**DEPARTMENT OF CHILDREN AND FAMILIES**

Division of Safety and Permanence

**TARGET GROUPS**

**Use of form:** Completion of this form is mandatory and a required step in the application and/or continuation process for a residential care center for children and youth (RCC), group home (GH), or shelter care (SC). Each target group should have its own detailed and unique policies and procedures. Personal information you provide may be used for secondary purposes.

**Instructions:** Check each target group that your facility intends to serve. For each target group selected, you must submit policies and procedures specific to the target population. Note: These requirements are in addition to the core competencies required for licensure. For each target group selected, attach your policy and/or procedure related to the target population and identify the corresponding page number for each of the requirements listed.

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| **Facility Name:** | | | **Facility Type:**  RCC  GH  SC | **Facility ID:** |
|  | **Crisis Stabilization: (RCC, GH, SC)** | | | |
|  | **Page Number** |  | | |
|  |  | A program statement that describes the type of program/services to be provided. | | |
|  |  | How the facility will ensure the safety and well-being of residents receiving crisis stabilization services. | | |
|  |  | Policy on how the facility will ensure that providing crisis stabilization services will not adversely affect other residents in the facility. | | |
|  |  | Documentation from a county agency indicating the facility has been included in the county crisis plan under DHS 34. | | |
|  | **AODA (Alcohol and Other Drug Abuse) Services: (RCC and GH ONLY)** | | | |
|  | **Page  Number** |  | | |
|  |  | A program statement that describes the type of program/services to be provided (12 step, Cognitive Behavioral Therapy (CBT), group/individual, etc.). | | |
|  |  | Provide an outline and timeframe for services. | | |
|  |  | At least one staff shall be a current licensed Substance Abuse Counselor (SAC) or higher; if this person is not on staff, please detail how your agency will connect youth to a person with these qualifications. | | |
|  |  | Identify the screening/evaluation tools to be utilized. | | |
|  |  | Ensure your policy regarding UA’s meets DHS 94. Only AODA specific programs may conduct UA searches on the residents. | | |
|  |  | Identify training that staff will receive that is specific to your AODA program and a time frame for this training **(must be completed within three months of hire or continuation and updated annually).** | | |
|  |  | Explain how AODA treatment needs are addressed in child’s individual treatment plan. | | |
|  |  | A policy which details how the facility will ensure the safety and well-being of all residents. | | |
|  | **LGBT (Lesbian, Gay, Bisexual and Transgender): (RCC and GH ONLY)** | | | |
|  | **Page Number** |  | | |
|  |  | A program statement that describes the type of program/services to be provided. | | |
|  |  | Advocacy policies that include: A non-discrimination statement; the role of the staff advocate OR a plan to connect youth with an advocate; training and support for caregivers; ways to facilitate/address LGBT inclusion and cultural competence across all services; self-advocacy and involvement in treatment/life planning. | | |
|  |  | A policy which details how the facility will ensure the safety and well-being of all residents. | | |
|  |  | Provide a plan for cross-system coordination (resources, advocacy, courts, etc.). | | |
|  |  | A plan to ensure that all forms and policies/procedures are inclusive of the resident population (for example: using they instead of he/she and asking for gender identification instead of gender specific terms like male/female). | | |
|  |  | Activities to include opportunities for culturally appropriate engagement. | | |
|  |  | Staff screening/assessment of comfortability. | | |
|  |  | Identify training that staff will receive that is specific to your LGBT program and a time frame for this training **(must be completed within three months of hire or continuation and updated annually).** | | |

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|  | **Juvenile in need of Protective Services (JIPS)/DELINQUENCY: (RCC, GH, SC)** | |
|  | **Page Number** |  |
|  |  | Program statement describing type of resident accepted based on the history of criminal activity. |
|  |  | Assessment of level of supervision needs - if admitting serious juvenile offenders, policies regarding supervision must include an environmental safety plan and a provision that addresses the vulnerability of other residents. |
|  |  | Policies regarding intervention programming to include individual, family, group and mentoring. |
|  |  | Comprehensive policies/practices to address runaway and repeat offending behaviors (include a risk assessment for re-offending). |
|  |  | Identify training that staff will receive that is specific to this program including experience and/or training to include knowledge of the Juvenile Justice System and a time frame for this training **(must be completed within three months of hire or continuation and updated annually).** |
|  |  | A policy which details how the facility will ensure the safety and well-being of all residents. |
|  | **Sexual Abuse Treatment: (RCC and GH ONLY)** | |
|  | **Page  Number** |  |
|  |  | A program statement describing the type of program/services to be provided. |
|  |  | At least one staff shall be a current licensed Clinical Social Worker or higher; if this person is not on staff, please detail how your agency will connect youth to a person with these qualifications. |
|  |  | Plan for cross-system coordination (resources, advocacy, courts, etc.). |
|  |  | Programming structure and content (include runaway policy specific to the residents that you are serving and taking any court orders or charges into consideration). |
|  |  | Comprehensive assessment, treatment plan, evaluation of services (individual and program), discharge and aftercare. |
|  |  | A policy which details the creation of an environmental safety plan. |
|  |  | Identify training that staff will receive that is specific to this program **(must be completed within three months of hire or continuation and updated annually).** |
|  |  | A policy which details how the facility will ensure the safety and well-being of all residents. |
|  | **Emotional Behavioral Disorders (EBD):** **(RCC and GH ONLY)** | |
|  | **Page  Number** |  |
|  |  | Program statement describing the type of EBD residents served and the format for service delivery (in-house or contracted therapist). |
|  |  | Population specific training (include: de-escalation, sensory issues, medications, advocacy (school, community – must be completed within three months of hire or continuation) |
|  |  | Policies and procedures for adjusting staffing plans according to the needs of the residents. |
|  |  | A plan to provide secondary trauma support for staff. |
|  |  | Identify training that staff will receive that is specific to this program including how to manage crises with minimal assistance from law enforcement **(must be completed within three months of hire or continuation and updated annually).** |
|  |  | Procedures for trauma-informed behavior interventions, assessment, planning and treatment (assessment to include triggers, coping skills, supportive behavior, environmental needs). |
|  |  | A policy which details how the facility will ensure the safety and well-being of all residents. |
|  | **Developmental Disabilities (DD): (RCC and GH ONLY)** | |
|  | **Page  Number** |  |
|  |  | Program statement describing the DD population served. |
|  |  | Identify training that staff will receive that is specific to this program **(must be completed within three months of hire or continuation and updated annually).** |
|  |  | Assessment of level of supervision needs - if admitting individuals with sexualized behaviors, include an environmental safety plan and a provision that addresses the vulnerability of other residents. |
|  |  | A description of additional services to be provided (educational, vocational, Physical Therapy, Occupational Therapy, etc.). If these services are contracted out, please detail how your agency will connect the youth with these services. |
|  |  | Describe a plan for physical environment modifications and/or the utilization of technological devices. |
|  |  | A policy which details how the facility will ensure the safety and well-being of all residents. |
|  | **Children in need of Protective Services (CHIPS): (RCC, GH, SC)** | |
|  | **Page  Number** |  |
|  |  | A program statement that describes the type of program/services to be provided. |
|  |  | Policies on trauma informed care behavior interventions. |
|  |  | A policy which details how the facility will ensure the safety and well-being of all residents. |
|  | **Sex Trafficked: (RCC and GH ONLY)** | |
|  | **Page**  **Number** | **(DCF requires department approved training for this target group)(The Department has currently approved the following trainings:**   * Ending the Game-- <https://endingthegame.com/> * Girls Educations and Mentoring Services (GEMS)-- <http://www.gems-girls.org/>   **(Training must be completed within three months of hire or continuation and updated annually).** |
|  |  | **Advanced Competency 1**: Working knowledge of strategies to engage and effectively communicate with youth who have been sex trafficked. |
|  |  | **Advanced Competency 2**: Working knowledge of the terms and definitions common to different forms of commercial sexual exploitation and sex trafficking, including terms used by youth. |
|  |  | **Advanced Competency 3**: Working knowledge and understanding of the multiple entry points to commercial sexual exploitation and sex trafficking, which includes recruitment by pimps or bottoms, getting survival needs met, encouragement by peers, and solicitation by adults for sexual contact. |
|  |  | **Advanced Competency 4**: Working knowledge of youth experiences while sexually exploited and sex trafficked, including experiencing repeated traumatic events and day-to-day realities. |
|  |  | **Advanced Competency 5**: Working knowledge on the varied experiences and forms of commercial sexual exploitation and sex trafficking of youth. |
|  |  | **Advanced Competency 6**: Working knowledge of the exit process for youth who are or have been commercially sexually exploited and sex trafficked. |
|  |  | **Advanced Competency 7**: Working knowledge on reducing stigma and judgment of staff towards youth being served by programs, in addition to helping youth handle potential stigma from family, friends, and the community. |
|  |  | **Advanced Competency 8**: Working knowledge of common family reactions to commercial sexual exploitation and sex trafficking and how to provide support and education to family members. |
|  |  | **Advanced Competency 9:** Working knowledge of safety planning and harm reduction, including but not limited to assistance in terminating or managing relationships with people who have or could harm them. |
|  |  | **Advanced Competency 10**: Working knowledge of the importance to keep program details and location private and safe, in addition to active plans that abide by this working knowledge. |
|  |  | **Advanced Competency 11**: Working knowledge in the prevention of youth running away from home or placements. |
|  |  | **Advanced Competency 12**: Working knowledge of recruitment methods utilized and a specific plan to interrupt recruitment within programs, placements, or other services. |
|  |  | A policy which details how the facility will ensure the safety and well-being of residents. |
|  | **Extended Care to Residents 18-21 (3 or more): (RCC and GH ONLY)** | |
|  | **Page  Number** |  |
|  |  | A program statement which includes the type of program/services to be provided. |
|  |  | Procedures for how the facility will maintain the resident age span per DCF 52.41(2)(c)1. or DCF 57.19(5)(a). |
|  |  | Policies with detailed programing that contains the Components of Transition to Independent Living Programming (<https://dcf.wisconsin.gov/files/cwportal/policy/pdf/ongoing-services-standards.pdf> - pages 318-321) including all of the following: Development of basic self-sufficiency skills; Housing stability; Supports and resources to promote financial stability; and Cultivating a sense of self-worth and right to healthy relationships. |
|  |  | Identify training that staff will receive that is specific to this program **(must be completed within three months of hire or continuation and updated annually).** |
|  |  | A policy which details how the facility will ensure the safety and well-being of residents. |
|  | **Respite: (RCC and GH ONLY)** | |
|  | **Page  Number** |  |
|  |  | A program statement that describes the type of program/services and recreational activities to be provided. It must also include the purpose for which respite care is provided, compatibility of children with diverse needs and how the respite care program relates to other program components. |
|  |  | Procedures regarding staffing arrangements for respite care services, including identifying one specific staff member that is primarily responsible for the respite care services program. |
|  |  | Procedures for screening children referred for respite care to ensure that they are appropriate for the specific program. |
|  |  | Procedures regarding health care arrangements for respite care placements, including the process for securing medical authorizations for general and emergency medical care including surgery and authorization for administration of medications. |
|  |  | Procedures for obtaining essential and identifying information for the temporary care of the child from the parent or guardian. |
|  |  | Procedures for contacting the parent or guardian with caregiving questions or in case of an emergency. |
|  |  | Policies which identify training for all respite care staff that is specific to the types of population served. Training must also include transitional care and transitional placement planning principles and methods **(must be completed within three months of hire or continuation and updated annually).** |
|  |  | Procedures for maintaining a log of all respite care episodes for each child. |
|  |  | Procedures on evaluating the respite care services through a survey or other means to be completed by the parent or guardian and the child upon completion of each respite care episode. These surveys must be kept on file for at least one year from their completion. |
|  |  | A policy which details how the facility will ensure the safety and well-being of all residents. |
|  | **Short Term: (RCC ONLY)** | |
|  | **Page  Number** |
|  |  | A program statement that describes treatment purpose, philosophy, approach and methods for short-term transitional placement into the community. |
|  |  | Identification of short−term treatment program professional service providers and consultants involved in short−term transitional placement efforts that are center or community based. Identification of any coordinating service and placement agencies. |
|  |  | A description of the extent to which the center’s short−term program is compatible with or will operate separately, including  in residential living arrangements, from the center’s non−short−term residential program. If it will be operated separately, identification of the building or area in which the short−term program will be operated. |
|  |  | A description of arrangements for continuing education of short−term residents. |
|  |  | A description of health care arrangements for short−term residents, including the process for securing medical authorizations for general and emergency medical care including surgery. Authorization should include routine medical procedures, dental services, non-prescription and prescription medications, and to obtain medical information as needed. |
|  |  | Procedures for a health screening upon admission of a short-term resident by a qualified staff to observe the resident for evidence of ill health or a communicable disease. If the new resident shows overt signs of communicable disease or ill health, the center shall make arrangements for immediate examination by a health care practitioner. |
|  |  | A description of recreational activities and programming available for short−term residents. |
|  |  | Policies which identify training for all short-term program staff in the following areas: wrap around principles and philosophy, arranging for transitional care an transitional placement planning principles and methods **(must be completed within three months of hire or continuation and updated annually).** |
|  |  | Procedures on evaluating the program (at least annually) through a center survey to be completed and returned to the center by referral sources. |
|  |  | A policy which details how the facility will ensure the safety and well-being of all residents. |
|  | **Type 2: (RCC ONLY)** | |
|  | **Page  Number** |  |
|  |  | A program statement which includes a description of the identified service components for Type 2 residents that will be different from the other service programs. |
|  |  | Procedures for how staff will identify Type 2 residents and ensure that staff are aware of which youth are designated as Type 2. |
|  |  | Procedures that will be followed for notification of law enforcement when a Type 2 resident runs away or does not return from an approved leave. Procedures must ensure that only staff who are approved and trained in the use of the DOC approved law enforcement powers, policies and procedures will pursue Type 2 residents. |
|  |  | A description of how a Type 1 institutional placement or replacement, when necessary, will occur. Also, describe how Type 2 status youth, upon initial Type 2 placement, will be informed of the conditions for placement or replacement into Type 1 institutional placement. |
|  |  | A description of the staffing pattern for Type 2 residents. |
|  |  | Procedures for fulfilling the Department of Corrections Type 2 requirements for retraining staff on POSC / equivalent and for reporting unusual incidents relating to Type 2. |
|  |  | Policies which identify training for Type 2 program staff that is specific to the types of population served **(must be completed within three months of hire or continuation and updated annually).** |
|  | **Other specialty program (list program):** **(RCC and GH ONLY)** | |
|  | **Page  Number** |  |
|  |  | A program statement which includes the type of program/services to be provided. |
|  |  | Identify training that staff will receive that is specific to this program **(must be completed within three months of hire or continuation and updated annually).** |
|  |  | A policy which details how the facility will ensure the safety and well-being of residents. |