



BEHAVIOR REHABILITATION SERVICES SEMI-ANNUAL UPDATE



Washington State Department of
CHILDREN, YOUTH & FAMILIES

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Division of Partnership, Prevention and Services



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Executive Summary:

HB 1109, section 225(s)(ii), requires the Washington State Department of Children, Youth, and Families (DCYF) to provide semi-annual reports to the governor and appropriate legislative committees that include the number of in-state behavior rehabilitation services providers and licensed beds, as well as the number of out-of-state behavior rehabilitation services placements.

Introduction:

Behavior Rehabilitation Services (BRS) is a temporary intensive support and treatment program that can include placement in a Qualified Residential Treatment Program (QRTP) or Therapeutic Foster (TFC) home as well as services provided in the caregiver’s home. These placements and services are intended to support and safely stabilize youth with high level service needs and support transition to a less intensive service to assist in achieving a permanent plan.

Over the last year, the development of the Placement Continuum Unit in the Division of Partnership, Prevention and Services continued working to build a BRS community of providers who can serve youth in their home regions. Through this work, there has been a decrease in the number of youth who are receiving BRS both in and out of state. The expansion of in-home BRS has allowed for more families to access the service to enhance stabilization and promote safe reunification. Ongoing work with rate modeling has assisted in retaining providers and having their voices heard on what it takes to support youth in need of this higher level of support.

Measuring Capacity and Need:

As required by budget proviso, DCYF has traditionally reported licensed BRS provider capacity which reflects the licensed capacity only.

In State BRS Provider Count			
Dates	Type	Count of Providers	Licensed Number of BRS Beds
Average Jan.– April 2021	QRTP	24	338
	Treatment Foster Care	16	N/A*
May – Sept.31, 2021	QRTP	18	252
	Treatment Foster Care	12	N/A*
As of Oct. 31, 2021	QRTP	19	257
	Treatment Foster Care	11	N/A*
As of Jan 31, 2023	QRTP	22	256
	Treatment Foster Care	14	N/A*

Number of Youth Placed Out of State	
April 2021	9
As of Nov. 24, 2021	8
As of Jan 31, 2023	5

While it appears the number of BRS provider resources has increased and licensed beds remained nearly the same, seven providers closed nine BRS contracts in 2022 resulting in 39 licensed beds becoming unavailable. New programs and providers have been onboarded in Region 4 and 5 where BRS placements and services were previously limited.

Provider licensed capacity is only one program measure and does not reflect several nuances that may be impacting the number of children and youth served. Having a licensed bed does not mean the bed is available for placement or that the program is the right one for a particular youth. Examples include:

- The contracted provider may be only utilizing 85% of their licensed capacity to serve DCYF children/youth and contracting with others to serve similar children such as DDA or private insurance,
- The contracted provider may be lowering the number of children they serve due to Covid-19 exposure, isolation protocols and having to shut down the program. The COVID-19 pandemic and its related mandates has complicated and stretched all providers.
- The contracted providers continue to report difficulty in hiring and retaining employees. Most recently programs are indicating that lack of staffing and hiring have become major barriers to having a ‘full’ program. Although they may have the physical space and the bed to provide a placement for the child, they do not have adequate staff to accept and provide services to the child at their facility.
- The child’s needs may not match the specialized services provided by the contracted providers with open beds. As already stated, identify the population they plan to serve and design their programming to specifically meet the needs of a particular age group, gender, level of developmental needs.

Conclusion:

We continue to partner with our providers and stakeholders to create a BRS continuum that will ensure children, youth, and their families are provided access to placements and supports that are least restrictive, incorporate youth and family voice in decision-making and ensure wellbeing, while recognizing their unique individual needs and family and community connections as paramount to their success.