and alcohol abuse; anti-social behaviors requiring close supervision, intervention and structure; sexual behavioral problems; or behavioral disturbances;
- (c) Requires out-of-home behavioral rehabilitation treatment in order to restore or develop the person's appropriate functioning at a developmentally appropriate level in the person's home, school or community;
- (d) Is able to benefit from the BRS program at a developmentally-appropriate level;
- (e) Does not have active suicidal, homicidal, or serious aggressive behaviors; and
- (f) Does not have active psychosis or psychiatric instability.

OAR 410-170-0050 Program Referrals and Admission to BRS Provider

The BRS contractor, or as applicable the BRS provider, must make admission decisions for the BRS client based on its agency-approved written admission criteria unless provided with written authorization from the agency to accept a BRS client who does not meet its admission criteria.

The BRS contractor, or as applicable the BRS provider, shall not deny an eligible BRS client admission to its program if a vacancy exists within the program at the time of referral and the BRS client meets its agency-approved

The Behavior Rehabilitation Service program offers a temporary placement with skilled staff to help client stabilize disruptive behaviors, while promoting positive skill development and a plan for successful transition to a more permanent resource.

Additional Relevant Definitions:

Family:

Parent/Guardian: One who nurtures, raises, or is legally responsible for the care and management of a minor. OYA Policy I-A-9.0

Family Member: Includes legal spouse, domestic partner, parent, guardian, sibling, child, aunt, uncle, grandchildren and grandparents, including foster, in-law, step relationships; and the caregiver of the offender's minor child(ren). OYA Policy I-A-9.0

Parent: means the biological or adoptive mother or the legal father of the child. A legal father is a man who has adopted the child or whose paternity has been established or declared under ORS 109.070, ORS 416.400 to 416.465, or by a juvenile court. In cases involving an Indian child under the Indian Child Welfare Act (ICWA), a legal father includes a man who is a father under applicable tribal law. Parent also includes a putative father who has demonstrated a direct and significant commitment to the child by assuming or attempting to assume responsibilities normally associated with parenthood unless a court finds that the putative father is not the legal father. DHS 413-040-0005

Guardian: means an individual who has been granted guardianship of a child through a judgment of the court. DHS 413-040-0005

Family member: means any person related to the child by blood, marriage, or adoption, including, but not limited to the parents, grandparents, stepparents, aunts, uncles, sisters, brothers, cousins, or great-grandparents. Family member also includes the registered domestic partner of a person related to the child, a child 12 years of age or older, and when appropriate, a child younger than 12 years of age. In a case involving an Indian child under the Indian Child Welfare Act (ICWA), a "family member" is defined by the law or custom of the child's tribe. DHS 413-040-0005

Youth:

BRS client: the person who has prior authorization from an agency to receive services or placement related activities through the BRS program in accordance with the BRS program general rules, and as applicable agency-specific BRS program rules. BRS OAR

Child or children: a person or persons under 18 years of age. BRS OAR

Young Adult: a person aged 18 through 20 years. BRS OAR

Natural Support: Help and care that someone receives from their friends, family, or community. It is unpaid, voluntary service provided to an individual receiving Medicaid services. Federal law requires the Medicaid agency to consider "the extent of, and need for, any family or other supports" for an individual receiving Medicaid services. Federal Code 42 U.S.C. § 1396n(i)(1)(G)(ii)(I)(bb).

Gender Identity: a youth's innate, deeply felt psychological identification as a male, female or some other gender, which may or may not correspond to the sex assigned to them at birth (e.g., the sex listed on their birth certificate).

Multidisciplinary Team (MDT): A team of professionals, family members, natural supports and the identified youth who coordinate efforts to ensure the development of a plan of care that will address the needs and the strengths of the youth. Membership may vary depending on system involvement.

Multidisciplinary Team (MDT): A team of individuals who work collaboratively to develop and maintain a comprehensive individualized case plan that is culturally competent and gender-specific for each [youth] offender committed to the Oregon Youth Authority (OYA). The MDT is based on a core team membership consisting of the [youth] offender, OYA primary case manager, placement representative, QMHP (facility)/treatment provider (community), tribal representative (for offenders enrolled in one of Oregon's federally recognized tribes) and the parents/guardians. Additional team members are fluid and are identified by the core team based on the offender's Risk Needs Assessment, identified criminogenic needs and placement. OYA policy I-A-11.0

Multidisciplinary Team (MDT): The MDT would consist of the caseworker, Juvenile Court counselor if there is one, CASA if there is one, Family as appropriate as well as any appropriate natural connection, BRS or provider staff, and the youth as appropriate. **DHS Rule number???**

Residential Resource Consultant: Residential Resource Consultants (RRCs) provide technical assistance and consultation to DHS staff who are having difficulty in locating or maintaining a placement for a particular child on their caseload. DHS OAR or BRS OAR?

Community Resource Unit: A team of OYA program analysts who are responsible for ensuring effective community placements for OYA youth by providing a consistent system of oversight to community residential BRS providers, facilitating on-going communication and support with agency staff and partners, and adjusting resources based on agency needs.

Youth Reformation System (YRS): uses data, research and predictive analytics to inform decision-making and support professional discretion to improve outcomes for youth, reduce future victimization, and maximize effective and efficient use of resources. OYA Initiative

OYA Recidivism Risk Assessment (ORRA): predicts the likelihood a youth will recidivate with a felony conviction or adjudication within 36 months of commitment to probation or release from OYA close custody. (OYA initiative)

Typologies: Provide need profiles for youth, identifies strengths and needs, information for treatment planning, guidance toward case planning, common language for case reviews. OYA initiative

Predicted Success Rates: Predicts the likelihood a youth will be successful in different environments. OYA initiative

Success:

Success: Not recidivating with a felony conviction or adjudication within 36 months of commitment to probation or release from OYA close custody. OYA initiative

Success: Would be addressing the safety risks presented and eliminating or having them below the threshold of severity. OSM language

Completion criteria individualized for each BRS client. Completion is defined by progress in acquiring pro-social behaviors, attitudes, beliefs and the development of relationships with natural supports while in the program, and demonstrating increased ability to self-regulate and the development of positive coping skills.

Transitional visit: an overnight visit by the BRS client to another placement for the purpose of facilitating the BRS client's transition. BRS OAR

Aftercare and Transition Plan (ATP): (a) The BRS contractor or BRS provider must: Ensure that a social service staff member develops and completes a written ATP at least 30 days prior to or as close as possible to the BRS client's planned discharge; (B) Provide the opportunity for the individuals listed in section (1)(a)(B) of this rule and members of the service planning team to participate in developing the

BRS client's written ATP; (C) Obtain and maintain the signatures of all participants or documentation that the individuals listed in section (1)(a)(B) of this rule and members of the service planning team were provided with the opportunity to participate in developing the written ATP; (D) Provide a copy of the written ATP to the individuals described in section (1)(a)(B) of this rule and members of the service planning team; and

(E) Obtain written approval of the written ATP from the caseworker and, as applicable and appropriate, the BRS client and the BRS client's parent, guardian or legal custodian; BRS OAR

Master service plan (MSP): the written individualized services plan, developed by the BRS contractor or BRS provider, identifying the services that must be provided to the BRS client in its BRS program.

Additional requirements are described in OAR 410-170-0070. BRS OAR

Initial service plan (ISP): the initial written individualized services plan, developed by the BRS contractor or BRS provider, identifying the services that must be provided to the BRS client during the first 45 days in its BRS program or until the master service plan is written. Additional requirements are described in OAR 410-170-0070. BRS OAR

Services: the treatment provided to the BRS client in a BRS provider's program, including but not limited to treatment planning, individual and group counseling, skills-training, and parent training. BRS OAR

Fit:

Appropriate Level of Support: Providing a youth with the necessary supervision, support and structure to promote positive skill development while ensuring safety to self and others.

SUB SECTION 3 *Guiding Principles for Referrals*

- Appropriate Level of Support based on services and fit
 - If a youth is struggling in current placement, a more intensive level should not automatically be the default. Another placement at the same level may meet the youth's needs.
 - If the youth is struggling in current non-BRS placement, supports can be provided in the current non-BRS placement to support the youth and provider. Note: This would be a new pre-service option.
- Create a universal referral process to assist with consistency and efficiency of the referral process which will ultimately reduce inappropriate referrals, improve timeliness of services for youth, provide BRS programs with information that they need in order to determine appropriateness of placement, and keep a record of gaps in needed services
 - OYA: This exists with Juvenile Justice Information System or JJIS. They will be adding natural supports & "About Me".
 - DHS: A document is in process. DHS needs to create a database where Providers can "see" if there is a youth who needs a placement and then can also "see" what other provider is working on finding a placement within their agency.
- A Multidisciplinary team, including the youth and their families (who can be involved in their child's care) should actively participate in the planning process to define the youth's needs (both skills to develop & supports needed) and to help inform their plan prior to a BRS placement option.
- The Multidisciplinary team should have current data (assessment results) to help them when defining the youth's needs and appropriate level of care.
 - OYA: Risk Needs Assessment (RNA), Youth Reformation System tools including: OYA Recidivism Risk Assessment (ORRA), Male and Female Typologies, and Predicted Success Rates
 - DHS: Child and Adolescent Needs and Strength Assessment (CANS)
- Options should be clear to every member of the team, including the DHS/OYA worker, both what is available at which level/type AND what programs are available within each level/type. This information can be obtained from a professional who knows the options or from a detailed resource directory.
 - DHS: Residential Resource Consultant (RRC)
 - OYA: Community Resource Unit
 - Options should be presented/explained to the youth and families in an age and developmentally appropriate manner
- Appropriate placements should be chosen based on the work of the Multidisciplinary team and not by "what bed is available".
- Clients should not have gap in educational, mental, dental or physical health services. Current providers should be notified of the possible change, used to coordinate ongoing support, and be part of aftercare planning as appropriate.
- All youths need ongoing and consistent relationships with caring adults who are not paid to be involved with them. This is a fundamental developmental need that cannot be addressed through services or professional care. Every youth referred into BRS services must have at least one healthy adult Natural Support identified, by the multidisciplinary team, to be involved in their care and aftercare planning. When healthy adult Natural Supports cannot be identified, then it is the responsibility of the multidisciplinary team to attend to that need.

SUBSECTION 4 *Checklist for Referrals*

- Multidisciplinary team met to discuss need (*list required people?*)
- Multidisciplinary team reviewed CANS or RNA and other supplemental documents (“About Me”)
- Multidisciplinary team reviewed summary document of what support is available at what level [*if created*]
- Client participated in checklist of needed support/skills to learn while in the BRS placement
- [DHS] Client’s CCO of responsibility was notified if they are moving out of the area
- Client participated in reviewing a checklist of current providers (educational, mental, dental or physical health) to notify if they are moving out of that provider’s service area
- Current providers were notified, as appropriate
- [DHS] Residential Resource Consultant was consulted
- [OYA] Community Resource Unit or detailed resource directory was consulted
- Client identified Natural Supports with help from the Multidisciplinary team or the Multidisciplinary team created a plan to identify Natural Supports if none were identified.

SUB SECTION 5 *Guiding Principles for Transitions*

- Appropriate Level of Support based on need
 - If the current placement isn't working, a more intensive level shouldn't be the default. Another placement at the same level may meet the youth's needs.
- The conversation about where a youth will live after gaining the skills offered by the BRS placement should start at the referral process
- All youth need ongoing and consistent relationships with caring adults who are not paid to be involved with them. This is a fundamental developmental need that cannot be addressed through services or professional care. Every youth in BRS services must have at least one healthy adult Natural Support identified to be involved in their care and aftercare planning. When healthy adult Natural Supports cannot be identified, then it is the responsibility of the multidisciplinary team to attend to that need.
- Natural Supports for the youth are very important and should be:
 - Identified at referral by the youth, with help from the multidisciplinary team, as necessary
 - Supported throughout BRS services as valued relationships and a critical component of care
 - Included in meetings, as they are able
 - Reviewed/reevaluated throughout BRS services at the 30-90 day check-ins
 - The person a youth thought would be a long time support may not be as supportive as they thought
 - The person the youth wanted to have no contact with may end up being very supportive
- Be transparent about BRS not being a permanent placement with primary connections for the youth but a placement that is as long as necessary to address individualized needs of the youth (in preparation for the youth's move to a permanent placement)
- Searching and planning for an aftercare placement after BRS services should start ASAP
 - Children/youth and their identified needs should be part of this decision making process
 - The an aftercare placement should be part of the planning for the transition ASAP
 - The an aftercare placement should be provided the training and support needed to be ready when the youth arrives into their permanent placement
 - The multidisciplinary team should identify local, community supports and start those connections (possibly Wrap)
- Support the aftercare placement and the youth after they leave the BRS placement with transition services that:
 - Ensures continuity of care necessary to maintain the prosocial gains made while in the BRS program.
 - Includes a regular check in regarding the local community supports to make sure they are working?
 - Are flexible for both the placement and the youth
 - Are involved up to (X months) to ensure the successful transition
- Transitions will be planful and include the Multidisciplinary team
 - When transitions are abrupt, youth will have the option to be in a short term shelter where the appropriate plan can be thoughtfully made
- Transitions will reflect the needs of the youth, as much as possible. The youth will choose the level of contact (in person, virtual or overnight/Transitional visit) with their next possible placement then that will be arranged.

- Clients should not have gap in educational, mental or physical health services. Past and future providers should be notified of the upcoming change, used to coordinate ongoing support, and be part of aftercare planning as appropriate.
- Transition services will to be culturally competent, age appropriate, developmentally appropriate, and tailored to the needs of youth
- Additionally rules should support services that are...
 - Fostering collaboration among youth-serving agencies by overcoming barriers to sharing information, creating standard assessments, establishing agreement on desired outcomes, and preventing duplication of services and transition plans
 - Involving youth in the transition planning process by preparing youth to be engaged in person-centered planning
 - Creating permanent connections by building lifelong support systems for youth
 - Fostering self-determination and resiliency
 - Beginning transition planning early to address unique developmental needs for individual youth
 - Allowing opportunities for youth to practice skills, make mistakes and learn from natural consequences, build their strengths and interests, and develop relationships with adults outside of the system
 - Recognizing normal adolescent brain development and using this knowledge as the foundation to create transition plans with youth that guide them through normal developmental stages of adolescence
 - Emphasizing the importance of communities, teams, and formal and informal Networks
 - Addressing training needs of transition facilitators and identifying lack of resources in this area
 - Identifying the importance of strength-based approaches

SUB SECTION 6 *Checklist for Transitions*

- Client participated in checklist of needed support/skills to learn while in the BRS placement and has reviewed them at each 30/90 day review.
- BRS Program Social Service Staff has continued the transparent conversation that the BRS placement is not intended to be the permanent placement for the client, but to aid in preparing for skills and stability to then transition to a permanent planned living arrangement.
- Client has reviewed the list of their Natural Supports at each 30/90 day review
- Client has identified what aftercare supports they might need leaving the BRS program (a day of respite to come back, a person to call them weekly, a number/person they can call back to, etc.)
- Aftercare resource has identified what supports they might need when the youth arrives
- [DHS] Client's CCO of responsibility was notified if they are moving into a new area
 - Current/future service providers (educational, mental, dental and physical health) were notified, as necessary

Recommended Guidelines for Placing Children Birth to Six Years Old in BRS Therapeutic Foster Care

General guidelines

The young children and infants who would benefit from a higher level of care are those who have experienced trauma, and who are “difficult to parent”. A therapeutic foster parent with more time and training to consistently provide therapeutic techniques is essential to improving the long term outcome for traumatized and neglected infants and young children. The experiences of the first three to five years of life lay down the neurological pathways and connections that create positive or negative lifelong expectations, physiological stress responses, emotion regulation, and style of relating to others. While the placement of a child in foster care may be necessary for safety reasons, each change in primary care give is a traumatic event for children under six. Therefore, limiting the number of placements is especially important for this age.

Babies, toddlers and Preschoolers who need BRS/Therapeutic Foster Placement may present with one or more of the following problems. A child should be considered for BRS Placement if:

	A child exhibits 3 or more of the below symptoms
	The symptoms do not resolve within 4 weeks of placement
	At least one foster parent has noted that the child’s symptoms/behaviors threaten the placement

❖ Multiple Injuries, Illnesses or Developmental delays	❖ <u>Under Responsive:</u> <ul style="list-style-type: none"> ➤ Listless, expressionless, eyes glazed, poor eye contact, little interest in play or exploration, few or weak attempts at engaging adults, withdrawn 	❖ <u>Regulation Difficulties:</u> <ul style="list-style-type: none"> ➤ Failure to thrive, low weight, feeding difficulties ➤ Sleep problems beyond age expectations ➤ Difficult to soothe (longer than 20 min) ➤ Toileting problems beyond age expectations ➤ Rapid change from one state to another 	❖ <u>Hyper alert/Anxious:</u> <ul style="list-style-type: none"> ➤ Anxious, wide eyed, glazed, or staring ➤ Fussy, clingy, Crying or screaming for the cumulative time of 2 or more hours per day ➤ Unable to settle into interactive play ➤ Constantly “on the go”, beyond age expectations ➤ Aggressive, Hostile
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As part of the referral to BRS placement, the following should be in place:

	Developmental assessment and follow up with any recommended services
	Physical, Auditory and Dental examinations and follow up with any recommended services
	A Mental Health Evaluation and referral to an evidence dyad therapy or therapeutic parenting group
	A treatment plan and care coordination with specific goals to address the health, developmental, and social emotional challenges the child faces.

Sources: *Handbook of Infant Mental Health*, Charles H. Zeanah, Jr.; *Infant/Child Mental Health. A Neurorelational Framework for Interdisciplinary Practice*, Lillas and Turnbull; *Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood: Revised edition* (DC: 0-3R)