Kansas Department of Corrections
Juvenile Services

Provider Handbook

Juvenile Services Vision

To lead the nation in juvenile justice by strengthening families, empowering youth, and making communities safer.

Juvenile Services Mission Statement

The mission of KDOC-Juvenile Services is to promote standards of excellence in juvenile justice by supporting data driven policies and proven approached delivery in the least restrictive environment possible and equipping families, communities, and partners across the state to best meet the needs of kids.

Revised Fiscal Year 2022

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Chapter One: Introduction

The mission of KDOC-Juvenile Services is to promote standards of excellence in juvenile justice by supporting data driven policies and proven approached delivered in the least restrictive environment possible and equipping families, communities, and partners across the state to best meet the needs of kids. Targeted work within communities has established a network of partnerships, allowing KDOC to support Kansans in need throughout the state, regardless of resource allocation. The agency commits to continually evaluating processes to ensure growth and improvement, enhance productivity and efficiency, and align all work to its mission. KDOC is dedicated to strengthening families, empowering youth, and making communities safer.

The KDOC strives to provide the most homelike and welcoming environment possible for youth ordered to out of home placement. KDOC works with providers to ensure an environment where youth and families feel welcome, comfortable and are responsive to gender-specific and trauma-informed. The provider, in conjunction with the Community Supervision Agency is expected to insure services are accessed to meet the needs of each youth. While youth are remain in out of home placement, KDOC and its partners seek to provide safe facilities that encourage and support permanency. The priorities per state and federal law and best practice is placing youth with relatives, keeping siblings together, ensuring placements minimize trauma and are conducive to support youth's cultural, spiritual, academic and emotional development.

The KDOC Provider Handbook was developed to provide general requirements and procedural information for all placement providers.

The Revised Kansas Juvenile Justice Code may be found at
https://www.kscourts.org/KSCourts/media/KsCourts/Trial%20court%20programs/JO-Code-Book.pdf

Chapter Two: General Requirements

1. **Provider Staff Qualifications:** All providers are required to comply with applicable staffing qualifications for their respective levels of service. Providers who cannot hire individuals with either the academic qualifications or experience must submit a written request for exception to the Compliance and Facility Support team. Providers will receive written approval or denial of the request.

2. **Staff Clearances:** All provider staff shall be cleared through the Kansas Bureau of Investigation, Federal Fingerprints, Child Abuse Registry, Adult Abuse Registry, and the National Sex Offender Registry **prior** to hire and **annually**.

3. **Confidentiality:** All providers are required to comply with applicable state and federal statutes/regulations regarding confidentiality of youth information.

4. **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.
    - In an emergency call your local law enforcement agency or 911
    - Kansas Protection Reporting Center: 1-800-922-5330
    - http://www.dcf.ks.gov/services/PPS/Pages/MR-Online-Report.aspx
    - A critical incident report shall be completed and submitted to KDOC (please see appendix #1 and #2).

5. **Crimes Committed Involving Children/Youth:** All providers are required to have their staff report immediately to the local police department or county sheriff's office any case of suspected crime or act committed by a youth which if committed by an adult would constitute a crime, against a youth in KDOC custody who is placed with the provider.

6. **Discipline and Behavior Management:** All providers and their personnel are required to adhere to the KDOC policies governing discipline, emergency safety intervention (ESI) and isolation. KDOC does not view any action administered 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 continue to purchase services from a provider who use discipline that is not acceptable. All providers must have written policy and procedure regarding emergency safety interventions. Consideration must be given to any acts of horseplay or general disruptive behavior.

7. **Licensing:** All residential centers, group boarding homes, child-placing agencies and foster homes must be licensed per the Department for Children and Families (DCF). Please note, regardless of ages served, all residential providers (excluding TLP level of service) will be required to obtain a DCF license.

8. **Suicide Precautions:** All youth must be assessed for suicidal ideations and/or self-injurious behaviors immediately upon arrival to the facility/foster home. This assessment must be maintained in the youth's file. Upon identification of these behaviors, the provider shall immediately make referral(s) for services.

9. **Youth Financial Accounts:** All of the youth's finances that are accrued during placement shall be released to the youth, or supervision officer in the youth's absence, upon discharge from placement. Policy and Procedure shall be maintained regarding tracking youth finances.

10. **Undue Familiarity and Professional Conduct:** 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. The KDOC defines Undue Familiarity as: Conversation, contact, personal or business dealing between an employee and offender or offender's family which is unnecessary, not a part of the employee's duties, and related to a personal relationship or purpose rather than a legitimate correctional purpose. Undue familiarity includes horseplay, betting, trading, dealing, socializing, family contact unrelated to the employee's duties, sharing or giving food, delivering or intending to deliver contraband, personal conversation, exchanging correspondence, including social networking via the intranet/internet or in any other manner developing a relationship with an offender which is anything other than an employee/offender relationship.

11. **Education/Enrollment:** All providers shall contact the school district, or equivalent educational program of origin, to begin the enrollment process upon accepting placement of the youth to prevent education discontinuity. Documentation of all contacts and steps taken with educational facilities to enroll the youth shall be maintained in the youth's file. Youth shall be enrolled in a new school if it is not in their best interest to stay in the school of origin. Providers shall ensure routine communications between the staff and any educational program in which a youth is placed and shall participate in the development of an Individual Education Plan (IEP) for youth.

12. **No Eject/No Reject:** No Eject/No Reject applies to all levels of service except for Therapeutic Foster Care. Specifications to this standard can be found in Appendix 5.
    - No Eject – Placement cannot remove a youth from their facility without justification as to what disruptive behaviors the youth is displaying or if the youth will be leaving to an inpatient treatment facility.
    - No Reject – Placement cannot deny a referral without justification as to why the youth should not reside there due to capacity or the safety and security of staff and/or residents.

13. **Length of Stay:** Youth are limited to a maximum stay of a 180 days. The Community Supervision Officer must submit a Placement CAP Exception, at 150 days, to KDOC.

14. **Cognitive Behavioral Interventions (CBI):** All providers are mandated by the Secretary of Corrections to utilize a Cognitive Behavioral Curriculum.

15. **Searches:** Pat-downs/searches should must follow the providers specific (DCF pre-approved) policy and procedure, incorporating specific guidelines for determining that a search is necessary. Pat downs/searches shall only be conducted 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 youth.

16. **Populations Served:** Youth adjudicated as juvenile offenders by Kansas courts, ages 10 to 23, who:
    - According to K.S.A. 38-2361, were placed in the custody of the Secretary of Corrections for out of home placement;
    - According to K.S.A. 38-2361, were placed in the custody of the Secretary of Corrections for commitment to a Juvenile Correctional Facility and have a period of conditional release ordered by the Court;
    - According to K.S.A. 38-2369(e), meet eligibility of the Chronic, Serious II and Serious III offender categories;
    - According to K.S.A. 38-2361(a)(13), meet the requirements for placement in a YRF; and
    - According to K.S.A. 38-3-2361(k), meet the requirements for placement.
    - At no time shall out of state or federal custodial youth be housed within the facility/home.

    These youth will be among the highest-risk and highest-need youth in the Kansas juvenile justice system. The youth may originate from anywhere in the state of Kansas and providers shall serve all regions within the state. These youth often display the following behaviors and needs:

    - Significant history of committing delinquent acts and propensity to reoffend in the future;
    - Multiple behavioral diagnoses;
    - History of trauma and exposure to violence;
    - History of significant substance abuse and substance use;
    - History of running away from home, foster care, and/or residential placements (often engaging in high risk behaviors while on run);
    - History of poor school performance;
    - History of conflict with caregivers;
    - Lower levels of job readiness and independent living skills;
    - Impulsivity;

- Reactive and/or instrumental aggression.

17. **Population Separation:** Children in Need of Care (CINC) and Juvenile Offenders (JO) shall only be housed at the same home/facility if staff can observe youth at all times. This includes all programming, treatment, recreation, dining/meals and lodging. There are three exceptions to the sight and sound requirement:
    - Educational programing (school)
    - Transportation to and from appointments; these must be supervised by staff at all times.
    - The following levels of services are not included: Emergency Shelters, Residential Maternity Centers, and Therapeutic Foster Care

18. **Normalcy and the Reasonable and Prudent Parent Standard:** As a caregiver providers have the responsibility of making decisions that will provide opportunities for youth in care to participate normal childhood activities. Encouraging participation in normal youth activities should be an ongoing conversation between the youth, parent/guardian, CSO, etc.
    - Facts to consider:
        - Youth's likes and dislikes
        - Social preferences
        - Personality
        - Other factors
            - Probation requirements
            - Past traumatic experiences
            - Age
            - Maturity
            - Best interest

    To feel more confident in taking on this responsibility providers shall attend training on topics such as child development and understanding the impact trauma can have on development, emotions and behavior of children and youth in care.

    Providers can also communicate with the youth's CSO when the decision may be unclear or there are concerns, and consider the policies and practice of both agencies when applying the Reasonable and Prudent Parent Standard.

19. **Staffing Changes:** Each provider must notify KDOC within one (1) business day of any change in Program Administrator or Success Coordinator. This shall include extended leave and alternate staff covering the Success Coordinators case load. Upon a change in program personnel, the new personnel must meet the requirements set forth in the Provider Handbook. Written verification of this must be submitted to KDOC showing the requirements are met.

20. **Training:** Providers shall attend all applicable training sponsored by KDOC. Provider representation will be specified by the KDOC.

21. **Forms:** When required by the Secretary of Corrections the provider shall use KDOC approved forms. A list of forms can be found in Appendix 6.
22. **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.

23. **Contracting with the KDOC:** Provider contracts cannot be made to purchase services from the KDOC, Community Supervision Agencies or their employees.

24. **Independent Contractors:** The provider understands that they are considered an independent contractor and shall comply with the following:
    - 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. 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.
    - 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.
    - 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.
    - Overhead costs (i.e. meals, clothing, transportation, etc.) are the responsibility of the provider and not the KDOC or the Community Supervision Officer.
    - You are responsible for your training.
    - 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.
    - You stand to realize a profit or suffer a loss as a result of the service being rendered.
    - 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.

25. **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. 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.

Chapter Three: Reimbursement for Absentee Days

Youth shall be considered present at the placement for an entire day if the youth is at the placement at 11:59 pm. The provider 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 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 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 inpatient treatment in a hospital, acute inpatient treatment, 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. The Community Supervision Officer must approve the type, frequency, duration and location of all visits prior to the youth leaving.

4. **Detention Days:** If a youth is absent from placement and placed in a Juvenile Detention Center (JDC), Adult Detention Center or jail/lockup; this will be considered the day of discharge from the placement. This includes a youth placed in a JDC for sanction by a Judge.
    - Any youth discharged from the program to a JDC will need to be re-admitted to the program and will be considered a new admission.

Chapter Four: 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 youth and establishes positive patterns of behavior in preparation for adulthood. The KDOC-JS requires contracted providers to utilize positive discipline for youth.

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-JS views positive discipline as any action administered in a fashion that does not 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 KDOC-JS THAT WE DO NOT CONTRACT OR CONTINUE TO CONTRACT WITH PROVIDERS WHO USE DISCIPLINE WHICH IS NOT POSITIVE, NOR WILL SUCH DISCIPLINARY ACTS BE TOLERATED WHEN PRACTICED BY KDOC-JS EMPLOYEES REGARDING YOUTH IN ITS CUSTODY.

Chapter Five: Program Requirements for All Providers

1. Behavior Management and Prohibited Punishments

Providers are expected to fully comply with K.A.R. 28-4-815. Discipline means positive methods of behavior management, including instruction, redirection and de-escalation techniques.

Providers shall have a written system 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 program but also to daily life within society. Providers shall ensure that positive methods used for behavior management are fitting to the age and developmental level of the youth and encourage cooperation, self-direction and independence.

The behavior management system should include a description of daily general routines of the program. The system of rules, incentives (positive reinforcement/rewards) and responses (interventions/consequences) for given behaviors should be identified. Each youth shall be oriented to the behavior management and application of resetting and emergency safety intervention (ESI) 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.

Providers 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 incentives to teach youth the behaviors and attitudes that are desired, and responses (interventions/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. Providers shall adhere to all requirements set forth in Appendix 4: Resident's Rights (page 111)

Prohibited punishments include, but are not limited to:

- Physical discipline, including hitting with the hand or any object, yanking arms or pulling hair, excessive exercise, exposure to extreme temperatures
- Punishment that is humiliating, frightening or physically harmful
- Restricting movement by tying or binding
- Confining in a closet, box, or locked area
- Withholding food, rest or toilet use

- Mental and emotional cruelty, including verbal abuse, derogatory statements about a youth in care of the youth's family or threats to expel the youth from the home
- Placing soap, or any other substance that stings, burns or has a bitter taste, in the youth's mouth or on the tongue or any other part of the youth's body
- Refusing the youth access to the family foster home
- Physical restraints

2. Resetting

Resetting is a procedure used to assist the individual to regain emotional control by removing the individual from their immediate environment and restricting the individual to a quiet area or unlocked quiet room. Resetting shall be used in conjunction with a cognitive behavioral intervention (CBI) and not as a CBI.

Application of a reset:

- A youth in rest shall never be physically prevented from leaving the rest area
- Resets may take place away from the area of activity or away from other youth
- Staff shall monitor the youth while the youth is in resetting

3. De-Escalation Training

De-escalation is a technique used during a potential crisis to prevent a youth from causing harm to themselves, others and/or staff. De-escalation techniques shall be utilized for any activity required to diffuse a conflict or intense situation to ensure safety and calm the youth. Staff shall be trained in authorized, evidenced based de-escalation techniques programs for managing aggressive behavior by KDOC-JS. At the time of admission to a facility, the youth and parent (if applicable)/guardian shall be oriented to the managing aggressive behaviors policies of the facility and shall sign a written acknowledgment. This written acknowledgment shall be kept in the youth's case file.

4. Emergency Safety Intervention Certification

An Emergency Safety Intervention must be performed in a manner that is safe, proportionate and applicable 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 through the use of nationally recognized restraint procedures applicable to the population designed to prevent a youth from harming themselves or others by exerting external control over physical movement.

An emergency safety intervention is the application of physical force without any chemical or 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.**

- Mechanical restraint is the use of mechanical devices to restrict the free movement of the youth's body, most often for purposes of preventing self-destructive behavior. **Mechanical restraints are not allowed in KDOC residential facilities and homes.**

- A chemical restraint is a drug, usually a sedative or antipsychotic, administered to control a patient's violent behavior that could harm medical staff or themselves. **Chemical restraints are not allowed in KDOC residential facilities and homes.**

Each provider shall have a written policy and all staff shall be trained to provide safe emergency safety interventions. Staff shall be certified in authorized, evidence based training program for managing aggressive behavior and de-escalation techniques. At the time of admission to a facility, the youth and parent/guardian (if applicable) and/or CSO shall be oriented to the ESI policy of the facility and shall sign a written acknowledgement of this orientation. This written acknowledgment shall be kept in the youth's file.

5. Report Writing

Providers shall complete all reports by using recorded facts, specific behaviors and from concreate observations and through case notes and assessments. The report shall document information in a clear and concise fashion using nouns and verbs to describe the youth and the youth's behavior while avoiding subjective language by eliminating the use of "hot words" and child welfare buzzwords. The use of subjective buzzwords may have a negative consequence on the youth.

- Example:
  Subjective statement: "Steve Frank was hostile and resisted the curfew set by placement."
  Intervening question: "What did Mr. Frank do to create that impression?"
  Objective description: "Mr. Frank responded with a loud, frustrated tone when the Success Coordinator raised the possibility of changing his curfew from 10 pm to 8 pm."
  Document: When mentioning the possibility of changing Steve's curfew, Mr. Frank responded with a loud, frustrated tone.

- Buzzwords and phrases commonly used in case documentation that are frequently used in a subjective manner.

Abusive	Drug user	Prostitution history
Addict	Explosive	Resistant
Aggressive	Frequent flier (runaway)	Respectful
Angry	Good	Self-sufficient
Appropriate	Hostile	Sexually exploited
Crazy	Isolated	Substance abuse history
Criminal history	Mental health history	Threatening
Defiant	Neglect	Trouble maker
Destructive	Noncompliant	Uncooperative
Delinquent	Nonresponsive	Uneducated
Disrespectful	Not engaged	Unstable
Emotionally disturbed	Promiscuous	Violent

6. Suicide/Self-Harm Assessment

Immediately upon arrival, the provider shall assess youth for suicidal ideations and/or self-injurious behaviors. The youth must not be left without staff supervision until this assessment can be completed. The assessment must be maintained in the youth's file. Upon identification of suicidal ideations and/or self-injurious behaviors, the provider shall immediately make referral(s) for suitable services and notify the youth's CSO.

7. Initial Assessment

Provider shall begin compiling information on the youth's strengths and needs upon youth's arrival. The provider shall administer a thorough initial assessment of youth's strengths and needs within seven (7) calendar days and shall include input from the youth, parent/guardian/family (when appropriate), and community supervision officer (CSO). Needed services shall be documented on the initial assessment.

The assessment shall include but not be limited to the following areas:

- Youth's information
- Suicide/Self-Harm
- Youth's profile
- Physical and mental health
- Medications
- Insurance, eligibility and waiver services
- Youth's relationships
- Education
- Employment
- Community based life and independent living
- Interpersonal skills
- Need services
    a. Anger management
    b. Behavioral health
    c. Cognitive behavioral
    d. Communication skills
    e. Education activities
    f. Employment support
    g. Family relationships
    h. Health
    i. Home management
    j. Independent Living Skill
    k. Individual/group therapy
    l. Medical treatment
    m. Peer relationships
    n. Personal hygiene
    o. Pre/post-natal care
    p. Recreation
    q. Self-advocacy
    r. Social skills
    s. Substance use treatment
    t. Sex offender treatment
- Additional comments or needs not listed in other areas

8. Room Assignment

To support the daily management and administration of residents, each provider shall develop an objective procedure regarding the physical housing needs of youth. Youth placed in a residential setting

shall be assigned to a room/apartment based upon various factors, as identified by risk/needs assessment(s) in addition to other indicators. Factors to include (but are not limited to):

- Age and maturity level
- YLS/CMI score
- Suicidal tendencies
- Vulnerability to being victimized
- Aggressive/predatory factors
- Level of specialized needs
- Identity and comprehensive LGBTQ+
- Sex offender status
- Program needs

While each youth has an individualized case plan, assigning rooms/apartment based upon risk, need and responsivity factors will allow for safer, more secure environment, as well as efficient and effective management of living units. The room assignment shall be completed immediately upon admission. The placement decision shall be documented on the room assignment form. If there are any room/apartment changes an updated room assignment form must be completed and placed in the youths file.

9. Visitation and Family Engagement

The KDOC-JS believes that family engagement at all parts of the system is imperative for positive youth outcomes. Furthermore, research consistently supports family engagement as a protective factor that promotes behavior change and reduced recidivism for juvenile offenders. Family engagement should be the cornerstone of the approach, from regular visitation to engagement in the treatment process. For the well-being of the youth, if there are clinical or legal considerations that would impact family participation, all efforts to understand and overcome any barriers shall be explored. Providers shall facilitate meaningful family involvement in the Continuity of Care Plan development and care approach for the youth to be served.

Providers shall work with CSO's to remove barriers to visitation for youth and families, as well as have a written policy for visitation and phone calls, including schedules and other procedures related to visits and phone usage. The youth and parent/guardian shall be provided with visitation guidelines upon admission.

Providers shall provide private accommodations for visitation. Accommodations shall include but are not limited to:

- A private office/room
- No staff presence (unless required)
- Space free of any individuals that may overhear confidential information

Providers 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.

All visits shall be arranged and approved through the youth's community supervision officer. Any denial of contact by youth's parent/guardian must be documented and reported immediately to the youth's CSO. Written documentation of the CSO's approval/denial, of the visit, shall be maintained in the youth's file.

10. Approved Contact List

Providers shall ensure each youth has an approved contact list signed by the CSO. Providers shall ensure that the list is reviewed and updated with the youth's CSO signature, as needed.

Contact lists must include the following:

- Name of contact
- Relationship of the contact
- Contact information (phone number, address, etc.)
- Type of contact allowed (letter, phone, day passes, etc.)
- Updates and changes in contact type
- CSO signature & date

11. Pre/Post Interviews

Providers shall ensure pre and post interviews are completed for overnight visits amongst the youth, their parent/guardian, and program staff. The Provider shall complete written pre and post documentation of progress towards the goals and/or objectives identified in the CSO's Case Plan. Pre and post documentation shall be completed through a conversation with the staff and youth and staff and parent/guardian separately.

12. Monthly Report

The Success Coordinator shall complete a monthly report with input from the family foster home (if applicable), Success Coordinator, reintegration home and youth. The monthly report shall run from the 1st of the month to the last day of the month.

The Success Coordinator shall provide the monthly report to the CSO and KDOC-JS no later than the 7th day of the following month, for all youth who are in placement 7 nights or more.

Submissions will be accepted by email to KDOC-JS: KDOC_JS_Providers@ks.gov.

The report shall include facts about events which may affect the well-being of the youth—attendance at school/vocational training/GED; tutoring; employment; appointments; family engagement; court; CSO contact; services with collateral resources such as substance abuse counselors, mental health professionals, programming providers, etc.; behaviors displayed; responses (interventions) and incentives (positive reinforcement) with staff, peers and others—and other events such as medication compliance, recreation, community service, situational training on social skills, personal hygiene, health, sexual health counseling/care, independent living skills, etc.

The monthly progress report shall document the following:

- Youth demographics
- Placement demographics
- Youth's well-being, safety and environment
- Incident reports
- Interactions and family engagement
- Cognitive programming
- Medications
- Drug and alcohol treatment
- Sex offender treatment
- Therapy
- Medical appointments such as routine physicals, dental and vision
- Permanency advancement
- Youth's personal development
- Progress/lack of progress towards case plan goals and objectives
- Other area needing discusses
- The date the form was completed
- Who the report was completed by
- The date the report was sent to the CSO
- The method of communication (email or fax)

13. Continuity of Care

Providers shall begin, upon admission, a Continuity of Care Plan (i.e. discharge plan) that shall begin planning for reintegration of the youth back into their community and outline goals and objectives which will prepare the youth and family for reintegration. At a minimum the youth, the youth's parent(s)/guardian(s) and youth's CSO shall be involved in planning the discharge of the youth. If the permanency goal is not reintegration, the provider shall work with the youth and CSO to include other supportive individuals in the discharge planning process. The Discharge Plan and modifications shall be signed by the youth, noted in the youth's file, and sent to the youth's CSO and parent within two (2) business day of discharge.

The discharge plan shall include, but not limited to:

- General information about the youth and their time in placement
- Summary of the progress, or lack thereof, of the youth's case plan goals and objectives
- Summary of progress, or lack thereof, the youth's progress towards areas of need and behavioral concerns
- Services the youth is currently receiving
- Recommendations for continued services specifying the nature, frequency, duration of services and responsible parties.
- Upcoming appointments
- Current medications
- Personal development

- Date of report
- Signature of youth and date
- Signature of Success Coordinator and date
- Date provided to CSO and communication method

14. Definitions for successful versus unsuccessful discharge

- **Successful** – at the time of discharge, the youth has no pending offenses, no pending revocations, and is engaging with programming, treatment and requirements set forth in the CSO's case plan.
- **Unsuccessful** – at the time of discharge, the youth has pending offenses, pending revocation or has not engaged with programming, treatment and requirements set forth in the supervision plan.

15. Placement Transition

All providers are expected to work as a team with CSO's and KDOC to maintain placement stability for youth in care. When a disruption of foster placement is necessary, the family foster home is expected to provide adequate notice per policy and State Statue. When a youth exits placement to return home, move to a new placement or live independently the entirety of the youth's belongings and records shall accompany the youth. The provider shall assist with the transfer of the youth's medications, medical supplies and medical equipment. Provider's shall also communicate and share information about ordinary and special needs/care of the youth.

16. Personal Possessions

To attain and maintain a homelike and therapeutic environment, the KDOC-JS recognizes the value of allowing youth to keep personal items in their possession while in placement. Allowing personal possessions for youth is considered the norm, rather than the exception. Providers shall have a policy for oversight of the youth's personal possessions. This policy shall outline allowable possessions, as well as processes for denial of possessions, preservation of possessions, and relinquishment/disposal upon youth's release or removal from placement. At a minimum, these possessions must be preserved for thirty (30) days post discharge. Community Supervision Agencies are responsible for arranging for the return of youth's possessions. The Contractor may dispose of the youth's possessions on the thirty-first (31st) day post discharge.

17. Provider Placement Agreements

Upon admission, an initial placement agreement shall be completed for ninety (90) calendar days for all placements, excluding emergency shelters. All subsequent placement agreement extensions shall be completed for a period of sixty (60) days, excluding emergency shelters. Service extensions will be examined by the youth's supervision officer to ensure the youth is receiving the services needed to reintegrate into the community. All placement agreements shall be between the provider and the youth's referring agency. A copy of the Placement Agreement must be kept in the youth's file.

- **Exception – Emergency Shelter**

- All placement agreements shall be for thirty (30) days.
- Extensions may only be requested by the referring agency. Extension requests 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:
    - The 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;
    - 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;
    - The 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 youth to request an extension

18. Services

A. Communication Skills

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

B. Daily Living Services

Providers shall have a daily schedule that addresses the needs of the youth and the use of time to enhance the youth's physical, mental, emotional and social development.

- Academic activities, assistance with school work, vocational training and/or GED training, tutoring, etc.
    - This may include participating in the development of an Individualized Education Plan (IEP)/504 Plan for each youth
- Young adult equipment to promote physical development
- Young adult socialization utilizing community resources to assist the youth in transitioning back into their community
- Behavioral Health – Contractor shall describe how they will meet the behavioral health needs of youth at the YRF. Services may be provided on-site or through a contracted provider or community mental health center. Proposal shall include plan to address the following:
    - Outpatient Behavioral Health Services (Mental Health/Substance Use Devices)
    - Behavior/needs which cannot be addressed by the facility or through outpatient services
    - Continued services by the same provider to maintain continuity of service(s).
    - The Contractor shall not prohibit the youth's ability to request or receive services from any willing provider who are approved by the Managed Care Organization (MCO).

    - Additional information can be found in Appendix 2: Accessing Behavioral Health
- Child care
- Indoor and outdoor recreation
- School fees
- Physical fitness
- Room
- Situational Training, including:
    - Social skills
    - Personal hygiene
    - Health
    - Sexual health counseling/care
    - Independent living skills
- Transportation to appointments within a sixty (60) mile radius; including to and from school, medical care, recreation, etc.

Daily Living Services – **TLP ONLY**

Daily living services include services above plus the additional for TLP only.

- Access to laundry services (if laundry is done in the apartment, laundry fixtures shall be located in an area separate from food preparation areas)
- Apartment
    - Basic supplies (e.g., pots, pans, cooking and eating utensils, food storage containers and lids and cleaning supplies)
    - Bathroom furnishings (e.g., shower curtain, towels, and hygiene products)
    - Dining table and chairs
    - Living or sitting room furniture
    - Kitchen furnishings
        - Kitchen towels/linens
    - Refrigerator
    - Separate bead with a level mattress in good condition and adequate bedding
    - Stove
- Daily social contacts
- Direct experience with the consequences of daily actions and decisions
- Emergency transportation when routine transportation is not available
- 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
- Food in sufficient quantity to provide at least three (3) nutritionally balanced meals per day
- Landline telephone or cellular phone
- Life Skills

- Banking and financial decisions (LEAP/bank account, bank statements, check stubs, money managing)
- Emergency medical procedures
- Experience in shopping, food preparation, food storage and consumer skills
- Financial guidance to youth (e.g., budgeting, consumer skills)
- Leisure time
- Obtaining and using transportation to access needed resources
- Practice in money management and budgeting
- Practice living alone
- Rental agreements

- Utilities (e.g. water, trash, electricity, gas)

C. Daily Schedule

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 daily living skills.

D. Employment Support

Employment services shall be provided to youth who are not involved in education endeavors.

- Employment or job search efforts
- Community resources to obtain or sustain youth's employment

E. Food

Three Nutritious Meals (breakfast, lunch and dinner) and 3 Snacks served with milk (mid-morning, noontime/after school and evening).

F. Health

- Cleanliness
- Drugs
- Exercise
- Family planning
- Gaining information and education in health maintenance (including preventive measures
- Identifying and understanding youths' health needs
- Maintaining contact with providers of health services
    - Counseling

    - Emergency Health Care
    - Mental health
    - Preventative and routine care
    - Sex offender
    - Substance use
- Menstruation
- Motivation for meeting own health needs
- Nutrition
- Rest
- Securing and utilizing necessary medical treatment including preventive and health maintenance services
- Sexually transmitted diseases
- Using outside resources for assistance (clinics, pharmacies, hospitals)

G. Independent Living Skills
- Avoiding or dealing with debts
- Avoiding risks
- Basic cooking and paying taxes
- Basic meal planning
- Budgeting
- Comparative buying
- Identifying illegal or excessive interest rates
- Installment buying
- Use of credit
- Using checking and savings accounts
- Etc.

H. Home Management
- Making the bed
- Being aware of the needs for upkeep
- Changing linens
- Cleaning all areas of the home
- Cooking complete meals
- Disposing of trash
- Dusting
- First aid
- Handling emergencies
- Making simple repairs
- Operating of appliances
- Organizing belongings

- Using the vacuum cleaner
- Who to call when a major repair is needed

I. 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. This includes parenting classes for youth who are custodial and non-custodial parents.

J. Personal Hygiene

- Body cleanliness
- Use of deodorants
- Cosmetics
- Choosing clothing to fit individual and occasion
- Keeping clothes neat and clean

K. Recreation

- Arts and crafts
- Appreciating fine arts
- Developing outside activities, managing time
- Finding community projects to take part in
- Finding recreation with little or no expense involved
- Learning how to spend leisure time
- Participating in leisure time activities
- Participating in social groups
- Participating in sports and games
- Pro-social recreational activities

L. School/Work

Providers shall ensure routine communications between the staff and any educational program the youth is attending. This may include requesting and participating in the development of an Individual Education Plan (IEP) for each youth. Requests for requesting and additional testing will be decided in conjunction with the community supervision officer. The provider shall be responsible for the day to day activity. 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.

M. Self-Advocacy

- Analyzing facts and information
- Building on successes
- Critical analysis of situations
- Connecting personal goals with others' goals
- Dealing with setbacks and rejection

- Identifying allies and supporters
- Identifying self-strengths and needs
- Planning strategy
- Planning written and oral presentations
- Researching – how to find facts and relevant information
- Reviewing and adjusting goals and strategies
- Setting goals, short and long-term

N. Shelter

Providers shall meet licensing requirements in K.A.R. 28-4-277 and K.A.R. 28-4-278.
Shelter does not apply to the TLP level of service.

O. Situational Training

Provide the basic day to day counseling the youth needs in order to meet treatment goals. The provider 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 monthly report, 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 out of home place, 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 a care setting.

P. 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.

Q. Supervision

Supervision shall be provided by the provider, foster parent or other supportive caregiver during the foster parent's absence.

Supervision – **TLP ONLY**

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

R. Supporting parent/youth interactions

Providers shall ensure 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.

S. 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.

T. Transportation

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

U. 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
- Person who provided the service

19. Success Notebook

The provider shall help the youth establish a Success Notebook. This includes assembling, preparing, providing and helping the youth maintain the Success Notebook, comprised of youth's information. The success notebook shall include multiple sections; personal information, supervision requirements and contact information, insurance, medical history, oral health, vision health, school, emergency procedures, transitions, acronyms, etc. This also includes information listed below:

- Birth Certificate
- Social Security Card
- Medical Card
- Diagnosis
- Immunizations
- IEP/Transcripts
- Diploma/GED Certificate
- Pathways reports submitted to officer
- Court documents
- Supervision Plan
- Bus and bike routes

- Medical doctor's information (Community Mental Health Center (CMHC), therapist, dental clinics, addiction resources, etc.)
- Medication
- Family medical history
- Community resources
- Provider staff contact information
- DCF Independent Living Resources
- KYAK/RYAK
- Job Corps
- Gear Up
- Pre-Employment Transition Services (PRE-ETS)
- KANSASWORKS
- Human trafficking

20. Ready for Adulthood checklist

The provider shall create a checklist based on skills needed for adulthood. The checklist shall be used to help the young person think about what they know, need to learn and what they are interested in learning. The provider will use this list to engage the young person and help them learn these skills.

21. Health Records

Health care and records of you shall meet the requirements of K.A.R 28-4-275. Records of over the counter and prescribed medications shall be kept in each youth's case medical record and include:

- Name of prescribing physician
- Name of medication
- Dosage prescribed
- Medication schedule
- Purpose of medication
- Noted side effects
- Date of the prescription
- Date prescribed by the physician

A record of medication given, amount, date and time, and person dispensing shall be recorded. All doctor and dental visits, major illnesses, and accidents shall be recorded. Mental health appointments shall also be specifically documented in the youth's medical record. This provides for a complete health record for the youth and their family. Upon discharge, the youth's medical records shall be given to the youth's referring agency to accompany the youth.

22. Annual Staff Training Plan

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

23. Documentation of Training

Providers shall ensure documentation of training is available in the staff's file and made available upon request indicating:

- Staff training, reflecting orientation or annual training

- Name of trainer
- Name of training
- Number of training hours
- Date of training

24. Obtaining Training Hours

Providers may obtain training hours though 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)
- Webinar designed for training purposes, (i.e. facilitator and one (1) or more staff members)

25. Staff Orientation

Providers shall have an in-service orientation training program for new employees, which is directed toward the initial training needs of staff working directly with youth. Documentation of completion of orientation shall be kept in the staff members personnel file.

Providers shall ensure all new staff members complete a minimum of thirty two (32) hours of in-service orientation training. Staff shall demonstrate competency in the trainings from orientation before they can work independently with youth.

Facility Training

- Facility policy and procedures manual
- Facility emergency and evacuation procedures
- Facility discipline standards
- Youth record documentation policies and procedures
- Resident rights (Appendix 4)
- Confidentiality laws
- Report writing

Additional Required Trainings

- Blood borne pathogens
- Comprehensive LGBT+
- Cultural diversity
- De-escalation
- Emergency safety interventions
    - Management of aggressive or suicidal behavior
- Family focused training
- Gang involved youth
- First aid and CPR (certification)
- HIPPA Laws
- Human trafficking and exploitation
- Trauma based information care
- Mandated Reporting (provided by DCF)
- Medication administration
- Prison Rape Elimination Act (PREA), if applicable
- Suicide prevention, intervention and safety

26. Annual Staff Training

Providers shall ensure all direct care staff and success coordinators have a minimum of forty (40) documented 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:

- Attachment, attachment issues and disorders
- Adolescent development and sexuality
- Blood borne pathogens
- Cardiopulmonary resuscitation (CPR) certification
- 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
- Cognitive behavioral restructuring
- Communication skills with youth
- Constructive problem solving
- Cultural diversity
- De-escalation techniques
- Emergency safety interventions
- First aid certification
- Gang involved youth
- Gender responsive, If applicable
- Health, home safety
- Human trafficking
- Human sexuality
- Impact of childhood trauma, brain development
- Implicit bias
- LBGTQ+ Training
- Managing young adult behaviors
- Medication administration
- Mental Health/First Aid (when a youth is in crisis how does staff respond)
- Prison Rape Elimination Act (PREA), if applicable
- Post-Traumatic Stress Disorder (PTSD)
- Recent developments in adolescent sex offenders
- Roles and relationships between the agency, foster parent, parent(s)/guardian(s) and the youth
- Self-care
- Skill building with youth
- Separation issues, grief and loss
- Substance abuse disorders
- Substance use disorder patterns
- The use of reinforcement to change behavior
- Trauma informed care
- Young adult management and discipline techniques

Annual Staff Training – **FOSTER PARENTS ONLY**

Providers shall ensure all direct care staff and success coordinators have a minimum of thirty (30) documented 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.

27. Record Keeping

Providers shall meet the record keeping requirements of K.A.R. 28-4-272. If providers choose to use electronic filing, full access shall be given to KDOC employees when conducting site visits

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

- Youth's name
- Youth's date of birth
- Youth's social security number
- Contact information for the youth's referring agency
    - Name
    - Address
    - Emergency contact
    - Emergency phone number
- Placement Referral (form KDOC-0136)
- Suicide/Self-Harm Assessment (form KDOC-0137)
- Room Assignment (form KDOC-0145)
- Resident's Rights acknowledgement
- Emergency Safety Intervention Acknowledgement/De-Escalation Acknowledgement
- Provider Handbook/Rules Acknowledgement
- Personal Property Inventory.
- Approved Contact List (form KDOC-0139)
- Initial Assessment (form KDOC-0137)
- Medical consents, including surgical consent
    - Consent to Medical Care (DCF PPS 5123)
- Medical records, historical and current
    - Physical health
    - Mental health
    - Behavioral health
    - Dental
    - Vision
    - Documentation of diagnosis
    - Prescription medications and when administered
    - Non-prescription medications and when administered (MAR)
    - Immunizations
- Insurance card

- Authorization for Release of Confidential Information (DCF PPS 0100)
- Journal entry to remove youth from the home
- Copy of the Youthful Level of Service/Case Management Inventory (YLS/CMI), pages 1 and 2
- Copy of the youth's supervision plan
- Educational documents
    - Report cards, class schedule, etc.
    - HS Diploma copy
    - GED copy
- Monthly Reports
- Pre and Post Adult Interview (form KDOC-0140)
- Pre and Post Youth Interview (form KDOC-0141)
- Placement Agreement (form KDOC-0086)
- Continuity of Care (form KDOC-0144)
- Critical Incident Reports

28. 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.

29. Personnel Records

Provider shall keep a personnel file maintained for each employee. Personnel files shall be made available upon request and include the following:

- Written employment application, resume and reference checks
- Date of hire
- Position description
- Educational transcripts, HS diploma/GED, college, degree, etc.
- Copy of driver's license
- Disciplinary action records
- Out of state registry checks, when applicable (if a staff member has lived outside Kansas within the last 5 years)
- Tuberculosis (TB) Test
- Physical
- First Aid/CPR Certification

Chapter Six: Emergency Shelter

1. Program Description

An Emergency Shelter provides twenty-four (24) hour care that meets the requirements of K.A.R. 28-4-123-132 and K.A.R. 28-4-268-280. Emergency Shelters are licensed by Department for Children (DCF) and Families Licensing as a Group Boarding Home or Residential Center. The facility shall offer twenty-four (24) hour care.

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 range of services delivered by the Emergency Shelter shall be documented in the facilities program description. The general program description approved by DCF Prevention and Protection Services for each residential facility shall include but not be limited to the:

- Goals of the program
- Behavior management system
- Job descriptions including responsibilities, functions, and qualifications
- Policies
- Procedures
- Daily living activities
- Health services
- Recreation activities
- Visitation policies

Youth shall not be placed in an emergency shelter for more than 30 days unless an extension is approved for a circumstance as indicated below:

- Extensions may only be requested by the referring agency
- Extension requests and decisions for youth in KDOC custody are managed by KDOC
- Extensions to the 30-day emergency shelter stay will only be considered in the following circumstances:
    1. The 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;
    2. 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;
    3. The youth is awaiting an identified placement, which will be available within 45 days of admission to the Emergency Shelter; or
    4. A circumstance of substantially the same nature as above and the referring agency feels it is in the best interest of the youth to request an extension

2. Facility Requirements

- Emergency Shelters 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 provider shall maintain clean and sanitary living conditions
- All staff members shall adhere to all requirements set forth in Appendix 3: Critical Incident Reporting.

3. Description of Youth to be Served

Emergency Shelters are unique in their ability to accept youth who present a wide range needs. Emergency shelters shall serve all youth from the state agencies with whom they have agreements. Placements of youth shall only be denied in the most extreme circumstances, when the youth's safety or the safety of other youth can in the shelter cannot be assured.

Population served:

- Ages 10 thru their 19th birthday
    - Youth must be between 10 thru 17 when admitted

4. Staffing Requirements

- Staff shall not be a person restricted from working with youth as defined by K.S.A. 65-516
- The facility shall be staffed to meet the needs of all youth in care.
    - Staffing ratio minimum of 1:7 during waking hours and 1:10 during sleeping hours
    - To insure youth safety of all youth, 24-hour awake care staff
    - A higher staff ratio shall be maintained if youth and/or behaviors become hard to manage at the listed ratios
    - When yout are at an incresed risk of leaving the faciclity without permission or sexual misconduct, staff shall conduct a minimum of four (4) sight checks on youth every hour
- Staff shall adhere to all requirements set forth in Appendix 5: Mandated Reporters
- 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
    - Staff shall have a high school diploma or equivalent
    - Trained to effectively meet the unique needs to youth who require this level of care
    - Practice accepted methods of care
- The provider shall ensure each staff member meet the qualifications and responsibilities as set forth in this document.
    - Written position descriptions shall be developed for all staff
    - Descriptions and staff files must be maintained on site where personnel functions are carried out

4.1 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

- Prior administrative experience
- Working knowledge of child development principles
- Knowledge and understanding in cognitive behavioral tools
- Knowledge and understanding of effective behavioral management systems
- Understanding of evidenced based practices for working with juvenile offenders
- Knowledge of and prior experience complying with DCF regulations and statues
- Educational transcript(s) are required to be on file with KDOC

4.2 Success Coordinator

- Not applicable

4.3 Foster Parent

- Not applicable

5. Criteria for Admission

Youth placed an Emergency Shelter need safety and a short term placement until a more appropriate stable placement can be found.

5.1 Admission Skills Required

- Not applicable

5.2 Referral Process

- The Emergency Shelter shall have the following:
    - Written policy, procedure and practice for responding to referrals
- Emergency Shelters shall respond to referrals within two (2) business days of their receipt
- Emergency Shelters shall follow Appendix 5: No Eject/No Reject

Chapter Seven: Residential Maternity Care

1. Program 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. RMC It is non-secure residential service 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 postnatal care. RMC's providing care for pregnant youth must meet the requirements of K.A.R. 28-4-279. RMC's proving care for post-partum youth and infants shall meet the requirements of K.A.R. 28-4-280.

The range of services delivered by the RMC facility shall meet a variety of individual needs of the youth and shall be clearly defined in the youth's paperwork.

The program shall include, but not be limited to:

- Goals of the program
- Behavior management system
- Policies
- Procedures
- Daily living activities
- Health services, including pre and post-natal care
- Parenting education
- Recreation activities
- Visitation policies

2. Facility Requirements

- 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

3. Description of Youth to be Served

Residential Maternity Centers are uniquely equipped to accept youth who are 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
- Youth must not be a recipient of Temporary Assistance to Needy Families (TANF)
- Youth should currently not be suicidal, homicidal or requiring detoxification services that necessitate hospitalization.

- 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.
- You may step down to a RMC from a PRTF after the screen and treatment team have determined the youth no longer needs the level of care provided by a PRTF.

4. Staffing Requirements

- Staff shall not be a person restricted from working with youth as defined by K.S.A. 65-516.
- The facility shall be staffed to meet the needs of all youth in care.
    - Staffing ratio minimum of 1:7 during waking hours and 1:10 during sleeping hours
    - To insure youth safety of all youth, 24-hour awake care staff
- Staff shall adhere to all requirements set forth in Appendix 5: Mandated Reporters
- 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
    - Staff shall have a high school diploma or equivalent
    - Trained to effectively meet the unique needs to youth who require this level of care
    - Practice accepted methods of care
- The provider shall ensure each staff member meet the qualifications and responsibilities as set forth in this document.
    - Written position descriptions shall be developed for all staff
    - Descriptions and staff files must be maintained on site where personnel functions are carried out

4.1 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
- Prior administrative experience
- Working knowledge of child development principles
- Knowledge and understanding in cognitive behavioral tools
- Knowledge and understanding of effective behavioral management systems
- Understanding of evidenced based practices for working with juvenile offenders
- Knowledge of and prior experience complying with DCF regulations and statues
- Educational transcript(s) are required to be on file with KDOC

4.2 Success Coordinator

The Success Coordinator shall:

- 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.

- Duties must be 100% of the job function and cannot be combined with other duties or positions required by DCF regulations or other administrative duties.
- To ensure youth have access to Success Coordinators, 30% of the work week must be outside of Monday to Friday 8 am – 3 pm.
- Responsible for the case coordination
    - Review of the youth's risks and needs
    - Development and review of youth's monthly report
    - Maintain a resource base of services to address the needs identified in the youth's case plan (supervision plan)
- Knowledge and understanding in cognitive behavioral tools
- Knowledge and understanding of effective behavioral management systems
- Understanding of evidenced based practices for working with juvenile offenders
- Educational transcript(s) are required to be on file with KDOC

4.3 Foster Parent

- Not applicable

5. 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.

5.1 Admission Skills Required

- Not applicable

5.2 Referral Process

RMC shall have the following:

- Written policy, procedure and practice require the provider to respond to referral
- RMC shall respond to referrals within two (2) business days of their receipt
- RMC shall follow Appendix 5: No Eject/No Reject

Chapter Eight: Therapeutic Family Foster Home

1: Program Description *(DCF: Intensive 1 or 2)*

A Therapeutic Family Foster Home (FFH) is a family home providing 24-hour care to youth who meet their safety and well-being. The home shall comply with Department for Children and Families (DCF) licensure requirements and must be sponsored by a KDOC contracted and DCF licensed Child Placing Agency (CPA).

Therapeutic family foster homes consist of a high degree of structure, in a family setting, to support the youth and allow the youth to function in a setting outside of an inpatient hospital or prevent inpatient placement. The FFH's purpose is to improve the mental health, emotional and social adjustment of youth.

- 24 hour supervision to ensure the youth's safety and sense of security, including constant monitoring during waking hours by and employee trained on the youth's therapeutic interventions and able to provide immediate response.
- Participation in individual and/or group therapy sessions. Therapy must address trauma and the behaviors resulting in need for therapeutic foster care. These may include but are not limited to:
    - Eye Movement Desensitization
    - Reprocessing Therapy
    - Applied Behavior Analysis (certified)
    - Treatment for anorexia, bulimia, eating disorders
    - Etc.
- Approaching a shared parenting connection and contact in a manner that is deemed in the best interest of the youth, with family members and other significant to the youth to maintain a sense of identity and culture
- Services to help young adults learn and improve skills and functioning in daily living
- Medical intervention and/or therapy that is structured daily, and professionally designed and supervised to help the youth attain functioning more fitting to the youth's chronological and developmental age and to address the behaviors resulting in the need for this level of care.
- Consistent and constant direction, intervention, and structured support to help the youth attain stabilization and connect with the youth's environment.
- Professionally directed, designed, and monitored interventions for youth with intellectual or developmental disabilities, to enhance mobility, communication, sensory, motor, cognitive development, behavioral and self-help skills.

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 for foster parents to work with more difficult youth. Nor is it solely the addition of therapeutic resources external to the treatment foster home.

2. Facility Requirements

- FFH 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 Child Placing Agency or 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 copies of such agreements.
- The provider must agree that no more than two (2) youth will be cared for at any one time in each therapeutic foster home.
    - Exceptions can be granted for 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 youth 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.
    - 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 home shall adhere to all requirements set forth in Appendix 3: Critical Incident Reporting

3. 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.

Youth in TFC require a high degree of supervision and intensive service. The youth may have received treatment in psychiatric institutions or higher levels of residential treatment. Youth may be dually diagnosed youth who require a combination of support services and therapy to regain control of their physical actions.

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.

- Youth may exhibit established patterns of behavior or conduct which are:
    - Abusive
    - Aggressive
    - Antisocial
    - Defiant
    - Detached
    - Impersonal
    - Impulsive
    - Oppositional tendencies
    - Rebellious
    - Self-defeating
    - Self-abusive
    - Withdrawal
- Youth may exhibit significant interpersonal relationship problems associated with such symptoms as:
    - Asperger's
    - Autistic patterns
    - Attention Deficit Hyperactivity Disorder (ADHD)
    - Peculiar behaviors resulting in rejection by peers
- Youth may have problems with:
    - A disregard for other's rights
    - Communication skills
    - Delayed gratification
    - Destruction of property
    - Emotional immaturity
    - Running away
    - Sexual acting out with past sexual abuse
    - Social immaturity
    - Substance use disorders
    - Self-help
- 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).
- Youth may exhibit severe interpersonal relationship difficulties, especially with peers. However, youth should be able to demonstrate some positive response to adults and authority.
- Peculiar behaviors which are 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, youth may need external controls placed upon them.
- Youth may be placed on psychotropic medication to facilitate control of impulses, emotions, attention capacities or activity levels.
- Youth not in immediate danger to harm themselves.
- 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.

4. Staffing Requirements

Foster parents shall meet the qualifications and responsibilities as set forth in this document, DCF and the sponsoring Child Placing Agency.

- Staff shall not be a person restricted from working with youth as defined by K.S.A. 65-516.
- Provider 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.
- Staff shall adhere to all requirements set forth in Appendix 5: Mandated Reporters

4.1 Administrator

- Not applicable.

4.2 Success Coordinator

- Not applicable.

4.3 Foster Parent

- Foster parents shall not be a person restricted from working with youth as defined by K.S.A. 65-516.
- Foster parents 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.
- Foster parents shall provide evidence of child care experience.
- Foster parents shall provide knowledge of care methods which will enable youth to develop to their potential.
- Foster parents shall adhere to all requirements set forth in Appendix 5: Mandated Reporters.

5. Criteria for Admission

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

5.1 Admission Skills Required

- No applicable

5.2 Referral Process

- Therapeutic foster care shall have the following:
    - Written policy, procedure and practice for responding to referrals
- Emergency Shelters shall respond to referrals within two (2) business days of their receipt
- Upon acceptance for placement, a face-to-face intake shall be conducted with the youth within three (3) business days.
    - A face-to-face intake will provide the opportunity to review the youth's specific placement needs and answer the youth's questions about placement and the program.
    - The reunification home shall be invited to participate unless prohibited by court order.
    - The face-to-face intake shall be conducted by the Success Coordinator

Chapter Nine: Transitional Living Program

1. Program Description

Transitional Living is designed for youth who are ready to enter a phase of care that will lead them to living independently. Transitional living affords youth an opportunity to practice basic independent living skills in a variety of settings with decreasing degrees of supervision.

The youth's case planning team, which shall include the youth, is required to determine the youth's readiness to enter the program by a review of the youth's current life skills proficiency. 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 living independently.

- Youth reside in apartments within one building, complex or single family home. Each youth must have their own bedroom to insure adequate privacy, safety and security
- Providers shall 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 will be designed to work in collaboration with other community-based providers to develop a strong foundation of service and support access.
- The provider shall provide assistance to ensure that youth obtain the basic necessities of daily life
- The provider shall offer or arrange for strength-based interventions to address crisis and or daily living situations
- The provider shall facilitate development of support systems to increase the youth's interdependency within the community in which they reside
- All services accessed shall be specific to the age, gender, sexual orientation, cultural heritage, developmental and functional level, as well as the learning ability of each youth

2. Facility 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.
- 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.

3. Description of Youth to be Served

All youth in transitional living placements must:

- Have a permanency plan goal of Another Planned Permanent Living Arrangement (APPLA)
- Be 16 years of age
- Working towards full or part-time employment
- Working towards a high school diploma or equivalent (if not already obtained)
- Volunteering in the community on a regular basis
- Demonstrated a basic knowledge of life skills
- Maintain a savings account, held in a trust by the TLP. Youth shall make deposits in their account each paycheck. The youth's team (youth, CSO and in coordination with the facility staff) will determine the amount of monies to be deposited. Monies in the savings trust will be available to the youth upon discharge from the TLP
    - TLP staff shall keep financial records for all money deposited and debited from the youth's account.
- Youth must not be currently suicidal, homicidal or requiring detoxification services that

necessitate hospitalization.

4. Staffing Requirements

- Staff shall 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.
    - Staff shall not be a person restricted from working with youth as defined by K.S.A. 65-516.
    - 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.
    - Staff shall adhere to all requirements set forth in Appendix 5: Mandated Reporters
- The TLP 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 each youth providing supervision with guidance based on a youth's maturity, acquired skills, and emotional status.
    - The supervisory schedule shall be designed so staff may observe that the youth is practicing healthy and responsible life skills and will be developed in collaboration with a youth's CSO.
    - Collaboration will determine the frequency and type of supervision and support provided to the youth based on the needs and behaviors of youth.

4.1 Administrator

The administrator shall have:

- Prior administrative experience
- 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
    - Educational transcript(s) are required and must be on file with KDOC
- Knowledge in juvenile offender evidence based practices, cognitive behavioral tools and effective behavioral management systems
- 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
- Understanding of KDOC Provider Standards

4.2 Success Coordinator

The Success Coordinator 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) and a working knowledge of adolescent development principles.
    - Educational transcript(s) are required and must be on file with KDOC
- Knowledge in juvenile offender evidence based practices, cognitive behavioral tools and effective behavioral management systems
- Understanding of KDOC Provider Standards

The Success Coordinator shall be responsible for:

- 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
- Ratio of working with youth, 1:10
    - Duties must be 100% of job function and cannot be combined with other positions or administrative duties

5. 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.

5.1. 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
    - Food storage
    - Food preparation
    - Basic nutrition
    - Grocery shopping
- Washing and drying laundry
- Maintaining a living space

5.2 Referral Process

- The TLP shall have the following:
    - Written policy, procedure and practice for responding to referrals
- TLP shall respond to referrals within two (2) business days of their receipt
- TLP shall follow Appendix 5: No Eject/No Reject

Appendix 1: Mandated Reporters, Reporting Abuse and Neglect

All foster parents and provider staff are mandated reporters. Mandated reporters shall report all witnessed or suspected abuse/neglect to the Kansas Protection Report Center (KPRC) at 1-800-922-5330 or the local Law Enforcement Agency. To request mandated reporting please visit: http://www.dcf.ks.gov/services/MRT/Pages/default.aspx.

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 and are passed on to the resident's community supervision officer and DCF. 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.

Once a report has been submitted a Critical Incident Report must be completed and submitted to KDOC, see Appendix 2.

Abuse is any act or failure to act which results in death, physical harm, emotional harm, or which presents a likelihood of harm to a person under age 18. The broad definition of abuse includes physical abuse, emotional abuse, and sexual abuse. Neglect is any act or omission resulting in harm to a child/youth or which presents a likelihood of harm. Neglect includes failure to provide food, clothing, shelter, safety, adequate levels of adequate supervision, medical treatment, or education.

Physical Abuse: Infliction of physical harm or the causation of a child's deterioration, and may include, but shall not be limited to, maltreatment or exploiting a child to the extent the child's health is endangered. K.S.A. 38-2202

Sexual Abuse: Any contact or interaction with a child in which the child is being used for the sexual stimulation of the perpetrator, the child, or another person. Sexual abuse shall include, but is not limited to, allowing, permitting, or encouraging a child to:

A. Be photographed, filmed, or depicted in obscene or pornographic material; or

B. Be subjected to aggravated human trafficking, as defined in K.S.A. 2014 Supp. 21- 5426(b), and amendments thereto, if committed in whole or in part for the purpose of the sexual gratification of the offender or another, or be subjected to an act which would constitute conduct proscribed by article 55 of chapter 21 of the Kansas Statutes Annotated or K.S.A. 2015 Supp. 21-6419 or 21-6422, and amendments thereto. K.S.A. 38-2202.
    - Contact solely between children shall meet the criteria only if the contact also involves force, intimidation, difference in maturity or coercion. K.A.R. 30-46-10 (i)

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 well-being 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
- Corrupting a child, by teaching or rewarding the child for unlawful, antisocial, or sexually mature behavior. KES.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

Medical 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 the following but shall not be limited to: failure to use resources available to treat a diagnosed medical condition if such treatment will make a child substantially more comfortable, reduce pain and suffering, or correct or substantially diminish a crippling condition from worsening. A parent legitimately practicing religious beliefs who does not provide specified medical treatment for a child because of religious beliefs shall not for that reason be considered a negligent parent. K.S.A. 38-2202

Lack of Supervision: 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 the following but shall not be limited to: failure to provide adequate supervision of a child or to remove a child from a situation which requires judgment or actions beyond the child's level of maturity, physical condition or mental abilities and that results in bodily injury or a likelihood of harm to the child. K.S.A. 38-2202

Educational 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. (K.S.A. 38-2202) This term may include the following, failure of the parent or caregiver to provide education as required by law.

Neglect of a Substance Affected Infant: 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. K.S.A. 38-2202. This term may include the following but shall not be limited to: failure of a parent,

guardian, or person responsible for the care of a substance affected infant to use resources available to meet the needs of such infant (health and substance use disorder treatment, etc.). A substance affected infant is defined by K.A.R. 30-46-10 as the birth of an infant (birth to 1 year of age) who is identified as being affected by or having withdrawal symptoms resulting from prenatal exposure to a legal or illegal substance.

Appendix 2: Critical Incident and Non-Critical Incident Reporting

Cognitive Behavioral Interventions (CBI) – CBI must be used with every critical and non-critical incident unless the youth with AWOL and does not return, detained and does not return or admitted into the hospital, acute care or PRTF. Comments must note in detail, the outcome of the CBI. If there is written documentation to a CBI, skill card, worksheet, etc. it must be included with the NCIR/CIR. Cognitive Behavioral Interventions should highlight how negative thoughts and actions can lead to negative feelings and actions.

Critical Incident: an occurrence that requires the provider to make a response that is not a part of the 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.

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

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

- **Abuse**: Any act or failure to act which results in death, physical harm, or presents imminent risk of harm to a juvenile.
- **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.
- **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.
- **First Responder contact**: Any contact with someone designated or trained to respond to an emergency. I.E. law enforcement (LEO), fire and medical, emergency medical services (EMS), emergency room, etc.
- **Homicide**: The killing of one person by another.
- **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.
- **Other**: Incidents in this category would include any incident not reported in another category **and** have the potential for significant media coverage.
- **Other death**: Accidental death or death from natural causes of 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.

- **Serious Infections Disease**: Infectious diseases that are caused by pathogenic microorganisms, such as bacteria, viruses, parasites or fungi; the diseases can be spread, directly or indirectly, from one person to another. Diseases such as, but not limited to AIDS, Chlamydia, E. coli, Gonorrhea, Hepatitis A/B/C, HIV, Influenza, Lyme Disease, Measles, Mumps, Syphilis, Tetanus, Tuberculosis, Varicella. This only needs to be reported if there is/are confirmed case(s) with staff or youth.
- **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:
    - Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
    - Contact between the mouth and the penis, vulva or anus;
    - Penetration of the anal or genital opening of another person, however slight, by the hand, finger, object, or other instrument; and
    - 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, Contractor or Volunteer**: 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 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.
- **Sexual Harassment**:
    1. Repeated and unwelcome sexual advances, requests for sexual favors or verbal comments, gestures or actions of a derogatory or offensive 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. Sexual Harassment is reported annually to the Bureau of Justice Statistics for the survey of Sexual Violence

- **Suicide**: Intentionally killing oneself.

Non-Critical Incidents: A non-critical incident is an incident that occurs during normal day to day operations and requires a response (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/guardian, when appropriate, within twenty-four (24) hours of the incident.

Appendix 3: Accessing Behavioral Health Services

Providers are responsible for scheduling, reviewing and referring each youth's mental health, behavioral health and substance use disorder screenings and treatment. If the youth is receiving mental, behavioral or substance abuse services at the time of admission, the youth should continue services by the same provider to maintain continuity of service.

If the assessment indicated the need for outpatient treatment services, the youth shall receive the recommended services through an enrolled Medicaid provider through KanCare.

If an assessment determines the youth may need inpatient treatment services, the youth shall receive a Psychiatric Residential Treatment Facility screening, a referral shall be made to the MCO assigned to the youth.

Providers may employ, contract or otherwise partner with an enrolled Medicaid provider through KanCare to provide Outpatient Mental Health, Behavioral Health or Substance Use Disorder 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 enrolled Medicaid providers through KanCare.

- **Medicaid Expectations:** For those clients who are not Medicaid eligible then services may be purchased from other providers who meet the KDOC qualifications.

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 youth's right to privacy. The facility's design shall also provide supervision according to the ages and needs for each youth. Each resident shall have a quiet area where they can withdraw from the group if needed.

Contacts between youth 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 youth's best interest. The frequency of contact shall be determined by the needs of the youth and the Community Supervision Officer.

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

If restrictions on communication or visits are necessary, these shall be documented on the youth's contact list and reviewed frequently. The youth's case manager shall be notified of any new restrictions to communications or visitation implemented by the facility prior to its implementation.

Youth 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: No Eject/No Reject

Definitions

No Eject – Placement cannot remove a youth from their facility without justification as to what disruptive behaviors the youth is displaying or if the youth will be leaving to an inpatient treatment facility.

No Reject – Placement cannot deny a referral without justification as to why the youth should not reside there due to capacity or the safety and security of staff and/or residents.

Purpose

Each youth should have the opportunity to succeed in placement without prior biases from staff, previous placement or others in the community and alternative interventions have been used prior to submission as ejection/rejection. Ejections shall be used as a last resort.

*No Eject/No Reject does not apply to Therapeutic Foster Care.

No Eject

A placement cannot remove a youth from their facility except for one of the following justifications. *Justifications three (3) and four (4) require approval from KDOC-JS. If KDOC-JS denies an ejection, a summary of why justification is not met will be sent to the provider.*

1. The youth has been approved for inpatient treatment. *The youth will not be discharged from placement until admitted into the facility.*
    a. Psychiatric Residential Treatment Facility (PRTF)
    b. State Hospital
    c. State Hospital Alternative
    d. Drug and alcohol treatment
    e. Sex offender treatment

2. The youth intentionally battered staff or other youth who sustained injuries requiring medical attention outside of the facility.
    a. Intentional is deliberate and planned for a specific target
    b. Intentional battering is not done out of emotional behavior
    c. Outside of the facility is emergency room or urgent care

3. Chronic disruptive behaviors
    a. Illegal drug use/distribution
    b. Intentional property damage
    c. Intentional batter to staff or other youth
    d. Chronic behavior can be defines as a pattern of 5 or more behaviors

4. Other

If selecting justification one (1), submit ejection request to KDOC_JS_Exceptions@ks.gov. Notify the community supervision officer immediately, both verbally and in writing. The youth will be discharged upon admission into inpatient treatment.

If selection justification two (2), submit ejection request to KDOC_JS_Exceptions@ks.gov. Notify the community supervision officer immediately, both verbally and in writing. The CSO will have one (1) business day upon notification to remove the youth.

If selecting justification three (3) or four (4), fill out the narrative for chronic disruptive behaviors state the "chronic disruptive behavior" or the reasoning for "other" below. Submit the ejection request to KDOC_JS_Exceptions@ks.gov seven (7) days prior to the requested ejection date. KDOC will respond within one (1) business day of receipt. Additional information may be requested after review of the request. Upon approval of the ejection request placement shall immediately notify the CSO verbally and in writing. The CSO will have one (1) business day, from requested ejection date, to remove the youth.

No Reject

A placement cannot deny a referral without justification as to why the youth should not reside there unless:

1. Provider is at capacity
2. A staff member currently working or a youth residing at placement is a victim of the youth.
    a. Youth must have committed a felony crime against the staff or youth
3. The youth was previously ejected due to intentionally battering staff or another youth who sustained injuries requiring outside medical care.
    a. The victim is currently residing at placement
    b. The victim is currently employed at placement

Rejection requests must be submitted to KDOC_JS_Exceptions@ks.gov within one business day of referral denial. *If KDOC-JS denies a rejection, a summary of why justification is not met will be sent to the provider.*

Appendix 6: Mandated Forms

Placement Agreement	KDOC-0086
Emergency Shelter Extension	KDOC-0120
Provider Referral	KDOC-0132
Initial Assessment	KDOC-0137
Approved Contact List	KDOC-0139
Pre/Post Adult Interview	KDOC-0140
Pre/Post Youth Interview	KDOC-0141
Discharge/Aftercare Summary	KDOC-0144
Room Assignment	KDOC-0145
Written Annual Training Plan	KDOC-0146
Staff Orientation Training Log	KDOC-0148
Initial Foster Parent Training	KDOC-0149
Initial Success Coordinator Training	KDOC-0150
Annual Staff Training Log	KDOC-0151
Foster Parent/Staff Annual Training	KDOC-0152
Rejection Request	KDOC-0155
Ejection Request	KDOC-0156