November 9th, 2014

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1.) Creating a uniform referral process for all programs that is the same for all three state agencies

2.) Eligibility – Definition by State Plan is: *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.*

    a. The members of this workgroup do not believe the issue is eligibility. The issue is access; getting eligible children into an appropriate BRS program. Which leads us to #3.

3.) Analysis of whether the current resources meet current needs.

    a. OYA can track when and why children are rejected through OYA'S Juvenile Provider Access System (JPAS)/Juvenile Justice Information System (JJIS) – Providers receive and respond to referrals in this information system which includes the reasons for rejecting a referral. Reasons are chosen from a list, that could be expanded, and there is a space to add more specific notes. OYA monitors needs within their system and have periodically issued RFPs for programming to meet those needs (i.e. Short-Term Stabilization at the Enhanced BRS level, Dual Diagnosis Enhanced BRS for girls).

    b. In the DHS continuum, the workgroup would like to know the reasons for rejected referrals (specific behaviors, demographics, milieu fit) in order to determine whether we have the right resources to meet the current needs. Bridgett has sent a request for data to DHS.

    c. Currently DHS CAF puts out five to ten referrals to get a child into BRS – (most programs will reject them). We would like to focus on the DHS resources and first figure out why referrals are being rejected to determine if we need additional types of BRS programming.

        i. Are the referrals going out to current BRS programs appropriate?

        ii. What are the needs of the children and do we have/not have the appropriate BRS resources? For example, do the available slots match the need for proctor home vs. residential.

        iii. Note: youth who are rejected often end up in shelters, in a hotel or on the run.

4.) Consideration of *transition* (in, out and between) in the BRS system in relation to the well-being of children

   a. We like the idea of creating permanent relationships for kids when permanent placements aren't an option. We discussed using family find and other resources that can support kids through the system.

   b. Fluidity in the program so that kids don't have to be moved when they stabilized? Could this be explored?

   c. Having the BRS provider follow-through on the transition to the next placement

   d. Having a trusted staff from the BRS provider be available for periodical check-in calls from the youth

Question to the larger group:

1. Are we within the scope of our work re: Eligibility? (We've included the referral process and transition in and out of BRS in the context of reviewing eligibility.) Specifically, are other workgroups looking at access issues and needs vs. resources?

2. Are there any issue regarding eligibility that you would like this subgroup to explore?