

	<b>DIVISION OF FAMILY AND CHILDREN SERVICES CHILD WELFARE POLICY MANUAL</b>			
	<b>Chapter:</b>	RBWO	<b>Effective Date:</b>	Oct. 1, 2013
	<b>Policy Title:</b>	Program Designation Types		
<b>Policy Number:</b>	16.1	<b>Previous Policy #:</b>	N/A	

**CODES/REFERENCES**

N/A

**REQUIREMENTS**

The Division of Family and Children Services (DFCS) may serve a child in either a child care institution (CCI) or child placing agency (CPA) using the twelve types of RBWO care. The types of RBWO care and the children supported are described as follows:

CPA	CCI
<b>Traditional Care</b>	Base Care-BWO
<b>Maximum Watchful Oversight - MWO</b>	Maximum Watchful Oversight - MWO
<b>Specialty Base Watchful Oversight - SBWO</b>	
<b>Specialty Maximum Watchful Oversight - SMWO</b>	
<b>Specialty Medically Fragile Watchful Oversight - SBFWO</b>	
	Maternity Home
	Parenting Support Program (Second Chance Homes)
	Teen Development
	Independent Living Program
	Specialty Camp

**Traditional (CPA) or BASE - BWO (CCI) Care:**

A child served in Traditional Care or Base Care will have mild to occasionally moderate emotional and/or behavioral management problems that interferes with the child's ability to function in the family, school and/or community without guidance and supervision. The behaviors identified for Traditional Care children placed in a CPA are identified as mild.

The behaviors identified for BWO children placed in a CCI are identified as mild to moderate. The following are the child characteristics and operational impact on children in Traditional

Care or BWO according to the Difficulty of Care Factors:

- May be learning disabled requiring supports such as Student Support Team and tutoring services
- May have poor concentration at school and home
- May have occasional disruptive or disobedient behaviors resulting in In-School Suspension
- May have behaviors that are managed by medications
- Disregard for others property – minor property damage
- Non-compliance with curfew and/or limits set by adults
- Difficulty in adjusting to new environments
- May lack age-appropriate knowledge of self care or life skills
- May have behavioral outbursts inclusive of profane and/or provocative language
- May exhibit “annoying” behaviors to include excessive teasing, horseplay, and language taunting
- May exhibit shyness, fear, anxiety, and nervousness in group/community settings
- May exhibit irritability and/or hostility toward peers
- May exhibit impulsive behaviors that create mild risk – inappropriate verbal outbursts, wanders away from the group
- May be easily frustrated; temper tantrums
- May have difficulty making friends

A child served in Base or Traditional programs will have minimal to mild medical needs and can have a mild developmental delay that does not coexist with any medical condition.

### **BASE-BWO (CPA) or Additional Watchful Oversight - AWO (CCI):**

A child served in the Base with Watchful Oversight or Additional Watchful Oversight will have moderate to occasionally serious emotional and/or behavioral management problems. In the CCI program, the behaviors exhibited by a child interfere with his or her ability to function in the family, school, and/or community outside of a supervised and structured setting. The behaviors identified for BWO children placed in a CPA are identified as moderate. The behaviors identified for AWO children placed in a CCI are identified as more frequent and serious. The following are the child characteristics and operational impact on children in BWO or AWO according to the Difficulty of Care Factors:

- Performance is not in accordance with ability
- Learning disability requiring IEP services
- Disruptive and/or disobedient to school rules, could result in suspension
- Frequent attendance and truancy problems
- Oppositional and defiance in the home and school setting
- Use of vulgar and/or provocative language
- Annoying behaviors – picks on peers, repetitive actions or language, and taunting
- Demanding and threatening
- Lacks age-appropriate knowledge of self care or life skills
- Occasionally assaultive without causing major injuries
- Disregard for the property of others; intentional property damage

- Occasionally runs away and/or refuses to abide by curfews
- Self harming behaviors, eraser burns, repeatedly picking at sores, biting fingernails until they bleed, and head banging
- Does not engage in typical peer interactions or recreational activities because of tendency to be picked on or bullied by others
- Often fearful, anxious, or sad
- Difficulty identifying and/or expressing emotions, emotionally blunted
- Easily annoyed, frequent and intense irritability
- Possible delinquent behaviors and Department of Juvenile Justice (DJJ) involvement
- Child has engaged in substance use, but use does not interfere with daily activities
- Impulsive actions that create risk (inappropriate outbursts, plays with fire and/or wanders away)

A child served in Base or Additional programs will have minimal to mild medical needs and can have a mild developmental delay that does not coexist with any medical condition.

**Maximum Watchful Oversight - MWO (CPA & CCI):**

A child served in the Maximum Watchful Oversight Program will have serious to severe emotional and/or behavioral management problems. In the CCI program, the behaviors exhibited by a child interfere with his or her ability to function in the family, school, and/or community outside of a supervised and structured setting. The behaviors identified for MWO children placed in a CPA are identified as serious. The behaviors identified for MWO children are placed in a CCI are identified as more frequent and severe. The following are the child characteristics and operational impact on children in MWO according to the Difficulty of Care Factors:

- School attendance is poor, grades are poor, concentration is poor when in school; requires oversight from teachers, family and/or caregiver
- Multiple school suspensions and disciplinary actions
- History of explosive outburst in schools
- Failure and/or inability to learn
- IEP with placement in specialized classes for behavioral or learning disabilities
- May require adaptive learning tools
- Refuses help with school work or tutoring
- Several years behind in the development of age-appropriate knowledge of self-care or life skills
- Verbal aggression (Use of vulgar and/or provocative language)
- Oppositional and defiant in the home and school setting
- Demanding and/or threatening
- Smearing and/or throwing of feces
- Bedwetting – graduating to intentional urination in places other than the toilet
- Hiding soiled clothing/bed linens
- Limited ability to perform routine tasks of daily living such as chores and laundry
- Deliberately or impulsively destroying property while in a structured setting breaking windows, pictures, mirrors, damage to furniture, appliances, clothing, electronics, and vehicles
- Preoccupation with fire
- History of cruelty to animals

- Sexual acting out with or without aggression that may be opportunistic, situational or planned
- Highly sexualized behaviors, promiscuity, seeking inappropriate relationships with older persons, poor physical boundaries, often with history of sexual abuse and poor self esteem
- Recurrent and/or severe self-injurious behaviors and/or suicidal behaviors that are under control
- Homicidal and/or suicidal threats
- Physical aggression and/or assault (hitting, kicking, spitting, attacking may with or without a weapon, throwing objects) toward adults and/or other children with and/or without injuries
- Withdrawn behavior, attention seeking behaviors that are excessive, constant complaining about physical ailments, nightmares, difficulty going to bed and/or refusal to stay in bedroom
- Fears, worries, and anxieties that affect daily activities; frequent and severe headaches, stomach aches and/or refusal to get out of bed
- Serious problems with personal hygiene
- Impulsive behaviors that present barrier to maintaining physical safety
- Chaotic and poor control of anger toward self and others with frequency and intensity that needs attention
- Inflexibly adheres to routines or rituals and has difficulty with transitions, which may lead to serious harm to self or others or extremely aggressive behaviors
- Difficulties with social interactions and/or communication (failure to speak, make eye contact, shake hands, hiding, standing too close, revealing personal information inappropriately to strangers, etc.)
- Odd, bizarre or explosive actions, which pose a significant risk of harm to self or others
- Hearing voices and/or seeing things that are not there
- Frequent and/or uncontrollable behavioral outbursts and mood swings
- Seems unable to form any meaningful friendships, is socially isolated and unable to enjoy activities with peers
- Delinquent behaviors – stealing, burglary, assault and/or battery
- Recurring involvement with Department of Juvenile Justice (DJJ)
- Fire setting with intent to destroy property or injure others and/or preoccupation with fire
- Intentionally and/or maliciously cruel to animals
- Runs away with involvement in situations where high risk activities are likely to occur
- Drinking and/or drug use which may have resulted in disciplinary actions and/or affect daily function
- Involvement with gangs and/or gang-like activities
- Poorly prepared for and lacking skills necessary for independent living

A child served in this group may have moderate medical needs requiring specialized services. Child generally sees 2 or more physicians at least on a quarterly basis for medical needs, requires routine lab work to assess the effectiveness of medications. Medical needs in this group could include two-three of the following:

- Global developmental delay as the primary diagnosis

- Mild Cerebral Palsy
- Fetal Alcohol Syndrome
- Recovering from head injury
- Cancer in remission
- Diabetes – managed with insulin and follow up with Endocrinologist
- Ordered to have physical, occupational, and/or speech therapy 1-2 times weekly
- Infant with sucking difficulty and/or on a monitor
- Reflux that is controlled with 1-2 medications
- HIV exposure with medications
- Severe visual impairment to include a diagnosis of legal blindness
- Seizure disorder requiring medication
- Episodes of enuresis or encopresis or a history of one or both
- Autism (high functioning)
- Deafness or severe hearing impairment
- May have self-harming behaviors such as cutting or ingesting harmful substances.
- Children with mental retardation may not be able to follow simple one and/or two-step directions and frequently have difficulty with three step directives.

Children with the identified medical needs can either be served in a MWO CPA or CCI program. However, there are children in the MWO category through selected CCI or Children's Transition Care Center (CTCC) programs whose medical needs are serious to severe. These children are deemed clinically stable by a physician but are dependent on life-sustaining medications, treatment/procedures and equipment. Children ages 0-12 are not permitted to be placed in group setting without approval of a DFCS Director. However, under special circumstances with an exclusive contract a provider may be approved to place medically fragile children ages 0 –18 in a group setting.

Some of the characteristics in which a child would qualify for a medically fragile approved MWO CCI/ CTCC provider are as followed but not limited to:

- A medical condition which requires management with medications
- Child has a tracheotomy
- Child is oxygen and feeding tube dependent
- Complete or partial paralysis (child weighing 20 pounds or more)
- Depends upon medication to keep a life threatening condition under control including, but not limited to asthma, chronic lung disease, diabetes, heart disease, HIV infection, or chronic kidney disease being maintained by dialysis.
- Limited mobility

### **Specialty Base Watchful Oversight - SBWO (CPA):**

A child served in this specialty program will have serious emotional and/or behavioral management problems that interfere with the child's ability to function normally within the family, school, and community. Due to the severity and required attentiveness in caring for a child approved with a specialty program designation, other children are not permitted to be placed in the home without the written approval from a DHS/DFCS Designee. The child characteristics on children in SBWO are the same as MWO; however the severity and frequency are increased.

**Specialty Maximum Watchful Oversight - SMWO (CPA):**

A child served in the Specialty with Maximum Oversight Program will have severe emotional and/or behavioral management problems that interfere with the child's ability to function in the family, school, and/or community. Due to the severity and required attentiveness in caring for a child approved with a specialty program designation, other children are not permitted to be placed in the home without the written approval from a DHS/DFCS Designee. The child characteristics on children in SMWO are the same as SBWO; however the severity and frequency are increased.

**Specialty Medically Fragile Watchful Oversight - SMFWO (CPA):**

A child served in the Specialty Medically Fragile program has serious to severe medical conditions. Non-compliance with any prescriptive regimen of care will endanger the life or health of the child. These children require time-intensive treatments/procedures to be performed daily by a trained caregiver. Due to the severity and required attentiveness in caring for a child approval with a specialty program designation, other children are not permitted to be placed in the home without the written approved from a DHS/DFCS Designee. These are some of the characteristics in which a child would qualify for SMFWO but not limited to:

- A medical condition which requires management with medications
- Child has a tracheotomy
- Child is oxygen dependent
- Persistent reflux causing frequent vomiting
- Requires oral feedings that take at least 30 minutes or requires tub feedings
- Requires nebulizer treatments on a daily basis
- Requires medications by feeding tube, injection or suppository
- Requires ostomy care
- Has any type body cast
- Blindness
- Deafness or severe hearing impairment
- Complete or partial paralysis (child weighing 20 pounds or more)
- Has self-harming behaviors such as cutting, ingesting poisonous substances, etc.
- Depends upon medication to keep a life threatening condition under control – including, but not limited to asthma, chronic lung disease, diabetes, heart disease, HIV infection, or chronic kidney disease being maintained by dialysis
- Limited mobility
- Bedwetting and urination in places other than the toilet
- Several years behind in the development of age-appropriate knowledge of self-care or life skills
- Medical interventions may be required while in school

**Maternity Homes & Parent Support Programs (Second Chance Homes):**

A child served in the Maternity Homes and Parenting Support Programs (Second Chance Homes) is preparing for motherhood or receiving hands on parenting training. The premise of these program designations are to support an adolescent who is either pregnant or have a child/children with the skills and knowledge to care for their child(ren). Their emotional

and/or behavioral management problems are mild. The following are the child characteristics and operational impact on children according to the Difficulty of Care Factors:

- May be learning disabled requiring supports such as Student Support Team and tutoring services
- May have poor concentration at school and home
- May have occasional disruptive or disobedient behaviors resulting in In-School Suspension
- May have behaviors that are managed by medications
- Non-compliance with curfew and/or limits set by adults
- Difficulty in adjusting to new environments
- May have behavioral outbursts inclusive of profane and/or provocative language
- May exhibit “annoying” behaviors to include excessive teasing, horseplay, and language taunting
- May exhibit impulsive behaviors that create mild risk – inappropriate verbal outbursts and wanders away from the group
- May be easily frustrated; temper tantrums
- May have difficulty making friends

A child under Maternity and Parenting Support (Second Chance Homes) have minimal to mild medical needs and can have a mild developmental delay that does not coexist with any medical condition.

The Parenting Support (Second Chance Homes) not only serves the mother but also the mother’s child(ren). The following are the program designations codes for Second Chance Homes in GA SCORE:

- 2CMB1- Second Chance Mother with one (1) child
- 2CB1- Second Chance one (1) child
- 2CMB2- Second Chance Mother with two (2) child

**Camp:**

A child served in the Camp will have moderate to severe emotional and/or behavioral management problems that interfere with the child’s ability to function in the family, school, and/or community outside of a supervised and structured setting. The child characteristics on children approved for the Camp are the same as AWO and MWO.

A child under, Camp has minimal to mild medical needs and can have a mild developmental delay that does not coexist with any medical condition.

**Teen Development:**

A child served in the Transitional Living/ Independent Living Program greatly benefits from life skill training to be more self-sufficient and preparing them for adulthood. The premise of this program designation assignment is not behavioral based as the BWO, AWO and MWO are. Behaviors may be considered in the placement of a child, based on each approved provider admission criteria. This program designation can serve adolescent as young as 16

<b>PROCEDURES</b>
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N/A

**PRACTICE GUIDANCE**

N/A

**FORMS AND TOOLS**

N/A

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