

	STATE OFFICE for SERVICES to CHILDREN and FAMILIES CLIENT SERVICES MANUAL I ISSUED BY: Program Operations EFFECTIVE DATE: December 3, 1999	NUMBER: I-E.4.3
		SECTION: E. Substitute Care
		SUBSECTION: 4. Type of Service
SUBJECT: 3. Residential Services - Oregon Administrative Rules		

Responsible Manager: Manager,
Treatment Services Unit

Approval: *Dianne Lancaster*
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Program Operations

Interpretation: Manager,
Treatment Services Unit

REFERENCES

- CF 85A, Behavior Rehabilitation Services Authorization
- CF 85B, Re-Authorization for Behavior Rehabilitation Services
- CF 97, Residential Care Referral Outline
- SOSCF Policy I-I.4, Treatment Referrals
- SOSCF Policy I-B.2.2.4, Response to Assessment of Child Abuse Reports in Private Child Caring Agencies and Private Residential Schools
- SOSCF Policy I-E.5.1, Maintenance and Treatment Payments

PURPOSE

413-080-0200 Residential Services consists of 24-hour care and treatment provided by residential service programs operated by public and private agencies. This rule governs the use of residential service programs that contract with SOSCF to provide residential services for children in SOSCF's legal custody or children whose parents have signed a voluntary placement or custody agreement.

RESIDENTIAL PLACEMENTS

413-080-0210 (1) Residential placements shall be made only after all other resources for meeting the child's needs in a family environment, either in the child's own home or a substitute home, have been explored or exhausted. Resources to consider are counseling, Intensive Family Services, referral to another agency for family services, Homemaker Services, Parent Training and the Big Brother/Sister Program. Branches should explore individualized services, or other options through Family Decision meetings and use resources available in the local community whenever possible, if these services will effectively meet the needs of the child and family and divert the child from placement in a residential service program. Foster home placement is not a pre-requisite for placement in a residential service program.

(2) Children who are inappropriate for a residential service referral include:

(a) Children whose needs can be met in foster care or another family type setting or other less restrictive environment except that such placement is not available.

(b) Children whose interpersonal relationships within a sibling group could be better preserved in another setting.

(c) Children whose behavior or mental and emotional disabilities, while representing significant problems for the family or the community, would be better served by the development of a service plan with the family which permits the child to remain at home.

(d) Children whose diagnosed mental and/or emotional disorder has been determined to require psychiatric hospitalization or placement in a JCAHO accredited psychiatric facility in order to protect self and others.

(e) Children whose demonstrated ability to function in the Independent Living Program indicates that it is a better resource.

(f) Children whose problems, circumstances or social history indicates that available residential service programs could not assist the child, or that the child and/or the community could not be protected during the placement.

(g) Children whose placement history clearly shows that additional use of residential service programs will not be of further benefit.

(h) Children who have been identified as eligible for services through the local Developmental Disabilities Office.

Statutory Authority: ORS 418.005

Stats. Implemented: ORS 418.005

CRITERIA

413-080-0220 Children referred for placement in a residential service program must have demonstrated an inability to function successfully in a less restrictive environment due to behavioral problems which cannot be managed in a less structured, and less restrictive environment. The goal of placement in a residential service program is to remediate the behaviors which are preventing the child from remaining in a community setting, and to assist the child in making the changes necessary to allow the child to return to a family setting, or to live independently in the community.

Statutory Authority: ORS 418.005

Stats. Implemented: ORS 418.005

(413-080-0230 Criteria moved to 413-080-0210)

RESOURCE REFERRALS

413-080-0240 Written referrals to residential service programs shall follow the current format of the "Residential Care Referral Outline" (CF 97). Referral material regarding the child and family may be provided by the juvenile department, Oregon Youth Authority mental health workers, school district, or other community providers if these individuals have information which will assist in the referral process. The assigned SOSCF worker shall be responsible for sending the referral to the provider. Workers should refer to the Treatment Referrals Policy, I-I.4, for further information regarding residential service program referrals.

Statutory Authority: ORS 418.005

Stats. Implemented: ORS 418.005

SERVICE PLANNING

413-080-0250 (1) Within two days after admission to a residential service program, the program shall develop an initial service plan which shall be developed jointly by the SOSCF caseworker and the program, involving the child and parent(s). The service plan must be specific with regard to the behaviors to be addressed, services to remediate the problematic behaviors, and initial after care planning information. The program shall furnish a copy of the service plan to the SOSCF caseworker which shall be filed in the case record.

(2) Service plans shall not be revised without the involvement of all major parties, (i.e., SOSCF case worker, provider, the child and parent(s)).

(3) Every service plan for a child in a residential service program shall be reviewed by the SOSCF worker and provider a minimum of every 90 days, or more often as the case may warrant. This review shall include a face-to-face contact between the SOSCF case worker, the child and provider.

(4) A written progress report shall be prepared by the provider following every review and a copy shall be sent to the assigned SOSCF worker for inclusion in the case record.

Statutory Authority: ORS 418.005

Stats. Implemented: ORS 418.005

SOSCF CASE WORKER'S ROLE

413-080-0260 (1) The SOSCF case worker shall, whenever possible, involve the child's parent(s) in the placement process including their participation in pre-screening interviews, service planning and identification of appropriate aftercare resources. The SOSCF worker shall participate in the actual placement of the child in the residential service program.

(2) When a child is placed in a residential service program, the SOSCF worker shall continue to work with parents, other members of the family, as appropriate, and other resources in relation to children remaining in the home. Other SOSCF services to families shall be used, as appropriate, including individualized services to assist the other children to remain at home, and to prepare the home for the return of the child in the residential service program.

(3) The SOSCF worker shall work collaboratively with residential service program staff in relation to planning for the child.

(4) The SOSCF worker shall assist in arranging parent visitation with the child as agreed to by all service planning participants as appropriate and in accordance with planned services. The SOSCF worker shall approve all home visits and/or community passes while the child resides in an SOSCF contracted residential service program, per SOSCF Policy I-E.5.1, Maintenance and Treatment Payments.

(5) The SOSCF worker shall begin the development of a specific aftercare plan for the child and family upon placement of the child in the residential service program. The details of the aftercare plan shall be developed in conjunction with the residential service provider and updated at each 90 day service plan review meeting.

Statutory Authority: ORS 418.005

Stats. Implemented: ORS 418.005

INTAKE AND PLACEMENT DISAGREEMENTS

413-080-0270 (1) When a disagreement with a residential service program occurs with regard to acceptance of a child into the program, discharge of the child from the program, or the services the child and family are receiving, the SOSCF worker shall contact the supervisor, branch manager or the regional resource consultant in the branch's regional office for assistance in resolving the matter. Issues of abuse and neglect involving a residential service program must be reported to the SOSCF branch serving the area where the program is geographically located. (Refer to SOSCF Policy I-B.2.2.4, Response to Assessment of Child Abuse Reports in Private Child Caring Agencies and Private Residential Schools.)

(2) After review of the worker's concerns, the regional resource consultant supervisor, or branch manager shall contact the provider's staff or, if necessary, the provider's program director to resolve the problem.

(3) If the issue(s) cannot be resolved, the regional resource consultant, supervisor, or branch manager shall contact the assigned central office program analyst to request their involvement.

(4) After review of the issue(s) and the regional resource consultant, supervisor, or branch manager's efforts to resolve the matter, the program analyst shall contact the provider's program director or the program's board of directors to negotiate a solution.

Statutory Authority: ORS 418.005

Stats. Implemented: ORS 418.005

Behavior Rehabilitation Services Authorization

PART 1 RECOMMENDATION BY SCF SOCIAL SERVICE SPECIALIST AND SUPERVISOR

A. Demographic Information

Child's Name: _____ DOB: _____

Current Placement: _____ Legal Status: _____

Worker's Name: _____ WkID: _____

Branch Name: _____ SCF#/PL: _____

B. Documentation of the Need for BRS (Complete items 1, 2 and 3 below)

1. Child has two or more dysfunctional and debilitating psycho-social, emotional and/or behavior disorders and/or other problems that require BRS as indicated below:

<u>Problem/Need</u>	<u>Documentation Available</u>	
<input type="checkbox"/> School behavior problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Aggressive/violent behavior	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Runaway behavior	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Fire setting/reckless	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Withdrawn/depressed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Alcohol or drug abuse	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Impulsive/unpredictable behavior	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Exposes self to harm	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Cruelty to animals	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Defiant of authority	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Serious property damage	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Severe physical or sexual abuse	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Sexual acting out to/with others	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Self abusive behavior	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Anger management problem	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Excessively agitated/hyperactive	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Extreme difficulty staying on task	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Extreme demands for attention	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Extremely poor social skills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Sleep disorders	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Eneuretic/encopretic	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Eating disorder	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Suicidal talk/ideation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Threats of violence against others	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Extremely fearful/anxious	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Anti-social or delinquent behavior	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Academic problems/IEP	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Needs assessment, evaluation and stabilization in a structured environment	<input type="checkbox"/> Yes	<input type="checkbox"/> No

(List continued on page 2)

Section B. BRS Authorization (to be completed by LPHA)

Based on my review of the documentation of this child's psycho-social, emotional and/or behavior problems and needs, I authorize Behavior Rehabilitation Services to be provided to this child. This authorization is valid the date the child begins receiving Behavior Rehabilitation Services and continues in effect through _____

Date

Comments _____

LPHA Signature

Date

Re-Authorization for Behavior Rehabilitation Services

SECTION A. DEMOGRAPHIC INFORMATION (completed by SCF staff)

Child's Name:		SCF#/PL:	
Branch:	Worker Name:	WkID:	
Provider Name:		Phone:	Fax:
Date of Original BRS Authorization:		Date of Admission:	

SECTION B. RECOMMENDATION FOR CONTINUED BRS SERVICES (completed by SCF staff)

_____ The child continues to have psycho-social, emotional and behavioral disorder(s) and is in need of Behavior Rehabilitation Services,

AND

_____ The child has made progress in achieving service goals identified in his/her BRS service plan but requires continued BRS services,

AND/OR

_____ There are new service needs identified that require BRS services

SCF Social Service Specialist _____ Date _____

SCF Supervisor _____ Date _____

SECTION C. AUTHORIZATION FOR CONTINUED BRS SERVICES (completed by LPHA)

This child continues to need Behavior Rehabilitation Services for the reasons indicated above. This re-authorization is based on my review of the documentation of this child's psychosocial, emotional, and behavior problems and needs, as well as his/her progress in the BRS program.

This re-authorization is valid until _____
Date

Comments: _____

LPHA Signature _____ Date _____