

## Eligibility Subgroup Guiding Principles

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### BRS & Eligibility Definitions:

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#### 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 clients who we feel would benefit from BRS services.
2. The rule defines age ranges of eligible clients 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.

#### 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/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/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.

\*Proposed addition to the above BRS rule definition: *The Behavior Rehabilitation Service program offers a temporary placement with skilled staff to help children/youth stabilize disruptive behaviors, while promoting positive skill development and a plan for successful transition to a more permanent resource.*

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*Additional Relevant Definitions:*

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**Family:** A parent or parents, legal guardian, siblings, grandparents, spouse and other primary relations whether by blood, adoption, legal or social relationship including foster parents

**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. 42 U.S.C. § 1396n(i)(1)(G)(ii)(I)(bb).

**Least Restrictive Environment:** focuses on keeping youth in their home communities in the least restrictive environment that meets treatment and public safety needs.

**Multidisciplinary Team (MDT):**

**OYA:** a collaborative process among the youth, OYA staff, families, and service providers designed to promote engagement, motivation, and productive communication. The process provides opportunity for the youth and family to take personal responsibility for the case planning and treatment process.

**Child Welfare:** A group composed of members with varied but complementary experience, qualifications, and skills that contribute to the achievement of the organization's specific objectives.

Multidisciplinary teams represent a variety of disciplines that interact and coordinate their efforts to diagnose, treat, and plan for children and families receiving child welfare services. They may also be referred to as a "child protection team," "interdisciplinary team," or "case consultation team."

**Residential Resource Consultant:** A person who provides case consultation to Child Welfare staff when a child's needs indicate a level of substitute care that includes Behavior Rehabilitation Services (BRS) or residential treatment services.

**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 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.

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

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

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

**Guiding Principles for Referrals:**

- Least Restrictive Environment
  - If a child/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 child/youth's needs.
  - If the child/youth is struggling in current non-BRS placement are there supports that can be brought into the current non-BRS placement to support the child/youth and provider?
- 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, and provide BRS programs with information that they need in order to determine appropriateness of placement [*in process*]
- A multidisciplinary team, including the child/youth and their families (who can be involved in their child's care) should actively participate in the planning process to define the child/youth's needs and to help inform their plan prior to a BRS placement.
- The multidisciplinary team should have current data (assessment results) to help them when defining the child/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 child/youth and families in an age and developmentally appropriate manner
- Youth should not have gap in educational, mental 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 children/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 child/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.

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*Checklist for Referrals*

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**Checklist for Referrals:**

- Multidisciplinary team met to discuss need (list required people)
- Multidisciplinary team reviewed CANS or RNA
- Multidisciplinary team reviewed summary document of what support is available at what level [*if created*]
- Child/youth participated in checklist of needed support/ skills to learn while in the BRS placement
- [DHS] Child/Youth's CCO of responsibility was notified if they are moving out of the area
- Child/Youth identified Natural Supports with help from the multidisciplinary team, as necessary
- Multidisciplinary team created a plan to identify Natural Supports if none were identified

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**Guiding Principles for Transitions:**

- Least Restrictive Environment
  - 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 child/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 children/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 child/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 child/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 60-90 day check-ins
    - The person a child/youth thought would be a long time support may not be as supportive as they thought
    - The person the child/youth wanted to have no contact with may end up being very supportive
- Be transparent about BRS not being a long-term placement with primary connections for the child/youth (in preparation for the child/youth's move to a permanent placement)
- Searching and planning for a permanent placement after BRS services should start ASAP
  - Children/youth and their identified needs should be part of this decision making process
  - The permanent placement should be part of the planning for the transition ASAP
  - The permanent placement should be provided the training and support needed to be ready when the child/youth arrives into their permanent placement
  - The multidisciplinary team should identify local, community supports and start those connections (possibly Wrap)
- Support the placement and the child/youth after they leave the BRS placement
  - Check in regarding the local community supports to make sure they are working?
  - Create flexible aftercare plans for both the placement and the child/youth
- Transitions will be planful and include the multidisciplinary team

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*Checklist for Transitions*

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**Checklist for Transitions:**

- Child/Youth 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 permanent?
- Child/Youth has reviewed the list of Natural Supports at each 30/90 day review
- Child/Youth has identified what 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 child/youth arrives

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