Provider

Handbook

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Chapter One: Introduction

The Kansas Department Corrections' (KDOC) mission is a safer Kansas through effective correctional services. The Division of Juvenile Services assists youth in becoming successful and productive citizens by:

- Implementing the use of evidence based practices
- Operating safe and secure facilities
- Engaging families and stakeholders
- Evaluating processes and results

The KDOC strives to provide the most homelike and welcoming environment possible for youth ordered to an out of home placement. KDOC, working through Community Supervision Agencies, contracts for provider services. The Provider Handbook sets the standards and fees payable for the provider services. The provider and Community Supervision Agency will work in concert to insure that the appropriate services are accessed to meet the needs of the youth.

The KDOC holds a contract with providers under the terms of the Provider Handbook. A list of providers and the corresponding services they provide are made available to each Community Supervision Agency. The Community Supervision Agency is authorized to purchase service for youth in KDOC custody under the conditions of the Provider Contract.

While youth are placed with a contracted provider visitation shall be strongly encouraged. The KDOC understands the vital role parental/guardian visitation plays in a youth's success while in an out of home placement and their subsequent transition back to the community.

The Provider Handbook additionally sets forth the general requirements for all providers, procedural information and KDOC policy statements to which each provider must adhere to. KDOC staff may conduct site visits at our discretion. Full access to the facilities shall be granted upon request by KDOC staff to both the physical plant and the agency records. KDOC reserves the right to set expectations and require corrective action to any infraction of the standards in this handbook and in response to site visit reports from other state agencies (Kansas Department of Health and Environment and Department for Children and Families).

Chapter Two: General Requirements

For KDOC to establish a Provider Contract, all providers must continually meet all general requirements established in the Provider Handbook and all standards respective to their level of service.

1. Provider Qualifications: All providers are required to comply with applicable staffing qualifications for their respective levels of service. Agencies who cannot hire individuals with either the academic qualifications or experience must submit a written request for exception to the Contracted Services Unit. Agencies will receive written approval or denial of the request.
2. Provider Length of Stay: Youth will be limited to a maximum of a 180 day stay. Exceptions to this requirement will be submitted to KDOC by the Community Supervision Officer pursuant to their Supervision Standards.
3. No Eject/No Reject: No Eject refers to removing a youth from placement. No Reject refers to not accepting a referral. Specifications to these can be found on page 115, appendix 7. These rules apply to all levels of service except for Juvenile Justice Foster Care, Therapeutic Foster Care and Specialized Foster Care.
4. Cognitive Behavioral Therapy: All providers are mandated by the Secretary of Corrections to have a Cognitive Behavioral Therapy curriculum available to youth. If a provider does not currently offer a CBT curriculum, the provider is required to submit a plan of how a CBT program will be implemented no later than October 1, 2016.
5. Staffing Changes: Each provider must notify KDOC within one (1) business day of any change in Program Administrator and/or Case Coordinator. Upon a change in these program personnel, written verification that the new individual meets the requirements set forth in the Provider Handbook shall be submitted to KDOC.
6. Provider Clearances: All providers are responsible for ensuring and maintaining documentation of staff clearance through the Kansas Bureau of Investigation (KBI) and the Kansas Child Abuse and Neglect Registry as required by the Kansas Department of Health and Environment (KDHE) on an annual basis.
    a. Staff shall not be a person restricted from working with youth as defined by K.S.A. 65-516.
7. Confidentiality: All providers are required to comply with applicable state and federal statutes/regulations regarding confidentiality of youth information.
8. Reports of Child Abuse or Neglect: All providers are required to report immediately to the Department for Children and Families (DCF) any cases of suspected child abuse or neglect. A critical incident report shall be completed and submitted to KDOC (please see Appendix #3 and #5).
9. Crimes Committed Against Youth: All providers are required to have their staff report immediately to the local police department or county sheriff's office any case of a suspected crime or act committed by a youth which if committed by an adult would constitute a crime, or committed against a KDOC custody youth who is placed with that provider. Consideration shall be given to any acts considered horseplay or general disruptive behavior.

10. Discipline and Behavior Management: All providers and their personnel are required to adhere to the KDOC policies governing discipline, Emergency Safety Intervention and isolation. KDOC does not view any action administered in a fashion that may cause any youth to suffer physical or emotional damage as acceptable. This includes acts that cause pain, such as hitting, beating, shaking, cursing or derogatory comments about the youth or the youth's family. KDOC will not purchase or continue to purchase services from any third party providers who use discipline that is not acceptable. All providers must have written policy and procedure regarding Emergency Safety Interventions.
11. Searches: Pat-downs/searches should be conducted only upon reasonable suspicion and in a manner as non-intrusive as possible. If the provider has an individualized, reasonable suspicion that a particular youth is bringing into the facility contraband that could put the youth, other youth or the staff at risk, then it is reasonable that the provider conduct a search involving a pat-down by a staff member of the same gender as the child. The pat-down (search) must follow the providers specific (DCF pre-approved) policy and procedure, incorporating specific guidelines for determining that a search is necessary.
12. Contracting with Individuals: KDOC will only contract with individuals who are in business for themselves. The following issues shall be considered when determining whether providers are in business for themselves:
    a. The provider is responsible for paying income and self-employment taxes as determined by the applicable state and federal rules. Normally they will have their own tax I.D. number and pay their own Social Security taxes.
    b. KDOC provides no supervisory services to the contractor, nor is the KDOC responsible for establishing confines of employment or working hours.
    c. They provide all their own equipment, goods and tools to complete the necessary service.
    d. All overhead costs (i.e. meals, clothing and transportation) are the responsibility of the provider, not the KDOC.
    e. The provider is responsible for all of their own training and education.
    f. The provider is responsible for any liability involved in the delivery of services to consumers.
    g. KDOC will report to the Internal Revenue Service (IRS) a summary of earnings at the end of the year.
13. Contracting with Relatives of Employees: No KDOC employee or Community Supervision Officer shall be involved in agency decision-making related to administrative or Provider Contracts with a relative. In the event the KDOC wishes to contract with a spouse, parent, child, sibling, in-law or cousin of any employee, prior written approval must be obtained from the Secretary of Corrections. KDOC shall exercise discretion when contracting with an employee's fiancé, roommate, partner or other individuals where the potential of financial gain to the employee exists.
14. Contracting with the KDOC: Provider Contracts cannot be made to purchase services from the KDOC or Community Supervision Agencies or their employees.

15. Licensing: All residential centers, group boarding homes, child-placing agencies and foster homes must be licensed as per the Department of Children and Families (DCF). All resource families must have completed a training curriculum for parents approved by DCF. Please note, regardless of ages served, all residential providers (excluding TLP level of service) will be required to obtain a DCF license.
16. Data Collection: The provider understands and agrees that it will cooperate in the collection and submission of data as established by the Secretary for each level of service provided. Data will include information pertaining to youth participation and completion of program activities/services. The format and submission process will be provided by the Secretary prior to the start of each contract cycle and any interim changes shall have a one month review process prior to implementation. Reports shall be submitted to KDOC no later than the 7th day of each month.
17. Independent Contractors: The provider understands that they are considered an independent contractor and shall comply with the following:
    a. You have the responsibility, as an independent contractor, to pay income and self-employment taxes as determined by the applicable state and federal rules. You should check with your accountant or the person who completes your income taxes to determine any responsibility.
    b. The agency cannot specifically direct your hours as to when the service will be provided or how it will be provided. Any supervision of your services cannot come for the KDOC or the Community Supervision Officer.
    c. You are required to provide your own tools and equipment necessary to complete the service. Use of Community Supervision Agency phones, mail, automobiles and office space it not allowed.
    d. Compensation for services provided will be made as specified in the Provider Contract. Occasionally you will be requested to provide copies of these documents as proof that you are receiving these from the local agencies.
    e. Overhead costs (i.e. meals, clothing, transportation, etc.) are the responsibility of the provider and not the KDOC or the Community Supervision Officer.
    f. You are responsible for your training.
    g. You are responsible for liability involving the delivery of services to the KDOC consumers. You are also responsible for all insurance coverage. It may be advisable to contact other independent contractors for information regarding liability risk.
    h. You stand to realize a profit or suffer a loss as a result of the service being rendered.
    i. You are responsible for your own quarterly income tax and social security. The KDOC will report to the IRS a summary of your earnings at the end of each year.
18. Population Separation: Children in Need of Care (CINC) and Juvenile Offenders (JO) shall only be housed at the same home/facility if sight and sound separation is occurring at all times. This includes all programming, treatment, recreation, dining/meals and lodging. There are three exceptions to the sight and sound requirement. One is for educational programing (school). The second is for transportation to and from appointments; these must be supervised by staff at all times. The last exception is for the following levels of service: Specialized Foster Care,

Therapeutic Foster Care, Emergency Shelters, Residential Maternity Centers and Psychiatric Residential Treatment Facilities.

19. Populations Served: The provider understands at no time shall out of state or federal custodial youth be housed within the facility/home.
20. Suicide Precautions: All youth shall be assessed for suicidal ideations and/or self- injurious behaviors immediately upon admission to the facility/foster home and maintained in the youth's file. Upon identification of these behaviors the provider shall immediately make referral(s) for appropriate services.
21. Youth Financial Accounts: All the youth's finances that are accrued during placement shall be released to the youth, or supervision officer in the youth's absence, upon the youth's discharge from placement within two (2) business days.
22. Forms: When required by the Secretary of Corrections the provider shall use KDOC approved forms (please see Appendix #6 on page 114)
23. Residential Provider Service Registry: A service matrix (form KDOC-0131) shall be completed annually and submitted with the providers' contract describing: target population; programs and services; frequency, duration and schedule of programs/services.
24. Training: Providers shall attend all applicable training sponsored by KDOC. Provider representation will be specified by the KDOC.
25. Undue Familiarity: Providers shall follow all requirements set forth in the Provider Contract Section XXI regarding undue familiarity; this will also include the usage of social media. Social media shall be defined as internet sites where individuals and organizations may share information and/or engage in conversations with others in a public setting which include, but are not limited to, sites such as Facebook, Flickr, Twitter, YouTube, blogs, podcasts, RRS, Instagram and Snapchat. This shall apply for the youth's duration of supervision by the KDOC.
26. Education/Enrollment: All providers shall contact the appropriate school, or equivalent educational program, to begin the enrollment process within (3) business days of accepting placement of the youth. Documentation of all contacts and steps taken with educational facilities to enroll the youth shall be maintained in the youth's file.

Chapter Three: Payment Procedures

1. Rate Setting: Rate setting will be done by the KDOC and in certain circumstances will be done in conjunction with the Department for Children and Families (DCF).
2. Negotiated Rates: Rates listed in this Handbook are considered to be maximum rates. Providers may not charge the KDOC or the Community Supervision Agency more than their customary charges to the general public.
3. Face to Face Services: Unless otherwise specified in the Handbook, only actual face to face services are purchased. Providers are not to bill the KDOC for travel time, preparation time, report writing, etc.
4. Medicaid Expectations: Whenever possible, it is the expectation that Medicaid funds be used to purchase needed client services. For those clients who are not Medicaid eligible, or in those situations where the staff does not have access to Medicaid providers, then services may be purchased from other providers who meet the KDOC qualifications and with whom a Provider Contract has been developed. Individuals or agencies wishing to become enrolled Medicaid providers must contact the Kansas Department of Health and Environment (DCF) Division of Health Care Finance for enrollment.

Chapter Four: Reimbursement for Absentee Days

See Psychiatric Residential Treatment Facility (PRTF) standards for rules governing reimbursement of absentee days in a PRTF. For non-Medicaid residential providers a youth shall be considered present at the placement for an entire day if the youth is at the placement at 11:59 pm. The placement should take a resident specific census at this time and ensure the placement has a record of which youth are present in the placement on any given day and can accurately track absentee days for each youth. Authorization for placement days shall be provided in accordance with the KDOC Provider Handbook, excluding the day of discharge.

Providers will be reimbursed for absentee days as detailed below. At no time shall a provider submit an invoice for days that differ from the criteria listed under each section.

1. AWOL Absentee Days: If a youth is absent from placement due to being AWOL, the placement will be reimbursed for the first twenty-four (24) hour period the youth is AWOL only if the youth returns to the placement within that twenty-four (24) hour period. If the youth does not return within the allowable twenty-four (24) hour time period, the youth's date of AWOL will be considered the day of discharge from placement.
2. Hospital Leave: This is an absence from the placement for more than twenty-four (24) consecutive hours due to the youth receiving acute inpatient treatment in a hospital, including treatment in a psychiatric unit of a hospital, or a state psychiatric hospital. If the placement is unable to plan for return of the resident and continue continuity of care planning because it is unsure when the youth may return from the hospital the youth should be discharged from placement. Under no circumstances shall the provider bill for more than five (5) days when the resident is in the hospital.
3. Visitation Days: A maximum of seven (7) consecutive visitation days and up to ten (10) calendar days per month will be reimbursed at the contracted per diem rate. Note, the day the youth leaves for pass will count as day one (1) and the day the youth returns from pass will not count towards visitation day criteria. An approved visitation plan must be documented in the youth's program plan and the Community Supervision Officer must approve the type, frequency, duration and location of all visits prior to the youth leaving for a visit.
4. Other Absentee Days: If a youth is absent from placement and placed in a Juvenile Detention Center (JDC), this will be considered the day of discharge from the placement. This would include a youth being placed in a JDC for sanction house by a Judge. Any youth discharged from your program to a JDC will have to be re-admitted to your program and will be considered a new admission.

Chapter Five: KDOC Discipline Policy

Discipline is an essential part of child rearing and when used positively it contributes to the healthy growth and development of a child and establishes positive patterns of behavior in preparation for adulthood. The KDOC requires contracted providers to utilize positive discipline for youth which the KDOC purchases and/or provides services and care.

Positive discipline (when used for purposes of guiding and teaching the youth,) provides encouragement, a sense of satisfaction and helps the youth understand the consequences of their behavior. The KDOC does not view positive discipline as any action administered in a fashion that may cause any youth to suffer physical or emotional damage. Disciplinary acts that cause pain, such as hitting, beating, shaking, cursing or derogatory comments about the youth or the family are not acceptable.

IT SHALL BE THE POLICY OF THE KANSAS DEPARTMENT OF CORRECTIONS THAT WE DO NOT PURCHASE OR CONTINUE TO PURCHASE SERVICES FROM THIRD PARTY PROVIDERS WHO USE DISCIPLINE WHICH IS NOT POSITIVE, NOR WILL SUCH DISCIPLINARY ACTS BE TOLERATED WHEN PRACTICED BY KANSAS DEPARTMENT OF CORRECTIONS EMPLOYEES IN REGARD TO YOUTH IN ITS CUSTODY.

Chapter Six: Specialized Family Foster Home

Section 1: Service Description

A Specialized Family Foster Home is a family home in which 24-hour care is provided to youth who are in need of out-of-home placement to meet their safety and well-being needs. The home must comply with Department of Children and Families (DCF) licensure requirements and the requirements of the sponsoring agency. The Specialized Family Foster Home is an integral part of the team working with the youth and parent(s)/guardian(s) in order to achieve timely permanency for the youth. The home must be sponsored by a licensed Child Placing Agency that contracts with the Kansas Department of Corrections (KDOC).

The rate of pay for a Specialized Family Foster Home is $49.64 per day, per youth. These rates are subject to change.

Section 2: Description of Youth to be Served

Youth who do not require a therapeutic intervention, yet have enough internal control to be served in a structured family home environment by knowledgeable trained foster parents. Youth should not be currently suicidal, homicidal or requiring detoxification services that necessitate hospitalization.

Section 3: General Staffing Requirements

- Foster parents must meet all requirements set forth by the DCFDCF and the sponsoring licensed Child Placing Agency.
- Staff and foster parents shall not be a person restricted from working with youth as defined by K.S.A. 65-516.

Foster parents shall adhere to all requirements set forth in Appendix 5: Mandated Reporters (page 112).

Section 3.1: Administrator

- Not applicable.

Section 3.2: Case Coordinator

- Not applicable.

Section 3.3: Life Coach

- Not applicable.

Section 3.4: Foster Parent

- Each Specialized Family Foster Home foster parent must be at least 21 years of age at the time of application to DCF for licensure and have been a member of the household for at least one year prior to application.

- Each Specialized Family Foster Home foster parent shall provide evidence of child care experience and knowledge of child care methods which will enable any child to develop to his or her potential.

Section 4: General Program Requirements

- 24 hour care.
- The home shall be licensed for a maximum of four (4) foster children, not more than two (2) of whom shall be under 18 months of age, with a total of 6 children in the home including the foster parents' own children under 16 years of age.
- The home shall meet the legal requirements of the community as to zoning, fire protection, water supply and sewage disposal.
- Each youth shall have sufficient storage for all personal belongings, i.e. closet and/or dresser.
- The home's environment shall be free of, gang paraphernalia, sexually explicit material, drug referencing material, etc. Upon discovery said items shall be removed.
- Each home shall maintain clean and sanitary living conditions.
- The home shall adhere to all requirements set forth in Appendix 3: Critical Incident Reporting (page 108).

Section 5: Behavior Management

The Specialized Family Foster Home foster parents must follow all requirements set forth by DCF and the sponsoring licensed Child Placing Agency.

The home shall adhere to all requirements set forth in Appendix 4: Resident's Rights (page 111).

Section 5.1: Application of Time Out

- A procedure used to assist the individual to regain emotional control by removing the individual from his/her immediate environment and restricting the individual to a quiet area or unlocked quiet room. A youth in time out shall never be physically prevented from leaving the time out area. Time out may take place away from the area of activity or from other youth. Foster parents must monitor the youth while he/she is in time out.

Section 5.2: Emergency Safety intervention (ESI)

- Emergency Safety Intervention (ESI) is the application of physical force without any mechanical device for the purpose of restricting the free movement of a youth's body. **Emergency Safety Interventions should be used only as last resort after all verbal de-escalation techniques have failed and when the youth is at-risk of harming themselves or others.**
- An Emergency Safety Intervention must be performed in a manner that is safe, proportionate and appropriate to the severity of the behavior, and the youth's chronological

and developmental age, size, gender, physical/medical/psychiatric condition and personal history.

- The use of Emergency Safety Interventions must be performed only through the use of nationally recognized ESI procedures applicable to this population designed to prevent a resident from harming self or others by exerting external control over physical movement.
- Mechanical restraint is the use of mechanical devices to restrict the free movement of the resident's body, most often for purposes of preventing self-destructive behavior. **Mechanical restraints are not allowed in KDOC residential facilities and homes.**
- Each placing agency must have a written ESI policy and foster parents must be trained to provide safe Emergency Safety Interventions. Foster parents must be trained in authorized, well-recognized training programs for managing aggressive behavior. Foster parent training records must be kept as part of their personnel file and must be made available upon request. At the time of admission to a placement, the youth and parent/guardian must be oriented to the ESI policies of the facility and must sign a written acknowledgment for this orientation. This written acknowledgment shall be kept in the youth's file.

Section 6: Criteria for Admission

The referring agency's placement screening tool, and by meeting the general criteria for eligibility for placement in a specialized family foster home.

Section 6.1: Admission Skills Required

- Not applicable.

Section 6.2: Referral Process

- Not applicable.

Section 6.3: Provider Placement Agreements

- A Placement Agreement (KDOC-0086) must be completed between the Specialized Family Foster Home foster parents or the home's sponsoring agency and the youth's referring agency. A copy of the Placement Agreement must be kept in the youth's file.
- The initial service authorization period will be for 90 days. Service extensions will be for a period of 60 days, and will be examined by the youth's supervision officer to ensure the youth is receiving the services they need to reintegrate into the community. The youth may continue receiving services in the home as long as they continue to require this level of care as determined by youth's supervision officer.

Section 7: Initial Assessment

When a youth enters the home, the agency shall begin gathering information on the youth's strengths and needs within twenty-four (24) hours and shall have a completed assessment within seven (7)

calendar days. Needed services shall be documented on the initial assessment. The assessment shall include but not be limited to the following areas:

- Physical health
- Family relations
- Academic or vocational training
- Community life
- Interpersonal interactions
- Daily living skills as outlined in the scope of services
- Involvement or exposure to substance use disorders
- Involvement or exposure to other trauma

Section 8: Resident Lodging

In order to support the daily management and administration of residents, each residential provider shall develop an objective procedure regarding the physical housing of youth. Youth placed in a residential setting shall be assigned to a room based upon various factors, as identified by risk/needs assessment(s) in addition to other indicators. Resident lodging shall be completed immediately upon admission. If there are any room assignment changes due to behavioral concerns, an updated resident lodging form must be completed and placed in the youths file. Factors to consider in assigning rooms shall include (but are not limited to):

- Risk to recidivate (as determined by evidence-based risk assessments)
- Suicidal tendencies
- Level of specialized needs (i.e. mental health, medical, etc.)
- Sex offender status
- Gender
- Age and/or maturity level
- Program needs (substance use disorder, cognitive behavioral, independent living, etc.)
- Vulnerability to being victimized by others (i.e. physical stature)
- LGBTI- Lesbian, Gay, Bisexual, Transgender, Intersex
- Other considerations

The placement decision shall be documented on the resident lodging form. While each youth will have an individualized program plan, assigning rooms based upon risk/need/responsivity factors will allow for a safer, more secure environment, as well as efficient and effective management of the home.

Section 9: Program Plan

Each youth residing in a specialized family foster home must have a program plan which includes individualized services to match the youth's identified needs based on the youth's YLS/CMI, supervision plan, conversations with the youth's Community Supervision Officer, parent/guardian, provider's initial assessment and assessments conducted by other service providers, i.e. mental health, substance abuse, etc.

- The program plan shall be established by the end of fourteen (14) calendar days from admission and address identified needs in the domains of family relationships, education/vocational/ employment, peer relationships, substance abuse, leisure/recreation, personality/behavior, attitudes/orientations, and independent living skills.
- Youth may not have identified needs in every domain. Develop a plan only for those areas where a need has been identified but not more than three (3) to four (4) domains at a time.
- Program plans should be updated when new needs are identified or when program goals/objectives are met.
- Program plans should be thoroughly reviewed and revisions made within thirty (30) days of admission and every thirty (30) days thereafter.
- The youth should participate in the plan development.
- The plan should be signed by the youth and the Child Placing Agency Staff that worked with the youth to develop the plan.

Section 9.1: Plan Development

The program plans shall include long-term goals and objectives/steps to achieve the goal, identify and incorporate strengths, identify and address responsivity (barriers) to success.

- Long-term goals should state the overall goal (long term behavioral change) the youth is striving to achieve.
- The objectives/steps should be written in SMART (Specific, Measureable, Attainable, Realistic, Timely). These are the actions that the youth and others will do to reach the goal.
  - Specific - They may best be thought of as the "how to" for reaching the goal. Use action words to state what the youth will do, and how he/she will do it.
  - Measurable – You must be able to determine if the youth completed the objective or not, i.e. state the estimated time for the youth to complete the objective and the frequency of the service/intervention.
  - Attainable & Realistic – The objective may take work, but should be something that can be realistically completed.
  - Timely – There should be a clear beginning and ending date for each objective. Create a reasonable target date for completion. This date should not be months away.
- Strengths: These may be considered internal and/or external assets or characteristics that can be used to support the youth in reaching specific goals/objectives.
- Responsivity (barriers): These include characteristics that are related to a youth's learning ability and program engagement. Examples would include motivation, readiness to change, social support, intelligence, psychological development and maturity. All barriers shall be addressed in the program plan.

Section 10: Services

The Child Placing Agency shall write a policy and procedure manual of operations that will be reviewed and approved by the KDOC.

The daily schedule shall address the needs of the youth and the use of time to enhance the youth's physical, mental, emotional and social development. Indoor and outdoor recreation shall be provided. All play equipment, books and other materials shall be safe, clean, in good repair and suitable to the developmental needs and interests of the youth. The youth shall attend school regularly and also have time for school and community activities. The youth shall be provided opportunities to practice age appropriate daily living skills.

The policy and procedure manual will provide a program for youth in the home that covers the following program components:

Supervision: Supervision shall be provided by the foster parent or other appropriate caregiver during the foster parent's absence.

Food and Shelter: Nutritious meals and snacks shall be provided. The specialized family foster home will meet the youth's health and safety needs. Each youth shall have their own bed in a bedroom which meets DCF licensure requirements.

Daily Living Services: Daily living services shall be provided and include the following:

- Room, board, child care, and school fees.
- Transportation to appointments within a sixty (60) mile radius; including to and from school, medical care, recreation, etc.
- Academic activities; assistance with school work, vocational training and/or GED training.

Situational Training: Situational training shall include but not be limited to:

- Social Skills: Developing positive relationships with peers and adults, problem solving, positive interactions with others, recognizing and addressing barriers to success, handling conflict, being considerate and accepting of others, etc.
- Personal Hygiene: Teaching about body cleanliness, use of deodorants and cosmetics, appropriate clothing, choosing clothing to fit individual and occasion and keeping clothes neat and clean.
- Health: Identifying and understanding youths' health needs; securing and utilizing necessary medical treatment including preventive and health maintenance services; gaining information and education in health maintenance (including preventive measures, nutrition, menstruation, rest, cleanliness, family planning, drugs, sexually transmitted diseases, exercise, and motivation for meeting own health needs), maintaining contact with providers of health services (physician, nurse, clinic) and using outside resources for assistance (clinics, pharmacies, hospitals).

- Independent Living Skills: Budgeting, comparative buying, installment buying, avoiding risks, identifying illegal or excessive interest rates, use of credit, avoiding or dealing with debts, using checking and savings accounts, basic meal planning, basic cooking and paying taxes, etc.

Communication Skills: The youth's articulating thoughts and feelings through appropriate use of skills such as speech, writing, email, social media and use of the telephone.

Home Management: Home management shall include; making the bed and changing linens, using the vacuum cleaner, dusting, organizing belongings, disposing of trash, cleaning all areas of the home, operating of appliances, cooking complete meals, making simple repairs, who to call when a major repair is needed, being aware of the needs for upkeep, handling emergencies and knowing first aid.

Recreation: Recreation shall include: participating in leisure time activities, learning how to spend leisure time, developing outside activities, managing time, finding recreation with little or no expense involved, finding community projects to take part in, participating in social groups, participating in sports and games, arts and crafts and appreciating fine arts. The daily schedule shall address the needs of the residents and the use of time to enhance the resident's physical, mental, emotional and social development. The home shall provide supervised indoor and outdoor recreation so that every resident may participate. Age appropriate equipment to promote physical development and physical fitness shall be available. Age appropriate socialization shall be provided utilizing community resources to assist the youth in transitioning back into their community when appropriate.

Supporting parent/youth interactions: Foster parents will assure each youth is available for the scheduled parent/youth interactions directed in the youth's case plan. Foster parents may choose to make their home available for some of these interactions or accompany the youth to the site for the interactions to provide mentoring support to the birth family.

Tutoring: Tutoring for remedial purposes shall be provided as needed, in addition to normal school work, to assist youth to perform at his/her potential. Tutoring services should be in accordance with need as indicated by school staff. The service delivered shall be documented in the individual's case record including date, amount of time and person who provided the service.

Case Coordination: Responsible for coordinating the youth's program and progress with the schools, employer, family, referring agency, therapist and other appropriate community resources for each youth in residence shall reside with the agency.

School/Work Liaison: The Licensed Child Placing Agency shall ensure routine communications between the staff and any educational program in which the youth is placed. This may include requesting and participating in the development of an Individual Education Plan (IEP) for each youth. The necessity of the latter activity will be decided in conjunction with the worker assigned to each youth. The day to day school liaison activity may be the responsibility of the specialized foster home. These contacts shall be noted in the youth's file. For youth in an employment program, similar contacts and services are to be provided in conjunction with the youth's employer when appropriate.

Self-Advocacy: Curriculum should include but not limited to:

- Setting goals, short and long-term
- Researching – how to find facts and relevant information
- Analyzing facts and information
- Connecting personal goals with others' goals
- Identifying allies and supporters
- Critical analysis of situations
- Identifying self-strengths and needs
- Planning strategy
- Planning written and oral presentations
- Dealing with setbacks and rejection
- Building on successes
- Reviewing and adjusting goals and strategies

Employment Support: Employment services that are to be provided shall include but not be limited to:

- Employment or job search efforts to be required when youth is not involved in educational endeavors.
- Access community resources to obtain or sustain youth's employment.

Behavioral Health: The home shall adhere to all requirements set forth in Appendix 2: Accessing Behavioral Health Services (page 107).

Section 11: Visitation (See Appendix 6, KDOC-0139, KDOC-0140 to KDOC-0143)

When home visits occur there shall be pre and post home visit contacts between the youth, their family and facility program staff. The home shall complete written pre and post documentation of the progress towards goals and/or objectives identified in the program plan. Pre and post documentation shall be completed through a conversation with the youth and parent separately. It is important that home visits be carefully planned and executed in the best interests of the youth. All home visits shall be arranged and approved through the youth's community supervision officer. Written documentation of the CSO's approval/denial of the visit shall be maintained in the youth's file.

Subject to the home's visitation guidelines (days of the week, times, appropriate attire, etc.) a provider shall not prohibit contact with a youth's immediate family except for the following reasons:

- A Court orders no contact.
- There is documented violence, threatening or disruptive behavior by a family member that occurred during a contact.
- There is documented introduction of illegal drugs or weapons.

Any denial of contact by a family member must be documented and reported immediately to the youth's Community Supervision Officer. The youth and family shall be provided with visitation guidelines upon admission. The youth shall have an approved contact list to include, the type of contact

allowed (letter, phone, day passes, etc.). The contact list must be reviewed/updated every 60 days. The initial contact list and all reviews/updates shall include the Community Supervision Officer signature.

The home shall provide private accommodations for visitation. Accommodations shall include but not be limited to: a private office/room, no staff presence (unless required), free of any individuals that may overhear confidential information.

Section 12: Discharge/Aftercare (See Appendix 6, KDOC-0144)

Discharge planning shall begin upon admission of the youth to the foster home. At a minimum, the youth, the resident's parent(s)/guardian(s) and the placing agency should be involved in planning the discharge of the youth from the home. The discharge plan and modifications should be noted in the youth's file.

A discharge summary shall be completed at the time of the youth's discharge and be forwarded to the Community Supervision Officer within one business day. This shall include a written:

- Summary of the progress, or lack thereof, towards the youth's goals and objectives while the youth was in placement.
- Summary of the youth's behavior while in placement.
- Recommendations for aftercare services specifying the nature, frequency, duration of services and responsible parties.
- Summary of the reasons the youth was discharged.

Personal Possessions: All providers must preserve and relinquish upon termination of the placement all personal possessions of the youth. These possessions must be preserved for thirty (30) days post termination of placement. Community Supervision Agencies are responsible for arranging for the return of the possessions. If such arrangements have not been made, providers may dispose of the possessions on the thirty-first (31st) day post termination of placement.

Section 13: Record Keeping

The record keeping requirements of K.A.R. 28-4-272 shall be met by the placement. In addition, the following shall be maintained by the placement:

Youth's File: The placement shall maintain a file for each youth in placement. The file shall contain the following information:

- Youth's name and date of birth
- Name, address and emergency contact information of the youth's referring agency supervision officer
- Placement Agreement (KDOC-0086)
- Placement referral form
- Copy of the Youthful Level of Service/Case Management Inventory (YLS/CMI)
- Copy of the youth's supervision plan

- Initial assessment
- Suicide/Self Injury Assessment
- Resident lodging assessment
- Medical and surgical consents
- Medical and dental records
- Records of the youth's prescription(s) and non-prescription(s) and when administered
- Authorization for release of confidential information
- Daily observation logs
- Discharge Summary
- Program plans
- Resident's rights
- Emergency Safety Intervention acknowledgment
- Handbook/Rules acknowledgement
- Pre and post reintegration visit documentation
- Approved contact list
- Log of critical incident reports

Record Retention: Case records, including medical records, shall be maintained for six (6) years from the date of the youth's discharge or until completion of an on-going audit and production of a final audit report, whichever is longer.

Personnel Records: A separate personnel file shall be maintained for each employee. Personnel files shall include a written employment application, educational transcripts, responses from background investigations conducted (Kansas Bureau of Investigations and Child Abuse and Neglect Central Registry) and disciplinary actions.

Weekly Progress Notes (KDOC-0153): Notes shall be completed by the Child Placing Agency Staff and submitted to the Community Supervision officer every thirty (30) days. These notes must be entered into the youth's chart, reflecting the delivery of services according to the program plan. This documentation must address the youth's responses to interventions and the progress of the youth toward individualized goals and objectives. The note should include any significant events that occurred during the week and should also summarize contacts with family members and other involved agencies. If any unmet needs are identified, the note must reflect the actions to be taken to revise the plan for the youth to meet those needs.

Health Records: Health care and records of youth must meet the requirements of K.A.R 28-4-275. When a youth leaves a foster home to return home or moves to another out of home placement, the youth's medical records shall be given to youth's referring agency to accompany the youth.

Section 14: Training

Each home shall meet all training requirements as set forth by DCF. This shall include: preparatory training, PS-MAPP, Deciding Together, first-aid training, universal precautions and medication administration

Each agency shall also have a written annual staff and foster parent in-service training plan which addresses the annual training needs of all staff having direct contact with residents. The written annual plan shall also include the number of hours, proposed training date, trainer and his/her qualifications.

All direct care staff and foster parents shall have a minimum of forty (40) documented clock hours of in-service training per year. This annual training is beyond or in addition to the DCF required training. Documentation shall be provided in each staff member's personnel record to include content and number of hours. Topics shall include but not be limited to:

- Certified in CPR and First Aid
- Blood borne pathogens
- Medications
- Emergency safety interventions
- Substance use disorder patterns
- Childhood and adolescent development (including developmental disorders)
- Childhood and adolescent psycho-pathology (including such topics as effects of abuse/neglect, reactive attachment disorders, separation anxiety disorders, ADHD)
- Childhood and adolescent sexuality issues, especially the effects of early sexual abuse
- De-escalation techniques
- Roles and relationships between the agency, foster parent, parent(s)/guardian(s) and the youth
- Child management and discipline techniques
- Communication skills
- Constructive problem solving
- Trauma Informed Care
- Gender Responsive training (If applicable)
- LBGTI (Lesbian, Bisexual, Gay, Transgender, Intersex) Training
- Cognitive behavioral restructuring
- Skill building
- The use of reinforcement to change behavior
- Recent developments in adolescent sex offenders
- Substance abuse disorders
- Youth with mental health issues
- Gang involved youth

Staff may obtain training hours through the following means:

- Face to face group training session, (i.e., facilitator and more than one (1) staff member).
- Face to face individual training session, (i.e. facilitator and one (1) staff member).
- Training videos/DVD, (i.e. videos specifically designed for training purposes).

Chapter Seven: Therapeutic Family Foster Home

Section 1: Service Description

A Therapeutic Family Foster Home is a family home in which 24-hour care is provided to youth who are in need of out-of-home placement to meet their safety and well-being needs. The home must comply with Department of Children and Families (DCF) DCF licensure requirements and the requirements of the sponsoring agency. Therapeutic family foster parents are required to complete more annual in-service training than Specialized foster parents due to the therapeutic needs of children/youth for whom they are providing care. The Therapeutic Family Foster Home is an integral part of the team working with the child and parent(s)/guardian(s) in order to achieve timely permanency for the youth. The home must be sponsored by a licensed Child Placing Agency that contracts with the Kansas Department of Corrections (KDOC).

The over-all purpose is to improve the mental health status, emotional and social adjustment of youth who require out of home therapeutic placement. Placement in a Therapeutic Family Foster Home occurs to support the youth, allow the youth to function in a setting outside of an inpatient hospital or prevent the inpatient placement of the youth.

The Kansas Therapeutic Family Foster Home standards are predicated upon the National Program Standards of the Foster Family-Based Treatment Association (http://www.ffta.org). The national standards indicate that a Therapeutic Family Foster Home "is agency led and team oriented". It is not simply the provision of higher payment and more training to foster parents to work with more difficult children or youth. Nor is it solely the addition of therapeutic resources external to the treatment foster home.

The rate of pay for a Therapeutic Family Foster Home is $115.00 per day, per youth. These rates are subject to change.

Section 2: Description of Youth to be Served

Youth placed in a Therapeutic Family Foster Home must be in need of therapeutic interventions. Clinicians and others familiar with the youth must document that the youth is at serious risk of placement in a highly structured residential treatment program, but that the youth has enough internal control to be served in a structured family home environment by knowledgeable and trained foster parents with the support of specialized behavioral management, school and psychotherapy or behavioral therapy services.

These youth may exhibit well established patterns of behavior or conduct which are antisocial, oppositional, defiant, aggressive, abusive, impulsive, rebellious, self-defeating or sometimes self-abusive. Youth with special medical needs or developmental disabilities may also require a therapeutic home if their behavior is such that therapeutic care is warranted. Therapeutic youth may also display a limited ability to delay gratification and show social and emotional immaturity. They may exhibit significant interpersonal relationship problems associated with such symptoms as withdrawal,

aggressiveness, Asperger's or autistic patterns or peculiar behaviors resulting in rejection by peers. They may have problems with substance use disorders, sexual acting out, running away or destruction of property. Youth approved for a Therapeutic Family Foster Home may also display poorly developed self-help or communication skills.

The youth's severe behavioral disturbances are primarily derived from environmental influences although some may exhibit patterns of mild to moderate mental illness. Various medical conditions may complicate the overall treatment picture. Affective disturbances will likely be prevalent as will be Attention Deficit Hyperactivity Disorder (ADHD). Due to a history of severe physical, emotional, or sexual abuse, youth requiring therapeutic care may avoid adult relationships, appear impersonal or detached or exhibit serious oppositional tendencies. Sexual acting out associated with past sexual abuse will also likely be seen in the typical therapeutic care setting. Youth appropriate for a therapeutic care referral are generally not an immediate danger to harm themselves. They may be potentially dangerous to others or property through their aggression and disregard for other's rights.

Youth in these circumstances require a high degree of supervision and intensive service. The youth may have received treatment in psychiatric institutions, higher levels of residential treatment or they may be youth for which diversion from higher levels of treatment is recommended. They may be dually diagnosed youth who require a combination of support services and therapy to regain control of their physical actions.

Therapeutic youth may exhibit severe interpersonal relationship difficulties, especially with peers. However, they should be able to demonstrate at least some positive response to adults and authority. Bizarre or peculiar behaviors may be exhibited which are sometimes only understood when the underlying causes and dynamics of the behaviors are understood. Hyperactivity and a hyper-responsiveness to external stimulation will likely be seen in various cases. Periodically, these youth may need external controls placed upon them. Many of these youth may be placed on psychotropic medication to facilitate control of impulses, emotions, attention capacities or activity levels.

Youth should not be currently suicidal, homicidal or requiring detoxification services that necessitate hospitalization. Youth who are immediately dangerous to themselves or others should not be referred to therapeutic care. Conversely, youth who do not demonstrate a need for considerable supervision, support, psychotherapy, specialized school services, psychiatric services or an inability to function within their biological family environment, should be helped in a less treatment intensive arrangement.

Therapeutic care is limited to special needs youth who are at eminent risk of placement in a psychiatric care, developmental disability care or residential facility or who are referred from such a facility.

Section 3: General Staffing Requirements

- Foster parents must meet all requirements set forth by the DCFDCF and the sponsoring licensed Child Placing Agency.
- Staff and foster parents shall not be a person restricted from working with youth as defined by K.S.A. 65-516.

Staff shall adhere to all requirements set forth in Appendix 5: Mandated Reporters (page 112).

Section 3.1: Administrator

- Not applicable.

Section 3.2: Case Coordinator

- Not applicable.

Section 3.3: Life Coach

- Not applicable.

Section 3.4: Foster Parent

- Each Therapeutic Family Foster Home foster parent must be at least 21 years of age at the time of application to DCF for licensure and have been a member of the household for at least one year prior to application.
- Each Therapeutic Family Foster Home foster parent shall provide evidence of child care experience and knowledge of child care methods which will enable any child to develop to his or her potential.

Section 4: General Program Requirements

- 24 hour care.
- The Licensed Child Placing Agency or the therapeutic family foster parents do not provide acute inpatient, psychiatric or substance use disorder residential treatment. The provider shall state whether the services under the Provider Contract will be carried out by the provider's staff, by subcontracted staff or through cooperative agreements. The provider shall provide, as part of the application, copies of such agreements.
- The provider must agree that no more than two (2) children will be cared for at any one time in each therapeutic foster home. Exceptions can be granted for the additional placement of siblings or stepsiblings of the youth, provided that all state agencies responsible for the care and custody of the youth, the referring agency and program staff all agree that it is clinically good practice to do so and document the rationale for that decision in the youth's file. Services are to be provided to a small number of youth at a time in each therapeutic family foster home to insure that the children will achieve success with the goals outlined in the treatment plan.
- Each youth's treatment plan shall be reviewed every ninety (90) days by the youth's treatment team. The treatment team is composed of the Social Worker Case Coordinator, Case Coordinator Supervisor, youth, biological or adoptive parents (when appropriate), therapeutic family foster parents and the therapist who is an enrolled KanCare Medicaid provider. Supervision Officers, other Clinical Consultants and educators working with the youth in the local school district are also considered to be an integral part of the treatment team. The review shall be documented in the youth's file.
- Providers will use the National Standards of the Foster Family-Based Treatment Association (FFTA) as a guide in addition to standards given in this document. The provider must agree that

prior to placement in therapeutic care; the child will meet the criteria for placement, as determined by a score on the referring agency's placement screening tool and by meeting the general criteria for eligibility for placement in therapeutic home.

- The home shall meet the legal requirements of the community as to zoning, fire protection, water supply and sewage disposal.
- Each youth shall have sufficient storage for all personal belongings, i.e. closet and/or dresser.
- The home's environment shall be free of, gang paraphernalia, sexually explicit material, drug referencing material, etc. Upon discovery said items shall be removed.
- Each home shall maintain clean and sanitary living conditions.
- The home shall adhere to all requirements set forth in Appendix 3: Critical Incident Reporting (page 108).

Section 5: Behavior Management

The Therapeutic Family Foster Home foster parents must follow all requirements set forth by DCF and the sponsoring licensed Child Placing Agency.

The home shall adhere to all requirements set forth in Appendix 4: Resident's Rights (page 111).

Section 5.1: Application of Time Out

- A procedure used to assist the individual to regain emotional control by removing the individual from his/her immediate environment and restricting the individual to a quiet area or unlocked quiet room. A youth in time out shall never be physically prevented from leaving the time out area. Time out may take place away from the area of activity or from other youth. Foster parents must monitor the youth while he/she is in time out.

Section 5.2: Emergency Safety intervention (ESI)

- Emergency Safety Intervention (ESI) is the application of physical force without any mechanical device for the purpose of restricting the free movement of a youth's body. **Emergency Safety Interventions should be used only as last resort after all verbal de-escalation techniques have failed and when the youth is at-risk of harming themselves or others.**
- An Emergency Safety Intervention must be performed in a manner that is safe, proportionate and appropriate to the severity of the behavior, and the youth's chronological and developmental age, size, gender, physical/medical/psychiatric condition and personal history.
- The use of Emergency Safety Interventions must be performed only through the use of nationally recognized ESI procedures applicable to this population designed to prevent a resident from harming self or others by exerting external control over physical movement.
- Mechanical restraint is the use of mechanical devices to restrict the free movement of the resident's body, most often for purposes of preventing self-destructive behavior. **Mechanical restraints are not allowed in KDOC residential facilities and homes.**

- Each placing agency must have a written ESI policy and foster parents must be trained to provide safe Emergency Safety Interventions. Foster parents must be trained in authorized, well-recognized training programs for managing aggressive behavior. Foster parent training records must be kept as part of their personnel file and must be made available upon request. At the time of admission to a placement, the youth and parent/guardian must be oriented to the ESI policies of the facility and must sign a written acknowledgment for this orientation. This written acknowledgment shall be kept in the youth's file.

Section 6: Criteria for Admission

The referring agency's placement screening tool, and by meeting the general eligibility for placement in a therapeutic family foster home.

Section 6.1: Admission Skills Required

- Not applicable.

Section 6.2: Referral Process

- Not applicable.

Section 6.3: Provider Placement Agreements

- A Placement Agreement (KDOC-0086) must be completed between the Therapeutic Family Foster Home foster parents or the home's sponsoring agency and the youth's referring agency. A copy of the Placement Agreement must be kept in the youth's file.
- The initial service authorization period will be for ninety (90) days. Service extensions will be for a time period of sixty (60) days, and will be examined by the youth's supervision officer to ensure the youth is receiving the services they need to reintegrate into the community. The youth may continue receiving services in the home/facility as long as they continue to require this level of care as determined by youth's supervision officer.

Section 7: Initial Assessment

When a youth enters the home, the agency shall begin gathering information on the youth's strengths and needs within twenty-four (24) hours and shall have a completed assessment within seven (7) calendar days. Needed services shall be documented on the initial assessment. The assessment shall include but not be limited to the following areas:

- Physical health
- Family relations
- Academic or vocational training
- Community life
- Interpersonal interactions

- Daily living skills as outlined in the scope of services
- Involvement or exposure to substance use disorders
- Involvement or exposure to other trauma

Section 8: Resident Lodging

In order to support the daily management and administration of residents, each residential provider shall develop an objective procedure regarding the physical housing of youth. Youth placed in a residential setting shall be assigned to a room based upon various factors, as identified by risk/needs assessment(s) in addition to other indicators. Resident lodging shall be completed immediately upon admission. If there are any room assignment changes due to behavioral concerns, an updated resident lodging form must be completed and placed in the youths file. Factors to consider in assigning rooms shall include (but are not limited to):

- Risk to recidivate (as determined by evidence-based risk assessments)
- Suicidal tendencies
- Level of specialized needs (i.e. mental health, medical, etc.)
- Sex offender status
- Gender
- Age and/or maturity level
- Program needs (substance use disorder, cognitive behavioral, independent living, etc.)
- Vulnerability to being victimized by others (i.e. physical stature)
- LGBTI- Lesbian, Gay, Bisexual, Transgender, Intersex
- Other considerations

The placement decision shall be documented on the resident lodging form. While each youth will have an individualized program plan, assigning rooms based upon risk/need/responsivity factors will allow for a safer, more secure environment, as well as efficient and effective management of the home.

Section 9: Program Plan

Each youth residing in a residential facility/home must have a program plan which includes individualized services to match the youth's identified needs based on the youth's YLS/CMI, supervision plan, conversations with the youth's Community Supervision Officer, parent/guardian, provider's initial assessment and assessments conducted by other service providers, i.e. mental health, substance abuse, etc.

- The program plan shall be established by the end of fourteen (14) calendar days from admission and address identified needs in the domains of family relationships, education/vocational/employment, peer relationships, substance abuse, leisure/recreation, personality/behavior, attitudes/orientations, and independent living skills.
- Youth may not have identified needs in every domain. Develop a plan only for those areas where a need has been identified but not more than three (3) to four (4) domains at a time.

- Program plans should be updated when new needs are identified or when program goals/objectives are met.
- Program plans should be thoroughly reviewed and revisions made within thirty (30) days of admission and every thirty (30) days thereafter.
- The youth should participate in the plan development.
- The plan should be signed by the youth and the Child Placing Agency Staff that worked with the youth to develop the plan.

Section 9.1: Plan Development

The program plans shall include long-term goals and objectives/steps to achieve the goal, identify and incorporate strengths, identify and address responsivity (barriers) to success.

- Long-term goals should state the overall goal (long term behavioral change) the youth is striving to achieve.
- The objectives/steps should be written in SMART (Specific, Measureable, Attainable, Realistic, Timely). These are the actions that the youth and others will do to reach the goal.
  - Specific - They may best be thought of as the "how to" for reaching the goal. Use action words to state what the youth will do, and how he/she will do it.
  - Measurable – You must be able to determine if the youth completed the objective or not, i.e. state the estimated time for the youth to complete the objective and the frequency of the service/intervention.
  - Attainable & Realistic – The objective may take work, but should be something that can be realistically completed.
  - Timely – There should be a clear beginning and ending date for each objective. Create a reasonable target date for completion. This date should not be months away.
- Strengths: These may be considered internal and/or external assets or characteristics that can be used to support the youth in reaching specific goals/objectives.
- Responsivity (barriers): These include characteristics that are related to a youth's learning ability and program engagement. Examples would include motivation, readiness to change, social support, intelligence, psychological development and maturity. All barriers shall be addressed in the program plan.

Section 10: Services

The Child Placing Agency shall write a policy and procedure manual of operations that will be reviewed and approved by the KDOC.

The daily schedule shall address the needs of the youth and the use of time to enhance the youth's physical, mental, emotional and social development. Indoor and outdoor recreation shall be provided.

All play equipment, books and other materials shall be safe, clean, in good repair and suitable to the developmental needs and interests of the youth. The youth shall attend school regularly and also have time for school and community activities. The youth shall be provided opportunities to practice age appropriate daily living skills.

The policy and procedure manual will provide a program for youth in the home that covers the following program components:

Supervision: Supervision shall be provided by the foster parent or other appropriate caregiver during the foster parent's absence.

Food and Shelter: Nutritious meals and snacks shall be provided. The home will meet the youth's health and safety needs. Each youth shall have their own bed in a bedroom which meets DCF licensure requirements.

Daily Living Services: Daily living services shall be provided and include the following:

- Room, board, child care, and school fees.
- Transportation to appointments within a sixty (60) mile radius; including to and from school, medical care, recreation, etc.
- Academic activities, assistance with school work, vocational training and/or GED training.

Situational Training: Situational training shall include but not be limited to:

- Social Skills: Developing positive relationships with peers and adults, problem solving, positive interactions with others, recognizing and addressing barriers to success, handling conflict, being considerate and accepting of others, etc.
- Personal Hygiene: Teaching about body cleanliness, use of deodorants and cosmetics, appropriate clothing, choosing clothing to fit individual and occasion and keeping clothes neat and clean.
- Health: Identifying and understanding youths' health needs; securing and utilizing necessary medical treatment including preventive and health maintenance services; gaining information and education in health maintenance (including preventive measures, nutrition, menstruation, rest, cleanliness, family planning, drugs, sexually transmitted diseases, exercise, and motivation for meeting own health needs), maintaining contact with providers of health services (physician, nurse, clinic) and using outside resources for assistance (clinics, pharmacies, hospitals).
- Independent Living Skills: Budgeting, comparative buying, installment buying, avoiding risks, identifying illegal or excessive interest rates, use of credit, avoiding or dealing with debts, using checking and savings accounts, basic meal planning, basic cooking and paying taxes, etc.

Communication Skills: The youth's articulating thoughts and feelings through appropriate use of such skills as speech, writing, email, social media and use of the telephone.

Home Management: Home management shall include; making the bed and changing linens, using the vacuum cleaner, dusting, organizing belongings, disposing of trash, cleaning all areas of the home,

operating of alliances, cooking complete meals, making simple repairs, who to call when a major repair is needed, being aware of the needs for upkeep, handling emergencies and knowing first aid.

Transportation: Transportation will be provided to school and medical appointments. The foster family may also assist in transporting the youth to social events, interactions with parents, court hearings and reviews, etc.

Recreation: Recreation shall include: participating in leisure time activities, learning how to spend leisure time, developing outside activities, managing time, finding recreation with little or no expense involved, finding community projects to take part in, participating in social groups, participating in sports and games, arts and crafts and appreciating fine arts. The daily schedule shall address the needs of the youth and the use of time to enhance the youth's physical, mental, emotional and social development. The home shall provide supervised indoor and outdoor recreation so that every youth may participate. Age appropriate equipment to promote physical development and physical fitness shall be available. Age appropriate socialization shall be provided utilizing community resources to assist the youth in transitioning back into their community when appropriate.

Supporting parent/youth interactions: Foster parents will assure each youth is available for the scheduled parent/youth interactions directed in the youth's case plan. Foster parents may choose to make their home available for some of these interactions or accompany the youth to the site for the interactions to provide mentoring support to the birth family.

Behavioral Health: The following shall be provided as needed to youth in the foster home: crisis management, social rehabilitation and counseling, behavioral programming (including design, consultation and supervision), counseling towards reunification with the family (if appropriate), supportive counseling including the identification of behavioral and substance use disorder support services needed for successful transition into the community. If developmentally appropriate, services which develop increased capacity for independent living. The home shall adhere to all requirements set forth in Appendix 2: Accessing Behavioral Health Services (page 107).

Therapy: Individual and/or group therapy as well as psychosocial groups shall be provided as needed and indicated in the treatment plan for the individual youth. Therapy services are not part of the content of services for therapeutic care, but rather are provided by an enrolled KanCare Medicaid provider. Therapeutic family foster parents are expected to provide the basic day to day counseling the youth needs in order to meet treatment goals. The agency shall insure that individual or group therapy indicated by the treatment plan is implemented, reviewed as required and modified as needed. The service delivered shall be documented in the individual's case record, including date, place, amount of time and names of the therapist providing the service. The therapy shall be directed towards helping the youth adjust to life in the Therapeutic Family Foster Home, making the experience a period of continuing physical, mental, emotional growth and assist the youth to understand and accept his family relationships, interpersonal relationships and personal situations. The ultimate goal is to assist the youth to prepare to function effectively outside the therapeutic care setting.

Tutoring: Tutoring for remedial purposes shall be provided as needed, in addition to normal school work, to assist youth to perform at his/her potential. Tutoring services should be in accordance with

need as indicated by school staff. The service delivered shall be documented in the individual's case record including date, amount of time and person who provided the service.

Case Coordination: Responsible for coordinating the youth's program and progress with the schools, employer, family, referring agency, therapist and other appropriate community resources for each youth in residence shall reside with the agency.

School/Work Liaison: The Licensed Child Placing Agency shall ensure routine communications between the staff and any educational program in which the youth is placed. This may include requesting and participating in the development of an Individual Education Plan (IEP) for each youth. The necessity of the latter activity will be decided in conjunction with the worker assigned to each youth. The day to day school liaison activity may be the responsibility of the therapeutic foster home. These contacts shall be noted in the youth's file. For youth in an employment program, similar contacts and services are to be provided in conjunction with the youth's employer when appropriate.

Self-Advocacy: Curriculum should include but not limited to:

- Setting goals, short and long-term
- Researching – how to find facts and relevant information
- Analyzing facts and information
- Connecting personal goals with others' goals
- Identifying allies and supporters
- Critical analysis of situations
- Identifying self-strengths and needs
- Planning strategy
- Planning written and oral presentations
- Dealing with setbacks and rejection
- Building on successes
- Reviewing and adjusting goals and strategies

Employment Support Employment services that are to be provided shall include but not be limited to:

- Employment or job search efforts to be required when youth is not involved in educational endeavors
- Access community resources to obtain or sustain youth's employment

Section 11: Visitation (See Appendix 6, KDOC-0139, KDOC-0140 to KDOC-0143)

When home visits occur there shall be pre and post home visit contacts between the youth, their family and foster home staff. The foster parent shall complete written pre and post documentation of the progress towards goals and/or objectives identified in the program plan. Pre and post documentation shall be completed through a conversation with the youth and parent separately. It is important that home visits be carefully planned and executed in the best interests of the youth. All home visits shall be arranged and approved through the youth's community supervision officer. Written documentation of the CSO's approval/denial of the visit shall be maintained in the youth's file.

Subject to the foster parent's visitation guidelines (days of the week, times, appropriate attire, etc.) a provider shall not prohibit contact with a youth's immediate family except for the following reasons:

- A Court orders no contact.
- There is documented violence, threatening or disruptive behavior by a family member that occurred during a contact.
- There is documented introduction of illegal drugs or weapons.

Any denial of contact by a family member must be documented and reported immediately to the youth's Community Supervision Officer. The youth and family shall be provided with visitation guidelines upon admission. The youth shall have an approved contact list to include,the type of contact allowed (letter, phone, day passes, etc.). The contact list must be reviewed/updated every 60 days. The initial contact list and all reviews/updates shall include the Community Supervision Officer signature..

The home shall provide private accommodations for visitation. Accommodations shall include but not be limited to: a private office/room, no staff presence (unless required), free of any individuals that may overhear confidential information.

Section 12: Discharge/Aftercare (See Appendix 6, KDOC-0144)

Discharge planning shall begin upon admission of the youth to the foster home. At a minimum, the youth, the resident's parent(s)/guardian(s) and the placing agency should be involved in planning the discharge of the youth from the home. The discharge plan and modifications should be noted in the youth's file.

A discharge summary shall be completed at the time of the youth's discharge and be forwarded to the Community Supervision Officer within one business day. This shall include a written:

- Summary of the progress, or lack thereof, of the youth's goals and objectives while the youth was in placement.
- Summary of the youth's behavior while in placement.
- Recommendations for aftercare services specifying the nature, frequency, duration of services and responsible parties.
- Summary of the reasons the youth was discharged.

Personal Possessions: All providers must preserve and relinquish upon termination of the placement all personal possessions of the youth. These possessions must be preserved for thirty (30) days post termination of placement. Community Supervision Agencies are responsible for arranging for the return of the possessions. If such arrangements have not been made, providers may dispose of the possessions on the thirty-first (31st) day post termination of placement.

Section 13: Record Keeping

The record keeping requirements of K.A.R. 28-4-272 shall be met by the placement. In addition, the following shall be maintained by the placement:

Youth's File: The placement shall maintain a file for each youth in placement. The file shall contain the following information:

- Youth's name and date of birth
- Name, address and emergency contact information of the youth's referring agency supervision officer
- Placement Agreement (KDOC-0086)
- Placement referral form
- Copy of the Youthful Level of Service/Case Management Inventory (YLS/CMI)
- Copy of the youth's supervision plan
- Initial assessment
- Suicide/self-injury assessment
- Resident lodging assessment
- Medical and surgical consents
- Medical and dental records
- Records of the youth's prescription(s) and non-prescription(s) and when administered
- Authorization for release of confidential information
- Weekly progress notes
- Discharge plans
- Program plans
- Resident's rights
- Emergency Safety Intervention acknowledgement
- Handbook/Rules acknowledgement
- Pre and post reintegration visit documentation
- Approved contact list
- Log of critical incident reports

Record Retention: Case records, including medical records, shall be maintained for six (6) years from the date of the youth's discharge or until completion of an on-going audit and production of a final audit report, whichever is longer.

Personnel Records: A separate personnel file shall be maintained for each employee. Personnel files shall include a written employment application, educational transcripts, responses from background investigations conducted (Kansas Bureau of Investigations and Child Abuse and Neglect Central Registry) and disciplinary actions.

Weekly Progress Notes (KDOC-153): Notes shall be completed by Child Placing Agency Staff and submitted to the Community Supervision officer every thirty (30) days. These notes must be entered into the youth's chart, reflecting the delivery of services according to the program plan. This documentation must address the youth's responses to interventions and the progress of the youth toward individualized goals and objectives. The note should include any significant events that occurred during the week and should also summarize contacts with family members and other involved agencies.

If any unmet needs are identified, the note must reflect the actions to be taken to revise the plan for the youth to meet those needs.

Health Records: Health care and records of residents must meet the requirements of K.A.R 28-4-275. When a youth leaves a foster home to return home or moves to another out of home placement, the youth's medical records shall be given to youth's referring agency to accompany the youth.

Section 14: Training

Each home shall meet all training requirements as set forth by DCF. This shall include: preparatory training, PS-MAPP, Deciding Together, first-aid training, universal precautions, medication administration and all additional training as required for therapeutic foster homes.

Each agency shall also have a written annual staff and foster parent in-service training plan which addresses the annual training needs of all staff having direct contact with residents. The written annual plan shall also include the number of hours, proposed training date, trainer and his/her qualifications.

All direct care staff and foster parents shall have a minimum of forty (40) documented clock hours of in-service training per year. This annual training is beyond or in addition to the DCF required training. Documentation shall be provided in each staff member's personnel record to include content and number of hours. Topics shall include but not be limited to:

- Certified in CPR and First Aid
- Blood borne pathogens
- Medication Administration
- Emergency safety interventions
- Substance use disorder patterns
- Childhood and adolescent development (including developmental disorders)
- Childhood and adolescent psycho-pathology (including such topics as effects of abuse/neglect, reactive attachment disorders, separation anxiety disorders, ADHD)
- Childhood and adolescent sexuality issues, especially the effects of early sexual abuse
- De-escalation techniques
- Roles and relationships between the agency, foster parent, parent(s)/guardian(s) and the youth
- Child management and discipline techniques
- Communication skills
- Constructive problem solving
- Trauma Informed Care
- Gender Responsive (If applicable)
- LBGTI (Lesbian, Bisexual, Gay, Transgender, Intersex)Training
- Cognitive behavioral restructuring
- Skill building
- The use of reinforcement to change behavior
- Recent developments in adolescent sex offenders
- Substance abuse disorders
- Youth with mental health issues

- Gang involved youth

Staff may obtain training hours through the following means:

- Face to face group training session, (i.e., facilitator and more than one (1) staff member)
- Face to face individual training session, (i.e. facilitator and one (1) staff member)
- Training videos/DVD, (i.e. videos specifically designed for training purposes)

Chapter Eight: Juvenile Justice Foster Care

Section 1: Service Description

A Juvenile Justice Foster Care (JJFC) home is a family home in which 24-hour care is provided to youth who are in need of out-of-home placement to meet their safety and well-being needs. The home must comply with Department of Children and Families (DCF) DCF licensure requirements and be sponsored by a licensed Child Placing Agency that contracts with the KDOC. The Juvenile Justice Foster Home is an integral part of the team working with the youth and parent(s)/guardian(s) in order to achieve timely permanency for the youth.

The general program description approved by KDOC for each JJFC sponsoring agency shall include but not be limited to: the goals of the program, residential behavioral management system, job descriptions (responsibilities, functions, and qualifications), policies and procedures, daily living activities, health services, recreation activities, visitation policies and service access and identification.

The purpose of placement in a JJFC foster home is to improve and teach the youth decision making skills, coping skills, social skills and to address any underlying problems which are affecting the youth in order to transition successfully back into their family or community.

The rate of pay for JJFC is $99.00 per day, per youth. These rates are subject to change.

Section 2: Description of Youth to be Served

- The population served is youth, ages 10 thru 23, who have a well-established pattern of behavior or conduct which is antisocial, oppositional defiant, aggressive, abusive, impulsive or high risk in nature.
- Youth best served in this level of service should have a permanency/supervision plan of reintegration.
- Not currently in need of a Psychiatric Residential Treatment Facility (PRTF).
- Not currently suicidal, homicidal or requiring detoxification services that necessitate hospitalization.
- Not having exceptional medical needs that cannot be accommodated in a home setting.
- Not currently appropriate for reunification to removal home.
- No willing relative placement available.
- Not capable of living independently or in a Community Integration Program (CIP) or in a Transitional Living Program (TLP).

Section 3: General Staffing Requirements

- Staff and foster parents must meet all requirements set forth by the DCF and the sponsoring licensed Child Placing Agency.
- Staff and foster parents shall not be a person restricted from working with youth as defined by K.S.A. 65-516.

Staff and foster parents shall adhere to all requirements set forth in Appendix 5: Mandated Reporters (page 112).

Section 3.1: Administrator

- The administrator shall have: a Bachelor's Degree in one of the human service fields (social work, psychology, human development and family life, criminal justice, counseling), nursing or education; knowledge and prior administrative experience; knowledge and understanding of KDOC Provider Standards, knowledge and understanding of evidence based practices for working with juvenile offenders; knowledge of and prior experience complying with KDHE and DCF regulations and statues.
- Educational transcript(s) are required and must be on file with KDOC.
- The administrator shall have knowledge in juvenile offender evidence based practices, cognitive behavioral tools and effective behavioral management systems.
- Be at least twenty-one (21) years of age and at least three (3) years older than the oldest youth served.

Section 3.2: Case Coordinator

- The Case Coordinator shall have at least a bachelor's degree in one of the human service fields (social work, psychology, criminal justice, counseling, nursing or education) and a working knowledge of adolescent development principles.
- Be at least twenty-one (21) years of age and at least three (3) years older than the oldest youth served.
- Be responsible for the case coordination including the review of the youth's risks and needs and then the development and review of an individualized program plan designed to address the youth's risks and needs.
- Assist the foster home and the parent/legal guardian/reintegration home with community resource access.
- Provide case coordination for no more than twelve (12) youth.
- Identification of existing and development of community based resources.
- Case Coordinator duties must be 100% of job function and cannot be combined with duties of positions required by DCF regulations or other administrative duties.
- The Case Coordinator shall have knowledge in juvenile offender evidence based practices, cognitive behavioral tools and effective behavioral management systems.

Section 3.3: Life Coach

- Not applicable.

Section 3.4: Foster Parent

- Written policy, procedure and practice require each foster parent must be at least 21 years of age at the time of application to DCF for licensure and be at least three (3) years older than the oldest youth served.

Written policy, procedure and practice shall require that each Child Placing Agency, in addition to complying with DCF regulations, ensure that respite care homes meet the following requirements:

- Placement capacity in a respite home (either a home providing respite for a JJFC youth or a JJFC home providing respite for a non-JJFC youth) shall not exceed the requirements as set forth in K.A.R. 28-4-712.
- Any foster home providing respite care for a JJFC youth shall comply with the requirements for supervision of a JJFC youth.
- No JJFC home may provide more than seven (7) calendar days of respite care in a calendar month.
- No JJFC youth may be placed in respite care for more than seven (7) calendar days per calendar month.
- At no time will a foster home provide respite care for both a JJFC youth and a Child In Need of Care (CINC) at the same time.

Section 4: General Program Requirements

- 24 hour care.
- The home shall meet the legal requirements of the community as to zoning, fire protection, water supply and sewage disposal.
- Each youth shall have sufficient storage for all personal belongings, i.e. closet and/or dresser.
- The home's environment shall be free of, gang paraphernalia, sexually explicit material, drug referencing material, etc. Upon discovery said items shall be removed.
- Each home shall maintain clean and sanitary living conditions.
- The home shall adhere to all requirements set forth in Appendix 3: Critical Incident Reporting (page 108).

Each foster parent shall be provided the following services and said services shall be documented within the contact notes:

- Crisis support 24 hours a day – 7 days a week
- Respite care
- Access to support groups with other foster families
- Skill development opportunities
- Mechanism to allow feedback regarding the adequacy of support services received

Each reintegration home shall be provided the following services and said services shall be documented within the contact notes:

- Parent training (consistent discipline, supervision and encouragement)

- Mechanism for information sharing
- Cognitive Behavioral training
- Matching family resources (implement supportive services that can be replicated in the home)
- Crisis support during home visits
- Resource accessing for family therapy
- Assess level of awareness and level of commitment to drive interventions and address responsivity factors

Written policy, procedure, and practice require current and open licensure by DCF as a Child Placing Agency. The Child Placing Agency shall ensure current and open licensure of each home as a Juvenile Justice Foster Home by the DCF and for youth over 16 years of age that the home meets the same requirements. An exception to DCF requirements for an individual foster home may be requested by the Child Placing Agency to KDOC for youth meeting all of the following criteria:

- The youth is sixteen (16) years of age or older.
- The proposed foster parents have an existing social relationship with the youth and the parent/legal guardian/reintegration home derived from family friendship, neighbors, church, school, etc.
- The placement is for only the one specific youth and the home consists of only the parent(s) and their biological/adopted children.
- A home study is completed on the proposed home that indicates the home to be safe and supportive of the youth.

Written policy, procedure, and practice require the provider's program description to affirm that programs include:

- Cognitive Behavioral training and support for JJFC foster parents.
- Cognitive Behavioral training and support for youth.
- Skills training for youth.
- School-based behavioral interventions and academic support.
- Supportive service access and coordination.
- Discharge planning.

Number of Youth: Written policy, procedure and practice shall require foster homes to have no more than three (3) youth in placement at any given time. JJFC foster homes shall be limited to the placement of youth in the juvenile justice system. The process to evaluate the appropriate number of youth in a home should include input from the foster parent and the youth's Community Supervision Officer. Factors to be considered may include: YLS/CMI scores; foster parents experience level; quantity, intensity, and frequency of required supports; transportation; number of biological youth in the home; history of youth's behavioral patterns; ages of youth; and complaints to regulatory or investigatory agencies in regard to the foster home. Under no circumstance will it be permissible to grant an exception that exceeds DCF licensure requirements.

Supervision of Youth: Written policy, procedure and practice require supervision to be provided twenty-four (24) hours a day, seven (7) days a week to each youth. Supervision is defined as direct supervision by a foster parent and/or firsthand knowledge by the foster parent as to the physical location of the youth when participating in approved activities. The foster parent must make arrangements to be

notified immediately whenever the youth is not where they are expected to be.

Exceptions: Written policy, procedure and practice shall require that any request for exception to these standards be submitted to KDOC for review and approval at least one (1) week prior to the proposed effective date. The request shall be in writing submitted to the KDOC and will be considered for approval for the following reasons; the youth has siblings in the foster home, the youth has been to the home previously and has developed a meaningful relationship with the foster parents and/or the youth will be in their home county or school district. The request shall include but is not limited to the following:

- Explanation of the reason for the exception.
- Citation of the specific standard(s) to which the request applies.
- If specific to a staff member, the name of the staff person subject to the request.
- If specific to a youth, the name of any youth(s) subject to the request.
- Proposed effective date and duration of the exception request.

Case Coordinator Contact Requirements: Documentation of the face-to-face meetings/contact shall be documented in the youth's file. Visits are to be well-planned and focused on the youth's progress toward goals and objectives listed in the program plan and the progress towards the permanency goal. Visits shall also include discussion regarding current behaviors and activities of the youth. Below are the minimum contact requirements, if contact cannot be made the reason should be clearly documented for review during an annual site visit.

- The youth shall have a face-to-face meeting with their assigned JJFC Case Coordinator from the Child Placing Agency a minimum of one (1) time per week as documented in weekly notes.
- The JJFC Case Coordinator will have communication with the youth's Community Supervision Officer a minimum of one (1) time per calendar month. This contact may be face-to-face, verbal, written, etc as documented in weekly notes.
- The JJFC Case Coordinator will conduct a face-to-face visit with the JJFC Foster Home a minimum of one (1) time per calendar month as documented in weekly notes.
- The JJFC Case Coordinator will meet face-to-face/have contact with the removal/reintegration home at least one (1) time per calendar month as documented on KDOC-0154.

Section 5: Behavior Management

Each JJFC home shall have a written program of consistent rules and regulations guiding and governing the daily behavior of the youth under the care of the program. The overarching goals should be to not only help the youth adjust to the home but also to daily life within society. The behavior management system should include a description of daily general routines of the home. The system of rules, rewards and consequences for given behaviors should be identified. Each youth shall be oriented to the JJFC home's behavior management system by the foster parent(s) during the first day of admission and the youth should be given a written copy of the system to use as a reference. Notation shall be made in the youth's file and signed by the youth that the rules and regulations, rewards and consequences have been discussed with the youth.

The home shall adhere to all requirements set forth in Appendix 4: Resident's Rights (page 111).

Section 5.1: Application of Time Out

- A procedure used to assist the youth to regain emotional control by removing the individual from his/her immediate environment and restricting the youth to a quiet area or unlocked quiet room. A youth in time out shall never be physically prevented from leaving the time out area. Time out may take place away from the area of activity or from other youth. Foster parents must monitor the youth while he/she is in time out.

Section 5.2: Emergency Safety intervention (ESI)

- Emergency Safety Intervention (ESI) is the application of physical force without any mechanical device for the purpose of restricting the free movement of a youth's body. **Emergency Safety Interventions should be used only as last resort after all verbal de-escalation techniques have failed and when the youth is at-risk of harming themselves or others.**
- An Emergency Safety Intervention must be performed in a manner that is safe, proportionate and appropriate to the severity of the behavior, and the youth's chronological and developmental age, size, gender, physical/medical/psychiatric condition and personal history.
- The use of Emergency Safety Interventions must be performed only through the use of nationally recognized ESI procedures applicable to this population designed to prevent a youth from harming self or others by exerting external control over physical movement.
- Mechanical restraint is the use of mechanical devices to restrict the free movement of the resident's body, most often for purposes of preventing self-destructive behavior. **Mechanical restraints are not allowed in KDOC residential facilities and homes.**
- Each placing agency must have a written ESI policy and all staff and foster parents must be trained to provide safe Emergency Safety Interventions. Staff and foster parents must be trained in authorized, well-recognized training programs for managing aggressive behavior. Staff and foster parent training records must be kept as part of their personnel file and must be made available upon request. At the time of admission to a placement, the youth and parent/guardian must be oriented to the ESI policies of the facility and must sign a written acknowledgment for this orientation. This written acknowledgment shall be kept in the youth's file.

Section 6: Criteria for Admission

- Youth must be placed in homes that have the necessary community resources available to the youth and family.

- Whenever possible, youth should be placed in homes within 100 miles of the removal home. When a youth is placed outside of the 100 mile radius (If a youth is placed outside 100 miles, the JJFC Case Coordinator must still meet the contact requirements), considerations should be made

regarding: permanency planning and the option for reintegration, availability of vital supportive services, education or employment considerations, accommodation of independent living needs.

Section 6.1: Admission Skills Required

- Not applicable.

Section 6.2: Referral Process (See Appendix 6, KDOC-0133)

- Written policy, procedure and practice require the provider to respond to referrals within two business days of their receipt with acceptance of referral, further placement consideration, or denial. Upon acceptance for further placement consideration, a face-to-face intake shall be conducted with the youth within three (3) business days which provides an opportunity to review the youth's specific placement needs and answer the youth's questions about the placement and program. The parent/guardian/reunification home shall be invited to participate unless prohibited by court order or specifically requested by the Community Supervision Agency to exclude. The face-to-face intake shall be conducted by the Case Coordinator.

Section 6.3: Provider Placement Agreements

- A Placement Agreement (KDOC-0086) must be completed between the JJFC home foster parents or the home's sponsoring agency and the youth's referring agency. A copy of the Placement Agreement must be kept in the youth's file.
- The initial service authorization period will be for 90 days. Service extensions will be for a period of 60 days, and will be examined by the youth's supervision officer to ensure the youth is receiving the services they need to reintegrate into the community. The youth may continue receiving services in the home/facility as long as they continue to require this level of care as determined by youth's supervision officer.

Section 7: Initial Assessment (See Appendix 6, KDOC-0137)

When a youth enters the home, the Case Coordinator shall begin gathering information on the youth's strengths and needs within twenty-four (24) hours and shall have a completed assessment within seven (7) calendar days. Needed services shall be documented on the initial assessment. The assessment shall include but not be limited to the following areas:

- Physical health
- Family relations
- Academic or vocational training
- Community life
- Interpersonal interactions
- Daily living skills as outlined in the scope of services
- Involvement or exposure to substance use disorders

- Involvement or exposure to other trauma

Section 8: Resident Lodging (See Appendix 6, KDOC-0145)

In order to support the daily management and administration of residents, each residential provider shall develop an objective procedure regarding the physical housing of youth. Youth placed in a residential setting shall be assigned to a room based upon various factors, as identified by risk/needs assessment(s) in addition to other indicators. Resident lodging shall be completed immediately upon admission. If there are any room assignment changes due to behavioral concerns, an updated resident lodging form must be completed and placed in the youths file. Factors to consider in assigning rooms shall include (but are not limited to):

- Risk to recidivate (as determined by evidence-based risk assessments)
- Suicidal tendencies
- Level of specialized needs (i.e. mental health, medical, etc.)
- Sex offender status
- Identified Gender
- Age and/or maturity level
- Program needs (substance use disorder, cognitive behavioral, independent living, etc.)
- Vulnerability to being victimized by others (i.e. physical stature)
- LGBTI- Lesbian, Gay, Bisexual, Transgender, Intersex
- Other considerations

The placement decision shall be documented on the resident lodging form. While each youth will have an individualized program plan, assigning rooms based upon risk/need/responsivity factors will allow for a safer, more secure environment, as well as efficient and effective management of the home.

Section 9: Program Plan

Each youth residing in a JJFC home must have a program plan which includes individualized services to match the youth's identified needs based on the youth's YLS/CMI, supervision plan, conversations with the youth's Community Supervision Officer, parent/guardian, provider's initial assessment and assessments conducted by other service providers, i.e. mental health, substance abuse, etc.

- The program plan shall be established by the end of fourteen (14) calendar days from admission and address identified needs in the domains of family relationships, education/vocational/employment, peer relationships, substance abuse, leisure/recreation, personality/behavior, attitudes/orientations, and independent living skills. Upon completion the initial program plan shall be sent to the youth's community supervision officer.
- Youth may not have identified needs in every domain. Develop a plan only for those areas where a need has been identified but not more than three (3) to four (4) domains at a time.
- Program plans should be updated when new needs are identified or when program goals/objectives are met.

- Program plans should be thoroughly reviewed and revisions made within thirty (30) days of admission and every thirty (30) days thereafter.
- The youth should participate in the plan development.
- The plan should be signed by the youth and the Case Coordinator that worked with the youth to develop the plan.

Section 9.1: Plan Development

The program plans shall include long-term goals and objectives/steps to achieve the goal, identify and incorporate strengths, identify and address responsivity (barriers) to success.

- Long-term goals should state the overall goal (long term behavioral change) the youth is striving to achieve.
- The objectives/steps should be written in SMART (Specific, Measureable, Attainable, Realistic, Timely). These are the actions that the youth and others will do to reach the goal.
  - Specific - They may best be thought of as the "how to" for reaching the goal. Use action words to state what the youth will do, and how he/she will do it.
  - Measurable – You must be able to determine if the youth completed the objective or not, i.e. state the estimated time for the youth to complete the objective and the frequency of the service/intervention.
  - Attainable & Realistic – The objective may take work, but should be something that can be realistically completed.
  - Timely – There should be a clear beginning and ending date for each objective. Create a reasonable target date for completion. This date should not be months away.
- Strengths: These may be considered internal and/or external assets or characteristics that can be used to support the youth in reaching specific goals/objectives.
- Responsivity (barriers): These include characteristics that are related to a youth's learning ability and program engagement. Examples would include motivation, readiness to change, social support, intelligence, psychological development and maturity. All barriers shall be addressed in the program plan.

Section 10: Services

The Child Placing Agency shall write a policy and procedure manual of operations that will be reviewed and approved by the KDOC.

The daily schedule shall address the needs of the youth and the use of time to enhance the youth's physical, mental, emotional and social development. Indoor and outdoor recreation shall be provided. All play equipment, books and other materials shall be safe, clean, in good repair and suitable to the developmental needs and interests of the youth. The youth shall attend school regularly and also have

time for school and community activities. The youth shall be provided opportunities to practice age appropriate daily living skills.

The policy and procedure manual will provide a program for youth in the home that covers the following program components:

Supervision: Supervision shall be provided by the foster parent or other appropriate caregiver during the foster parent's absence.

Food and Shelter: Nutritious meals and snacks shall be provided. The JJFC home will meet the youth's health and safety needs. Each youth shall have their own bed in a bedroom which meets DCF licensure requirements.

Daily Living Services: Daily living services shall be provided and include the following:

- Room, board, child care, and school fees.
- Transportation to appointments within a sixty (60) mile radius; including to and from school, medical care, recreation, etc.
- Academic activities, assistance with school work, vocational training and/or GED training.

Situational Training: Situational training shall include but not be limited to:

- Social Skills: Developing positive relationships with peers and adults, problem solving, positive interactions with others, recognizing and addressing barriers to success, handling conflict, being considerate and accepting of others, etc.
- Personal Hygiene: Teaching about body cleanliness, use of deodorants and cosmetics, appropriate clothing, choosing clothing to fit individual and occasion and keeping clothes neat and clean.
- Health: Identifying and understanding youths' health needs; securing and utilizing necessary medical treatment including preventive and health maintenance services; gaining information and education in health maintenance (including preventive measures, nutrition, menstruation, rest, cleanliness, family planning, drugs, sexually transmitted diseases, exercise, and motivation for meeting own health needs), maintaining contact with providers of health services (physician, nurse, clinic) and using outside resources for assistance (clinics, pharmacies, hospitals).
- Independent Living Skills: Budgeting, comparative buying, installment buying, avoiding risks, identifying illegal or excessive interest rates, use of credit, avoiding or dealing with debts, using checking and savings accounts, basic meal planning, basic cooking and paying taxes, etc.

Communication Skills: The youth's articulating thoughts and feelings through appropriate use of such skills as speech, writing, email, social media and use of the telephone.

Home Management: Home management shall include; making the bed and changing linens, using the vacuum cleaner, dusting, organizing belongings, disposing of trash, cleaning all areas of the home, operating of alliances, cooking complete meals, making simple repairs, who to call when a major repair is needed, being aware of the needs for upkeep, handling emergencies and knowing first aid.

Recreation: Recreation shall include: participating in leisure time activities, learning how to spend leisure time, developing outside activities, managing time, finding recreation with little or no expense involved, finding community projects to take part in, participating in social groups, participating in sports and games, arts and crafts and appreciating fine arts. The daily schedule shall address the needs of the youth and the use of time to enhance the youth's physical, mental, emotional and social development. The home shall provide supervised indoor and outdoor recreation so that every youth may participate. Age appropriate equipment to promote physical development and physical fitness shall be available. Age appropriate socialization shall be provided utilizing community resources to assist the youth in transitioning back into their community when appropriate.

Supporting parent/youth interactions: Foster parents will assure each youth is available for the scheduled parent/youth interactions directed in the youth's case plan. Foster parents may choose to make their home available for some of these interactions or accompany the youth to the site for the interactions to provide mentoring support to the birth family.

Tutoring: Tutoring for remedial purposes shall be provided as needed, in addition to normal school work, to assist youth to perform at his/her potential. Tutoring services should be in accordance with need as indicated by school staff. The service delivered shall be documented in the individual's case record including date, amount of time and person who provided the service.

School/Work Liaison: The Licensed Child Placing Agency shall ensure routine communications between the staff and any educational program in which the youth is placed. This may include requesting and participating in the development of an Individual Education Plan (IEP) for each youth. The necessity of the latter activity will be decided in conjunction with the worker assigned to each youth. The day to day school liaison activity may be the responsibility of the specialized foster home. These contacts shall be noted in the youth's file. For youth in an employment program, similar contacts and services are to be provided in conjunction with the youth's employer when appropriate.

Self-Advocacy: Curriculum should include but not limited to:

- Setting goals, short and long-term
- Researching – how to find facts and relevant information
- Analyzing facts and information
- Connecting personal goals with others' goals
- Identifying allies and supporters
- Critical analysis of situations
- Identifying self-strengths and needs
- Planning strategy
- Planning written and oral presentations
- Dealing with setbacks and rejection
- Building on successes
- Reviewing and adjusting goals and strategies

Employment Support: Employment services that are to be provided shall include but not be limited to:

- Employment or job search efforts to be required when youth is not involved in educational

endeavors.
- Access community resources to obtain or sustain youth's employment.

Behavioral Health: The home shall adhere to all requirements set forth in Appendix 2: Accessing Behavioral Health Services (page 107).

Section 11: Visitation (See Appendix 6, KDOC-0139, KDOC-0140 to KDOC-0143)

When home visits occur there shall be pre and post home visit contacts between the youth, their family and the case coordinator. The provider shall complete written pre and post documentation of the progress towards goals and/or objectives identified in the program plan. Pre and post documentation shall be completed through a conversation with the youth and parent separately. It is important that home visits be carefully planned and executed in the best interests of the youth. All home visits shall be arranged and approved through the youth's community supervision officer.

Written documentation of the Community Supervision Officer's approval/denial of the visit shall be maintained in the youth's file.

Subject to the foster parent's visitation guidelines (days of the week, times, appropriate attire, etc.) a provider shall not prohibit contact with a youth's immediate family except for the following reasons:

- A Court orders no contact.
- There is documented violence, threatening or disruptive behavior by a family member that occurred during a contact.
- There is documented introduction of illegal drugs or weapons.

Any denial of contact by a family member must be documented and reported immediately to the youth's Community Supervision Officer. The youth and family shall be provided with visitation guidelines upon admission. The youth shall have an approved contact list to include,the type of contact allowed (letter, phone, day passes, etc.). The contact list must be reviewed/updated every 60 days. The initial contact list and all reviews/updates shall include the Community Supervision Officer signature.

The home shall provide private accommodations for visitation. Accommodations shall include but not be limited to: a private office/room, no staff presence (unless required), free of any individuals that may overhear confidential information.

Section 12: Discharge/Aftercare (See Appendix 6, KDOC-0144)

Discharge planning shall begin upon admission of the youth to the foster home. At a minimum, the resident, the resident's parent(s)/guardian(s) and the placing agency should be involved in planning the discharge of the youth from the home. The discharge plan and modifications should be noted in the youth's file.

A discharge summary shall be completed thirty (30) days prior to the youth's discharge and be forwarded to the Community Supervision Officer within one business day upon completion. This shall include a written:

- Summary of the progress, or lack thereof, of the youth's goals and objectives while the youth was in placement.
- Summary of the youth's behavior while in placement.
- Summary of initial appointments for any identified services set up prior to discharge.
- Summary of the reasons the youth was discharged.

Personal Possessions: All providers must preserve and relinquish upon termination of the placement all personal possessions of the youth. These possessions must be preserved for thirty (30) days post termination of placement. Community Supervision Agencies are responsible for arranging for the return of the possessions. If such arrangements have not been made, providers may dispose of the possessions on the thirty-first (31st) day post termination of placement.

Section 13: Record Keeping

The record keeping requirements of K.A.R. 28-4-272 shall be met by the placement. In addition, the following shall be maintained by the placement:

Youth's File: The placement shall maintain a file for each youth in placement. The file shall contain the following information:

- Youth's name and date of birth
- Name, address and emergency contact information of the youth's referring agency supervision officer
- Placement Agreement (KDOC-0086)
- Placement referral form
- Copy of the Youthful Level of Service/Case Management Inventory (YLS/CMI)
- Copy of the youth's supervision plan
- Initial assessment
- Suicide/self-injury assessment
- Resident lodging assessment
- Medical and surgical consents
- Medical and dental records
- Records of the youth's prescription(s) and non-prescription(s) and when administered
- Authorization for release of confidential information
- Daily observation logs
- Weekly progress notes
- Program plans
- Discharge plans
- Resident's rights

- Emergency Safety Intervention acknowledgement
- Handbook/Rules acknowledgement
- Pre and post reintegration visit documentation
- Approved contact list
- Log of critical incident reports

Record Retention: Case records, including medical records, shall be maintained for six (6) years from the date of the youth's discharge or until completion of an on-going audit and production of a final audit report, whichever is longer.

Personnel Records: A separate personnel file shall be maintained for each employee. Personnel files shall include a written employment application, educational transcripts, responses from background investigations conducted (Kansas Bureau of Investigations and Child Abuse and Neglect Central Registry) and disciplinary actions.

Daily observations: A dated record of daily observations and significant occurrences involving each youth shall be maintained. The record shall include events which may affect the well-being of the youth. Significant events should include but not limited to; attendance at school or groups (specific group), interactions and/or interventions with staff and other youth, medical appointments, hygiene (if identified as a need), visits/passes and overall behavior. Each report shall include the staff member and/or youth involved, the nature of the incident and the circumstances surrounding it. The record shall be available for review.

Weekly Progress Notes (KDOC-153): Notes shall be completed by the Case Coordinator and submitted to the Community Supervision officer every thirty (30) days. These notes must be entered into the youth's chart, reflecting the delivery of services according to the program plan. This documentation must address the youth's responses to interventions and the progress of the youth toward individualized goals and objectives. The note should include any significant events that occurred during the week and should also summarize contacts with family members and other involved agencies. If any unmet needs are identified, the note must reflect the actions to be taken to revise the plan for the youth to meet those needs.

Health Records: Health care and records of residents must meet the requirements of K.A.R 28-4-275. When a youth leaves a foster home to return home or moves to another out of home placement, the youth's medical records shall be given to youth's referring agency to accompany the youth.

Section 14: Training (See Appendix 6, KDOC-0147, KDOC-0149, KDOC-0150 and KDOC-0152)

Each home shall meet all training requirements as set forth by DCF. This shall include: preparatory training, PS-MAPP, Deciding Together, first-aid training, universal precautions and medication administration.

Staff may obtain training hours through the following means:

- Face to face group training session, (i.e., facilitator and more than one (1) staff member)

- Face to face individual training session, (i.e. facilitator and one (1) staff member)
- Training videos/DVD, (i.e. videos specifically designed for training purposes)

Specialized Training: Written policy, procedure and practice require training for staff and foster parents, which is in addition to the hours and subjects necessary to satisfy licensure requirements of the Kansas Department of Health and Environment, as specified in this section. These trainings are essential to the effective delivery of the specialized programming of this service type and to meeting the specific needs of the juvenile offender population.

Approval of Cognitive Training Curriculum: Written policy, procedure and practice require any staff person who will provide training to Case Coordinators, foster parents or others on the cognitive behavioral practices implemented by the provider to have completed a sixteen (16) hour training provided and/or approved by the Kansas Department of Corrections. From this sixteen (16) hour training, the provider will develop a twelve (12) hour training on the cognitive behavioral practices to be delivered to Case Coordinators, JJFC foster parents and any other JJFC staff. The final step in the JJFC training curriculum certification process is to deliver the 12 hour training to JJFC provider staff within three (3) months of completing the initial 16-hour training. A KDOC representative may attend this first training to certify that the cognitive behavioral curriculum is being delivered with fidelity.

Initial Foster Parent Training: Written policy, procedure and practice require each foster parent to have completed twenty-two (22) hours of training, prior to the placement of any youth into their home. The hours are minimum requirements. Foster Parents who take sex offenders will need to complete twenty-five (25) hours of training, prior to the placement of any youth into their home.

- Twelve (12) contact hours of training in the Cognitive Behavioral practices provided/approved by the KDOC for use by the Child Placing Agency. The topics must include the following: cognitive theory, social learning theory, the cognitive behavioral cycle, cognitive restructuring, tools for restructuring, cognitive skill building, and effective reinforcements. The training must include knowledge building and skill development.
- One (1) contact hour of Adolescent Growth and Development and Sexual Development which shall address biological, psychological and cognitive changes in youth during the adolescent years to include but not limited to: physical changes to the body; mental development such as the ability to think abstractly, expressing concerns about philosophy, politics and social issues, thinking long term and setting goals, comparing oneself to one's peers; and social development such as desire for independence from parents, peer influence and acceptance, male-female relationships.
- One (1) contact hour of Crisis Prevention and Response to include the identification and reduction of risk to youth as well as appropriate responses by staff and foster parents in the following areas: changes in youth behavior; interactions with peers, teachers and other persons of influence upon the youth; youth responses to parenting, social situations or life circumstances.
- Two (2) contact hours of Working with Youth with Interagency Involvement, Special Needs and Disabilities which shall address working collaboratively with various agencies on behalf of the youth in foster care, such as schools, courts, supervision agencies and service providers and including effective advocacy for the youth; how to respond to and manage the unique circumstances of youth including issues or removal from the home, school transitions, loss of

connections to pro-social friends or organizations and/or special needs because of a specific physical or mental limitations of the youth; how to address warning signs or indicators that may necessitate a specific referral for assessment and the routine support and management of youth with an identified learning disability; and the rights of youth and responsibilities of public education systems to serve this population.

- Two (2) contact hours of training on Gangs, which shall include information to assist the foster parents in the identification of potential gang activity by youth in their home to include, but not limited to the use of language, displaying of colors, specific dress, behavior of youth and/or peers and graffiti.
- Two (2) contact hours of training on Substance Use Disorders to include knowledge and skills focused on the identification of possible drug use by youth, supporting youth in maintaining abstinence, supporting youth during treatment, and effectively responding to drug use by a youth.
- One (1) contact hour of Family System Theory which shall include the interaction between family members and the importance of family relationships in overall psychological health.
- One (1) contact hour of Cultural Sensitivity and Responsiveness which shall include the development of an understanding of different cultural aspects of each youth and their reunification family, how to approach cultural differences of the foster and reunification home, and to support the youth in maintaining their culture.
- Three (3) contract hours of Working with Sex Offenders (if applicable) which shall address myths and facts of juvenile sex offenders, effective treatment modalities, legal obligations of adjudicated sex offenders for registration and compliance with court orders, and effective supervision and management practices of sex offenders in the community.

Annual Training for Foster Parents: Written policy, procedure and practice require each foster parent to complete a minimum of twenty (20) hours of annual training. These hours are in addition to any DCF licensure requirements and shall address the same topics as Initial Foster Parent and Foster Parent Training for Sex Offenders. Annual training must be completed in the year between the person's first and second anniversary dates of becoming a JJFC foster parent, and annually thereafter. The training should be designed and structured to continually increase the knowledge basis and skill development of the foster parents.

Topics for annual training shall include but not be limited to:

- CPR and First Aid
- Blood borne pathogens
- Medications
- Substance use disorder patterns
- Childhood and adolescent development (including developmental disorders)
- Childhood and adolescent psycho-pathology (including such topics as effects of abuse/neglect, reactive attachment disorders, separation anxiety disorders, ADHD)
- Childhood and adolescent sexuality issues, especially the effects of early sexual abuse
- De-escalation techniques
- Roles and relationships between the agency, foster parent, parent(s)/guardian(s) and the youth
- Child management and discipline techniques
- Communication skills

- Constructive problem solving
- Trauma Informed Care
- Gender Responsive (If applicable)
- LBGTI (Lesbian, Bisexual, Gay, Transgender, Intersex)
- The practicing of cognitive restructuring and cognitive skill building.
- The use of reinforcements to change behavior.
- Recent developments in the treatment and management of adolescent sex offenders, substance use disorder offenders, and offenders with mental health issues.
- Gang involved youth

Initial Case Coordinator Training: Written policy, procedure and practice require each Case Coordinator to have completed thirty (30) hours of training, prior to assuming the Case Coordinator responsibilities for any youth in placement. The hours are minimum requirements. Case Coordinators must complete the same trainings required of foster parents to ensure they have a comprehensive understanding of the training and are fully capable of supporting those foster parents.

If the Case Coordinator has completed the above trainings within the last twelve (12) months, appropriate documentation of the training completion will suffice to meet these training requirements.

Annual Training for Case Coordinators: Written policy, procedure and practice require each Case Coordinator to complete a minimum of twenty (20) hours of annual training. These hours are in addition to any DCF licensure requirements and shall address the same topics as the Initial Case Coordinator training. Annual training must be completed in the year between the person's first and second anniversary dates of becoming a Case Coordinator, and annually thereafter. The training should be designed and structured to continually increase the knowledge basis and skill development of the Case Coordinator. The training topics shall include:

- The practicing of cognitive restructuring and cognitive skill building.
- The use of reinforcements to change behavior.
- Recent developments in the treatment and management of adolescent sex offenders, substance use disorder offenders, and offenders with mental health issues.

Each agency shall also have a written annual staff and foster parent in-service training plan which addresses the annual training needs of all staff and foster parents having direct contact with residents. The written annual plan shall also include the number of hours, proposed training date, trainer and his/her qualifications.

Chapter Nine: Youth Residential Center II

Section 1: Service Description

A Youth Residential Center (YRC II) facility is a 24-hour group home or residential facility that meets the requirements of K.A.R. 28-4-268-280.

It is a non-secure residential service designed to provide an environment that will enhance the youth's ability to achieve a higher level of functioning while avoiding future placement in a more highly structured treatment facility. The facility must comply with Department of Children and Families (DCF) DCF licensing requirements.

The range of services to be delivered by the YRC II shall be well defined in meeting the variety of individual needs of the residents. The general program description approved by KDOC for each facility shall include but not be limited to the goals of the program, resident behavioral treatment system, job descriptions (responsibilities, functions and qualifications), policies and procedures, daily living activities, health services, recreation activities and visitation policies. The purpose of placement in an YRC II is to improve and teach the youth decision making, coping skills, social skills, and to address any underlying problems which are affecting the youth in order to transition successfully back into their family or community.

The rate of pay for a YRC II is $126.00 per day, per youth. These rates are subject to change.

Section 2: Description of Youth to be Served

- The population served are youth, ages 10 thru 22, who have a well established pattern of behavior or conduct which is antisocial, oppositional, defiant, aggressive, abusive, impulsive or high risk in nature.
- Not currently suicidal, homicidal or requiring detoxification services that necessitate hospitalization.
- Youth who DO NOT meet the standard for Psychiatric Residential Treatment Facility (PRTF) admission, who are not in need of intensive treatment and for whom family based services are not appropriate to meet the youth's needs.
- Youth awaiting a PRTF screen may reside in a YRC II until the time of the screen.
- If a youth is in a YRC II awaiting a screen the screen must be completed within 14 days, but should be completed as soon as possible. If the youth screens into a PRTF they can stay up to 14 days while awaiting a PRTF bed.
- No more than fifty (50) percent of the youth in a YRC II facility may have screened into a PRTF and be in the fourteen (14) day waiting period for a PRTF placement.
- Youth may step down to a YRC II from a PRTF after the screener and treatment team have determined the youth no longer needs the level of care provided by a PRTF.

Section 3: General Staffing Requirements

- Facility staff shall be at least twenty-one (21) years of age with a minimum of three (3) years age difference between the staff member and oldest resident who can be admitted to the facility.
- There shall be 24-hour awake staff to ensure youth safety.

- Facility staff must be trained to effectively meet the special needs of youth who require this level of care. The staff ratio is 1:7 during waking hours and 1:10 during sleeping hours.
- Program plan development, review and case supervision are carried out by the YRC II provider.
- The youth to Case Coordinator ratio in a YRC II is 1:16.
- Staff shall adhere to all requirements set forth in Appendix 5: Mandated Reporters (page 112).
- Staff shall not be a person restricted from working with youth as defined by K.S.A. 65-516.

Staff must meet the qualifications and responsibilities as set forth in this document. Written job descriptions shall be developed for all staff and maintained on site where personnel functions are carried out.

Section 3.1: Administrator

- The administrator shall have: a Bachelor's Degree in one of the human service fields (social work, psychology, human development and family life, criminal justice, counseling), nursing or education; knowledge and prior administrative experience; knowledge and understanding of KDOC Provider Standards, knowledge and understanding of evidence based practices for working with juvenile offenders; knowledge of and prior experience complying with DCF and DCF regulations and statues.
- Educational transcript(s) are required and must be on file with KDOC
- The administrator shall have knowledge in juvenile offender evidence based practices, cognitive behavioral tools and effective behavioral management systems

Section 3.2: Case Coordinator

- The Case Coordinator shall have at least a Bachelor's degree in one of the human services fields, (social work, psychology, human development and family life, criminal justice, counseling) nursing or education.
- Be responsible for the case coordination including the review of the youth's risks and needs and then the development and review of an individualized program plan designed to address the youth's risks and needs.
- The Case Coordinator will maintain a resource base of services to address the needs identified in the youth's individualized program plan.
- Case Coordinator duties must be 100% of job function and cannot be combined with duties of positions required by DCF regulations or other administrative duties.
- The Case Coordinator shall have knowledge in juvenile offender evidence based practices, cognitive behavioral tools and effective behavioral management systems.

Section 3.3: Life Coach

- Not applicable.

Section 3.4: Foster Parent

- Not applicable.

Section 4: General Program Requirements

- 24 hour care.
- The YRC II shall meet the legal requirements of the community as to zoning, fire protection, water supply and sewage disposal.
- Each youth shall have sufficient storage for all personal belongings, i.e. closet and/or dresser.
- The YRC II's environment shall be free of, gang paraphernalia, sexually explicit material, drug referencing material, etc. Upon discovery said items shall be removed.
- Each YRC II shall maintain clean and sanitary living conditions.
- Prison Rape Elimination Act (PREA): The YRC II level of service will comply with PREA of 2003 (Federal Law 42, U.S.C. 15601 et Seq.) and the National Standards to Prevent, Detect and Respond to Prison Rape, Final Rule, 77 Fed. Reg. 37106-37232 (June 20, 2012) (to be codified at 28 C.F.R. pt. 115).
- The YRC II shall adhere to all requirements set forth in Appendix 3: Critical Incident Reporting (page 108).

Section 5: Behavior Management

Each YRC II shall have a written program of consistent rules and regulations guiding and governing the daily behavior of the youth under the care of the program. The overarching goals should be to not only help the youth adjust to the facility but also to daily life within society. The behavior management system should include a description of daily general routines of the program. The system of rules, rewards and consequences for given behaviors should be identified. Each youth shall be oriented to the YRC II's behavior management system by a staff member during the admission or orientation process. Notation shall be made in the youth's file and signed by the youth that the rules and regulations, rewards and consequences have been discussed with the youth.

The YRC II facility must post the behavior management system in a common area where youth are able to easily access the information. Youth should be given a written copy of the system to use as a reference. The system should use rewards to teach youth the behaviors and attitudes that are desired and acceptable, and consequences to teach youth what behaviors are unacceptable. The system should be based on cognitive behavioral theories and link progression up through the levels to a youth's acquisition and demonstration of prosocial attitudes, beliefs and skills. Each level should identify specific goals that must be accomplished to progress to the next level. The system should include rules governing interpersonal interactions with staff and peers, facility leave policies, school and group attendance and behavior, verbal and physical aggression, allowable possessions, awakening, bedtime and leisure hours, visitation policy, AWOL attempts, involvement in community recreation and other activities, self-destructive behaviors, sexuality, communication with family members and other's outside

of the facility, religious worship, theft, property destruction, behaviors which may result in mandatory removal from the program and behaviors at the program which could result in legal prosecution.

The facility shall adhere to all requirements set forth in Appendix 4: Resident's Rights (page 111).

Section 5.1: Application of Time Out

- A procedure used to assist the individual to regain emotional control by removing the individual from his/her immediate environment and restricting the individual to a quiet area or unlocked quiet room. A youth in time out shall never be physically prevented from leaving the time out area. Time out may take place away from the area of activity or from other youth. Staff must monitor the youth while he/she is in time out.

Section 5.2: Emergency Safety intervention (ESI)

- Emergency Safety Intervention (ESI) is the application of physical force without any mechanical device for the purpose of restricting the free movement of a youth's body. **Emergency Safety Interventions should be used only as last resort after all verbal de-escalation techniques have failed and when the youth is at-risk of harming themselves or others.**
- An Emergency Safety Intervention must be performed in a manner that is safe, proportionate and appropriate to the severity of the behavior, and the youth's chronological and developmental age, size, gender, physical/medical/psychiatric condition and personal history.
- The use of Emergency Safety Interventions must be performed only through the use of nationally recognized ESI procedures applicable to this population designed to prevent a resident from harming self or others by exerting external control over physical movement.
- Mechanical restraint is the use of mechanical devices to restrict the free movement of the resident's body, most often for purposes of preventing self-destructive behavior. **Mechanical restraints are not allowed in KDOC residential facilities and homes.**
- Each YRC II must have a written ESI policy and all staff must be trained to provide safe Emergency Safety Interventions. Staff must be trained in authorized, well-recognized training programs for managing aggressive behavior. Staff training records must be kept as part of their personnel file and must be made available upon request. At the time of admission to a placement, the youth and parent/guardian must be oriented to the ESI policies of the facility and must sign a written acknowledgment for this orientation. This written acknowledgment shall be kept in the youth's file.

Section 6: Criteria for Admission

Each YRC II facility shall set admission criteria specific to the information provided within the description of youth to be serviced and services available within their facility and the community.

Section 6.1: Admission Skills Required

- Not applicable.

Section 6.2: Referral Process (See Appendix 6, KDOC-0132)

- Written policy, procedure and practice require the provider to respond to referrals within 2 business days of their receipt with acceptance of referral or denial.

Section 6.3: Provider Placement Agreements

- A Placement Agreement (KDOC-0086) must be completed between the YRC II and the youth's referring agency. A copy of the Placement Agreement must be kept in the youth's file.
- The initial service authorization period will be for 90 days. Service extensions will be for a period of 60 days, and will be examined by the youth's supervision officer to ensure the youth is receiving the services they need to reintegrate into the community. The youth may continue receiving services in the home/facility as long as they continue to require this level of care as determined by youth's supervision officer.

Section 7: Initial Assessment (See Appendix 6, KDOC- 0137)

When a youth enters the home, the Case Coordinator shall begin gathering information on the youth's strengths and needs within twenty-four (24) hours and shall have a completed assessment within seven (7) calendar days. Needed services shall be documented on the initial assessment. The assessment shall include but not be limited to the following areas:

- Physical health
- Family relations
- Academic or vocational training
- Community life
- Interpersonal interactions
- Daily living skills as outlined in the scope of services
- Involvement or exposure to substance use disorders
- Involvement or exposure to other trauma

Section 8: Resident Lodging (See Appendix 6, KDOC-0145)

In order to support the daily management and administration of residents, each residential provider shall develop an objective procedure regarding the physical housing of youth. Youth placed in a residential setting shall be assigned to a room based upon various factors, as identified by risk/needs assessment(s) in addition to other indicators. Resident lodging shall be completed immediately upon admission. If there are any room assignment changes due to behavioral concerns, an updated resident lodging form must be completed and placed in the youths file. Factors to consider in assigning rooms shall include (but are not limited to):

- Risk to recidivate (as determined by evidence-based risk assessments)
- Suicidal tendencies
- Level of specialized needs (i.e. mental health, medical, etc.)
- Sex offender status
- Identified Gender
- Age and/or maturity level
- Program needs (substance use disorder, cognitive behavioral, independent living, etc.)
- Vulnerability to being victimized by others (i.e. physical stature)
- LGBTI- Lesbian, Gay, Bisexual, Transgender, Intersex
- Other considerations

The placement decision shall be documented on the resident lodging form. While each youth will have an individualized program plan, assigning rooms based upon risk/need/responsivity factors will allow for a safer, more secure environment, as well as efficient and effective management of the living units.

Section 9: Program Plan

Each youth residing in a residential facility must have a program plan which includes individualized services to match the youth's identified needs based on the youth's YLS/CMI, supervision plan, conversations with the youth's Community Supervision Officer, parent/guardian, provider's initial assessment and assessments conducted by other service providers, i.e. mental health, substance abuse, etc.

- The program plan shall be established by the end of fourteen (14) calendar days from admission and address identified needs in the domains of family relationships, education/vocational/employment, peer relationships, substance abuse, leisure/recreation, personality/behavior, attitudes/orientations, and independent living skills. Upon completion the initial program plan shall be sent to the youth's community supervision officer.
- Youth may not have identified needs in every domain. Develop a plan only for those areas where a need has been identified but not more than three (3) to four (4) domains at a time.
- Program plans should be updated when new needs are identified or when program goals/objectives are met.
- Program plans should be thoroughly reviewed and revisions made within thirty (30) days of admission and every thirty (30) days thereafter.
- The youth should participate in the plan development.
- The plan should be signed by the youth and the Case Coordinator that worked with the youth to develop the plan.

Section 9.1: Plan Development

The program plans shall include long-term goals and objectives/steps to achieve the goal, identify and incorporate strengths, identify and address responsivity (barriers) to success.

- Long-term goals should state the overall goal (long term behavioral change) the youth is striving to achieve.
- The objectives/steps should be written in SMART (Specific, Measureable, Attainable, Realistic, Timely). These are the actions that the youth and others will do to reach the goal.
  - Specific - They may best be thought of as the "how to" for reaching the goal. Use action words to state what the youth will do, and how he/she will do it.
  - Measurable – You must be able to determine if the youth completed the objective or not, i.e. state the estimated time for the youth to complete the objective and the frequency of the service/intervention.
  - Attainable & Realistic – The objective may take work, but should be something that can be realistically completed.
  - Timely – There should be a clear beginning and ending date for each objective. Create a reasonable target date for completion. This date should not be months away.
- Strengths: These may be considered internal and/or external assets or characteristics that can be used to support the youth in reaching specific goals/objectives.
- Responsivity (barriers): These include characteristics that are related to a youth's learning ability and program engagement. Examples would include motivation, readiness to change, social support, intelligence, psychological development and maturity. All barriers shall be addressed in the program plan.

Section 10: Services

The YRC II shall write a policy and procedure manual of operations that will be reviewed and approved by the KDOC.

The daily schedule shall address the needs of the youth and the use of time to enhance the child's physical, mental, emotional and social development. Indoor and outdoor recreation shall be provided. All play equipment, books and other materials shall be safe, clean, in good repair and suitable to the developmental needs and interests of the youth. The youth shall attend school regularly and also have time for school and community activities. The youth shall be provided opportunities to practice age appropriate daily living skills.

The policy and procedure manual will provide a program for youth in the home that covers the following program components:

Food and Shelter: Nutritious meals and snacks shall be provided. The YRC II will meet the youth's health and safety needs. Each youth shall have their own bed in a bedroom which meets DCF licensure requirements.

Daily Living Services: Daily living services shall be provided and include the following:

- Room, board, child care, and school fees.

- Transportation to appointments within a sixty (60) mile radius; including to and from school, medical care, recreation, etc.
- Academic activities; assistance with school work, vocational training and/or GED training.

Situational Training: Situational training shall include but not be limited to:

- Social Skills: Developing positive relationships with peers and adults, problem solving, positive interactions with others, recognizing and addressing barriers to success, handling conflict, being considerate and accepting of others, etc.
- Personal Hygiene: Teaching about body cleanliness, use of deodorants and cosmetics, appropriate clothing, choosing clothing to fit individual and occasion and keeping clothes neat and clean.
- Health: Identifying and understanding youths' health needs; securing and utilizing necessary medical treatment including preventive and health maintenance services; gaining information and education in health maintenance (including preventive measures, nutrition, menstruation, rest, cleanliness, family planning, drugs, sexually transmitted diseases, exercise, and motivation for meeting own health needs), maintaining contact with providers of health services (physician, nurse, clinic) and using outside resources for assistance (clinics, pharmacies, hospitals).
- Independent Living Skills: Budgeting, comparative buying, installment buying, avoiding risks, identifying illegal or excessive interest rates, use of credit, avoiding or dealing with debts, using checking and savings accounts, basic meal planning, basic cooking and paying taxes, etc.

Communication Skills: The youth's articulating thoughts and feelings through appropriate use of such skills as speech, writing, email, social media and use of the telephone.

Home Management: Home management shall include; making the bed and changing linens, using the vacuum cleaner, dusting, organizing belongings, disposing of trash, cleaning all areas of the YRC II, operating of alliances, cooking complete meals, making simple repairs, who to call when a major repair is needed, being aware of the needs for upkeep, handling emergencies and knowing first aid.

Recreation: Recreation shall include: participating in leisure time activities, learning how to spend leisure time, developing outside activities, managing time, finding recreation with little or no expense involved, finding community projects to take part in, participating in social groups, participating in sports and games, arts and crafts and appreciating fine arts. The daily schedule shall address the needs of the residents and the use of time to enhance the resident's physical, mental, emotional and social development. The facility shall provide supervised indoor and outdoor recreation so that every resident may participate. Age appropriate equipment to promote physical development and physical fitness shall be available. Age appropriate socialization shall be provided utilizing community resources to assist the youth in transitioning back into their community when appropriate.

Tutoring: Tutoring for remedial purposes shall be provided as needed, in addition to normal school work, to assist youth to perform at his/her potential. Tutoring services should be in accordance with need as indicated by school staff. The service delivered shall be documented in the individual's case record including date, amount of time and person who provided the service.

School/Work Liaison: The Licensed Child Placing Agency shall ensure routine communications between the staff and any educational program in which the youth is placed. This may include requesting and participating in the development of an Individual Education Plan (IEP) for each youth. The necessity of the latter activity will be decided in conjunction with the worker assigned to each youth. The day to day school liaison activity may be the responsibility of the specialized foster home. These contacts shall be noted in the youth's file. For youth in an employment program, similar contacts and services are to be provided in conjunction with the youth's employer when appropriate.

Self-Advocacy: Curriculum should include but not limited to:

- Setting goals, short and long-term
- Researching – how to find facts and relevant information
- Analyzing facts and information
- Connecting personal goals with others' goals
- Identifying allies and supporters
- Critical analysis of situations
- Identifying self-strengths and needs
- Planning strategy
- Planning written and oral presentations
- Dealing with setbacks and rejection
- Building on successes
- Reviewing and adjusting goals and strategies

Employment Support: Employment services that are to be provided shall include but not be limited to:

- Employment or job search efforts to be required when youth is not involved in educational endeavors.
- Access community resources to obtain or sustain youth's employment.

Behavioral Health: The facility shall adhere to all requirements set forth in Appendix 2: Accessing Behavioral Health Services (page 107).

Section 11: Visitation (See Appendix 6, KDOC-0139, KDOC-0140 to KDOC-0143)

When home occur there shall be pre and post home visit contacts between the youth, their family and facility program staff. The provider shall complete written pre and post documentation of the progress towards goals and/or objectives identified in the program plan. Pre and post documentation shall be completed through a conversation with the youth and parent separately. It is important that home visits be carefully planned and executed in the best interests of the youth. All home visits shall be arranged and approved through the youth's community supervision officer.

Written documentation of the CSO's approval/denial of the visit shall be maintained in the youth's file.

Subject to the provider's visitation guidelines (days of the week, times, appropriate attire, etc.) a provider shall not prohibit contact with a youth's immediate family except for the following reasons:

- A Court orders no contact.
- There is documented violence, threatening or disruptive behavior by a family member that occurred during a contact.
- There is documented introduction of illegal drugs or weapons.

Any denial of contact by a family member must be documented and reported immediately to the youth's Community Supervision Officer. The youth shall have an approved contact list to include,the type of contact allowed (letter, phone, day passes, etc.). The contact list must be reviewed/updated every 60 days. The initial contact list and all reviews/updates shall include the Community Supervision Officer signature.

The facility shall provide private accommodations for visitation. Accommodations shall include but not be limited to: a private office/room, no staff presence (unless required), free of any individuals that may overhear confidential information.

Section 12: Discharge/Aftercare (See Appendix 6, KDOC-0144)

Discharge planning shall begin upon admission of the youth to the YRC II. At a minimum, the resident, the resident's parent(s)/guardian(s) and the placing agency should be involved in planning the discharge of the youth from the YRCII. The discharge plan and modifications should be noted in the youth's file.

A discharge summary shall be completed at the time of the youth's discharge and be forwarded to the Community Supervision Officer within one business day. This shall include a written:

- Summary of the progress, or lack thereof, of the youth's goals and objectives while the youth was in placement.
- Summary of the youth's behavior while in placement.
- Recommendations for aftercare services specifying the nature, frequency, duration of services and responsible parties.
- Summary of the reasons the youth was discharged.

Personal Possessions: All providers must preserve and relinquish upon termination of the placement all personal possession of the youth. These possessions must be preserved for thirty (30) days post termination of placement. Community Supervision Agencies are responsible for arranging for the return of the possessions. If such arrangements have not been made, providers may dispose of the possessions on the thirty-first (31st) day post termination of placement.

Section 13: Record Keeping

The record keeping requirements of K.A.R. 28-4-272 shall be met by the placement. In addition, the following shall be maintained by the placement:

Youth's File: The placement shall maintain a file for each youth in placement. The file shall contain the following information:

- Youth's name and date of birth
- Name, address and emergency contact information of the youth's referring agency supervision officer
- Placement Agreement (KDOC-0086)
- Placement referral form
- Copy of the Youthful Level of Service/Case Management Inventory (YLS/CMI)
- Copy of the youth's supervision plan
- Initial assessment
- Suicide/self-injury assessment
- Resident lodging assessment
- Medical and surgical consents
- Medical and dental records
- Records of the youth's prescription(s) and non-prescription(s) and when administered
- Authorization for release of confidential information
- Daily observation logs
- Weekly progress notes
- Program plans
- Discharge plans
- Resident's rights
- Emergency Safety Intervention acknowledgement
- Handbook/Rules acknowledgement
- Pre and post reintegration visit documentation
- Approved contact list
- Log of critical incident reports
- PREA acknowledgment form

Record Retention: Case records, including medical records, shall be maintained for six (6) years from the date of the youth's discharge or until completion of an on-going audit and production of a final audit report, whichever is longer.

Personnel Records: A separate personnel file shall be maintained for each employee. Personnel files shall include a written employment application, educational transcripts, responses from background investigations conducted (Kansas Bureau of Investigations and Child Abuse and Neglect Central Registry) and disciplinary actions.

Daily observations: A dated record of daily observations and significant occurrences involving each youth shall be maintained. The record shall include events which may affect the well-being of the youth. Significant events should include but not limited to; attendance at school or groups (specific group), interactions and/or interventions with staff and other youth, medical appointments, hygiene (if identified as a need), visits/passes and overall behavior. Each report shall include the staff member

and/or youth involved, the nature of the incident and the circumstances surrounding it. The record shall be available for review.

Weekly Progress Notes (KDOC-153): Notes shall be completed by the Case Coordinator and submitted to the Community Supervision officer every thirty (30) days. These notes must be entered into the youth's chart, reflecting the delivery of services according to the program plan. This documentation must address the youth's responses to interventions and the progress of the youth on individualized goals and objectives. The note should include any significant events that occurred during the week and should also summarize contacts with family members and other involved agencies. If any unmet needs are identified, the note must reflect the actions to be taken to revise the plan for the youth to meet that need.

Health Records: Health care and records of residents must meet the requirements of K.A.R 28-4-275. When a youth leaves a YRCII to return home or moves to another out of home placement, the youth's medical records shall be given to youth's referring agency to accompany the youth.

Section 14: Training (See Appendix 6, KDOC-0146, KDOC-0148, KDOC-0151)

Each facility must have a thirty-two (32) hour in-service orientation/training program for new employees, which is especially directed toward the initial training needs of staff working directly with youth. Staff that work directly with youth (direct care staff) are considered any person who provides supervision of youth, performs case management duties and/or delivers programing. Documentation of completion of orientation training must be kept in the staff member's personnel file. The in-service orientation program shall provide written documentation that all staff are trained in the following:

- Facility policy and procedures manual
- Facility emergency and evacuation procedures
- Emergency safety interventions (including management of aggressive or suicidal behavior and orientation to the facility's restraint policies and procedures)
- The handling of blood borne pathogens
- Facility discipline standards
- Abuse/neglect mandatory reporting laws
- Client record documentation policies and procedures
- Policies and procedures for resident medication management
- Resident rights
- Confidentiality laws
- Certified in CPR/First Aid within three (3) months of employment
- De-escalation techniques
- Trauma Informed Care
- Gender Responsive (If applicable)
- LBGTI (Lesbian, Bisexual, Gay, Transgender, Intersex)
- Gang involved youth
- PREA

Each agency shall also have a written annual staff in-service training plan which addresses the annual training needs of all staff having direct contact with residents. The written annual plan shall also include the number of hours, proposed training date, trainer and his/her qualifications.

All direct care staff shall have a minimum of forty (40) documented clock hours of in-service training per year. This annual training is beyond or in addition to the DCF required training. Documentation shall be provided in each staff member's personnel record to include content, the number of hours, trainer, and his/her qualifications. Topics shall include but not be limited to:

- CPR and First Aid
- Blood borne pathogens
- Medications
- Emergency safety interventions
- Substance use disorder patterns
- Childhood and adolescent development (including developmental disorders)
- Childhood and adolescent psycho-pathology (including such topics as effects of abuse/neglect, reactive attachment disorders, separation anxiety disorders, ADHD)
- Childhood and adolescent sexuality issues, especially the effects of early sexual abuse
- De-escalation techniques
- Roles and relationships between the agency, foster parent, parent(s)/guardian(s) and the youth
- Child management and discipline techniques
- Communication skills
- Constructive problem solving
- Trauma Informed Care
- Gender Responsive (If applicable)
- LBGTI (Lesbian, Bisexual, Gay, Transgender, Intersex)
- Cognitive behavioral restructuring
- Skill building
- The use of reinforcement to change behavior
- Recent developments in adolescent sex offenders
- Substance abuse disorders
- Youth with mental health issues
- Gang involved youth
- PREA

Staff may obtain training hours through the following means:

- Face to face group training session, (i.e., facilitator and more than one (1) staff member)
- Face to face individual training session, (i.e. facilitator and one (1) staff member)
- Training videos/DVD, (i.e. videos specifically designed for training purposes)

Chapter Ten: Emergency Shelter

Section 1: Service Description

An Emergency Shelter provides twenty-four (24) hour care that meets the requirements of K.A.R. 28-4-268-280. It has been licensed by Department of Children and Families (DCF) DCF as a Group Boarding Home or Residential Center to cover the programming the facility will provide for the populations of youth whom the facility will serve.

The purpose of placement in an Emergency Shelter is to ensure the youth has a short-term safe place to stay until a long-term placement for the youth can be found.

The general program description approved by KDOC for each facility shall include but not be limited to: the goals of the program, resident behavioral treatment system, job descriptions (responsibilities, functions, and qualifications), policies and procedures, daily living activities, health services, recreation activities and visitation policies.

The rate of pay for an Emergency Shelter is $115.00 per day, per youth. These rates are subject to change.

Section 2: Description of Youth to be Served

Population served is children and youth, ages 10 thru 22, who need safety and a short term placement until a more appropriate stable placement can be found for the child/youth.

Emergency Shelters are unique in their ability to accept youth who present a wide range of behavioral and health needs. Emergency Shelter's must also be uniquely trained to deal with youth in trauma. Emergency Shelters are staffed and administered to serve all youth from the state agencies with whom they have Provider Agreements and who arrive at their door for services. Placements of youth should only be denied in the most extreme circumstances, when the youth's safety or the safety of other residents in the Emergency Shelter cannot be assured.

Youth should not be currently suicidal, homicidal or requiring detoxification services that necessitate hospitalization.

Section 3: General Staffing Requirements

- Facility staff shall be at least 21 years of age with a minimum of three years age difference between the staff member and oldest resident who can be admitted to the facility.
- There shall be 24-hour awake staff to ensure youth safety.
- Facility staff must be trained to effectively meet the special needs of youth who require this level of care. The staff ratio is 1:7 during waking hours and 1:10 during sleeping hours.
- Staff shall adhere to all requirements set forth in Appendix 5: Mandated Reporters (page 112).
- Staff shall not be a person restricted from working with youth as defined by K.S.A. 65-516.

Staff must meet the qualifications and responsibilities as set forth in this document. Written job descriptions shall be developed for all staff and maintained on site where personnel functions are carried out.

Section 3.1: Administrator

- The administrator shall have: a Bachelor's Degree in one of the human service fields (social work, psychology, human development and family life, criminal justice, counseling), nursing or education; knowledge and prior administrative experience; knowledge and understanding of KDOC Provider Standards, knowledge and understanding of evidence based practices for working with juvenile offenders; knowledge of and prior experience complying with DCF and DCF regulations and statues.
- Educational transcript(s) are required and must be on file with KDOC
- The administrator shall have knowledge in juvenile offender evidence based practices, cognitive behavioral tools and effective behavioral management systems.

Section 3.2: Case Coordinator

- Not applicable.

Section 3.3: Life Coach

- Not applicable.

Section 3.4: Foster Parent

- Not applicable.

Section 4: General Program Requirements

- The shelter shall meet the legal requirements of the community as to zoning, fire protection, water supply and sewage disposal.
- Each youth shall have sufficient storage for all personal belongings, i.e. closet and/or dresser.
- The shelter's environment shall be free of, gang paraphernalia, sexually explicit material, drug referencing material, etc. Upon discovery said items shall be removed.
- Each shelter shall maintain clean and sanitary living conditions.
- The facility shall adhere to all requirements set forth in Appendix 3: Critical Incident Reporting (page 108).

Section 5: Behavior Management

Each Emergency Shelter shall have a written program of consistent rules and regulations guiding and governing the daily behavior of the youth under the care of the program. The overarching goals should be to not only help the youth adjust to the facility but also to daily life within society. The behavior management system should include a description of daily general routines of the program. The system

of rules, rewards and consequences for given behaviors should be identified. Each youth shall be oriented to the Emergency Shelter's behavior management system by a staff member during the admission or orientation process. Notation shall be made in the youth's file and signed by the youth that the rules and regulations, rewards and consequences have been discussed with the youth.

The Emergency Shelter must post the behavior management system in a common area where youth are able to easily access the information. Youth should be given a written copy of the system to use as a reference. The system should use rewards to teach youth the behaviors and attitudes that are desired and acceptable, and consequences to teach youth what behaviors are unacceptable. The system should be based on cognitive behavioral theories and link progression up through the levels to a youth's acquisition and demonstration of prosocial attitudes, beliefs and skills. Each level should identify specific goals that must be accomplished to progress to the next level. The system should include rules governing interpersonal interactions with staff and peers, facility leave policies, school and group attendance and behavior, verbal and physical aggression, allowable possessions, awakening, bedtime and leisure hours, visitation policy, AWOL attempts, involvement in community recreation and other activities, self-destructive behaviors, sexuality, communication with family members and other's outside of the facility, religious worship, theft, property destruction, behaviors which may result in mandatory removal from the program and behaviors at the program which could result in legal prosecution.

The facility shall adhere to all requirements set forth in Appendix 4: Resident's Rights (page 111).

Section 5.1: Application of Time Out

- A procedure used to assist the individual to regain emotional control by removing the individual from his/her immediate environment and restricting the individual to a quiet area or unlocked quiet room. A youth in time out shall never be physically prevented from leaving the time out area. Time out may take place away from the area of activity or from other youth. Staff must monitor the youth while he/she is in time out.

Section 5.2: Emergency Safety intervention (ESI)

- Emergency Safety Intervention (ESI) is the application of physical force without any mechanical device for the purpose of restricting the free movement of a youth's body. **Emergency Safety Interventions should be used only as last resort after all verbal de-escalation techniques have failed and when the youth is at-risk of harming themselves or others.**
- An Emergency Safety Intervention must be performed in a manner that is safe, proportionate and appropriate to the severity of the behavior, and the youth's chronological and developmental age, size, gender, physical/medical/psychiatric condition and personal history.
- The use of Emergency Safety Interventions must be performed only through the use of nationally recognized ESI procedures applicable to this population designed to prevent a resident from harming self or others by exerting external control over physical movement.

- Mechanical restraint is the use of mechanical devices to restrict the free movement of the resident's body, most often for purposes of preventing self-destructive behavior. **Mechanical restraints are not allowed in KDOC residential facilities and homes.**
- Each Emergency Shelter must have a written ESI policy and all staff must be trained to provide safe Emergency Safety Interventions. Staff must be trained in authorized, well-recognized training programs for managing aggressive behavior. Staff training records must be kept as part of their personnel file and must be made available upon request. At the time of admission to a placement, the youth and parent/guardian must be oriented to the ESI policies of the facility and must sign a written acknowledgment for this orientation. This written acknowledgment shall be kept in the youth's file.

Section 6: Criteria for Admission

Youth placed in this level of service need safety and a short term placement until a more appropriate stable placement can be found.

Section 6.1: Admission Skills Required

- Not applicable.

Section 6.2: Referral Process (See Appendix 6, KDOC-0134)

- Written policy, procedure and practice require the provider to respond to referrals within 2 business days of their receipt with acceptance of referral or denial.

Section 6.3: Provider Placement Agreements

- A Placement Agreement (KDOC-0086) must be completed between the shelter and the youth's referring agency. A copy of the Placement Agreement must be kept in the youth's file.
- The initial service authorization period will be for 30 days.
- Extensions may only be requested by the referring agency. Extension requests for youth in KDOC custody are made by the Community Supervision Officer to KDOC central office.
- Extensions to the 30 day emergency shelter stay will only be considered in the following circumstances: a youth is placed in an Emergency Shelter in the same school district from which they were previously attending and no alternative placement is available in the district, a the youth will be finishing the school term within 60 days of admission to the Emergency Shelter and movement of the youth would result in the loss of school credit, a youth is awaiting an identified placement, which will be available within 45 days of admission to the Emergency Shelter or a circumstance of substantially the same nature as above and the referring agency feels it is in the best interest of the child or youth to request an extension.

Section 7: Initial Assessment (See Appendix 6, KDOC-0137)

When a youth enters the shelter, the shelter shall begin gathering information on the youth's strengths and needs within twenty-four (24) hours and shall have a completed assessment within three (3) calendar days. Needed services shall be documented on the initial assessment. The assessment shall include but not be limited to the following areas:

- Physical health
- Family relations
- Academic or vocational training
- Community life
- Interpersonal interactions
- Daily living skills as outlined in the scope of services
- Placement needs of the youth must be assessed with regard to most appropriate next placement
- Involvement or exposure to substance use disorders
- Involvement or exposure to other trauma

Section 8: Resident Lodging (See Appendix 6, KDOC-0145)

In order to support the daily management and administration of residents, each residential provider shall develop an objective procedure regarding the physical housing of juvenile offenders. Youth placed in a residential setting shall be assigned to a room based upon various factors, as identified by risk/needs assessment(s) in addition to other indicators. Resident lodging shall be completed immediately upon admission. If there are any room assignment changes due to behavioral concerns, an updated resident lodging form must be completed and placed in the youths file. Factors to consider in assigning rooms shall include (but are not limited to):

- Risk to recidivate (as determined by evidence-based risk assessments)
- Suicidal tendencies
- Level of specialized needs (i.e. mental health, medical, etc.)
- Sex offender status
- Identified Gender
- Age and/or maturity level
- Program needs (substance use disorder, cognitive behavioral, independent living, etc.)
- Vulnerability to being victimized by others (i.e. physical stature)
- LGBTI- Lesbian, Gay, Bisexual, Transgender, Intersex
- Other considerations

The placement decision shall be documented on the resident lodging form. While each youth will have an individualized program plan, assigning rooms based upon risk/need/responsivity factors will allow for a safer, more secure environment, as well as efficient and effective management of the living units.

Section 9: Program Plan

Each youth residing in a residential facility must have a program plan which includes individualized services to match the youth's identified needs based on the youth's YLS/CMI, supervision plan, conversations with the youth's Community Supervision Officer, parent/guardian, provider's initial assessment and assessments conducted by other service providers, i.e. mental health, substance abuse, etc.

- The program plan shall be established by the end of five (5) calendar days from admission and address identified needs in the domains of family relationships, education/vocational/employment, peer relationships, substance abuse, leisure/recreation, personality/behavior, attitudes/orientations, and independent living skills. Upon completion the initial program plan shall be sent to the youth's community supervision officer.
- Youth may not have identified needs in every domain. Develop a plan only for those areas where a need has been identified but not more than three (3) to four (4) domains at a time.
- Program plans should be updated when new needs are identified or when program goals/objectives are met.
- Program plans should be thoroughly reviewed and revisions made within thirty (30) days of admission and every thirty (30) days thereafter.
- The youth should participate in the plan development.
- The plan should be signed by the youth and the Emergency Shelter Staff that worked with the youth to develop the plan.

Section 9.1: Plan Development

The program plans shall include long-term goals and objectives/steps to achieve the goal, identify and incorporate strengths, identify and address responsivity (barriers) to success.

- Long-term goals should state the overall goal (long term behavioral change) the youth is striving to achieve.
- The objectives/steps should be written in SMART (Specific, Measureable, Attainable, Realistic, Timely). These are the actions that the youth and others will do to reach the goal.
  - Specific - They may best be thought of as the "how to" for reaching the goal. Use action words to state what the youth will do, and how he/she will do it.
  - Measurable – You must be able to determine if the youth completed the objective or not, i.e. state the estimated time for the youth to complete the objective and the frequency of the service/intervention.
  - Attainable & Realistic – The objective may take work, but should be something that can be realistically completed.
  - Timely – There should be a clear beginning and ending date for each objective. Create a reasonable target date for completion. This date should not be months away.

- Strengths: These may be considered internal and/or external assets or characteristics that can be used to support the youth in reaching specific goals/objectives.
- Responsivity (barriers): These include characteristics that are related to a youth's learning ability and program engagement. Examples would include motivation, readiness to change, social support, intelligence, psychological development and maturity. All barriers shall be addressed in the program plan.

Section 10: Services

The Emergency Shelter shall write a policy and procedure manual of operations that will be reviewed and approved by the KDOC.

The daily schedule shall address the needs of the youth and the use of time to enhance the child's physical, mental, emotional and social development. Indoor and outdoor recreation shall be provided. All play equipment, books and other materials shall be safe, clean, in good repair and suitable to the developmental needs and interests of the youth. The youth shall attend school regularly and also have time for school and community activities. The youth shall be provided opportunities to practice age appropriate daily living skills.

The policy and procedure manual will provide a program for youth in the shelter that covers the following program components:

The daily schedule shall address the needs of the youth and the use of time to enhance the youth's physical, mental, emotional and social development. Indoor and outdoor recreation shall be provided. All play equipment, books and other materials shall be safe, clean, in good repair and suitable to the developmental needs and interests of the youth. The youth shall attend school regularly and also have time for school and community activities. The youth shall be provided opportunities to practice age appropriate daily living skills.

Food and Shelter: Nutritious meals and snacks shall be provided. The shelter will meet the youth's health and safety needs. Each youth shall have their own bed in a bedroom which meets DCF licensure requirements.

Daily Living Services: Daily living services shall be provided and include the following:

- Room, board, child care, and school fees.
- Transportation to appointments within a sixty (60) mile radius; including to and from school, medical care, recreation, etc.
- Academic activities; assistance with school work, vocational training and/or GED training.

Situational Training: Situational training shall include but not be limited to:

- Social Skills: Developing positive relationships with peers and adults, problem solving, positive interactions with others, recognizing and addressing barriers to success, handling conflict, being considerate and accepting of others, etc.

- Personal Hygiene: Teaching about body cleanliness, use of deodorants and cosmetics, appropriate clothing, choosing clothing to fit individual and occasion and keeping clothes neat and clean.
- Health: Identifying and understanding youths' health needs; securing and utilizing necessary medical treatment including preventive and health maintenance services; gaining information and education in health maintenance (including preventive measures, nutrition, menstruation, rest, cleanliness, family planning, drugs, sexually transmitted diseases, exercise, and motivation for meeting own health needs), maintaining contact with providers of health services (physician, nurse, clinic) and using outside resources for assistance (clinics, pharmacies, hospitals).
- Independent Living Skills: Budgeting, comparative buying, installment buying, avoiding risks, identifying illegal or excessive interest rates, use of credit, avoiding or dealing with debts, using checking and savings accounts, basic meal planning, basic cooking and paying taxes, etc.

Communication Skills: The youth's articulating thoughts and feelings through appropriate use of such skills as speech, writing, email, social media and use of the telephone.

Home Management: Home management shall include; making the bed and changing linens, using the vacuum cleaner, dusting, organizing belongings, disposing of trash, cleaning all areas of the home, operating of alliances, cooking complete meals, making simple repairs, who to call when a major repair is needed, being aware of the needs for upkeep, handling emergencies and knowing first aid.

Recreation: Recreation shall include: participating in leisure time activities, learning how to spend leisure time, developing outside activities, managing time, finding recreation with little or no expense involved, finding community projects to take part in, participating in social groups, participating in sports and games, arts and crafts and appreciating fine arts. The daily schedule shall address the needs of the residents and the use of time to enhance the resident's physical, mental, emotional and social development. The facility shall provide supervised indoor and outdoor recreation so that every resident may participate. Age appropriate equipment to promote physical development and physical fitness shall be available. Age appropriate socialization shall be provided utilizing community resources to assist the youth in transitioning back into their community when appropriate.

Tutoring: Tutoring for remedial purposes shall be provided as needed, in addition to normal school work, to assist youth to perform at his/her potential. Tutoring services should be in accordance with need as indicated by school staff. The service delivered shall be documented in the individual's case record including date, amount of time and person who provided the service.

School/Work Liaison: The Licensed Child Placing Agency shall ensure routine communications between the staff and any educational program in which the youth is placed. This may include requesting and participating in the development of an Individual Education Plan (IEP) for each youth. The necessity of the latter activity will be decided in conjunction with the worker assigned to each youth. The day to day school liaison activity may be the responsibility of the specialized foster home. These contacts shall be noted in the youth's file. For youth in an employment program, similar contacts and services are to be provided in conjunction with the youth's employer when appropriate.

Self-Advocacy: Curriculum should include but not limited to:

- Setting goals, short and long-term
- Researching – how to find facts and relevant information
- Analyzing facts and information
- Connecting personal goals with others' goals
- Identifying allies and supporters
- Critical analysis of situations
- Identifying self-strengths and needs
- Planning strategy
- Planning written and oral presentations
- Dealing with setbacks and rejection
- Building on successes
- Reviewing and adjusting goals and strategies

Employment Support: Employment services that are to be provided shall include but not be limited to:

- Employment or job search efforts to be required when youth is not involved in educational endeavors.
- Access community resources to obtain or sustain youth's employment.

Behavioral Health: The facility shall adhere to all requirements set forth in Appendix 2: Accessing Behavioral Health Services (page 107).

Section 11: Visitation (See Appendix 6, KDOC-0139, KDOC-0140 to KDOC-143)

When home visits occur there shall be pre and post home visit contacts between the youth, their family and facility program staff. The provider shall complete written pre and post documentation of the progress towards goals and/or objectives identified in the program plan. Pre and post documentation shall be completed through a conversation with the youth and parent separately. It is important that home visits be carefully planned and executed in the best interests of the youth. All home visits shall be arranged and approved through the youth's community supervision officer.

Written documentation of the CSO's approval/denial of the visit shall be maintained in the youth's file.

Subject to the provider's visitation guidelines (days of the week, times, appropriate attire, etc.) a provider shall not prohibit contact with a youth's immediate family except for the following reasons:

- A Court orders no contact.
- There is documented violence, threatening or disruptive behavior by a family member that occurred during a contact.
- There is documented introduction of illegal drugs or weapons.

Any denial of contact by a family member must be documented and reported immediately to the youth's Community Supervision Officer. The youth and family shall be provided with visitation guidelines upon admission. The youth shall have an approved contact list to include,the type of contact allowed (letter, phone, day passes, etc.). The contact list must be reviewed/updated every 60 days. The initial contact list and all reviews/updates shall include the Community Supervision Officer signature.

The shelter shall provide private accommodations for visitation. Accommodations shall include but not be limited to: a private office/room, no staff presence (unless required), free of any individuals that may overhear confidential information.

Section 12: Discharge/Aftercare (See Appendix 6, KDOC-0144)

Discharge planning shall begin upon admission of the youth to the shelter. At a minimum, the resident, the resident's parent(s)/guardian(s) and the placing agency should be involved in planning the discharge of the youth from the home. The discharge plan and modifications should be noted in the youth's file.

A discharge summary shall be completed at the time of the youth's discharge and be forwarded to the Community Supervision Officer within one business day. This shall include a written:

- Summary of the progress, or lack thereof, of the youth's goals and objectives while the youth was in placement.
- Summary of the youth's behavior while in placement.
- Recommendations for aftercare services specifying the nature, frequency, duration of services and responsible parties.
- Summary of the reasons the youth was discharged.

Personal Possessions: All providers must preserve and relinquish upon termination of the placement all personal possession of the youth. These possessions must be preserved for thirty (30) days post termination of placement. Community Supervision Agencies are responsible for arranging for the return of the possessions. If such arrangements have not been made, providers may dispose of the possessions on the thirty-first (31st) day post termination of placement.

Section 13: Record Keeping

The record keeping requirements of K.A.R. 28-4-272 shall be met by the placement. In addition, the following shall be maintained by the placement:

Youth's File: The placement shall maintain a file for each youth in placement. The file shall contain the following information:

- Youth's name and date of birth
- Name, address and emergency contact information of the youth's referring agency supervision officer
- Placement Agreement (KDOC-0086)

- Placement referral form
- Copy of the Youthful Level of Service/Case Management Inventory (YLS/CMI)
- Copy of the youth's supervision plan
- Initial assessment
- Suicide/self-injury assessment
- Resident lodging assessment
- Medical and surgical consents
- Medical and dental records
- Records of the youth's prescription(s) and non-prescription(s) and when administered
- Authorization for release of confidential information
- Daily observation logs
- Weekly progress notes
- Program plans
- Discharge plans
- Resident's rights
- Emergency Safety Intervention acknowledgement
- Handbook/Rules acknowledgement
- Pre and post reintegration visit documentation
- Approved contact list
- Log of critical incident reports

Record Retention: Case records, including medical records, shall be maintained for six (6) years from the date of the youth's discharge or until completion of an on-going audit and production of a final audit report, whichever is longer.

Personnel Records: A separate personnel file shall be maintained for each employee. Personnel files shall include a written employment application, educational transcripts, responses from background investigations conducted (Kansas Bureau of Investigations and Child Abuse and Neglect Central Registry) and disciplinary actions.

Daily observations: A dated record of daily observations and significant occurrences involving each youth shall be maintained. The record shall include events which may affect the well-being of the youth. Significant events should include but not limited to; attendance at school or groups (specific group), interactions and/or interventions with staff and other youth, medical appointments, hygiene (if identified as a need), visits/passes and overall behavior. Each report shall include the staff member and/or youth involved, the nature of the incident and the circumstances surrounding it. The record shall be available for review.

Weekly Progress Notes (KDOC-153): Notes shall be completed by the Emergency Shelter Staff and submitted to the Community Supervision officer every thirty (30) days. These notes must be entered into the youth's chart, reflecting the delivery of services according to the program plan. This documentation must address the youth's responses to interventions and the progress of the youth toward individualized goals and objectives. The note should include any significant events that occurred

during the week and should also summarize contacts with family members and other involved agencies. If any unmet needs are identified, the note must reflect the actions to be taken to revise the plan for the youth to meet those needs.

Health Records: Health care and records of residents must meet the requirements of K.A.R 28-4-275. When a youth leaves an emergency shelter to return home or moves to another out of home placement, the youth's medical records shall be given to youth's referring agency to accompany the youth.

Section 14: Training (See Appendix 6, KDOC-0146, KDOC-0148, KDOC-0151)

Each facility must have a thirty-two (32) hour in-service orientation/training program for new employees, which is especially directed toward the initial training needs of staff working directly with youth. Staff that work directly with youth (direct care staff) are considered any person(s) who provides supervision of youth, performs case management duties and/or plays a role in program delivery. Documentation of completion of orientation training must be kept in the staff member's personnel file. The in-service orientation program shall provide written documentation that all staff are trained in the following:

- Facility policy and procedures manual
- Facility emergency and evacuation procedures
- Emergency safety interventions (including management of aggressive or suicidal behavior and orientation to the facility's restraint policies and procedures)
- The handling of blood borne pathogens.
- Facility discipline standards
- Abuse/neglect mandatory reporting laws
- Client record documentation policies and procedures
- Policies and procedures for resident medication management
- Resident rights
- Confidentiality laws
- Certified in CPR/First Aid within three (3) months of employment
- De-escalation techniques
- Trauma Informed Care
- Gender Responsive (If applicable)
- LBGTI (Lesbian, Bisexual, Gay, Transgender, Intersex)
- Gang involved youth

Each agency shall also have a written annual staff in-service training plan which addresses the annual training needs of all staff having direct contact with residents. The written annual plan shall also include the number of hours, proposed training date, trainer and his/her qualifications.

All direct care staff shall have a minimum of forty (40) documented clock hours of in-service training per year. This annual training is beyond or in addition to the DCF required training. Documentation shall be provided in each staff member's personnel record to include content and amount of time. Topics shall include but not be limited to:

- CPR and First Aid

- Blood borne pathogens
- Medications
- Emergency safety interventions
- Substance use disorder patterns
- Childhood and adolescent development (including developmental disorders)
- Childhood and adolescent psycho-pathology (including such topics as effects of abuse/neglect, reactive attachment disorders, separation anxiety disorders, ADHD)
- Childhood and adolescent sexuality issues, especially the effects of early sexual abuse
- De-escalation techniques
- Trauma Informed Care
- Roles and relationships between the agency, foster parent, parent(s)/guardian(s) and the youth
- Child management and discipline techniques
- Communication skills
- Constructive problem solving
- Gender Responsive (If applicable)
- LBGTI (Lesbian, Bisexual, Gay, Transgender, Intersex)
- Cognitive behavioral restructuring
- Skill building
- The use of reinforcement to change behavior
- Recent developments in adolescent sex offenders
- Substance abuse disorders
- Youth with mental health issues
- Gang involve youth

Staff may obtain training hours through the following means:

- Face to face group training session, (i.e., facilitator and more than one (1) staff member)
- Face to face individual training session, (i.e. facilitator and one (1) staff member)
- Training videos/DVD, (i.e. videos specifically designed for training purposes)

Chapter Eleven: Residential Maternity Care

Section 1: Service Description

A Residential Maternity Care (RMC) facility is a 24-hour group home or residential facility that meets the requirements of K.A.R. 28-4-268-280. It is non-secure residential services whose primary purposes is devoted to the maintenance and counseling of pregnant youth who need services related to their pregnancy, and planning and care for the unborn child through labor, delivery and post-natal care. RMC's providing care for pregnant youth must meet the requirements of K.A.R. 28-4-279.

The general program description approved by KDOC for each facility shall include but not be limited to the goals of the program, resident behavioral treatment system, job descriptions (responsibilities, functions, and qualifications), policies and procedures, daily living activities, health services including pre and post-natal care, parenting education, recreation activities and visitation policies.

The rate of pay for a RMC is $60.57 per day, per youth and $10.02 per day, per infant. These rates are subject to change.

Section 2: Description of Youth to be Served

Population served is pregnant or post-partum mothers thru age 22, who display a need for more structure and supervision than provided in a foster home due to behaviors which might include difficulty with authority figures, minor offenses, and difficulty in school and the youth must not be a recipient of Temporary Assistance to Families (TAF).

Youth awaiting a PRTF screen may reside in a RMC until the time of the screen. If a youth is in a RMC awaiting a screen the screen must be completed within 14 days, but should be completed as soon as possible. If the youth screens into a PRTF they can stay up to 14 days while awaiting a PRTF bed. No more than 50 percent of the youth in a RMC facility may have screened into a PRTF and be in the 14 day waiting period for a PRTF placement. Youth should not be currently suicidal, homicidal or requiring detoxification services that necessitate hospitalization. Youth may step down to a RMC from a PRTF after the screener and treatment team have determined the youth no longer needs the level of care provided by a PRTF.

Section 3: General Staffing Requirements

- Facility staff shall be at least 21 years of age with a minimum of three years age difference between the staff member and oldest resident who can be admitted to the facility.
- There shall be 24-hour awake staff to ensure youth safety.
- Facility staff must be trained to effectively meet the special needs of youth who require this level of care. The staff ratio is 1:7 during waking hours and 1:10 during sleeping hours.
- Program plan development, review, and case supervision are carried out by the RMC Provider.
- The youth to Case Coordinator ratio in a RMC is 1:16
- Staff shall adhere to all requirements set forth in Appendix 5: Mandated Reporters (page 112).
- Staff shall not be a person restricted from working with youth as defined by K.S.A. 65-516.

Staff must meet the qualifications and responsibilities as set forth in this document. Written job descriptions shall be developed for all staff and maintained on site where personnel functions are carried out.

Section 3.1: Administrator

- The administrator shall have: a Bachelor's Degree in one of the human service fields (social work, psychology, human development and family life, criminal justice, counseling), nursing or education; knowledge and prior administrative experience; knowledge and understanding of KDOC Provider Standards, knowledge and understanding of evidence based practices for working with juvenile offenders; knowledge of and prior experience complying with DCF and DCF regulations and statues.
- Educational transcript(s) are required and must be on file with KDOC
- The administrator shall have knowledge in juvenile offender evidence based practices, cognitive behavioral tools and effective behavioral management systems.

Section 3.2: Case Coordinator

- The Case Coordinator shall have at least a Bachelor's degree in one of the human services fields, (social work, psychology, human development and family life, criminal justice, counseling) nursing or education.
- Be responsible for the case coordination including the review of the youth's risks and needs and then the development and review of an individualized program plan designed to address the youth's risks and needs.
- The Case Coordinator will maintain a resource base of services to address the needs identified in the youth's individualized program plan.
- Case Coordinator duties must be 100% of job function and cannot be combined with duties of positions required by DCF regulations or other administrative duties.
- The Case Coordinator shall have knowledge in juvenile offender evidence based practices, cognitive behavioral tools and effective behavioral management systems.

Section 3.3: Life Coach

- Not applicable.

Section 3.4: Foster Parent

- Not applicable.

Section 4: General Program Requirements

- The RMC shall meet the legal requirements of the community as to zoning, fire protection, water supply and sewage disposal.
- Each youth shall have sufficient storage for all personal belongings, i.e. closet and/or dresser.

- The RMC's environment shall be free of, gang paraphernalia, sexually explicit material, drug referencing material, etc. Upon discovery said items shall be removed.
- Each RMC shall maintain clean and sanitary living conditions.
- The RMC shall adhere to all requirements set forth in Appendix 3: Critical Incident Reporting (page 108).

Section 5: Behavior Management

Each RMC shall have a written program of consistent rules and regulations guiding and governing the daily behavior of the youth under the care of the program. The overarching goals should be to not only help the youth adjust to the facility but also to daily life within society. The behavior management system should include a description of daily general routines of the program. The system of rules, rewards and consequences for given behaviors should be identified. Each youth shall be oriented to the RMC's behavior management system by a staff member during the admission or orientation process. Notation shall be made in the youth's file and signed by the youth that the rules and regulations, rewards and consequences have been discussed with the youth.

The RMC facility must post the behavior management system in a common area where youth are able to easily access the information. Youth should be given a written copy of the system to use as a reference. The system should use rewards to teach youth the behaviors and attitudes that are desired and acceptable, and consequences to teach youth what behaviors are unacceptable. The system should be based on cognitive behavioral theories and link progression up through the levels to a youth's acquisition and demonstration of prosocial attitudes, beliefs and skills. Each level should identify specific goals that must be accomplished to progress to the next level. The system should include rules governing interpersonal interactions with staff and peers, facility leave policies, school and group attendance and behavior, verbal and physical aggression, allowable possessions, awakening, bedtime and leisure hours, visitation policy, AWOL attempts, involvement in community recreation and other activities, self-destructive behaviors, sexuality, communication with family members and other's outside of the facility, religious worship, theft, property destruction, behaviors which may result in mandatory removal from the program and behaviors at the program which could result in legal prosecution.

The facility shall adhere to all requirements set forth in Appendix 4: Resident's Rights (page 111).

Section 5.1: Application of Time Out

- A procedure used to assist the individual to regain emotional control by removing the individual from his/her immediate environment and restricting the individual to a quiet area or unlocked quiet room. A youth in time out shall never be physically prevented from leaving the time out area. Time out may take place away from the area of activity or from other youth. Staff must monitor the youth while he/she is in time out.

Section 5.2: Emergency Safety intervention (ESI)

- Emergency Safety Intervention (ESI) is the application of physical force without any mechanical device for the purpose of restricting the free movement of a youth's body. **Emergency Safety Interventions should be used only as last resort after all verbal de-escalation techniques have failed and when the youth is at-risk of harming themselves or others.**
- An Emergency Safety Intervention must be performed in a manner that is safe, proportionate and appropriate to the severity of the behavior, and the youth's chronological and developmental age, size, gender, physical/medical/psychiatric condition and personal history.
- The use of Emergency Safety Interventions must be performed only through the use of nationally recognized ESI procedures applicable to this population designed to prevent a resident from harming self or others by exerting external control over physical movement.
- Mechanical restraint is the use of mechanical devices to restrict the free movement of the resident's body, most often for purposes of preventing self-destructive behavior. **Mechanical restraints are not allowed in KDOC residential facilities and homes.**
- Each RMC must have a written ESI policy and all staff must be trained to provide safe Emergency Safety Interventions. Staff must be trained in authorized, well-recognized training programs for managing aggressive behavior. Staff training records must be kept as part of their personnel file and must be made available upon request. At the time of admission to a placement, the youth and parent/guardian must be oriented to the ESI policies of the facility and must sign a written acknowledgment for this orientation. This written acknowledgment shall be kept in the youth's file.

Section 6: Criteria for Admission

Each RMC facility shall set admission criteria specific to the information provided within the description of youth to be services and services available within their facility and the community.

Section 6.1: Admission Skills Required

- Not applicable.

Section 6.2: Referral Process (See Appendix 6, KDOC-0135)

- Written policy, procedure and practice require the provider to respond to referrals within 2 business days of their receipt with acceptance of referral or denial.

Section 6.3: Provider Placement Agreements

- A Placement Agreement (KDOC-0086) must be completed between the RMC and the youth's referring agency. A copy of the Placement Agreement must be kept in the youth's file.

- The initial service authorization period will be for 90 days. Service extensions will be for a period of 60 days, and will be examined by the youth's supervision officer to ensure the youth is receiving the services they need to reintegrate into the community. The youth may continue receiving services in the home/facility as long as they continue to require this level of care as determined by youth's supervision officer.

Section 7: Initial Assessment (See Appendix 6, KDOC-0137)

When a youth enters the RMC, the Case Coordinator shall begin gathering information on the youth's strengths and needs within twenty-four (24) hours and shall have a completed assessment within seven (7) calendar days. Needed services shall be documented on the initial assessment. The assessment shall include but not be limited to the following areas:

- Physical health
- Family relations
- Academic or vocational training
- Community life
- Interpersonal interactions
- Daily living skills as outlined in the scope of services
- Involvement or exposure to substance use disorders
- Involvement or exposure to other trauma

Section 8: Resident Lodging (See Appendix 6, KDOC-0145)

In order to support the daily management and administration of residents, each residential provider shall develop an objective procedure regarding the physical housing of juvenile offenders. Youth placed in a residential setting shall be assigned to a room based upon various factors, as identified by risk/needs assessment(s) in addition to other indicators. Resident lodging shall be completed immediately upon admission. If there are any room assignment changes due to behavioral concerns, an updated resident lodging form must be completed and placed in the youths file. Factors to consider in assigning rooms shall include (but are not limited to):

- Risk to recidivate (as determined by evidence-based risk assessments)
- Suicidal tendencies
- Level of specialized needs (i.e. mental health, medical, etc.)
- Sex offender status
- Identified Gender
- Age and/or maturity level
- Program needs (substance use disorder, cognitive behavioral, independent living, etc.)
- Vulnerability to being victimized by others (i.e. physical stature)
- LGBTI- Lesbian, Gay, Bisexual, Transgender, Intersex
- Other considerations

The placement decision shall be documented on the resident lodging form. While each youth will have an individualized program plan, assigning rooms based upon risk/need/responsivity factors will allow for a safer, more secure environment, as well as efficient and effective management of the living units.

Section 9: Program Plan

Each youth residing in a residential facility must have a program plan which includes individualized services to match the youth's identified needs based on the youth's YLS/CMI, supervision plan, conversations with the youth's Community Supervision Officer, parent/guardian, provider's initial assessment and assessments conducted by other service providers, i.e. mental health, substance abuse, etc.

- The program plan shall be established by the end of fourteen (14) calendar days from admission and address identified needs in the domains of family relationships, education/vocational/employment, peer relationships, substance abuse, leisure/recreation, personality/behavior, attitudes/orientations, and independent living skills. Upon completion the initial program plan shall be sent to the youth's community supervision officer.
- Youth may not have identified needs in every domain. Develop a plan only for those areas where a need has been identified but not more than three (3) to four (4) domains at a time.
- Program plans should be updated when new needs are identified or when program goals/objectives are met.
- Program plans should be thoroughly reviewed and revisions made within thirty (30) days of admission and every thirty (30) days thereafter.
- The youth should participate in the plan development.
- The plan should be signed by the youth and the Case Coordinator that worked with the youth to develop the plan.

Section 9.1: Plan Development

The program plans shall include long-term goals and objectives/steps to achieve the goal, identify and incorporate strengths, identify and address responsivity (barriers) to success.

- Long-term goals should state the overall goal (long term behavioral change) the youth is striving to achieve.
- The objectives/steps should be written in SMART (Specific, Measureable, Attainable, Realistic, Timely). These are the actions that the youth and others will do to reach the goal.
  - Specific - They may best be thought of as the "how to" for reaching the goal. Use action words to state what the youth will do, and how he/she will do it.
  - Measurable – You must be able to determine if the youth completed the objective or not, i.e. state the estimated time for the youth to complete the objective and the frequency of the service/intervention.

- Attainable & Realistic – The objective may take work, but should be something that can be realistically completed.
- Timely – There should be a clear beginning and ending date for each objective. Create a reasonable target date for completion. This date should not be months away.

- Strengths: These may be considered internal and/or external assets or characteristics that can be used to support the youth in reaching specific goals/objectives.
- Responsivity (barriers): These include characteristics that are related to a youth's learning ability and program engagement. Examples would include motivation, readiness to change, social support, intelligence, psychological development and maturity. All barriers shall be addressed in the program plan.

Section 10: Services

The RMC shall write a policy and procedure manual of operations that will be reviewed and approved by the KDOC.

The daily schedule shall address the needs of the youth and the use of time to enhance the youth's physical, mental, emotional and social development. Indoor and outdoor recreation shall be provided. All play equipment, books and other materials shall be safe, clean, in good repair and suitable to the developmental needs and interests of the youth. The youth shall attend school regularly and also have time for school and community activities. The youth shall be provided opportunities to practice age appropriate daily living skills.

The policy and procedure manual will provide a program for youth in the home that covers the following program components:

Food and Shelter: Nutritious meals and snacks shall be provided. The RMC will meet the youth's health and safety needs. Each youth shall have their own bed in a bedroom which meets DCF licensure requirements.

Daily Living Services: Daily living services shall be provided and include the following:

- Room, board, child care, and school fees
- Transportation to appointments within a sixty (60) mile radius; including to and from school, medical care, recreation, etc.
- Academic activities; assistance with school work, vocational training and/or GED training

Situational Training: Situational training shall include but not be limited to:

- Social Skills: Developing positive relationships with peers and adults, problem solving, positive interactions with others, recognizing and addressing barriers to success, handling conflict, being considerate and accepting of others, etc.

- Personal Hygiene: Teaching about body cleanliness, use of deodorants and cosmetics, appropriate clothing, choosing clothing to fit individual and occasion and keeping clothes neat and clean.
- Health: Identifying and understanding youths' health needs; securing and utilizing necessary medical treatment including preventive and health maintenance services; gaining information and education in health maintenance (including preventive measures, nutrition, menstruation, rest, cleanliness, family planning, drugs, sexually transmitted diseases, exercise, and motivation for meeting own health needs), maintaining contact with providers of health services (physician, nurse, clinic) and using outside resources for assistance (clinics, pharmacies, hospitals).
- Independent Living Skills: Budgeting, comparative buying, installment buying, avoiding risks, identifying illegal or excessive interest rates, use of credit, avoiding or dealing with debts, using checking and savings accounts, basic meal planning, basic cooking and paying taxes, etc.

Communication Skills: The youth's articulating thoughts and feelings through appropriate use of such skills as speech, writing, email, social media and use of the telephone.

Home Management: Home management shall include; making the bed and changing linens, using the vacuum cleaner, dusting, organizing belongings, disposing of trash, cleaning all areas of the home, operating of alliances, cooking complete meals, making simple repairs, who to call when a major repair is needed, being aware of the needs for upkeep, handling emergencies and knowing first aid.

Recreation: Recreation shall include: participating in leisure time activities, learning how to spend leisure time, developing outside activities, managing time, finding recreation with little or no expense involved, finding community projects to take part in, participating in social groups, participating in sports and games, arts and crafts and appreciating fine arts. The daily schedule shall address the needs of the residents and the use of time to enhance the resident's physical, mental, emotional and social development. The facility shall provide supervised indoor and outdoor recreation so that every resident may participate. Age appropriate equipment to promote physical development and physical fitness shall be available. Age appropriate socialization shall be provided utilizing community resources to assist the youth in transitioning back into their community when appropriate.

Tutoring: Tutoring for remedial purposes shall be provided as needed, in addition to normal school work, to assist youth to perform at his/her potential. Tutoring services should be in accordance with need as indicated by school staff. The service delivered shall be documented in the individual's case record including date, amount of time and person who provided the service.

School/Work Liaison: The Licensed Child Placing Agency shall ensure routine communications between the staff and any educational program in which the youth is placed. This may include requesting and participating in the development of an Individual Education Plan (IEP) for each youth. The necessity of the latter activity will be decided in conjunction with the worker assigned to each youth. The day to day school liaison activity may be the responsibility of the specialized foster home. These contacts shall be noted in the youth's file. For youth in an employment program, similar contacts and services are to be provided in conjunction with the youth's employer when appropriate.

Self-Advocacy: Curriculum should include but not limited to:

- Setting goals, short and long-term
- Researching – how to find facts and relevant information
- Analyzing facts and information
- Connecting personal goals with others' goals
- Identifying allies and supporters
- Critical analysis of situations
- Identifying self-strengths and needs
- Planning strategy
- Planning written and oral presentations
- Dealing with setbacks and rejection
- Building on successes
- Reviewing and adjusting goals and strategies

Employment Support: Employment services that are to be provided shall include but not be limited to:

- Employment or job search efforts to be required when youth is not involved in educational endeavors.
- Access community resources to obtain or sustain youth's employment.

Behavioral Health: The facility shall adhere to all requirements set forth in Appendix 2: Accessing Behavioral Health Services (page 107).

Parenting Services: Written policy, procedure and practice require the maintenance and counseling of pregnant youth who need services related to their pregnancy, and planning and care for the unborn child through labor, delivery and post-natal care.

Section 11: Visitation (See Appendix 6, KDOC-0139, KDOC-0140 to KDOC-0143)

When home visits occur there shall be pre and post home visit contacts between the youth, their family and facility program staff. The provider shall complete written pre and post documentation of the progress towards goals and/or objectives identified in the program plan. Pre and post documentation shall be completed through a conversation with the youth and parent separately. It is important that home visits be carefully planned and executed in the best interests of the youth. All home visits shall be arranged and approved through the youth's community supervision officer.

Written documentation of the CSO's approval/denial of the visit shall be maintained in the youth's file.

Subject to the provider's visitation guidelines (days of the week, times, appropriate attire, etc.) a provider shall not prohibit contact with a youth's immediate family except for the following reasons:

- A Court orders no contact.
- There is documented violence, threatening or disruptive behavior by a family member that occurred during a contact.
- There is documented introduction of illegal drugs or weapons.

Any denial of contact by a family member must be documented and reported immediately to the youth's Community Supervision Officer. The youth and family shall be provided with visitation guidelines upon admission. The youth shall have an approved contact list to include,the type of contact allowed (letter, phone, day passes, etc.). The contact list must be reviewed/updated every 60 days. The initial contact list and all reviews/updates shall include the Community Supervision Officer signature.

The facility shall provide private accommodations for visitation. Accommodations shall include but not be limited to: a private office/room, no staff presence (unless required), free of any individuals that may overhear confidential information.

Section 12: Discharge/Aftercare (See Appendix 6, KDOC-0144)

Discharge planning shall begin upon admission of the youth to the facility. At a minimum, the resident, the resident's parent(s)/guardian(s) and the placing agency should be involved in planning the discharge of the youth from the home. The discharge plan and modifications should be noted in the youth's file.

A discharge summary shall be completed at the time of the youth's discharge and be forwarded to the Community Supervision Officer within one business day. This shall include a written:

- Summary of the progress, or lack thereof, of the youth's goals and objectives while the youth was in placement.
- Summary of the youth's behavior while in placement.
- Recommendations for aftercare services specifying the nature, frequency, duration of services and responsible parties.
- Summary of services specific to the youth's infant/child.
- Summary of the reasons the youth was discharged.

Personal Possessions: All providers must preserve and relinquish upon termination of the placement all personal possession of the youth. These possessions must be preserved for thirty (30) days post termination of placement. Community Supervision Agencies are responsible for arranging for the return of the possessions. If such arrangements have not been made, providers may dispose of the possessions on the thirty-first (31st) day post termination of placement.

Section 13: Record Keeping

The record keeping requirements of K.A.R. 28-4-272 shall be met by the placement. In addition, the following shall be maintained by the placement:

Youth's File: The placement shall maintain a file for each youth in placement. The file shall contain the following information:

- Youth's name and date of birth
- Name, address and emergency contact information of the youth's referring agency supervision officer

- Placement Agreement (KDOC-0086)
- Placement referral form
- Copy of the Youthful Level of Service/Case Management Inventory (YLS/CMI)
- Copy of the youth's supervision plan
- Initial assessment
- Suicide/self-injury assessment
- Resident lodging assessment
- Medical and surgical consents
- Medical and dental records
- Records of the youth's prescription(s) and non-prescription(s) and when administered
- Authorization for release of confidential information
- Daily observation logs
- Weekly progress notes
- Program plans
- Discharge plans
- Resident's rights
- Emergency Safety Intervention acknowledgement
- Handbook/Rules acknowledgement
- Pre and post reintegration visit documentation
- Approved contact list
- Log of critical incident reports

Record Retention: Case records, including medical records, shall be maintained for six (6) years from the date of the youth's discharge or until completion of an on-going audit and production of a final audit report, whichever is longer.

Personnel Records: A separate personnel file shall be maintained for each employee. Personnel files shall include a written employment application, educational transcripts, responses from background investigations conducted (Kansas Bureau of Investigations and Child Abuse and Neglect Central Registry) and disciplinary actions.

Daily observations: A dated record of daily observations and significant occurrences involving each youth shall be maintained. The record shall include events which may affect the well-being of the youth. Significant events should include but not limited to; attendance at school or groups (specific group), interactions and/or interventions with staff and other youth, medical appointments, hygiene (if identified as a need), visits/passes and overall behavior. Each report shall include the staff member and/or youth involved, the nature of the incident and the circumstances surrounding it. The record shall be available for review.

Weekly Progress Notes (KDOC-153): Notes shall be completed by the Case Coordinator and submitted to the Community Supervision officer every thirty (30) days. These notes must be entered into the youth's chart, reflecting the delivery of services according to the program plan. This documentation must address the youth's responses to interventions and the progress of the youth toward individualized

goals and objectives. The note should include any significant events that occurred during the week and should also summarize contacts with family members and other involved agencies. If any unmet needs are identified, the note must reflect the actions to be taken to revise the plan for the youth to meet those needs.

Health Records: Health care and records of residents must meet the requirements of K.A.R 28-4-275. When a youth leaves a RMC to return home or moves to another out of home placement, the youth's medical records shall be given to youth's referring agency to accompany the youth.

Section 14: Training (See Appendix 6, KDOC-0146, KDOC-0148, KDOC-0151)

Each facility must have a thirty-two (32) hour in-service orientation/training program for new employees, which is especially directed toward the initial training needs of staff working directly with youth. Staff that work directly with youth (direct care staff) are considered any person(s) who provides supervision of youth, performs case management duties and/or plays a role in program delivery. Documentation of completion of orientation training must be kept in the staff member's personnel file. The in-service orientation program shall provide written documentation that all staff are trained in the following:

- Facility policy and procedures manual
- Facility emergency and evacuation procedures
- Emergency safety interventions (including management of aggressive or suicidal behavior and orientation to the facility's restraint policies and procedures)
- The handling of blood borne pathogens
- Facility discipline standards
- Abuse/neglect mandatory reporting laws
- Client record documentation policies and procedures
- Policies and procedures for resident medication management
- Resident rights
- Confidentiality laws
- Certified in CPR/First Aid within three (3) months of employment
- De-escalation techniques
- Trauma Informed Care
- Child and infant development
- Gender Responsive (If applicable)
- LBGTI (Lesbian, Bisexual, Gay, Transgender, Intersex)
- Gang involved youth

Each agency shall also have a written annual staff in-service training plan which addresses the annual training needs of all staff having direct contact with residents. The written annual plan shall also include the number of hours, proposed training date, trainer and his/her qualifications.

All direct care staff and foster parents shall have a minimum of forty (40) documented clock hours of in-service training per year. This annual training is beyond or in addition to the DCF required training. Documentation shall be provided in each staff member's personnel record to include content, amount

of time, and amount of time, trainer, and his/her qualifications. Topics shall include but not be limited to:

- CPR and First Aid
- Blood borne pathogens
- Medications
- Emergency safety interventions
- Substance use disorder patterns
- Childhood and adolescent development (including developmental disorders)
- Childhood and adolescent psycho-pathology (including such topics as effects of abuse/neglect, reactive attachment disorders, separation anxiety disorders, ADHD)
- Childhood and adolescent sexuality issues, especially the effects of early sexual abuse.
- De-escalation techniques
- Roles and relationships between the agency, foster parent, parent(s)/guardian(s) and the youth
- Child management and discipline techniques
- Communication skills
- Constructive problem solving
- Trauma Informed Care
- Child and infant development
- Gender Responsive (If applicable)
- LBGTI (Lesbian, Bisexual, Gay, Transgender, Intersex)
- Cognitive behavioral restructuring
- Skill building
- The use of reinforcement to change behavior
- Recent developments in adolescent sex offenders
- Substance abuse disorders
- Youth with mental health issues
- Gang involved youth

Staff may obtain training hours through the following means:

- Face to face group training session, (i.e., facilitator and more than one (1) staff member)
- Face to face individual training session, (i.e. facilitator and one (1) staff member)
- Training videos/DVD, (i.e. videos specifically designed for training purposes)

Chapter Twelve: Transitional Living Program

Section 1: Service Description

Transitional Living Programs (TLP) are designed for youth who are ready to enter a phase of care that will eventually transition them to independent living. Transitional living affords youth an opportunity to practice basic independent living skills in a variety of settings with decreasing degrees of supervision. Youth may remain in this level of care until it is determined the youth is ready to transition to a Community Integration Program (CIP) or a fully independent living setting (IL).

- Youth reside in apartments within one building or complex (contained apartments) along with others from the community. Each youth must be afforded their own bedroom to insure adequate privacy, safety and security.
- The provider must insure the environmental safety of the apartment is in compliance with local over sight agencies such as Housing and Urban Development (HUD), Fire Marshall, Municipalities, Apartment Management, etc.
- Services are designed to work in collaboration with other community-based providers to develop a strong foundation of service and support access.
- Youth are provided the opportunity to practice the skills necessary to live independently.
- Youth are required to maintain a savings account to be held in trust by the TLP. Youth shall deposit the full or partial amount (depending upon their employment status) of their share of the monthly apartment rent and utilities. The youth's planning team will determine the actual amount required to be deposited in trust. These monies are then available to the youth when they leave the TLP.

The rate of pay for a TLP is $100.00 per day, per youth. These rates are subject to change.

Section 2: Description of Youth to be Served

All youth in transitional living placements must:

- Have a permanency plan goal of Other Planned Permanent Living Arrangement (OPPLA) or Independent Living.
- Be at least 16 years of age.
- Be working towards full or part-time employment.
- Be working towards a diploma or equivalent (if not already obtained).
- Have demonstrated a basic knowledge of life skills.
- Not currently suicidal, homicidal or requiring detoxification services that necessitate hospitalization.

Section 3: General Staffing Requirements

- Facility staff shall be at least 21 years of age with a minimum of three years age difference between the staff member and oldest resident who can be admitted to the facility.
- Program plan development, review, and case supervision are carried out by the TLP Provider.
- The youth to Case Coordinator ratio in a TLP is 1:16.

- The provider must provide assistance to ensure that youth obtain the basic necessities of daily life.
- The provider must offer or arrange for strength-based interventions to address crisis and or daily living situations.
- The provider must facilitate development of support systems to increase the youth's interdependency within the community in which they reside.
- All services accessed shall be appropriate to the age, gender, sexual orientation, cultural heritage, developmental and functional level, as well as the learning ability of each youth.
- Admission requirements shall include a list of support service needs as identified by the referring agency.
- Staff shall adhere to all requirements set forth in Appendix 5: Mandated Reporters (page 112).
- Staff shall not be a person restricted from working with youth as defined by K.S.A. 65-516.

Staff must meet the qualifications and responsibilities as set forth in this document. Written job descriptions shall be developed for all staff and maintained on site where personnel functions are carried out.

Section 3.1: Administrator

- The administrator shall have: a Bachelor's Degree in one of the human service fields (social work, psychology, human development and family life, criminal justice, counseling), nursing or education; knowledge and prior administrative experience; knowledge and understanding of KDOC Provider Standards, knowledge and understanding of evidence based practices for working with juvenile offenders; knowledge of and prior experience complying with DCF and DCF regulations and statues.
- Educational transcript(s) are required and must be on file with KDOC
- The administrator shall have knowledge in juvenile offender evidence based practices, cognitive behavioral tools and effective behavioral management systems.

Section 3.2: Case Coordinator

- The Case Coordinator shall have at least a bachelor's degree in one of the human service fields (social work, psychology, human development and family life, criminal justice, counseling, nursing or education) and a working knowledge of adolescent development principles.
- The Case Coordinator shall be responsible for: program plan development and review, development of collaborations with community-based service providers, direct supervision of youth as required, inspecting the youth's apartment as needed to insure the safety and security of youth, coordinating or providing alternative transportation as deemed necessary, completing paperwork or reports to referring agency as required, working in partnership with life coaches.
- Case Coordinator duties must be 100% of job function and cannot be combined with other positions or administrative duties.

- The Case Coordinator shall have knowledge in juvenile offender evidence based practices, cognitive behavioral tools and effective behavioral management systems.

Section 3.3: Life Coach

- Life Coaches shall have at least a high school diploma or equivalent and have a working knowledge of adolescent development principles.
- The Life Coach shall be responsible for: working shifts and/or be on-call 24 hours a day on a rotating basis, any direct supervision of youth as required, inspecting youth's apartment as needed to insure the safety and security of youth, day-to-day modeling of life skills (e.g., assertiveness, communication, conflict management, problem solving and decision making), monitoring the youth's daily life skills and provide appropriate feedback, working in partnership with the Case Coordinator.
- The Life Coach shall have knowledge in juvenile offender evidence based practices, cognitive behavioral tools and effective behavioral management systems.

Section 3.4: Foster Parent

- Not applicable.

Section 4: General Program Requirements

- The TLP shall meet the legal requirements of the community as to zoning, fire protection, water supply and sewage disposal.
- Each youth shall have sufficient storage for all personal belongings, i.e. closet and/or dresser.
- The TLP's environment shall be free of, gang paraphernalia, sexually explicit material, drug referencing material, etc. Upon discovery said items shall be removed.
- The TLP shall adhere to all requirements set forth in Appendix 3: Critical Incident Reporting (page 108).

  - Written emergency plans shall be available to all personnel. This shall be a written plan for protecting all persons in the event of fire, flood, tornado and storms. The plan shall detail procedures for keeping persons in place, for evacuating persons to areas of refuge and for evacuating persons from the buildng when necessary. The plan shall include staff response and fire protection procedures needed to ensure resident safety.
  - Where smoking is permitted, noncombustible safety-type ashtrays or receptacles shall be provided in convenient locations.
  - All living areas and all corridors shall maintain a working smoke detector
  - Fire drills shall be conducted six (6) times per year on a bimonthly basis, with a least two (2) at night when residents are sleeping.
  - Portable fire extinguishers shall be maintained in a fully charged and operable condition and shall be kept in their designed places at all times when they are not in use.
  - Facility shall maintain annual service documentation on portable fire extinguishers.
  - Gasoline powered equipment shall not be stored in living areas and shall be stored away from heat sources.

- Items considered flamable, hazardous and combustible shall be stored in locked areas away from heat sources.
- Electrical panels shall be covered. No electrical wires shall be visible.
- Kitchen hoods, grease removal devices, fans and ducts shall be operable.
- Each facility shall develop a written maintenance policy which shall be followed. The facility and outside area shall be maintained in good condition and shall be clean at all times, free from accumulated dirt, trash, vermin and rodent infestation. Garbage and outdoor trash containers shall be covered. Contents of outdoor containers shall be removed at least weekly.
- Community resources, such as schools, churches, recreational and health services, police protection and fire protection from an organized fire department, shall be available.
- Living areas shall have proper and adequate heating, cooling, lighting and ventilation. There shall be adequate space for recreation and study.
- Windows and doors shall be screened.
- All stairs shall be provided with sturdy handrails.
- Floors shall be smooth, free from cracks and easily cleanable. Floor coverings for living quarters shall be required over concrete slabs in contact with the ground.
- Walls shall be smooth, easily cleanable and in sound condition.
- Porches and walkways shall be accessible and in good repair.
- Adequate covering (blinds and/or curtains) shall be provided for all windows and glass inserts in doors as needed.
- Each apartment must have one bathroom which shall contain, at minimum, sink, toilet stool, shower or bath tub and be ventilated.

Section 5: Behavior Management

Each TLP shall work with youth and/or youth who reside as roommates to develop a written program of rules and regulations guiding and governing the daily behavior of the youth under the care of the program. The behavior management system should include a description of daily general routines of the youth/program. The system of rules, rewards and consequences for given behaviors should be identified and include rules governing interpersonal interactions with staff and peers, facility leave policies, school/work attendance, behavior while at school/work, verbal and physical aggression, allowable possessions, awakening and bedtime hours, leisure hours, visitation policies, AWOL attempts, involvement in recreation and other activities, self-destructive behaviors, sexuality, communications with family and others outside the program, religious worship, involvement in therapies, theft, property destruction, behaviors resulting in mandatory removal from the program, and behaviors at the program which could result in legal prosecution. As the youth(s) progress/regress through the program and supervision is decreased/increased, rules may evolve.

Notation shall be made in the youth's file and signed by the youth that the rules/regulations and rewards/consequences have been discussed with the youth. At any time changes are made to the rules/regulations or rewards/consequences, a notation shall be made in the youth's file and signed by the youth.

The TLP shall adhere to all requirements set forth in Appendix 4: Resident's Rights (page 111).

Section 5.1: Application of Time Out

- A procedure used to assist the individual to regain emotional control by removing the individual from his/her immediate environment and restricting the individual to a quiet area or unlocked quiet room. A youth in time out shall never be physically prevented from leaving the time out area. Time out may take place away from the area of activity or from other youth. Staff must monitor the youth while he/she is in time out.

Section 5.2: Emergency Safety intervention (ESI)

- Emergency Safety Intervention (ESI) is the application of physical force without any mechanical device for the purpose of restricting the free movement of a youth's body. **Emergency Safety Interventions should be used only as last resort after all verbal de-escalation techniques have failed and when the youth is at-risk of harming themselves or others.**
- An Emergency Safety Intervention must be performed in a manner that is safe, proportionate and appropriate to the severity of the behavior, and the youth's chronological and developmental age, size, gender, physical/medical/psychiatric condition and personal history.
- The use of Emergency Safety Interventions must be performed only through the use of nationally recognized ESI procedures applicable to this population designed to prevent a resident from harming self or others by exerting external control over physical movement.
- Mechanical restraint is the use of mechanical devices to restrict the free movement of the resident's body, most often for purposes of preventing self-destructive behavior. **Mechanical restraints are not allowed in KDOC residential facilities and homes.**
- Each TLP must have a written ESI policy and all staff must be trained to provide safe Emergency Safety Interventions. Staff must be trained in authorized, well-recognized training programs for managing aggressive behavior. Staff training records must be kept as part of their personnel file and must be made available upon request. At the time of admission to a placement, the youth and parent/guardian must be oriented to the ESI policies of the facility and must sign a written acknowledgment for this orientation. This written acknowledgment shall be kept in the youth's file.

Section 6: Criteria for Admission

Each TLP shall set admission criteria specific to the information provided within the description of youth to be serviced and services available within their facility and the community.

Section 6.1: Admission Skills Required

Prior to consideration for admission to any TLP service youth must be able to demonstrate knowledge of basic life skills. The youth shall have a basic understanding of the following:

- Preparing meals and basic nutrition education

- Doing laundry
- Maintaining a clean, orderly, and safe living space
- Shopping, food preparation, food storage

Section 6.2: Referral Process (See Appendix 6, KDOC-0136)

- Written policy, procedure and practice require the provider to respond to referrals within two business days of their receipt with acceptance of referral or denial.

Section 6.3: Provider Placement Agreements

- A Placement Agreement (KDOC-0086) must be completed between the TLP and the youth's referring agency. A copy of the Placement Agreement must be kept in the youth's file.
- The initial service authorization period will be for 90 days. Service extensions will be for a period of 60 days, and will be examined by the youth's supervision officer to ensure the youth is receiving the services they need to reintegrate into the community. The youth may continue receiving services in the home/facility as long as they continue to require this level of care as determined by youth's supervision officer.

Section 7: Initial Assessment (See Appendix 6, KDOC-0137)

When a youth enters the TLP, the Case Coordinator shall begin gathering information on the youth's strengths and needs within twenty-four (24) hours and shall have a completed assessment within seven (7) calendar days. Needed services shall be documented on the initial assessment. The assessment shall include but not be limited to the following areas:

- Physical health
- Family relations
- Academic or vocational training
- Community life
- Interpersonal interactions
- Daily living skills as outlined in the scope of services
- Involvement or exposure to substance use disorders
- Involvement or exposure to other trauma

Section 8: Resident Lodging (See Appendix 6, KDOC-145)

In order to support the daily management and administration of residents, each residential provider shall develop an objective procedure regarding the physical housing of juvenile offenders. Youth placed in a residential setting shall be assigned to a room based upon various factors, as identified by risk/needs assessment(s) in addition to other indicators. Resident lodging shall be completed immediately upon admission. If there are any room assignment changes due to behavioral concerns, an updated resident lodging form must be completed and placed in the youths file. Factors to consider in assigning rooms shall include (but are not limited to):

- Risk to recidivate (as determined by evidence-based risk assessments)
- Suicidal tendencies
- Level of specialized needs (i.e. mental health, medical, etc.)
- Sex offender status
- Identified Gender
- Age and/or maturity level
- Program needs (substance use disorder, cognitive behavioral, independent living, etc.)
- Vulnerability to being victimized by others (i.e. physical stature)
- LGBTI- Lesbian, Gay, Bisexual, Transgender, Intersex
- Other considerations

The placement decision shall be documented on the resident lodging form. While each youth will have an individualized program plan, assigning rooms based upon risk/need/responsivity factors will allow for a safer, more secure environment, as well as efficient and effective management of the living units.

Section 9: Program Plan

Each youth residing in a residential facility/home must have a program plan which includes individualized services to match the youth's identified needs based on the youth's YLS/CMI, supervision plan, conversations with the youth's Community Supervision Officer, parent/guardian, provider's initial assessment and assessments conducted by other service providers, i.e. mental health, substance abuse, etc.

- The program plan shall be established by the end of fourteen (14) calendar days from admission and address identified needs in the domains of family relationships, education/vocational/employment, peer relationships, substance abuse, leisure/recreation, personality/behavior, attitudes/orientations, and independent living skills. Upon completion the initial program plan shall be sent to the youth's community supervision officer.
- Youth may not have identified needs in every domain. Develop a plan only for those areas where a need has been identified but not more than three (3) to four (4) domains at a time.
- Program plans should be updated when new needs are identified or when program goals/objectives are met.
- Program plans should be thoroughly reviewed and revisions made within thirty (30) days of admission and every thirty (30) days thereafter.
- The youth should participate in the plan development.
- The plan should be signed by the youth and the Case Coordinator that worked with the youth to develop the plan.
- The plan shall be provided to the youth's supervision officer upon completion of each thirty (30) day review.

Section 9.1: Plan Development

The program plans shall include long-term goal and objectives/steps to achieve the goal, identify and incorporate strengths, identify and address responsivity (barriers) to success.

- Long-term goals should state the overall goals (long term behavioral change) the youth is striving to achieve.
- The objectives/steps should be written in SMART (Specific, Measureable, Attainable, Realistic, Timely). These are the actions that the youth and others will do to reach the goal.
  - Specific - They may best be thought of as the "how to" for reaching the goal. Use action words to state what the youth will do, and how he/she will do it.
  - Measurable – You must be able to determine if the youth completed the objective or not, i.e. state the estimated time for the youth to complete the objective and the frequency of the service/intervention.
  - Attainable & Realistic – The objective may take work, but should be something that can be realistically completed.
  - Timely – There should be a clear beginning and ending date for each objective. Create a reasonable target date for completion. This date should not be months away.
- Strengths: These may be considered internal and/or external assets or characteristics that can be used to support the youth in reaching specific goals/objectives.
- Responsivity (barriers): These include characteristics that are related to a youth's learning ability and program engagement. Examples would include motivation, readiness to change, social support, intelligence, psychological development and maturity. All barriers shall be addressed in the program plan.

Section 10: Services

The provider shall make available certain articles and supplies for furnishing the youths residence. The articles and supplies may be new or used, but must be in good condition. The articles and supplies must include, but are not limited to:

- A separate bed with level flat mattress in good condition and adequate bedding shall be provided for each resident
- A dining table and chairs
- Living or sitting room furniture
- A stove and refrigerator
- Kitchen furnishings (e.g., pots, pans, cooking and eating utensils, food storage containers and lids)
- Basic cleaning supplies
- Landline telephone or cellular phone
- Utilities (e.g., water, trash, electricity, gas)

- Access to laundry services (if laundry is done in the apartment, laundry fixtures shall be located in an area separate from food preparation areas)
- Food in sufficient quantity to provide at least three (3) nutritionally balanced meals per day
- Kitchen and bath linens
- Entertainment equipment (e.g., television, stereo, video games) are optional, if not provided, youth should be provided the opportunity to purchase these items when they are financially capable
- Emergency transportation when routine transportation is not available
- Administration, oversight of youth's trust
- Financial guidance to youth (e.g., budgeting, consumer skills)
- Review of youth's financial records (e.g., bank statements, check stubs) to monitor youth's money management skills
- Direct experience with the consequences of daily actions and decisions
- Life skills practice while having access to staff for support and advice
- Use emergency medical procedures
- Negotiating a rental agreement
- Practice in money management and budgeting
- Experience in shopping, food preparation, food storage and consumer skills
- Daily social contacts
- Emotional adjustment to the difference between present living situation and previous ones
- Practice living alone
- Use of leisure time
- Obtaining and using transportation to access needed resources

Youth in TLP placements may need access to supportive services including but not limited to the following categories:

- Mental health services
- Alcohol and substance use disorder treatment services
- Educational/vocational support services
- Individual counseling
- Sex Offender treatment services
- Pro-social recreational activities
- Preventative, routine and emergency health care
- Routine transportation

Youth in TLP's may need access to supportive services including but not limited to the following categories:

- Mental health services
- Alcohol and substance use disorder treatment services
- Educational/vocational support services
- Individual counseling
- Sex Offender treatment services
- Pro-social recreational activities
- Preventative, routine and emergency health care

- Routine transportation

All youth in TLP placements shall have twenty-four (24) hour access to on-site program staff that is responsible for monitoring the activities of youth in their programs. Program staff shall develop a schedule for providing supervision with guidance based on a specific youth's maturity, acquired skills, and emotional status. The supervisory schedule shall be designed so that staff may observe that the youth is practicing healthy and responsible life skills and will be developed in collaboration with a youth's referring agency. This collaboration will determine the frequency and type of supervision/support provided to the youth.

Self-Advocacy: Curriculum should include but not limited to:

- Setting goals, short and long-term
- Researching – how to find facts and relevant information
- Analyzing facts and information
- Connecting personal goals with others' goals
- Identifying allies and supporters
- Critical analysis of situations
- Identifying self-strengths and needs
- Planning strategy
- Planning written and oral presentations
- Dealing with setbacks and rejection
- Building on successes
- Reviewing and adjusting goals and strategies

Employment Support: Employment services that are to be provided shall include but not be limited to:

- Employment or job search efforts to be required when youth is not involved in educational endeavors.
- Access community resources to obtain or sustain youth's employment.

Behavioral Health: The TLP shall adhere to all requirements set forth in Appendix 2: Accessing Behavioral Health Services (page 107).

Section 11: Visitation (See Appendix 6, KDOC-0139, KDOC-0140 to KDOC-0143)

It is important that home visits be carefully planned and executed in the best interests of the youth. All home visits shall be arranged and approved through the youth's community supervision officer.

Written documentation of the CSO's approval/denial of the visit shall be maintained in the youth's file.

Subject to the provider's visitation guidelines (days of the week, times, appropriate attire, etc.) a provider shall not prohibit contact with a youth's immediate family except for the following reasons:

- A Court orders no contact.

- There is documented violence, threatening or disruptive behavior by a family member that occurred during a contact.
- There is documented introduction of illegal drugs or weapons.

Any denial of contact by a family member must be documented and reported immediately to the youth's Community Supervision Officer. The youth and family shall be provided with visitation guidelines upon admission. The youth shall have an approved contact list to include, the type of contact allowed (letter, phone, day passes, etc.). The contact list must be reviewed/updated every 60 days. T The initial contact list and all reviews/updates shall include the Community Supervision Officer signature.

The home shall provide private accommodations for visitation. Accommodations shall include but not be limited to: a private office/room, no staff presence (unless required), free of any individuals that may overhear confidential information.

Section 12: Discharge/Aftercare (See Appendix 6, KDOC-0144)

Discharge planning shall begin upon admission of the youth to the facility. At a minimum, the resident, the resident's parent(s)/guardian(s) and the placing agency should be involved in planning the discharge of the youth from the facility. The discharge plan and modifications should be noted in the youth's file.

A discharge summary shall be completed at the time of the youth's discharge and be forwarded to the Community Supervision Officer within one business day. This shall include a written:

- Summary of the progress, or lack thereof, of the youth's goals and objectives while the youth was in placement.
- Summary of the progress towards securing a residence, home furnishings and utilities for youth being released to live independently.
- Summary of the youth's behavior while in placement.
- Recommendations for aftercare services specifying the nature, frequency, duration of services and responsible parties.
- Summary of the reasons the youth was discharged.

Personal Possessions: All providers must preserve and relinquish upon termination of the placement all personal possession of the youth. These possessions must be preserved for thirty (30) days post termination of placement. Community Supervision Agencies are responsible for arranging for the return of the possessions. If such arrangements have not been made, providers may dispose of the possessions on the thirty-first (31st) day post termination of placement.

Section 13: Record Keeping

The record keeping requirements of K.A.R. 28-4-272 shall be met by the placement. In addition, the following shall be maintained by the placement:

Youth's File: The placement shall maintain a file for each youth in placement. The file shall contain the following information:

- Youth's name and date of birth
- Name, address and emergency contact information of the youth's referring agency supervision officer
- Placement Agreement (KDOC-0086)
- Placement referral form
- Copy of the Youthful Level of Service/Case Management Inventory (YLS/CMI)
- Copy of the youth's supervision plan
- Initial assessment
- Suicide/self-injury assessment
- Resident lodging assessment
- Medical and surgical consents
- Medical and dental records
- Records of the youth's prescription(s) and non-prescription(s) and when administered
- Authorization for release of confidential information
- Daily observation logs
- Weekly progress notes
- Program plans
- Discharge plans
- Resident's rights
- Emergency Safety Intervention acknowledgement
- Handbook/Rules acknowledgement
- Pre and post reintegration visit documentation
- Approved contact list
- Log of critical incident reports

Record Retention: Case records, including medical records, shall be maintained for six (6) years from the date of the youth's discharge or until completion of an on-going audit and production of a final audit report, whichever is longer.

Personnel Records: A separate personnel file shall be maintained for each employee. Personnel files shall include a written employment application, educational transcripts, responses from background investigations conducted (Kansas Bureau of Investigations and Child Abuse and Neglect Central Registry) and disciplinary actions.

Daily observations: A dated record of daily observations and significant occurrences involving each youth shall be maintained. The record shall include events which may affect the well-being of the youth. Significant events should include but not limited to; attendance at school or groups (specific group), interactions and/or interventions with staff and other youth, medical appointments, hygiene (if identified as a need), visits/passes and overall behavior. Each report shall include the staff member

and/or youth involved, the nature of the incident and the circumstances surrounding it. The record shall be available for review.

Weekly Progress Notes (KDOC-153): Notes shall be completed by the Case Coordinator and submitted to the Community Supervision officer every thirty (30) days. These notes must be entered into the youth's chart, reflecting the delivery of services according to the program plan. This documentation must address the youth's responses to interventions and the progress of the youth toward individualized goals and objectives. The note should include any significant events that occurred during the week and should also summarize contacts with family members and other involved agencies. If any unmet needs are identified, the note must reflect the actions to be taken to revise the plan for the youth to meet those needs.

Health Records: Health care and records of residents must meet the requirements of K.A.R 28-4-275. When a youth leaves a TLP to return home or moves to another out of home placement, the youth's medical records shall be given to youth's referring agency to accompany the youth.

Fifteen (15) Day Progress Report: Within the first fifteen (15) days of the youth's admission to the TLP program the Case Coordinator shall provide written placement recommendations to the youth's community supervision officers as well as an update on the youth's progress. This report shall be placed in the youth's file and provided to the youth's supervision officer.

Section 14: Training (See Appendix 6, KDOC-0146, KDOC-0148, KDOC-0151)

Each TLP must have a thirty-two (32) hour in-service orientation/training program for new employees, which is especially directed toward the initial training needs of staff working directly with youth. Staff that work directly with youth (direct care staff) are considered any person(s) who provides supervision of youth, performs case management duties and/or plays a role in program delivery. Documentation of completion of orientation training must be kept in the staff member's personnel file. The in-service orientation program shall provide written documentation that all staff are trained in the following:

- Facility policy and procedures manual
- Facility emergency and evacuation procedures
- Emergency safety interventions (including management of aggressive or suicidal behavior and orientation to the facility's restraint policies and procedures)
- The handling of blood borne pathogens
- Facility discipline standards
- Abuse/neglect mandatory reporting laws
- Client record documentation policies and procedures
- Policies and procedures for resident medication management
- Resident rights
- Confidentiality laws
- Certified in CPR/First Aid within three (3) months of employment
- De-escalation techniques
- Trauma Informed Care
- Gender Responsive (If applicable)
- LBGTI (Lesbian, Bisexual, Gay, Transgender, Intersex)

- Gang involved youth

Each agency shall also have a written annual staff in-service training plan which addresses the annual training needs of all staff having direct contact with residents. The written annual plan shall also include the number of hours, proposed training date, trainer and his/her qualifications.

All direct care staff and foster parents shall have a minimum of forty (40) documented clock hours of in-service training per year. This annual training is beyond or in addition to the DCF required training. Documentation shall be provided in each staff member's personnel record to include content, amount of time, and amount of time, trainer, and his/her qualifications. Topics shall include but not be limited to:

- CPR and First Aid
- Blood borne pathogens
- Medications
- Emergency safety interventions
- Substance use disorder patterns
- Childhood and adolescent development (including developmental disorders)
- Childhood and adolescent psycho-pathology (including such topics as effects of abuse/neglect, reactive attachment disorders, separation anxiety disorders, ADHD)
- Childhood and adolescent sexuality issues, especially the effects of early sexual abuse
- De-escalation techniques
- Roles and relationships between the agency, Case Coordinator, parent(s)/guardian(s) and the youth
- Communication skills
- Constructive problem solving
- Trauma Informed Care
- Gender Responsive (If applicable)
- LBGTI (Lesbian, Bisexual, Gay, Transgender, Intersex)
- Cognitive behavioral restructuring
- Skill building
- The use of reinforcement to change behavior
- Recent developments in adolescent sex offenders
- Substance abuse disorders
- Youth with mental health issues
- Gang involved youth

Staff may obtain training hours through the following means:

- Face to face group training session, (i.e., facilitator and more than one (1) staff member)
- Face to face individual training session, (i.e. facilitator and one (1) staff member)
- Training videos/DVD, (i.e. videos specifically designed for training purposes)

Appendix 1: Listing of Services and Rates

Below are the services available to the juvenile justice population.

Service Type	Pay Rate	Billable Unit
Specialized Family Foster Home	$49.64	Day
Therapeutic Family Foster Home	$115.00	Day
Juvenile Justice Foster Care	$99.00	Day
Youth Residential Center II	$126.00	Day
Emergency Shelter	$115.00	Day
Residential Maternity Care	$60.57, $10.02 baby	Day
Transitional Living Program	$100.00	Day
Juvenile Detention Center	$120.00	Day
Psychiatric Residential Treatment Facility	Variable	Day

NOTE: These rates are subject to change.

Appendix 2: Accessing Behavioral Health Services

Outpatient Behavioral Health Services (Mental Health/Substance Use Disorder services) are allowed while a youth is residing in an out of home placement (excluding PRTF placement). If outpatient services are needed, the provider shall coordinate assessments and services through the youth's KANCARE assigned Managed Care Organization (MCO). The MCO will determine the type, frequency and duration of services required to meet the individualized needs of each youth.

Upon admission or during the course of the youth's stay, if the youth begins to exhibit behavior/needs which cannot be addressed by the placement or through outpatient services, the provider shall collaborate with the Community Supervision Officer to obtain an appropriate screen/assessment to determine the level of services required.

If the youth is receiving Behavioral Health Services through a MCO at the time of admission, the youth should continue services by the same provider to maintain continuity of service.

Providers may employ, contract or otherwise partner with associates of the MCO to provide Behavioral Health Services to youth residing at the program.

Providers shall not prohibit the youth's ability to request or receive services from any willing provider who are approved by the MCO.

Appendix 3: Critical Incident and Non-Critical Incident Reporting

A Critical Incident is an occurrence that requires the provider to make a response that is not a part of the program's ordinary daily routine. Using the standardized form provided by KDOC, critical incidents are to be reported to the youth's Community Supervision Officer, KDOC and the youth's parent or guardian when appropriate. Each facility shall develop an internal process for obtaining on-call/emergency contact information for all Community Supervision Officers in the event of an emergency or critical incident.

The following critical incidents should be verbally reported immediately with a written report to the community supervision officer and KDOC within twenty-four (24) hours of the event (please refer to the following definitions for clarification):

- **Attempted suicide**: The attempt to intentionally kill oneself and the attempt caused injury or could have resulted in serious injury or death if not detected.
- **Suicide**: Intentionally killing oneself.
- **Homicide**: The killing of one person by another.
- **Other death**: Accidental death or death from natural causes of youth.
- **Verbal Threat:** A statement of immediate intent to create fear or apprehension in another person that escalated to law enforcement involvement. The youth must be capable of carrying out the specific threat.
- **Physical Altercation:** Intentionally causing bodily harm against another person that resulted in receiving treatment by a medical professional or resulted in law enforcement involvement.
- **Abuse**: Any act or failure to act which results in death, physical harm, or presents imminent risk of harm to a juvenile
- **Sexual abuse of an Offender by Another Offender**: Any of the following acts, if the victim does not consent, is coerced into such at by over or implied threats of violence, or is unable to consent or refuse:
    1. Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
    2. Contact between the mouth and the penis, vulva or anus;
    3. Penetration of the anal or genital opening of another person, however slight, by the hand, finger, object, or other instrument; and
    4. Any other intentional touching, either directly or through the clothing, of the genitaila, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation
- **Sexual abuse of an Offender by a Staff Member**: Any of the following acts, if the victim does not consent, is coerced into such at by over or implied threats of violence, or is unable to consent or refuse:
    1. Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
    2. Contact between the mouth and the penis, vulva or anus;
    3. Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
    4. Penetration of the anal or genital opening, however slight, by a hand, finger, object or other instrument, that is unrelated to official duties or where the staff member, contractor or volunteer has the intent to abuse, arouse, or gratify sexual desire;

5. Any other intentional contact, either directly or through clothing, of or with the genitalia, anus, breast, inner thigh, or the buttocks, that is unrelated to the official duties or where the staff member, contractor or volunteer had the intent to abuse, arouse or gratify sexual desire;
6. Any attempt, threat or request by a staff member, contractor or volunteer to engage in the activities described in paragraphs 1-5 of this section;
7. Any display by a staff member, contractor or volunteer of his or her uncovered genitalia, buttocks or breast in the presence of a youth;
8. Voyeurism by a staff member, contractor or volunteer

- **Sexual Harassment**: (1) Repeated and unwelcome sexual advances, requests for sexual favors or verbal comments, gestures or actions of a derogatory or offensice sexual nature by one youth directed toward another; (2) repeated verbal comments or gestures of a sexual nature to a youth by a staff member including demeaning references to gender, sexually suggestive or derogatory comments about the body or clothing, or obscene language or gestures and (3) is reported annually to the Bureau of Justice Statistics for the survey of Sexual Violence
- **Sexual Contact**: Consensual intercourse (oral, vaginal, anal) between two youth. This incident type shall only be selected if it does not meet the criteria for sexual harassment or sexual abuse.
- **Serious youth injury/illness**: Any youth illness that requires the youth to be hospitalized or receive significant medical treatment. Significant medical treatment is treatment that could not be handled by a trained health care person outside of the hospital or clinical setting. This includes youth receiving PRTF/Acute screening.
- **Serious infectious disease**: Diseases such as, but not limited to TB, Hepatitis A/B/C, or a serious sexually transmitted disease as tracked by the Center for Disease Control (CDC). This only needs to be reported if there is/are confirmed case(s) with staff or youth.
- **Riot/Hostage situation**: Any disturbance by three or more youth that seriously disturbs the operation of a facility, jeopardizes the control of an area, threatens violence against or destruction of property, or results in significant property damage or personal injury to youth or staff. Includes any hostage situation.
- **Natural disaster**: Acts of nature which cause personal injury to staff and/or youth or which causes structural damage to the physical structure housing youth.
- **AWOL**: A youth's departure from a placement or supervision without lawful authority, as defined by K.S.A. 75-712f. This also includes youth while on a supervised off grounds setting (i.e. transports, hospital, and medical visits). Reported verbally to law enforcement and the community supervision officer immediately with a written report to the community supervision officer within 24 hours of the event. An immediate verbal notification is to be made to law enforcement and to the community supervision officer when the youth returns or is located.
- **Other**: Any action or situation which would require a response by law enforcement, the fire department, an ambulance or another emergency response provider. Incidents in this category would also include any incident not reported in another category and have the potential for significant media coverage.

If the critical incident involves abuse or neglect, the facility must also follow mandated reporting requirements.

Non-Critical Incidents: A non-critical incident is an incident that occurs during normal day to day operations and requires an intervention by staff. Using the standardized form provided by KDOC, non-critical incidents are to be reported to the youth's Community Supervision Officer and the youth's parent or guardian when appropriate within twenty-four (24) hours of the incident.

Appendix 4: Resident's Rights

The staff of the facility shall allow privacy for each youth. The facility's space and furnishings shall be designed and planned with respect for the resident's right to privacy. The facility's design shall also provide supervision according to the ages and needs of the residents. Each resident shall have a quiet area where they can withdraw from the group when appropriate.

Contacts between the resident and their parent(s)/guardian(s) shall be allowed while the resident is in care unless the rights of the parents have been terminated by court order or family contact is not in the resident's best interest.

The facility shall have clearly written policies regarding visits, gifts, mail, E-mail and telephone (including cell phone) calls between the resident and their family, or guardian. These policies shall be made known to the resident and his/her family/guardian at or prior to admission.

Residents shall be allowed to send and receive mail and have telephone conversations with parent(s)/guardian(s) unless it is not in the best interest of the youth, the safety and security of facility, or if a court order necessitates restrictions.

If restrictions on communications or visits are necessary, these shall be documented on the youth's contact list. The youth's Community Supervision Officer is responsible for sharing this information with the provider.

A resident shall be allowed to bring personal possessions to the facility and may acquire other possessions in accordance with the policies of the facility. Prior to admission, information shall be made available to the youth and their parent(s)/guardian(s) concerning what possessions a youth may bring to the facility and the kinds of gifts they may receive. Possessions, which a youth cannot have or receive at the facility, shall be specified in writing and distributed to the youth and their parent(s)/guardian(s).

Discipline at the facility shall be consistent and not be physically or emotionally damaging. Youth shall not be subjected to cruel, severe, unusual, or unnecessary punishment. Youth shall not be subjected to remarks that belittle or ridicule them or their families. Youth shall not be denied food, mail, or visits with their families as punishment. Seclusion shall not be utilized as a disciplinary measure. Only staff members shall discipline the youth.

Appendix 5: Mandated Reporters

Abuse/neglect reported or witnessed in any placement/foster home must be immediately reported to the youth's supervision officer and DCF through the DCF Kansas Abuse/Neglect Hotline (1-800-922-5330). The Abuse/Neglect Hotline number must be posted in a prominent place in the facility. Any employee of the facility who witnesses or hears about the abuse/neglect of a resident within that facility is to notify the Director of the facility immediately, except in cases where the alleged perpetrator is the facility Director. The facility Director is responsible to see to it that all cases of abuse/neglect are reported to them and are passed on to the resident's community supervision officer and or DCF through the DCF Kansas Abuse/Neglect Hotline. At no time shall the administration of a program in which abuse/neglect has allegedly occurred interfere or otherwise attempt to alter the report of an abuse/neglect claim made by an employee of that facility.

K.S.A. 38-2223 states that when any of the following persons has reason to suspect that a child has been harmed as a result of physical, mental or emotional abuse or neglect or sexual abuse, the person shall report the matter promptly:

- The following persons providing medical care or treatment: Persons licensed to practice the healing arts, dentistry and optometry; persons engaged in postgraduate training programs approved by the state board of healing arts; licensed professional or practical nurses; and chief administrative officers of medical care facilities;

- the following persons licensed by the state to provide mental health services: Licensed psychologists, licensed masters level psychologists, licensed clinical psychotherapists, licensed social workers, licensed marriage and family therapists, licensed clinical marriage and family therapists, licensed professional counselors, licensed clinical professional counselors and registered alcohol and drug abuse counselors;

- teachers, school administrators or other employees of an educational institution which the child is attending and persons licensed by the secretary of health and environment to provide child care services or the employees of persons so licensed at the place where the child care services are being provided to the child; and

- firefighters, emergency medical services personnel, law enforcement officers, juvenile intake and assessment workers, court services officers and community corrections officers, case managers appointed under K.S.A. 23-1001 et seq., and amendments thereto, and mediators appointed under K.S.A. 23-602, and amendments thereto.

The following shall serve, but not be limited to, the definitions of abuse/neglect:

- Physical Abuse: Infliction of physical harm or the causation of a youth's deterioration, and may include, but shall not be limited to, maltreatment or exploiting a child to the extent the youth's health is endangered. K.S.A. 38-2202.
- Sexual Abuse: Any contact or interaction with a youth in which the youth is being used for the sexual stimulation of the perpetrator, the youth, or another person. Sexual abuse shall include allowing, permitting, or encouraging a youth to engage in prostitution or to be photographed,

filmed, or depicted in obscene or pornographic material. Contact solely between children shall meet the criteria only if the contact also involves force, intimidation, difference in maturity, or coercion. K.S.A. 38-2202 and K.A.R. 30-46-10.

- Mental or Emotional: Abuse Infliction of mental or emotional harm or the causing of a deterioration of a child, and may include, but shall not be limited to, maltreatment or exploiting a child to the extent the child's health or emotional wellbeing is endangered. This term may include any act, behavior, or omission that impairs or endangers a child's social or intellectual functioning. This term may include the following: terrorizing a child, by creating a climate of fear or engaging in violent or threatening behavior toward the child or toward others in the child's presence that demonstrates a flagrant disregard for the child; emotionally abandoning a child, by being psychologically unavailable to the child, demonstrating no attachment to the child, or failing to provide adequate nurturance of the child; and/or corrupting a child, by teaching or rewarding the child for unlawful, antisocial, or sexually mature behavior. K.S.A. 38-2202 and K.A.R. 30-46-10
- Physical Neglect: Acts or omissions by a parent, guardian, or person responsible for the care of a child resulting in harm to a child, or presenting a likelihood of harm, and the acts or omissions are not due solely to the lack of financial means of the child's parents or other custodian. This term may include but shall not be limited to: failure to provide the child with food, clothing or shelter necessary to sustain the life or health of the child. K.S.A. 38-2202.

Appendix 6: Mandated Forms

YRC II Placement Referral	KDOC-0132
JJFC Placement Referral	KDOC-0133
ER Shelter Placement Referral	KDOC-0134
RMC Placement Referral	KDOC-0135
TLP/CIP Placement Referral	KDOC-0136
Initial Assessment (YRCII, ER,RMC, TLP,CIP)	KDOC-0137
JJFC Initial Assessment	KDOC-0138
Approved Contact List	KDOC-0139
Pre-Home Visit Interview – Youth	KDOC-0140
Post-Home Visit Interview – Youth	KDOC-0141
Pre-Home Visit Interview – Parent	KDOC-0142
Post-Home Visit Interview – Parent	KDOC-0143
Discharge/Aftercare Summary	KDOC-0144
Resident Lodging	KDOC-0145
Written Annual Training Plan (YRCII, ER, RMC,TLP,CIP)	KDOC-0146
JJFC Written Annual Plan	KDOC-0147
Orientation Training (YRCII, ER, RMC, TLP, CIP)	KDOC-0148
JJFC Initial Foster Parent Training	KDOC-0149
JJFC Initial Case Coordinator Training	KDOC-0150
Staff Annual Training Tracking	KDOC-0151
JJFC Foster Parent/Staff Annual Training Tracking	KDOC-0152
Weekly Progress Note	KDOC-0153
Reintegration Home Contact	KDOC-0154
Rejection Request	KDOC-0155
Ejection Request	KDOC-0156

Appendix 7: No Eject/No Reject

No Eject: A placement cannot remove a youth from their facility, except for the following reasons:

1. The youth has an approved screen for admission into a; PRTF, State Hospital or State Hospital Alternative
2. The youth has been approved for inpatient treatment; such as drug and alcohol treatment
3. The youth intentionally battered staff or other youth who sustained injuries requiring outside medical care
    a. Intentional can be defined as; the action was planned for a specific target and not out of emotional behavior
4. Chronic behaviors (a pattern of five (5) or more behaviors) such as; illegal drug use/distribution, intentional property damage, intentional battery to staff or other youth
5. Other

For ejections based on items 1-3, Community Supervision Officers shall be notified immediately (verbally and in writing). The CSO will have one (1) business day upon notification to remove the youth. All ejections must be documented on form KDOC-0156 and submitted to Exceptions@doc.ks.gov.

Providers seeking an ejection based on 4 or 5 shall submit form KDOC-0156 to Exceptions@doc.ks.gov two (2) business days prior to the requested ejection date. KDOC will respond within one (1) business day of receipt. Additional information will be requested as necessary. Upon approval from KDOC, the placement shall immediately notify the CSO verbally and in writing. The CSO will have one (1) business day upon notification to remove the youth.

No Reject: A placement cannot deny a referral except for the following reasons;

1. Provider is at capacity

2. A staff member or youth currently placed is a victim of the youth being referred of a felony crime.

3. Youth was previously ejected from placement due to intentionally battering staff or another youth who sustained injuries requiring outside medical care and the victim is still placed/employed.

* This does not apply to Therapeutic Foster Care, Specialized Foster Care or Juvenile Justice Foster Care.

All rejection requests must be sent on form KDOC-0155 to Exceptions@doc.ks.gov within one business day of the rejection for data collection purposes.