

Administrative Review Division
Combined Administrative Review Instructions for NYC
July 2010

IDENTIFYING INFORMATION:

CLIENT _____ DATE OF REVIEW ____/____/____
Last First MI mm dd yyyy

CLIENT ID # _____ DATE OF BIRTH ____/____/____
mm dd yyyy

COMMITMENT COUNTY#/NAME____/____ REGION NAME _____

CLIENT MANAGER NAME _____ REVIEWER ID#/NAME____/____

DATE OF COMMITMENT ____/____/____ JUDICIAL DISTRICT _____
mm dd yyyy

INSTRUCTIONS

Spell the client's name as spelled in Trails. If Trails information is not accurate, make a note of this fact in the written findings.

Runaway Protocol

Clients on ESCAPE STATUS still require 6-month reviews and 12-month Permanency Hearings for as long as the Division retains custody. Most of the questions for the Administrative Review are not applicable when the client has been on the run for a long period of time. In cases in which the client has been on escape status for the entire review period, **ANSWER ALL QUESTIONS (ALTHOUGH MANY MAY BE "NA")**, and then hold a brief face-to-face review with the client manager and family.

30 days is the default for any updates or changes.

Case record equals the State Automated Child Welfare Information System (SACWIS), known as Trails.

Hard copy equals the 2-sided case record.

PLEASE NOTE THAT THE FOLLOWING INSTRUCTIONS MAY NOT BE APPROPRIATE FOR NOR APPLY TO EACH INDIVIDUAL CASE/CIRCUMSTANCE.

If Trails is down, answer "NA" to the questions that cannot be obtained through the hard copy.

If the review is overdue, the review span should cover **7 months**. Use reviewer judgment but always look at initial mittimus and the IV-E determination. **Ensure the review span is changed.**

ADMINISTRATIVE REVIEW UNIVERSE

Care and Responsibility- In Colorado this is interpreted as custody through a court action- D&N, Delinquency, Voluntary Placement Agreement or PRNP (with voluntary actions the parents may retain custody but the county is given care and control/responsibility of the child).

UNIVERSE

1. Each child placed out-of-home *or in the legal custody of the Department of Human Services (DHS)* is to be reviewed no later than the 6th month of out-of-home community placement, and every 6 months thereafter for as long as the child remains *in the care and responsibility of the Department or in out-of-home community placement*.
2. When DHS has legal custody or care and responsibility, children in the following out of-home placements need to be reviewed: adoptive homes (prior to finalization); relative (non-parent) or kinship care; foster care; group care; shelter care; receiving home care; RCCF; TRCCF; PRTF; Independent Living Arrangements; and uncertified no pay homes.
3. Children placed in hospitals *or* detention are reviewed when DHS has legal custody or care/responsibility and the child enters from an out-of-home placement. (7.304.53 J)
4. Any child placed through the ICPC/ICJ when a Colorado county/region maintains legal custody/*commitment*.
This includes children placed through the ICPC/ICJ with a parent if the county/*region* maintains care and responsibility through custody *or commitment to DYC*.
5. Children on the run from placement (*or on escape status*) are reviewed for as long as the county or state retains responsibility for the placement and care of the child during the runaway episode, even if the child has not been located. (Federal CW Policy manual 8.3C.2)
6. Children on trial home visits as long as the county retains custody or care/responsibility. (7.304.53 J)
7. *DYC clients on parole, as long as the commitment has not expired.*
8. Infant(s)/child(ren) in county custody, placed with the same out-of-home care provider as their teen mother.

DYC:

If a teen **mother is in the custody of the Division of Youth Corrections (DYC)** and is in a placement with her infant/child, the child will be in the custody of a county department. The infant child's review will be done in the county department that has custody. The mother's review will be held in DYC.

Child Welfare:

We review the infant/child if custody of the infant is with the county department.

ADMINISTRATIVE REVIEW UNIVERSE (Continued)

NOT IN UNIVERSE

1. Mutual Care Placement

We do not review the infant/child, **if custody of the infant/child is with the teen parent.** (Child Welfare Policy Manual 8.3A.6) NOTE- Infant/children's status is reviewed during the teen mother's review. No instrument is completed for the infant/child **when the teen parent has custody.**

ARD SCHEDULING & REVIEW PROTOCOL

1. DYC Committed Youth

If a review has been scheduled in a county department and a client is then committed to the Division of Youth Corrections (DYC), hold the review in the county. If the client has already been committed to DYC but still shows up on the Monthly Administrative Review List, do not schedule the review in the county.

2. Change of Venue

Schedule and hold the review in the sending county up to the end of the calendar month in which venue was changed. (7.304.4 K)

3. Mutual Care Placements

If both the mother and the child are in the custody of DHS, the reviews should be scheduled together and concurrently over two time slots. The mother will have her own individual review and the child will have his/her individual review with appropriate parties invited to each.

4. Courtesy Supervision

Reviews shall be held at the county department having custody of the child, irrespective of the location of the child's placement. (7.304.65 I.)

COURT

1. **Is there a mittimus that contains best interest or welfare of the child language, and determines if reasonable efforts were made or an emergency justified lack of reasonable efforts, and does not contain “nunc pro tunc” language? (Initial Review Only)** (Check all that apply) (CRS 19-1-115 (6)(a, b)), (CRS 19-2-906.5 (1)(a, b)), (CRS 19-3-401 (1.5)), (CRS 19-3-403 (3.6)(a)), (CRS 19-3-502 (2.5)), (DYC Policy 19.5A), (45 CFR 1356.21 (d)(2))

INSTRUCTIONS

- Answer “**YES**” if there is a signed mittimus that contains best interest or welfare of the child language, and contains a reasonable efforts determination, and does not contain “nunc pro tunc” language? (A reasonable efforts determination may contain any of the following language:
1) reasonable efforts were made; or 2) an emergency justified lack of reasonable efforts; or 3) reasonable efforts to prevent removal were not required due to court finding that the parent subjected the child to aggravated circumstances; and 4) the initial removal order contained best interest language and the subsequent order addresses reasonable efforts.
- Answer “**No best interest**” if the mittimus does not contain best interest or welfare of the child language.
- Answer “**No, dual reasonable efforts**” if the mittimus contains findings that both reasonable efforts were made and reasonable efforts were not required due to the emergent nature of the case.
- Answer “**No reasonable efforts/emergency**” if the mittimus does not contain a reasonable efforts determination. (Remember that reasonable efforts findings may be made within 60 calendar days of the date of out-of-home placement.)
- Answer “**No mittimus**” if there is no mittimus. A signed hard copy of the mittimus **or** an **electronic** mittimus containing the judge/magistrate name is acceptable.
- Answer “**No, contains ‘nunc pro tunc’**” if the mittimus was signed and dated after November 1, 2003 and contains “nunc pro tunc” language.
- Answer “**NA**” if the client was not removed during the six- month review period, or if this is not an initial review.

Colorado’s Children Code

CRS 19-1-115 (6)(a) & (b)

- (6) Any time the court enters an order awarding legal custody of a child to the department of human services or to a county department pursuant to the provisions of this title, even temporarily, said order shall contain specific findings, if warranted by the evidence, as follows:
 - (a) That continuation of the child in the home would be contrary to the child's best interest;
 - (b) That there has been compliance with reasonable efforts requirements regarding removal of the child from the home, as follows:

CRS 19-2-906.5 (1)(a)(b)

- (1) If the court orders legal custody of a juvenile to a county department of social services pursuant to the provisions of this article, said order shall contain specific findings as follows:
 - (a) Whether placement of the juvenile out of the home would be in the juvenile's and the community's best interest; and
 - (b) Whether reasonable efforts have been made to prevent or eliminate the need for removal of the juvenile from the home, whether it is reasonable that such efforts are not made because an emergency situation exists that requires the immediate removal of the juvenile from the home, or whether such efforts are not required because of circumstances described in section

COURT

1. (Continued)

CRS 19-3-401 (1.5)

An emergency exists and a child is seriously endangered as described in paragraph (a) of subsection (1) of this section whenever the safety or well-being of a child is immediately at issue and there is no other reasonable way to protect the child without removing the child from the child's home. If such an emergency exists, a child shall be removed from such child's home and placed in protective custody regardless of whether reasonable efforts to preserve the family have been made

CRS 19-3-403 (3.6) (a)

(3.6) The office of the state court administrator shall prepare a form affidavit and advisement. The form affidavit and advisement shall be available at each judicial district to each parent attending a temporary custody hearing. The form affidavit and advisement shall:

- (a) Advise the parent that he or she is required to provide the requested information fully and completely under penalties of perjury and contempt of court;

CRS 19-3-502 (2.5)

(2.5) The petition in each case where removal of a child from the home is sought shall either state that reasonable efforts to prevent out-of-home placement were made and shall summarize such efforts or, if no services to prevent out-of-home placement were provided, the petition shall contain an explanation of why such services were not provided or a description of the emergency which precluded the use of services to prevent out-of-home placement of the child. The petition shall be verified

45 CFR Part 1356.21 (d) (2)

Neither affidavits nor nunc pro tunc orders will be accepted as verification documentation in support of reasonable efforts and contrary to the welfare judicial determinations.

DYC Policy 19.5, A

Reasonable Efforts Language: Judicial language required by the Federal Title IV-E regulations, which addresses the reasons for and conditions under which a juvenile is removed from his/her home. Such judicial language includes the requirement that it has been found to be in the best interest of the juvenile to be removed from his/her home *and* that either reasonable efforts were made to prevent removal from the home or that because of the emergency nature of the situation, it was not possible to make reasonable efforts to prevent removal prior to the removal occurring.

COURT

2. **Is this a combined 6-month periodic review and Permanency Hearing with the ALJ?** (CRS 19-2-921(5)(a)(b)) C.R.S. as amended by House Bill 06-1255

INSTRUCTIONS

- Answer “**Yes**” if this is a combined 6-month periodic review as well as a 12-month Permanency Hearing conducted by an Administrative Law Judge.
- Answer “**No**” if this is a regular 6-month periodic review.
- “**NA**” should not be used.

Colorado’s Children Code

CRS 19-2-921, 5 (a) & (b) Commitment to department of human services.

- (5) (a) When a juvenile is placed in a community placement by the department of human services following commitment pursuant to section 19-2-601 or 19-2-907, an administrative review shall be conducted every six months after said placement for as long as the juvenile remains in a community placement under the department of human services.
- (b) When a juvenile is placed in a community placement for a period of twelve months or longer, a court of competent jurisdiction or an administrative body appointed or approved by the court that is not under the supervision of the department shall conduct a permanency hearing pursuant to the federal "Social Security Act", 42 U.S.C. sec. 675 (5) (C) no later than the twelfth month of the community placement and at least every twelve months thereafter while the juvenile remains in a community placement. At the permanency hearing, the entity conducting the hearing shall make the following determinations:
- (I) Whether continued community placement is in the best interest of the juvenile and the community
 - (II) Whether the juvenile's safety is protected in the community placement
 - (III) Whether reasonable efforts have been made to finalize the juvenile's permanency plan that is in effect at that time;
 - (IV) Whether continued community placement is necessary and appropriate;
 - (V) Whether there has been compliance with the juvenile's case plan;
 - (VI) Whether progress has been made toward alleviating or mitigating the causes that necessitated the community placement;
 - (VII) Whether there is a date projected by which the juvenile will be returned and safely maintained in his or her home, placed for legal guardianship, or placed in a planned and permanent living arrangement; and
 - (VIII) Whether procedural safeguards to preserve parental rights have been applied in connection with the removal of the juvenile from the home, any change in the juvenile's community placement, or any determination affecting parental visitation.

IV-E

3. **Has IV-E eligibility been determined *within 45 days of removal*?**

(DYC Policy 19.1, I)

INSTRUCTIONS

- Answer “**YES**” if a DYC-9 has been completed timely and the signed and dated form is located in the case record/hard copy, or a completed SS-9 is in the case record/hard copy and the client is not eligible. (Entitlement/Support Section).
- Answer “**No**” if there is no DYC-9 or the DYC-9 contains no eligibility determination, signature or date of determination.
- Answer “**NA**” if this is a re-review, or if Child Welfare determined IV-E eligibility before this client was committed, and this remains a continuous open removal.

NOTE: Date of commitment equals the date of removal if the client did not come into DYC from a Child Welfare placement.

NOTE: Les informed us of the following regarding question 6 and timely determination of IV-E- "The clock for the 45-day count begins with the first day of the removal. Note, due to the timing of DYC determinations, this clock will always be incorrect. DYC's determinations are due 45-days from the date the youth has entered community placement." (8/16/10)

DYC Policy 19.1,I

An Assessment to determine eligibility for Federal Title IV-E requirements shall be made of each juvenile committed to the Department of Human Services, Division of Youth Corrections. If the client is determined to be IV-E eligible, a review to re-determine commitment. Such re-determination shall occur every twelve (12) months thereafter while client remains under the care and responsibility of the state.

IV-E

4. Has a timely IV-E redetermination been completed during the review period? (Re-Review Only) (DYC Policy 19.1, I)

INSTRUCTIONS

- Answer “**YES**” if a redetermination was due within the review period, the DYC-10 was completed timely, and the signed and dated form is located in the case record/hard copy.
- Answer “**No**” if a redetermination was due during the review period and the DYC-10 was not completed timely, signed and dated.
- Answer “**NA**” if the client has been determined ineligible for IV-E, or if a redetermination was not due during the review period or if the client is over the age of 18 and will not graduate by his/her 19th birthday.

Timely=within the month it was due.

NOTE: Time begins on the date of placement. A redetermination is due 12 months from the date of the last determination. Re-reviews will require the reviewer to go outside of the review period to locate the last completed DYC-9 or DYC-10.

NOTE: DYC-10's are necessary, even if the client is eligible but not claimable, because of the new requirement for “reasonable efforts to finalize the permanency plan” language. If a client is dually eligible for SSI and IV-E, a DYC-10 is necessary to assure the client continues to be IV-E eligible.

DYC Policy 19.1,I

An Assessment to determine eligibility for Federal Title IV-E requirements shall be made of each juvenile committed to the Department of Human Services, Division of Youth Corrections. If the client is determined to be IV-E eligible, a review to re-determine commitment. Such re-determination shall occur every twelve (12) months thereafter while client remains under the care and responsibility of the state.

DUE PROCESS

5. **Were all required parties invited to the review and given at least two weeks' notice? (Check all "No" responses that apply)** (CRS 19-3-502(7)), (DYC Policy 19.3, III, C,2, (h)), (Item 26 & 29), (475 5 G)

INSTRUCTIONS

- Answer **"Yes"** if all required parties (parents, client, out-of-home care providers) were invited to the review at least two weeks prior to the scheduled review. All clients who are emotionally able to attend the review are to receive an individual invitation to the review.
- Answer **"No, client"** if the client was not invited to the review.
- Answer **"No, mother/guardian/kin"** if the mother/guardian/kin was not invited to the review.
- Answer **"No, father/guardian/kin"** if the father/guardian/kin was not invited to the review.
- Answer **"No, provider"**, if the OOH provider was not invited to the review. **NOTE:** This may not be applicable to clients on parole.
- Answer **"No, client manager"** if the client manager was not invited to the review.
- Answer **"No, not timely"** if invitations were not sent with the required two week notice, in order to meet due process requirements.

NOTE: If all required parties were not invited to the review or if the invitations were not sent timely, address in written findings. For example, "Parent not invited, but address known."

NOTE: If the court has ordered that a parent is not to be provided with information regarding their client, he/she does not need to be invited to the review. A parent should be invited even when a restraining order is in effect (segment the review) or if he/she has been released from the treatment plan.

NOTE: If the client was removed from the home of a legal guardian, and the legal guardian is a party to the case, he/she should also be invited.

NOTE: Provider notification does not meet the obligation that the client be invited to the review. Notification must occur at least two weeks in advance in writing. The parents of clients who are 18 years of age or older must be invited to the review.

NOTE: All clients must be present for a combined 6-Month Review and 12-Month Permanency Hearing conducted with the ALJ. The only exception is when the Permanency Hearing has been scheduled and invitations sent out prior to the client returning to secure placement. In this circumstance, the client may attend by teleconference.

CRS 19-3-502 (7)

- (7) In addition to notice to all parties, the court shall ensure that notice is provided of all hearings and reviews held regarding a child to the following persons with whom a child is placed: Foster parents, pre-adoptive parents, or relatives. Such persons shall have the right to be heard at such hearings and reviews. The persons with whom a child is placed shall provide prior notice to the child of all hearings and reviews held regarding the child. The foster parent, pre-adoptive parent, or relative providing care to a child shall not be made a party to the action for purposes of any hearings or reviews solely on the basis of such notice and right to be heard. Notice of hearings and reviews shall not reveal to the respondent parent or other relative the address, last name, or other such identifying information regarding any person providing care to the child.

DYC Policy 19.3,III, B,2 (d & e)

- (d) Assuring that the reviews shall be open to the participation of the parents and the provider of out of home services of the client being reviewed.

DUE PROCESS

5. (Continued)

(e) Assuring that the client, the client's parent(s), the provider and all attorneys of record shall be sent notification letters at least fourteen (14) days prior to the date of the review. Copies of notification letters and certification receipts will be maintained in the case record. In cases where the parent(s) are not notified due to allowable exceptions, the specific reason(s) for the exception shall be documented in the client's permanent case record, identifying one of the following reasons:

- 1) A restraining order is in effect.
- 2) There has been a termination of parental rights.
- 3) The parents are deceased.
- 4) The parents' whereabouts are unknown. (There has been a Certified letter returned from the last known address.)
- 5) The identity of the parent is unknown.

475 – 5 – G

- (5) The term “case review system” means a procedure for assuring that—
(G) the foster parents (if any) of a child and any preadoptive parent or relative providing care for the child are provided with notice of, and a right^[309] to be heard in, any proceeding^[310] to be held with respect to the child, except that this subparagraph shall not be construed to require that any foster parent, preadoptive parent, or relative providing care for the child be made a party to such a proceeding^[311] solely on the basis of such notice and right^[312] to be heard; and^[313]

SAFETY

- 6. If any new allegations/incidents of abuse or neglect were identified during the review period, were ALL of these allegations documented in Trails as new referrals?** (CRS 19-3-304 (1, 2)), (CRS 19-3-307 (1, 2, 2.5, 3, 4)), (DYC Policy 3.14, III,A,1; 9.17, 1; 9.17, B, 1 & 2; 9.8, III, A-F)

INSTRUCTIONS

- Answer “**YES**” if any new allegations/incidents of abuse or neglect were identified during the review period and **ALL** of these allegations/incidents were entered into Trails as new referrals.
- Answer “**No**” if any new allegations/incidents of abuse or neglect were identified during the review period and **ALL** of these allegations/incidents were **NOT** entered into Trails as new referrals.
- Answer “**NA**” if no new allegations/incidents of abuse or neglect were identified during the review period.

NOTE: Do **not** answer both “Yes” and “No”—this is an all or nothing question.

NOTE: If “No,” the reviewer/client manager is required to file mandatory report and the reviewer is to make comments in narrative findings.

Colorado Revised Statutes

CRS 19-3-304;

- 1) Except as otherwise provided by section [19-3-307](#) and sections [25-1-122](#) (4) (d) and 25-4-1404 (1) (d), C.R.S., any person specified in subsection (2) of this section who has reasonable cause to know or suspect that a child has been subjected to abuse or neglect or who has observed the child being subjected to circumstances or conditions which would reasonably result in abuse or neglect shall immediately upon receiving such information report or cause a report to be made of such fact to the county department or local law enforcement agency.
- (2) Persons required to report such abuse or neglect or circumstances or conditions shall include any:
Physician or surgeon, including a physician in training;
Child health associate;
Medical examiner or coroner;
Dentist;
Osteopath;
Optometrist;
Chiropractor;
Chiropodist or podiatrist;
Registered nurse or licensed practical nurse;
Hospital personnel engaged in the admission, care, or treatment of patients;
Christian science practitioner;
Public or private school official or employee;
Social worker or worker in any facility or agency that is licensed or certified pursuant to part 1 of article [6](#) of title [26](#), C.R.S.;
Mental health professional;
Dental hygienist;
Psychologist
Physical therapist;
Veterinarian;
Peace officer as described in section [16-2.5-101](#), C.R.S.;
Pharmacist;

SAFETY

6. (Continued)

Commercial film and photographic print processor as provided in subsection (2.5) of this section;

Firefighter as defined in section [18-3-201](#) (1), C.R.S.;

Victim's advocate, as defined in section [13-90-107](#) (1) (k) (II), C.R.S.;

Licensed professional counselors;

Licensed marriage and family therapists;

Unlicensed psychotherapists;

(I) Clergy member.

CRS 19-3-307. Reporting procedures.

- (1) Reports of known or suspected child abuse or neglect made pursuant to this article shall be made immediately to the county department or the local law enforcement agency and shall be followed promptly by a written report prepared by those persons required to report. The county department shall submit a report of confirmed child abuse or neglect within sixty days of receipt of the report to the state department in a manner prescribed by the state department.
- (2) Such reports, when possible, shall include the following information:
 - (a) The name, address, age, sex, and race of the child;
 - (b) The name and address of the person responsible for the suspected abuse or neglect;
 - (c) The nature and extent of the child's injuries, including any evidence of previous cases of known or suspected abuse or neglect of the child or the child's siblings;
 - (d) The names and addresses of the persons responsible for the suspected abuse or neglect, if known;
 - (e) The family composition;
 - (f) The source of the report and the name, address, and occupation of the person making the report;
 - (g) Any action taken by the reporting source;
 - (h) Any other information that the person making the report believes may be helpful in furthering the purposes of this part 3.
- (2.5) Notwithstanding the requirements set forth in subsection (2) of this section, any officer or employee of a local department of health or state department of public health and environment who makes a report pursuant to section 25-1-122 (4) (d) or 25-4-1404 (1) (d), C.R.S., shall include only the information described in said sections.
- (3)
 - (a) A copy of the report of known or suspected child abuse or neglect shall be transmitted immediately by the county department to the district attorney's office and to the local law enforcement agency.
 - (b) When the county department reasonably believes a criminal act of abuse or neglect of a child in foster care has occurred, the county department shall transmit immediately a copy of the written report prepared by the county department in accordance with subsection (1) of this section to the district attorney's office and to the local law enforcement agency.
- (4) A written report from persons or officials required by this part 3 to report known or suspected child abuse or neglect shall be admissible as evidence in any proceeding relating to child abuse, subject to the limitations of section 19-1-307.

DYC Policy 3.14, III,A,1;

DYC Policy 9.17, 1;

Whenever there is reason to suspect that a juvenile may have been abused, all mandated professionals shall make a report to the local county Department of Social Services or local law enforcement agency immediately after the suspected abuse is alleged or first discovered. Effective January 1, 2004, if the alleged perpetrator of the abuse is a third person, and the alleged victim is over the age of

SAFETY

6. (Continued)

ten (10) the local law enforcement agency shall be notified, who shall have the responsibility for the coordination and investigation of all reports. Failure to comply with these reporting requirements may result in corrective or disciplinary action and/or criminal prosecution, and/or the staff member(s) who failed to report the alleged abuse may be held liable for damages proximately caused thereby. Each Division of Youth Corrections' facility/program shall maintain current child abuse reporting procedures, which clearly specifies to whom or where and how the reports are to be made.

DYC Policy 9.17, B, 1 & 2;

B. Reporting Procedures:

1. Each Division of Youth Corrections' facility or program shall have child abuse reporting procedures included in the facility's emergency manual and shall train all direct care staff on the procedures. These procedures shall include the requirement that a Critical Incident Report be made in accordance with DYC Policy 9.8, Reporting Critical Incidents. In cases when the local county Department of Social Services determines that the alleged incident does not meet the definition of child abuse, the incident and the date of the notification shall be documented in the Trails incident report functionality.
 - a. Each DYC employee responsible for direct client supervision shall sign a statement indicating when they read the Child Abuse Reporting Policy and received training on how to identify and report suspected abuse.
2. If there is reason to believe that a resident has been subjected to any form of abuse either through omission or commission, such as physical maltreatment; sexual maltreatment; emotional maltreatment; or harmful restraint and/or control; the facility Director and any staff member aware of the possible abuse shall report the incident to the local Department of Social Services or the local law enforcement agency immediately or as soon as possible but at least within one (1) hour after learning of the incident.
 - a. If the alleged abuse occurred prior to a juvenile's arrival (third party report) at a Division of Youth Corrections' facility or program, the report shall be made immediately or as soon as is possible after its disclosure to facility staff to the local county Department of Social Services and electronically to the DYC Office of Quality Assurance. The electronic transmission to the Quality Assurance Office must include the reporting facility, reporting date, name of alleged victim (first name and last name initial), date of alleged incident and type of alleged abuse.
 - b. Notification to the Social Service Department or the law enforcement agency shall be documented in an incident report, and where applicable, in the Critical Incident Report.

DYC Policy 9.8, III, A-F

III. PROCEDURES: See Policy 9.8 III, A-F Policy

SAFETY

- 7. If any new safety concerns were received regarding this client, were the safety needs of the client adequately addressed during the review period?**
(Check all “No” responses that apply) (DYC Policy 9.8, III, A-F), (Item 4)

INSTRUCTIONS

- Answer “**YES**” if there were any new safety concerns/allegation and the Division adequately addressed the safety needs identified in the allegation. This may include conducting a risk assessment, developing a safety plan, revising the DCP, moving the client, etc. Reviewers must determine whether the Division provided or arranged for services that targeted the identified risks with the goal of reducing them.
- Answer “**No change in DCP**” if a change in the DCP was needed to provide safety for the client but the Division did not complete the changes to the plan.
- Answer “**No referral to law enforcement**” if a referral to Law Enforcement was needed but not completed.
- Answer “**No, other**” if another action/response is identified as needed to provide safety for the client, but is not listed in these answer options. Provide information regarding the identified response/action not taken in the Comments section. Also answer “**No, other**” if nothing has been done to provide safety for the client, but something could have been done.
- Answer “**No placement change**” if a placement change was needed to provide safety for the client but was not completed.
- Answer “**No crisis intervention (MH/hospital/detention, etc.)**” if one of these options was needed in order to adequately address the client’s safety needs.
- Answer “**NA**” if there was/were no additional safety concern/allegation(s) during the review period or if the allegation is made during the face-to-face review.

NOTE: This information may be found on an Institutional Abuse Report.

NOTE: Only an allegation (not a formal referral) is needed in order to answer this question. This could be documented in a monthly contact note.

NOTE: If there should have been a referral, address the following in your narrative findings:

- Is the client safe?
- Was there a thorough assessment of safety and risk factors?
- Was there adequate documentation to determine the thoroughness of investigations and assessments?

NOTE: If the client is in the custody of the Division, address allegations even if the alleged abuse or neglect occurred outside of the placement facility. Address allegations whether the client under review was a victim or a perpetrator.

NOTE: Ensure that either the client manager or the reviewer, as a mandatory reporter, has called the hotline of the county where the abuse has allegedly occurred.

NOTE: This should have a strong correlation with how the reviewer answered Question #6.

DYC Policy 9.8, III, A-F

III. PROCEDURES: See Policy 9.8 III, A-F Policy

CASE PLANNING/SERVICES

8. Was the out-of-home provider engaged in case planning during the review period? (Items 18 & 25)

INSTRUCTIONS

- Answer “**Yes**” if there is documentation to indicate that the provider has provided input and has been involved in case planning.
- Answer “**No**” if there is no documentation to indicate that the provider has provided input and has been involved in case planning.
- Answer “**No, efforts made but refused**” if there is documentation to indicate the client manager attempted to engage the provider in case planning, but the provider refused.
- Answer “**NA**” if the client is on escape status for the entire review period.

NOTE: A signature on the DCP is not sufficient (in and of itself) as evidence of efforts to involve the provider in case planning.

NOTE: Compliance with the DCP does not necessarily imply involvement in case planning.

NOTE: Answer this question based on ongoing case planning during the review period.

CASE PLANNING/SERVICES

9. **How was the out-of-home provider engaged in case planning during the review period? (Check all “No” responses that apply)** (DYC Policy 19.2, III, A,2 (f)), (Items 18 & 25)

INSTRUCTIONS

- Answer “**MDT/DCP monthly staffings**” if reports from meetings/staffings indicate that the provider has been involved in case planning.
- Answer “**Signature**” if the provider has signed the monthly DCP form.
- Answer “**FF contacts**” if reports or notes from face-to-face contacts with the client indicate that the provider has been involved in case planning.
- Answer “**Telephone contacts**” if there is documentation to indicate that the out-of-home provider has provided input and/or participated in discussions regarding case planning during telephone contacts with the client manager.
- Answer “**Email contact**” if there is documentation to indicate that the out-of-home provider has provided input and/or participated in discussions regarding case planning during email contacts with the client manager.
- Answer “**Other**” if there is documentation of opportunities/activities to engage the provider in case planning, other than those listed above. Please note in Comments what types of opportunities/activities are documented. **Documentation of efforts to engage the provider via email is acceptable.**
- Answer “**NA**” if the client is on escape status for the entire review period. Also answer “**NA**” if the reviewer selected “**No**” or “**No, efforts made but refused**” on the previous question.

NOTE: Compliance with the DCP does not necessarily imply involvement in case planning.

DYC Policy 19.2, III, A, 2 (f)

III. PROCEDURES:

A. Development of the Youth Discrete Case Plan:

2. The Youth Discrete Case Plan shall address all content areas outlined in the Federal Safeguards and other published guidelines for case planning, including the following, at the minimum:
 - f. The Youth Discrete Case Plan shall include a plan for providing services to the parents, juvenile and foster parents to improve conditions in the parents' home and facilitate the return of the juvenile to the home or to a permanent placement.

CASE PLANNING/SERVICES

10. Was the client engaged in case planning during the review period?

(DYC Policy 19.2, III, A, 1 (a)) (Items 18 & 25)

INSTRUCTIONS

- Answer **“Yes”** if there is documentation to indicate that the client has provided input and has been involved in case planning.
- Answer **“No”** if there is no documentation to indicate that the client has provided input and has been involved in case planning.
- Answer **“No, efforts made but client refused”** if there is documentation to indicate the client has been given the opportunity to provide input and be involved in case planning but has refused.
- Answer **“NA”** if the client is on escape status for the entire review period.

NOTE: A signature on the DCP is not sufficient (in and of itself) as evidence of efforts to involve the client in case planning.

NOTE: Compliance with the DCP does not necessarily imply involvement in case planning.

NOTE: Answer this question based on ongoing case planning during the review period.

CASE PLANNING/SERVICES

11. How was the client engaged in case planning during the review period?

(Check all responses that apply) (DYC Policy 19.2, 1, A ; SSA; Section 475 amend to 477 of SSA interpretation through Children's Bureau CW Policy Manuel 3.1 (a1); (Items 18 & 25)

INSTRUCTIONS

- Answer “**MDT/DCP monthly staffings**” if reports from MDT/DCP staffings indicate that the client has been involved in case planning.
- Answer “**Signature**” if the client has signed the DCP and/or DCP Monthly Staffing forms.
- Answer “**FF contacts**” if there is documentation to indicate that the client has provided input and/or participated in discussions regarding case planning during FF contacts with the client manager.
- Answer “**Telephone contacts**” if there is documentation to indicate that the client has provided input and/or participated in discussions regarding case planning during telephone contacts with the client manager.
- Answer “**Email contact**” if there is documentation to indicate that the client has provided input and/or participated in discussions regarding case planning during email contacts with the client manager.
- Answer “**Other**” if there is documentation of opportunities/activities to engage the client in case planning, other than those listed above. Please note in Comments what types of opportunities/activities are documented. Documentation of efforts to engage the client via email is acceptable.
- Answer “**NA**” if the client is on escape status for the entire review period. Also answer “**NA**” if the reviewer selected “**No**” or “**No, efforts made but refused**” on the previous question.

NOTE: Compliance with the DCP does not necessarily imply involvement in case planning.

DYC Policy 19.2, III, A, 1, (a)

III. PROCEDURES:

A. Development of the Youth Discrete Case Plan:

1. Each juvenile's assigned Client Manager shall develop a Youth Discrete Case Plan (DCP) within 14 days of completion of the initial assessment, or within 7 days of initial placement, whichever is first.

- a. The Youth Discrete Case Plan shall be developed jointly, BY the Client Manager, the juvenile, the juvenile's parent or guardian, and the multidisciplinary team.

SSA; Title IV-E, 477 of SSA: Interpretations through Children's Bureau Child Welfare Policy Manuel 3.1 (a) Independent Living, certifications and requirements, adolescent participation:

The certification at section 477(b)(3)(H) requires the State to ensure that "adolescents" participate directly in designing their own program activities "and accept personal responsibility for living up to their part of the program." There is no specific requirement for States to utilize life skills assessments or personal responsibility contracts to comply with this certification. However, various assessment tools and personal responsibility contracts are currently used by some States to assist youth to make the transition from adolescence to adulthood and we believe that this is a good approach to determining needs and developing appropriate services.

CASE PLANNING/SERVICES

12. Was the mother/guardian/kin engaged in case planning during the review period? (DYC Policy 19.2, III, A, 1 (a)), (Items 18 & 25)

INSTRUCTIONS

- Answer **“Yes”** if there is documentation to indicate that the mother/guardian/kin has provided input and has been involved in case planning.
- Answer **“No”** if there is no documentation to indicate that the mother/guardian/kin has provided input and has been involved in case planning.
- Answer **“No, efforts made but mother/guardian/kin refused”** if there is documentation to indicate the mother/guardian/kin has been given the opportunity to provide input and be involved in case planning but has refused.
- Answer **“NA”** if the mother/ guardian/kin’s parental rights have been terminated or she has relinquished her parental rights, is deceased or her whereabouts are unknown.

NOTE: A signature on the DCP is not sufficient (in and of itself) as evidence of efforts to involve the mother/guardian/kin in case planning.

NOTE: Compliance with the DCP does not necessarily imply involvement in case planning.

NOTE: Answer this question based on ongoing case planning during the review period.

CASE PLANNING/SERVICES

- 13. How was the mother/guardian/kin engaged in case planning during the review period? (Check all responses that apply) (DYC Policy 19.2, III, A, 1 (a)) (Items 18 & 25)**

INSTRUCTIONS

- Answer “**MDT/DCP monthly staffings**” if reports from MDT/DCP meetings indicate that the mother/guardian/kin has been involved in case planning.
- Answer “**Signature**” if the mother/guardian/kin has signed the DCP and/or monthly DCP form.
- Answer “**FF contacts**” if reports or notes from face-to-face contacts with the mother/guardian/kin indicate the mother/guardian/kin has been involved in case planning.
- Answer “**Telephone contacts**” if there is documentation to indicate that the mother has provided input and/or participated in discussions regarding case planning during telephone contacts with the client manager.
- Answer “**Email contact**” if there is documentation to indicate that the mother has provided input and/or participated in discussions regarding case planning during email contacts with the client manager.
- Answer “**Other**” if there is documentation of opportunities/activities to engage the mother/guardian/kin in case planning, other than those listed above. Please note in Comments what types of opportunities/activities are documented. Documentation of efforts to engage the mother/guardian/kin in case planning via email is acceptable.
- Answer “**NA**” if the mother/guardian/kin is not a part of the household being considered as a placement option and/or is not a caretaker who will return to the household. Also answer “**NA**” if the mother/guardian/kin’s parental rights have been terminated, her whereabouts are unknown or if she is deceased and there is no substitute legal guardian. Answer “**NA**” if the client is on escape status for the entire review period. Also answer “**NA**” if the reviewer selected “**No**” or “**No, efforts made but refused**” on the previous question.

NOTE: Compliance with the treatment plan does not necessarily imply involvement in case planning.

NOTE: Mother is biological mother or other female with legal responsibility.

DYC Policy 19.2, III, A, 1, (a)

III. PROCEDURES:

A. Development of the Youth Discrete Case Plan:

1. Each juvenile's assigned Client Manager shall develop a Youth Discrete Case Plan (DCP) within 14 days of completion of the initial assessment, or within 7 days of initial placement, whichever is first.

- a. The Youth Discrete Case Plan shall be developed jointly, BY the Client Manager, the juvenile, the juvenile's parent or guardian, and the multidisciplinary team.

Item 18 & 25

CASE PLANNING/SERVICES

14. Was the father/guardian/kin engaged in case planning during the review period? (DYC Policy 19.2, III, A, 1 (a)) (Items 18 & 25)

INSTRUCTIONS

- Answer “**Yes**” if there is documentation to indicate that the father/guardian/kin has provided input and has been involved in case planning.
- Answer “**No**” if there is no documentation to indicate that the father/guardian/kin has provided input and has been involved in case planning.
- Answer “**No, efforts made but father/guardian/kin refused**” if there is documentation to indicate the father/guardian/kin has been given the opportunity to provide input and be involved in case planning but has refused.
- Answer “**NA**” if the father/guardian/kin’s parental rights have been terminated or he has relinquished his parental rights, is deceased or his whereabouts are unknown.

NOTE: A signature on the DCP is not sufficient as evidence of efforts to involve the father/guardian/kin in case planning.

NOTE: Compliance with the DCP does not necessarily imply involvement in case planning.

NOTE: Answer this question based on ongoing case planning during the review period.

DYC Policy 19.2, III, A, 1, (a)

III. PROCEDURES:

A. Development of the Youth Discrete Case Plan:

1. Each juvenile's assigned Client Manager shall develop a Youth Discrete Case Plan (DCP) within 14 days of completion of the initial assessment, or within 7 days of initial placement, whichever is first.

- a. The Youth Discrete Case Plan shall be developed jointly, BY the Client Manager, the juvenile, the juvenile's parent or guardian, and the multidisciplinary team.

Item 18 & 25

CASE PLANNING/SERVICES

15. How was the father/guardian/kin engaged in case planning during the review period? (Check all responses that apply) (DYC Policy 19.2, III, A,1 (a)), (Items 18 & 25)

INSTRUCTIONS

- Answer “**MDT/DCP Monthly Staffings**” if reports from MDT/DCP meetings indicate that the father/guardian/kin has been involved in case planning.
- Answer “**Signature**” if the father/guardian/kin has signed the DCP.
- Answer “**FF contacts**” if there is documentation to indicate that the father/guardian/kin has provided input and/or participated in discussions regarding case planning during FF contacts with the client manager.
- Answer “**Telephone contacts**” if there is documentation to indicate that the father has provided input and/or participated in discussions regarding case planning during telephone contacts with the client manager.
- Answer “**Email contact**” if there is documentation to indicate that the father has provided input and/or participated in discussions regarding case planning during email contacts with the client manager.
- Answer “**Other**” if there is documentation of activities to engage the father/guardian/kin in case planning, other than those listed above. Please note in Comments what types of activities are documented. Documentation of efforts to engage the father/guardian/kin in case planning via email is acceptable.
- Answer “**NA**” if the father/guardian/kin is not a part of the household being considered as a placement option and/or is not a caretaker who will return to the household. Also answer “**NA**” if the father/guardian/kin’s parental rights have been terminated, his whereabouts are unknown or if he is deceased and there is no substitute legal guardian. Answer “**NA**” if the client is on escape status for the entire review period. Also answer “**NA**” if the reviewer selected “**No**” or “**No, efforts made but refused**” on the previous question.

NOTE: Compliance with the DCP does not necessarily imply involvement in case planning.

NOTE: Father is biological father or other male with legal responsibility

DYC Policy 19.2, III, A, 1, (a)

III. PROCEDURES:

A. Development of the Youth Discrete Case Plan:

1. Each juvenile's assigned Client Manager shall develop a Youth Discrete Case Plan (DCP) within 14 days of completion of the initial assessment, or within 7 days of initial placement, whichever is first.

a. The Youth Discrete Case Plan shall be developed jointly, BY the Client Manager, the juvenile, the juvenile's parent or guardian, and the multidisciplinary team.

CASE PLANNING/SERVICES

- 16. Is the client placed within close proximity to his/her parents or other potential permanent caregiver's home?** (DYC Policy 19.2 III A. 2 (k 3)) (DYC Policy 19.3.II D (6 d)) (475 (5) A),(Items 11 & 16)

INSTRUCTIONS

- Answer **“YES”** if the current placement is in the same community as the parents or other potential permanent caregiver. If the placement is not in the same community reviewers should consider whether the placement is sufficiently close to allow frequent contact between the client and parents/potential permanent caregiver(s). As a general guideline, reviewers should consider a travel distance of less than one hour, one way, as close enough for face-to-face contact. If the client's parents live separately, reviewers should determine which parent is most involved in case planning and is most likely to be reunified with the client. Also answer **“Yes”** if the client is living in his/her adoptive home or with their permanent guardian.
- Answer **“No”** if the placement is not in the same community as the parents/potential permanent caregiver(s) or as a general guideline, if the travel distance is more than one hour, one way.
- Answer **“NA”** if the whereabouts of both parents is unknown despite documented concerted agency efforts to locate them, if parents are deceased, parental rights have been terminated and an adoptive home has not been identified, the court has determined that continued contact between the client and parents is not in the client's best interest, parents have a history of frequent moves that would make it difficult to place the client in close proximity **and** there are no other family members that could potentially provide a permanent home for the client, and/or the client is on escape status. Also answer **“NA”** if the goal is OPPLA Emancipation or OPPLA Long-Term Non-Relative Foster Care.

DYC Policy 19.2, III, A, 1, (a)

III. PROCEDURES:

A. Development of the Youth Discrete Case Plan:

2. The Youth Discrete Case Plan shall address all content areas outlined in the Federal Safeguards and other published guidelines for case planning, including the following, at the minimum:

k. The Youth Discrete Case Plan shall include the health and educational records of the juvenile to the fullest extent available, including the following:

3. Assurances that the juvenile's placement in foster care takes into account proximity to the school in which the juvenile is enrolled at the time of placement.

DYC Policy 19.3.II D (6 d)

II. DEFINITIONS:

D. Discrete Case Plan (DCP): A written document which includes, at minimum, the following:

6. To the extent available and accessible, the health and education records of the youth, including:

d. Assurances that the youth's placement takes into account proximity to the school in which the youth is enrolled at the time of placement.

475 (5) A

5) The term “case review system” means a procedure for assuring that—

(A) each child has a case plan designed to achieve placement in a safe setting that is the least restrictive (most family like) and most appropriate setting available and in close proximity to the parents' home, consistent with the best interest and special needs of the child, which—

if the child has been placed in a foster family home or child-care institution a substantial distance from the home of the parents of the child, or in a State different from the State in which such home is located, sets forth the reasons why such placement is in the best interest of the child,...

CASE PLANNING/SERVICES

- 17. If a client is not placed in close proximity to his/her parents or other potential permanent caregiver’s home, were reasonable efforts made to support or facilitate face-to-face contact with the parents or potential permanent caregivers?** (475 (5) A), (Items 11 & 16)

INSTRUCTIONS

- Answer “**YES**” if the Division made reasonable efforts to maintain proximity to the parent or potential permanent caregivers (i.e. provided gas vouchers, drove parents to visits, etc.)
- Answer “**No**” if the Division did not make reasonable efforts to maintain the proximity to the parent or potential permanent caregivers and if the travel distance is more than 1 hour.
- Answer “**NA**” if the client is placed within one hour’s drive from the parents or potential permanent caregiver’s home. Also, answer “**NA**” if the whereabouts of both parents are unknown despite documented concerted agency efforts to locate them, if parents are deceased and there is no substitute legal guardian, parental rights have been terminated and an adoptive home has not been identified, the court has determined that continued contact between the client and parents is not in the client’s best interest, parents have a history of frequent moves that would make it difficult to place the client in close proximity **and** there are no other family members who could potentially provide a permanent home for the client, and/or the client is on escape status. Also answer “**NA**” if the goal is OPPLA Emancipation or OPPLA Non-Relative Long-Term Foster Care

NOTE: As a general guideline, reviewers should consider a travel distance of less than one hour, one way, as close enough for face-to-face contact.

475 (5) A

5) The term “case review system” means a procedure for assuring that—

(A) each child has a case plan designed to achieve placement in a safe setting that is the least restrictive (most family like) and most appropriate setting available and in close proximity to the parents' home, consistent with the best interest and special needs of the child, which—

- (i) if the child has been placed in a foster family home or child-care institution a substantial distance from the home of the parents of the child, or in a State different from the State in which such home is located, sets forth the reasons why such placement is in the best interest of the child,...

DYC Policy

19.2 III A, 2, (k, 3)

2. The Youth Discrete Case Plan shall address all content areas outlined in the Federal Safeguards and other published guidelines for case planning, including the following, at the minimum:

k. The Youth Discrete Case Plan shall include the health and educational records of the juvenile to the fullest extent available, including the following:

3. Assurances that the juvenile's placement in foster care takes into account proximity to the school in which the juvenile is enrolled at the time of placement, AND

CASE PLANNING/SERVICES

17. (Continued)

DYC Policy 19.3 II, D (6, d)

D. Discrete Case Plan (DCP): A written document which includes, at minimum, the following:

- d. Assurances that the youth's placement takes into account proximity to the school in which the youth is enrolled at the time of placement.

CASE PLANNING/SERVICES

- 18. At the time of the review, is the client placed in the most appropriate setting to meet his/her individual needs? (Check all “No” responses that apply) (DYC Policy 19.2 III A 2 (c)), (DYC Policy 19.3 II D (5)), (Items 4, 12, 15, 17, 26)**

INSTRUCTIONS

- Answer **“YES”** if there is documentation in the case record and/or if information is obtained during the face to-face review to indicate that the client is in the most appropriate setting to meet his/her or her needs at the time of the review.
- Answer **“No appropriate level of care”** if there is no information to support that the current placement is most appropriate to meet the client's needs, or if the reviewer determines that the placement is not most appropriate to meet the client's needs.
- Answer **“No, client's needs not addressed/met”** if there is information that leads indicates the placement is not able to address the client or client's needs as identified in the assessment and/or treatment plan. For instance, if the client requires offense-specific treatment or alcohol and drug treatment, is this placement able to meet those needs?
- Answer **“No, relatives not considered”** if a search identified relatives and the relatives were not pursued if the client is on commitment parole status.
- Answer **“No, other”** if there is other information that indicates that the client's placement is not appropriate. Describe in Comments.
- Answer **“No, safety issues”** if there are safety concerns regarding the placement of the client.
- Answer **“No, cultural”** if client's cultural needs are not met through the placement.
- Answer **“No, primary connections”** if a client's primary connections are not met/maintained through the placement.
- Answer **“No, unable to determine where client is placed (requires a comment to the Regional Director)”** if the documentation in TRAILS is not current or accurate.
- Answer **“NA”** if client is on escape status.

NOTE: If the answer is “No,” please provide information in the written findings explaining why the Division is not in compliance.

NOTE: This applies to all placements during the entire review period. A new description must be completed within 30 days of a move.

NOTE: If documentation of efforts to preserve family, community and cultural connections is not in the case record at the time of the review, but pertinent information is provided during the face-to-face review and is documented by the client manager on the monthly review form during the review, this will be counted as documentation and the answer will be corrected on the review instrument if necessary.

NOTE: The Child and Family Services Review Onsite Review Instrument and Instructions provide the following definitions:

- **“Connections”** refer to ties with family members and other related or non-related individuals with whom the client in foster care has/had a significant, positive relationship before entering foster care.
- **“Characteristics”** of the client refer to positive aspects of the values, beliefs, religion, language, traditions, and other factors that distinguish the identity of the child and the child's family.

From the National Scientific Council on the Developing Child: Permanence includes connectedness: "a stable, healthy and lasting living situation within the context of a family relationship with at least one committed adult; reliable, continuous and healthy connections with siblings, birth parents, extended family and a network of other significant adults; and education and/or employment, life skills, supports and services." Connectedness to family, school, and

CASE PLANNING/SERVICES

18. (Continued)

community is the key to youth violence prevention and is based on the most recent findings of the National Longitudinal Study of Adolescent Health.

Reviewers need to make a professional judgment about the youth's primary connections and then explore whether those connections have been/were preserved through case planning and service delivery.

Exploratory Questions

What are/were the primary connections of the youth to his/her neighborhood, community, faith, family, and friends?

What are/were the unique characteristics of the family and youth, including language, religion, values and beliefs, traditions, and background?

How are/were the primary connections addressed in the agency's work with the family and youth?

How does/did the foster care provider support the youth's connections?

475 (5)

(5) The term "case review system" means a procedure for assuring that—

(A) each child has a case plan designed to achieve placement in a safe setting that is the least restrictive (most family like) and most appropriate setting available and in close proximity to the parents' home, consistent with the best interest and special needs of the child, which—

(i) if the child has been placed in a foster family home or child-care institution a substantial distance from the home of the parents of the child, or in a State different from the State in which such home is located, sets forth the reasons why such placement is in the best interest of the child, and

(ii) if the child has been placed in foster care outside the State in which the home of the parents of the child is located, requires that, periodically, but not less frequently than every 6^[304] months, a caseworker on the staff of the State agency of the State in which the home of the parents of the child is located, of the State in which the child has been placed, or of a private agency under contract with either such State^[305], visit such child in such home or institution and submit a report on such visit to the State agency of the State in which the home of the parents of the child is located,

DYC Policy

19.2, III, A, 2, (c)

III. PROCEDURES:

A. Development of the Youth Discrete Case Plan:

2. The Youth Discrete Case Plan shall address all content areas outlined in the Federal Safeguards and other published guidelines for case planning, including the following, at the minimum:

c. The Youth Discrete Case Plan shall include an explanation of why the placement is appropriate for the juvenile.

CASE PLANNING/SERVICES

18. (Continued)

19.3 II, D, (5)

D. Discrete Case Plan (DCP): A written document which includes, at minimum, the following:

5. A plan that addresses the needs of the youth while in care, including a discussion of the appropriateness of the services that have been provided to the youth under the plan.

CASE PLANNING/SERVICES

- 19. Does the DCP contain a description of the type and appropriateness of the home(s) or facilities in which the client is placed during the review period?**
(475 (5)(A)), (DYC Policy 19.2)

INSTRUCTIONS

- Answer **“YES”** if the DCP/monthly reviews contain a description of the types and appropriateness of homes and/or institutions in which the client was placed for 30 or more days during the review period.
- Answer **“No”** if any of the placements were not described on the DCP or the appropriateness of the placements was not addressed in the monthly reviews within 30 days of moving.
- Answer **“N/A”** if the client is on parole or has been on escape status for the entire review period.

NOTE: All placements must have a description including Independent Living arrangements.

NOTE: The description of the type of home or institutions and how each is appropriate for the client should be described on the monthly contact sheet during the month the client was moved.

475 (5) (A)

(A) each client has a case plan designed to achieve placement in a safe setting that is the least restrictive (most family like) and most appropriate setting available and in close proximity to the parents' home, consistent with the best interest and special needs of the client, which—

DYC Policy:

19.2, III, A, 2, (b, c, d, e)

A. Development of the Youth Discrete Case Plan:

2. The Youth Discrete Case Plan shall address all content areas outlined in the Federal Safeguards and other published guidelines for case planning, including the following, at the minimum:
- a. The Youth Discrete Case Plan shall be a written document.
 - b. The Youth Discrete Case Plan shall include a description of the type of home or institution in which the juvenile is to be placed or is currently placed in.
 - c. The Youth Discrete Case Plan shall include an explanation of why the placement is appropriate for the juvenile.
 - d. The Youth Discrete Case Plan shall include an explanation of how/why the placement is the least restrictive setting available for the juvenile which is able to meet his/her specific needs.
 - e. The Youth Discrete Case Plan shall include an explanation of how the juvenile is placed in close proximity to the parents consistent with the best interest and special needs of the juvenile.

CASE PLANNING/SERVICES

- 20. Does the DCP/Parole Plan document services directed at the areas of need identified through assessment?** (DYC Policy 19.2, 1A; 19.2, III, A 2(b); 19.2, III,C,2; 19.3, II, D (1-7); 19.3, II, C, (5))

INSTRUCTIONS

- Answer “**Yes**” if the DCP objectives and/or action steps reflect services related to the areas of need identified through assessment. For the purpose of this question, answer based on ongoing assessment, either formal or informal.
- Answer “**No**” if the DCP does not reflect services related to the areas of need identified through assessment, does not address current treatment issues, and/or does not address the services that *are* being offered. Also answer “**No**” if **one or more (but not all)** of the task time frames have expired, as an objective and/or action step does not exist if it is expired; also answer “**No**” if the tasks are missing for DYC or the provider. **Caution**, timeframes can expire because the task is not useful or has been completed.
- Answer “**No, IL not addressed**” if independent living services were not addressed on the DCP/Parole Plan.
- Answer “**No DCP developed**” if a (DCP) has not been developed at all.
- Answer “**No, all task time frames expired**” if the DCP, in Trails, or Parole Plan (acceptable in hard copy) are in the case record (Trails) but **ALL** of the task time frames have expired.
- Answer “**No, some task time frames expired**” if some, but not all, of the task time frames are expired.
- “**NA**” should not be used.

NOTE: This is a client-specific question.

NOTE: Objectives and action steps are required for parent(s) and client.

NOTE: Answer this question based on ongoing assessment, either formal or informal.

NOTE: This question applies to how complete the DCP is.

DYC Policy 19.3.

II. DEFINITIONS:

- D. Discrete Case Plan (DCP): A written document which includes, at minimum, the following:
1. A description of the type of home or institution in which a youth is to be placed, including a discussion of the safety and appropriateness of the placement.
 2. A description of how the agency responsible for the youth plans to carry out any judicial determinations made with respect to the youth.
 3. A plan for assuring that the youth receives safe and proper care,
 4. A plan for assuring that services are provided to the parents, youth, and provider in order to improve the conditions in the parents’ home, facilitate return of the youth to his/her own safe home, or the planned permanent living arrangement of the youth.
 5. A plan that addresses the needs of the youth while in care, including a discussion of the appropriateness of the services that have been provided to the youth under the plan.
 6. To the extent available and accessible, the health and education records of the youth, including:
 - a. The names and addresses of the youth’s health and educational providers
 - b. The youth’s grade level performance.
 - c. The youth’s school record.
 - d. Assurances that the youth’s placement takes into account proximity to the school in which the youth is enrolled at the time of placement.
 - e. A record of the youth’s immunizations.
 - f. The youth’s known medical problems.
 - g. The youth’s medications.

CASE PLANNING/SERVICES

20. (Continued)

h. Any other relevant health and educational information concerning the youth determined to be appropriate

CASE PLANNING/SERVICES

21. Does the DCP/Parole Plan include clear expectations of all parties in order to achieve the permanency goal? (Check all “No” responses that apply)

INSTRUCTIONS

- Answer “**YES**” if the DCP/Parole Plan includes clear expectations of all parties in order to achieve the permanency goal.
- Answer “**No, client**” if the DCP/Parole Plan does not include clear expectations of the client in order to achieve the permanency goal or the client’s objectives and/or action steps are expired.
- Answer “**No, mother**” if the DCP/Parole Plan does not include clear expectations of the mother in order to achieve the permanency goal or the mother’s objectives and/or action steps are expired.
- Answer “**No, father**” if the DCP/Parole Plan does not include clear expectations of the father in order to achieve the permanency goal or the father’s objectives and/or action steps are expired.
- Answer “**No, provider**” if the DCP/Parole Plan does not include clear expectations of the provider in order to achieve the permanency goal or the provider’s objectives and/or action steps are expired.
- Answer “**No, Division**” if the DCP/Parole Plan does not include clear expectations of the Division in order to achieve the permanency goal or the Division’s objectives/action steps are expired.
- Answer “**No DCP/Parole Plan Developed**” if a DCP/Parole Plan has not been developed. *If this answer response is selected, no other answer response can be selected.*
- Answer “**No, all task time frames expired**” if the DCP/Parole Plan is in the case record (Trails) and **all** of the objectives and/or timeframes have expired. Updates on the DCP Monthly Review form are sufficient to update the DCP/Parole Plan. Please comment as to which time frames are expired.
- Answer “**NA**” should not be used.

NOTE: Objectives and action steps are required for parent(s), client, provider and Division. Provider and Division tasks may be incorporated in others objectives.

NOTE: An objective should not include a service but should focus on the outcome(s) from the service. An objective should be a description of behavioral changes that need to occur in order to achieve the permanency goal. However, when answering this question, an objective does not necessarily have to be documented under “Objectives”. Objectives may be documented anywhere in the DCP/Parole Plan, as long as appropriate objectives are documented somewhere in the DCP/Parole Plan.

NOTE: Answer this question based on reviewer judgment regarding ability to identify what things should look like in order to close the case (i.e. *what* needs to occur, *how we will know* it has occurred, *feasibility* that it can occur, *when* it needs to occur).

NOTE: For any “No” responses, please explain in comments, including identifying for whom the requirement was insufficient or missing.

NOTE: It is acceptable for timeframes to be expired for particular objectives and/or action steps if those objectives and/or actions steps have been documented as completed.

CASE PLANNING/SERVICES

22. Is the client, age 16 years + 60 days or older, receiving all the services identified in the assessment and the ILP? (Check all “No” responses that apply)

INSTRUCTIONS

- Answer “**Yes**” if services being provided/offered are sufficient to address the client’s independent living needs, even if he/she is on a waiting list for Chafee services. The reviewer must take the client’s age, functioning level, circumstances and permanency goal into consideration.
- Answer “**No**” if the client is not receiving any services that are sufficient to address the client’s independent living needs.
- Answer “**No, client refused services**”, if the county has made attempts to provide services to the client but the client refuses.
- Answer “**No, lack of resources**”, if the client is on a wait list for Chafee services and the county is not providing other independent living services to address the client’s needs, and there are no local resources sufficient to address the client’s independent living needs.
- Answer “**No, provider issues**”, if the OOH provider is not actively supporting the client’s involvement with Chafee services, or is not providing other opportunities for other life skill enhancement or acquisition, or if the service provider is not available to provide timely services to the client.
- Answer “**No re-assessment of needs**” if, during the review, it is apparent that the client has additional needs that were not addressed on the original independent living plan and those needs are not being addressed at that time.
- Answer “**No, cost**” if there are systemic issues prohibiting payment of services which are hindering the client from receiving needed services.
- Answer “**NA**” if the client is younger than 16 years + 60 days or answer “**NA**” if the client is on escape status for entire review period.

Intent: Is the client getting the services he/she needs to learn independent living skills?

NOTE: Answer this question regardless of permanency goal.

DYC Policy 19.2.III, A.2 (j) and B, 3, 3(a)

III. PROCEDURES:

A. Development of the Youth Discrete Case Plan:

2. The Youth Discrete Case Plan shall address all content areas outlined in the Federal Safeguards and other published guidelines for case planning, including the following, at the minimum:
 - j. In the case of a juvenile sixteen (16) years old or over, the Youth Discrete Case Plan shall include a description of programs and services to prepare the juvenile for independent living.

B. Review and Revision of the Youth Discrete Case Plan:

3. **PRIOR TO THE YOUTH REACHING SIXTEEN (16) YEARS, TWO (2) MONTHS, THE DISCRETE CASE PLAN SHALL BE UPDATED TO INCLUDE AN INDEPENDENT LIVING ASSESSMENT AND PLAN TO ADDRESS IDENTIFIED NEEDS.**
 - a. The Youth Discrete Case Plan shall be revised to address required sections relating to the type of case/services being provided.

CASE PLANNING/SERVICES

- 23. If the client, age 16 years + 60 days or older, is not receiving all identified Independent Living services/resources, which are missing? (Check all that apply)**
(DYC Policy 19.2.III, A.2 (j) and 19.2.III, B, 3, 3(a) ad (DYC Policy 19.3 II D (4, 5))

INSTRUCTIONS

- Answer “**Assessments**” if the client has not received any assessments or the assessments have not gathered comprehensive information regarding the client’s needs.
- Answer “**Employment**” if services toward achieving the client’s employment goals are not being provided or planned for or the Division has not completed the self-sufficiency assessment and employment plan with the client.
- Answer “**Education**”, if services toward achieving client’s educational and training goals are not being provided or planned for the client.
- Answer “**Budget/savings**” if there is no specified amount of money a client will have earned or saved by a specified date and a plan as to how the client will earn the money to achieve his/her savings goal.
- Answer “**Health**” if the client is not provided a specific health passport and/or insurance that concretely links the client to obtaining medications (to include prescription medications such as psychotropics), medical and dental care, and counseling for mental health, substance abuse, relationships, domestic violence, and spiritual guidance. Ensure eligible emancipating clients are open in Trails for Medicaid until age 21 yrs. and if he/she moves, immediately reapply for potential Medicaid-eligibility in the new county and/or check availability in the new state (not available in all states).
- Answer “**Housing**”, if a solid plan for viable options for a client to have short-term and/or long-term housing is not provided. It is important to plan for several options for housing as backup plans in the event a plan falls through. Ensure the client knows the locations of emergency shelters so he/she does not develop a “couch surfing” lifestyle or live/sleep in other unstable or unsafe situations.
- Answer “**Vocational services**” if based on information obtained at the review, it is determined the client could benefit from transitional/vocational services and there has been no referral for transitional/vocational services.
- Answer “**Transportation**” if a solid plan for viable options for client to have a transportation plan is not provided. It is important to plan for alternate options for transportation in the event a plan falls though.
- Answer “**Community resources**” if a plan for services to promote healthy, permanent relationships is not provided, developed or implemented. Potential permanent relationships may include adoptive family members, friends, peers, people from school, community organizations, employment, or placements to include current or former, teachers, coaches, guidance counselors, caseworkers, probation/parole officers, placement, staff, foster parents, ministers, community members, employers, supervisors, therapists, guardians-ad-litem (attorneys), Tribe, etc.
- Answer, “**Other**” if another service/resource, not listed above, is missing . Specify which service/resource is missing in Comments.
- Answer, “**NA**”, if the client is under the age of 16 years + 60 days at the time of the review or answer “**NA**” if the client is on escape status for the entire review period.

Intent: If the client is not receiving services to learn independent living skills, what service/resource lacking?

CASE PLANNING/SERVICES

23. (Continued)

DYC Policy 19.2.III, A.2 (j) and B, 3, 3(a)

III. PROCEDURES:

A. Development of the Youth Discrete Case Plan:

2. The Youth Discrete Case Plan shall address all content areas outlined in the Federal Safeguards and other published guidelines for case planning, including the following, at the minimum:

j. In the case of a juvenile sixteen (16) years old or over, the Youth Discrete Case Plan shall include a description of programs and services to prepare the juvenile for independent living.

B. Review and Revision of the Youth Discrete Case Plan:

3. PRIOR TO THE YOUTH REACHING SIXTEEN (16) YEARS, TWO (2) MONTHS, THE DISCRETE CASE PLAN SHALL BE UPDATED TO INCLUDE AN INDEPENDENT LIVING ASSESSMENT AND PLAN TO ADDRESS IDENTIFIED NEEDS.

a. The Youth Discrete Case Plan shall be revised to address required sections relating to the type of case/services being provided.

DYC Policy:

19.2, III, A, 2, (g, h, i, j)

g. The Youth Discrete Case Plan shall include a plan for assuring that services are provided to the juvenile and the foster parents to address the needs of the juvenile while in the foster care program.

h. The youth discrete case plan shall include service plan goals designed to address the juvenile's primary criminogenic risk areas, as identified by the Division of Youth Corrections approved risk assessment instrument.

i. The Youth Discrete Case Plan shall include an explanation of the appropriateness of the services being provided.

j. In the case of a juvenile sixteen (16) years old or over, the Youth Discrete Case Plan shall include a description of programs and services to prepare the juvenile for independent living.

19.3, II, D, 4-5

4. A plan for assuring that services are provided to the parents, youth, and provider in order to improve the conditions in the parents' home, facilitate return of the youth to his/her own safe home, or the planned permanent living arrangement of the youth.

5. A plan that addresses the needs of the youth while in care, including a discussion of the appropriateness of the services that have been provided to the youth under the plan.

CASE PLANNING/SERVICES

24. Is there a comprehensive, client-driven Emancipation Transition Plan (ETP) that was developed 90 business days before the end of the client's commitment? (Check all "No" responses that apply. However, use only "No Plan" if there is no ETP)

(P.L. 110-351) (475 (5) (H)) (DYC Policy 16.4 B 1-7), (DYC Policy 16.7 I III A) (Undocumented 16.4)

INSTRUCTIONS

- Answer "**Yes**" if there is a client-driven, completed ETP that was developed 90 business days before the client's projected emancipation date as noted in Trails. The ETP must be documented in Trails.
- Answer "**No plan**" if there is no ETP developed in Trails.
- Answer "**No, not client-driven**" if there is no documentation or reports to indicate that during the face-to-face reviews that he/she participated in the development of the ETP.
- Answer "**No signature**" if the plan is not signed by the client.
- Answer "**NA**" if the client is not within 90 business days of the end of his/her commitment, if the client does not have an OPPLA goal or the client has been on escape status for the entire review period.

NOTE: Use only "**No Plan**" if there is no ETP.

NOTE: Use the date by which the client is projected to complete his/her commitment and/or parole if the goal is emancipation (whichever comes first).

Social Security Act

Sec. 475. [42 U.S.C. 675]

(5)(H) during the 90-day period immediately prior to the date on which the child will attain 18 years of age, or such greater age as the State may elect under paragraph (8)(B)(iii), whether during that period foster care maintenance payments are being made on the child's behalf or the child is receiving benefits or services under section 477, a caseworker on the staff of the State agency, and, as appropriate, other representatives of the child provide the child with assistance and support in developing a transition plan that is personalized at the direction of the child, includes specific options on housing, health insurance, education, local opportunities for mentors and continuing support services, and work force supports and employment services, and is as detailed as the child may elect.

PL 110-351

SEC. 202. TRANSITION PLAN FOR CHILDREN AGING OUT OF FOSTER CARE.

Section 475(5) of the Social Security Act (42 U.S.C. 675) is amended—

(1) in subparagraph (F)(ii), by striking "and" at the end; (2) in subparagraph (G), by striking the period at the end and inserting "; and"; and (3) by adding at the end the following:

"(H) during the 90-day period immediately prior to the date on which the child will attain 18 years of age, or such greater age as the State may elect under paragraph (8)(B)(iii), whether during that period foster care maintenance payments are being made on the child's behalf or the child is receiving benefits or services under section 477, a caseworker on the staff of the State agency, and, as appropriate, other representatives of the child provide the child with assistance and support in developing a transition plan that is personalized at the direction of the child, includes specific options on housing, health insurance, education, local opportunities for mentors and continuing support services, and work force supports and employment services, and is as detailed as the child may elect."

CASE PLANNING/SERVICES

24. (Continued)

DYC Policy 16.4 B 1-7

B. Release Plan Criteria

1. The plan shall be designed to enhance chances for successful reintegration into the community and shall systematically reduce supervision while increasing responsibility.
2. The plan shall, at all times, be consistent with the security level of the juvenile.
3. The plan should provide for placement in a community residential facility, foster home, or group home for the juvenile who may need such support services during the transition process, including when return to the family home or emancipation/independent living is the eventual result being planned.

4. Restitution

A plan for compliance with Court ordered restitution shall be a part of the release plan for all juveniles who are required to pay restitution. PLEASE SEE DYC POLICY 17.15 RESTITUTION.

5. Release Limitation

In no case shall placement with an employee of the Colorado Department of Human Services, Division of Youth Corrections be considered as part of a release plan nor shall it occur unless the employee is a parent or a relative of the juvenile and has legal custody of the juvenile.

6. Sexual Offender Registration

If a juvenile is convicted in the State of Colorado of an offense involving unlawful sexual behavior or for which the factual basis established by the court involved an offense of unlawful sexual behavior he/she shall be required to register with local law enforcement agencies five (5) BUSINESS days prior to their release into a community residential placement, being paroled from secure custody or being discharged. See DYC policy 16.11 Sex Offender Registration for specific registration requirements.

7. Aggravated Juvenile Offender Release

When there are plans for an early release from a secure placement of an aggravated juvenile offender or an otherwise high profile offender, the DYC Director's Office, the Attorney General's Office and the family or legal guardian must be notified at the inception of the planning process. PLEASE SEE DYC POLICY 21.1 RISK ASSESSMENT, CLASSIFICATION AND RECLASSIFICATION.

DYC Policy 16.7 I III A

Please see policy at <http://www.cdhs.state.co.us/dyc/PDFs/P-16-7.pdf>

CASE PLANNING/SERVICES

- 25. Have all vital documents been obtained for the client with an OPPLA goal 90 business days before the end of the client's commitment?** (C.R.S. 26-5-101(o1)(II))

INSTRUCTIONS

- Answer “**YES**” if the following vital documents have been obtained for the client with an OPPLA goal 90 business days before his/her projected emancipation date: certified copy of the client's birth certificate, the client's social security card, a state ID or driver's license, the client's health passport or medical records, and the client's education records.
- Answer “**No Birth Certificate**”, if the reviewer cannot determine that a CERTIFIED copy of the birth certificate was obtained and provided to the client.
- Answer “**No Social Security card**”, if the reviewer cannot determine that a social security card was obtained and provided to the client.
- Answer “**No State ID/driver's license**” if the reviewer cannot determine that a state ID or driver's license was obtained and provided to the client.
- Answer “**No medical/dental records**” if the reviewer cannot determine the health passport and other pertinent health-related records were obtained and provided to the client.
- Answer “**No educational records**” if the reviewer cannot determine the educational records were obtained and provided to the client.
- Answer “**No, other**”, if this client requires a green card, visa, passport, tribal enrollment card, etc. and the reviewer cannot determine that these have been obtained and provided to the client. Document in comments.
- Answer “**NA**” if the client is not within 90 business days of the end of his/her commitment, if the client does not have an OPPLA goal or the client has been on escape status for the entire review period.

NOTE: Use the date by which the client is projected to complete his/her commitment and/or parole or his/her mandatory release date if the goal is emancipation (whichever comes first).

TITLE 26

26-5-101 Definitions

(II) Verifiable documents shall include, but need not be limited to, a certified copy of the youth's birth certificate and a social security card. The cost of providing the verifiable documents shall not be borne by the youth.

CASE PLANNING/SERVICES

26. Is the client's education/school record in the case record?

(During the review period) (Check all that apply)

(DYC Policy 19.2, III, A, 2, k (1, 6) and 19.3 II, D (6, a-d)), (Item 21) (475 1 D)

INSTRUCTIONS

- Answer **“Yes”** if the client's education/school record is in the case record.
- Answer **“No name of current school”** if the name of the current school is not documented in the case record.
- Answer **“No address of current school”** if the address of the current school or the school district (depending on the size of the community) is not documented in the case record.
- Answer **“No credit count”** for clients in 9th grade and above for when accuracy and transferability of credits may be in question.
- Answer **“No current IEP”** if the client requires an IEP but yearly IEP updates and/or triennial IEP reviews are not located in the case record. This would also apply to expired ALP's and ILP's.
- Answer **“No current grade reports”** if the most recent available grades and grade level **cannot** be located in the case record.
- Answer **“No GED/Diploma”** if the client earned a GED or diploma during the review period but documentation/evidence of such cannot be located in the case record.
- Answer **“NA”** if the client has been on escape status for entire review period.

NOTE: If educational records are not in the case record at the time of the review, but are provided by the out-of-home care provider and placed in the case record during the face-to-face review, this will be counted as documentation and the answer will be corrected on the review instrument if necessary. The provider need not be present in person. The provider may fax this information or provide this information by teleconference. The client manager must document this information or place this information in the case record at the time of the review.

NOTE: School/educational records to be included in the case record include the name and address of school at the time of removal (initial review only), the name and address of the client's current school, grades or progress reports, attendance records if pertinent, grade level or classroom designation, and education-based evaluations. If the client is designated as needing special education services, a copy of the current IEP should be included in the case record. Other educational records could include an Individual Learning Plan (ILP) or an Advanced Learning Plan (ALP).

NOTE: Documentation of the school district address is acceptable.

(475(1)(D))

(D) a child's health and education record (as described in paragraph (1)(A)) is reviewed and updated, and a copy of the record is³⁰⁶ supplied to the foster parent or foster care provider with whom the child is placed, at the time of each placement of the child in foster care, and is supplied at no cost at the time the child leaves foster care if the child is leaving foster care by reason of having attained the age of majority under the State law³⁰⁷;

DYC Policy:

19.2, III, A, 2, k (1,2)

2. The Youth Discrete Case Plan shall address all content areas outlined in the Federal Safeguards and other published guidelines for case planning, including the following, at the minimum:

CASE PLANNING/SERVICES

26. (Continued)

k. The Youth Discrete Case Plan shall include the health and educational records of the juvenile to the fullest extent available, including the following:

1. The names and addresses of the juvenile's health and educational providers,
AND
2. The juvenile's grade level performance...

19.3, II, D (6, a-d)

D. Discrete Case Plan (DCP): A written document, which includes, at minimum, the following:

6. To the extent available and accessible, the health and education records of the youth, including:

- a. The names and addresses of the youth's health and educational providers.
- b. The youth's grade level performance.
- c. The youth's school record.
- d. Assurances that the youth's placement takes into account proximity to the school in which the youth is enrolled at the time of placement.
- e. A record of the youth's immunizations.
- f. The youth's known medical problems.
- g. The youth's medications.
- h. Any other relevant health and educational information concerning the youth determined to be appropriate by the State agency.**

Link to Public Law 110-351

<http://www.gu.org/documents/A0/Publiclawweb.pdf>

CASE PLANNING/SERVICES

27. Were the client's educational needs adequately addressed through appropriate educational services during the review period?

(CRS 19-1-115.5, 2, (b) I), (DYC Policy 19.3 II, D)

INSTRUCTIONS

- Answer “**YES**” if the client’s educational needs are being addressed through appropriate services, including special educational services.
- Answer “**No**” if the client’s educational needs are not being addressed.
- Answer “**NA**” if the client is no longer in school due to graduation or obtaining a G.E.D., the client has discontinued school based on being over the age of mandatory school attendance, or if the client is on escape status for entire review period.

NOTE: Examples of educational needs may include that the client is performing below grade level in reading, math, or other area. If the client requires an educational evaluation, efforts made to obtain the evaluation, and the results of the evaluation should be documented in the case record. Documentation may include an IEP, an Individual Learning Plan (ILP), an Advanced Learning Plan (ALP) or a 504 Plan.

COLORADO CHILDREN’S CODE

19-1-115.5. Placement of children out of home - legislative declaration.

(2)(b) In every proceeding pursuant to this title in which the court contemplates placing a child out of home, the county department shall make recommendations to the court concerning the proposed placement. Such recommendations shall include information about placement facilities that are most able to serve appropriately the best interest of the child. In making its recommendations to the court, the county department shall consider:

(I) The special needs, if any, of the child to be placed, including the ability of the proposed out-of-home placement facility and the school district in which the proposed out-of-home placement facility is located to provide the necessary services to meet those needs;

DYC Policy: 19.3 II, D

D. Discrete Case Plan (DCP): A written document, which includes, at minimum, the following:

6. To the extent available and accessible, the health and education records of the youth, including:
 - a. The names and addresses of the youth’s health and educational providers.
 - b. The youth’s grade level performance.
 - c. The youth’s school record.
 - d. Assurances that the youth’s placement takes into account proximity to the school in which the youth is enrolled at the time of placement.

EDUCATION

28. Is the client, age 16 or older, on track to graduate from and/or complete high school?

INSTRUCTIONS

- Answer “**YES**” if the client is 16 or older, is attending school and information available indicates he/she is on-track to graduate from or complete high school with his/her original graduating class.
- Answer “**GED**” if the client is 16 or older, is participating in a General Educational Development (GED) program and information indicates that the client is on-track to earn a General Educational Development (GED) certificate.
- Answer “**Graduated**” if the client is 16 or older and he/she has already graduated from high school.
- Answer “**GED Earned**” if the client is 16 or older and he/she has already earned a General Educational Development (GED) certificate.
- Answer “**No, graduate**” if the client is 16 or older and attending school but information available indicates that the client is not on-track to graduate or complete high school.
- Answer “**No GED**” if the client is 16 or older and is participating in a General Educational Development (GED) program and information available indicates that the client is not on-track to earn a GED certification.
- Answer “**Information not available**” if there is not enough information in the case record, or review participants in attendance do not have sufficient information for the reviewer to determine any other answer.
- Answer “**NA**” if the client is not yet 16.

NOTE: For clients who are receiving DD/transitional educational services until his/her 21st birthday are still considered school age and on-track to graduate per his/her learning plan.

EDUCATION

- 29. Was educational stability provided for the client during the review period?**
(Check all “No” responses that apply) (PL110-351, SEC 204) (475 (1)(G)) (DYC Policy 17.2, III C,3,a) (DYC Policy 17.2, III C,1 (safety issues))

INSTRUCTIONS

- Answer “**YES**” if the client remained in the same school during the review period, received required 504/IEP services, and was in an appropriate educational setting throughout the entire review period
- Answer “**No, changed schools during review period**” if the client was required to change schools during this review period, and the change was not in the client’s educational best interest.
- Answer “**No, required 504 or IEP special education services were not provided**” if documentation or information gathered during the face-to-face review indicates that the client did not receive the services specified as needed on the IEP or other personalized learning plan
- Answer “**No, delays in record transfer**” if, when the client changed schools, record transfers took more than 10 business days
- Answer “**No, delays in enrollment**” if , when the client changed schools, enrollment took more than 10 days to enroll in school.
- Answer “**No, appropriateness of educational setting not assessed by the Division**” if the client manager did not assess the appropriateness of the educational setting. The client manager, in consultation with the educational professionals will asses that the current educational program is appropriate and that the client’s educational needs met.
- Answer “**No, Division did not advocate**” if the Division of Youth Corrections did not advocate for the client’s educational needs
- Answer “**No, school district refused to provide the appropriate services**” if the school district did not provide services to the client as described in the client’s IEP, 504, ILP, etc.
- Answer “**No, other**” if there is another reason that the client was not provided educational stability during the review period
- Answer “**NA**” if the client has graduated from high school or earned his/her GED.

PUBLIC LAW 110–351—OCT. 7, 2008 122 STAT. 3961

SEC. 204. EDUCATIONAL STABILITY.

(a) IN GENERAL.—Section 475 of the Social Security Act (42U.S.C. 675), as amended by section 101(c)(4) of this Act, is amended—(1) in paragraph (1)—(A) in subparagraph (C), by striking clause (iv) and redesignating clauses (v) through (viii) as clauses (iv)through (vii), respectively; and(B) by adding at the end the following:

“(G) A plan for ensuring the educational stability of the child while in foster care, including—

“(i) assurances that the placement of the child in foster care takes into account the appropriateness of the current educational setting and the proximity to the school in which the child is enrolled at the

EDUCATION

29. (Continued)

time of placement; and “(ii)(I) an assurance that the State agency has coordinated with appropriate local educational agencies (as defined under section 9101 of the Elementary and Secondary Education Act of 1965) to ensure that the child remains in the school in which the child is enrolled at the time of placement; or

“(II) if remaining in such school is not in the best interest of the child, assurances by the State agency and the local educational agencies to provide immediate and appropriate enrollment in a new school, with all of the educational records of the child provided to the school.”; and (2) in the 1st sentence of paragraph (4)(A)— (A) by striking “and reasonable” and inserting “reasonable”; and (B) by inserting “, and reasonable travel for the child to remain in the school in which the child is enrolled at the time of placement” before the period.

(b) EDUCATIONAL ATTENDANCE REQUIREMENT.—Section 471(a) of the Social Security Act (42 U.S.C. 671(a)), as amended by sections 101(a) and 103 of this Act, is amended—

(1) by striking “and” at the end of paragraph (28); (2) by striking the period at the end of paragraph (29) and inserting “; and”; and (3) by adding at the end the following:

“(30) provides assurances that each child who has attained the minimum age for compulsory school attendance under State law and with respect to whom there is eligibility for a payment under the State plan is a full-time elementary or secondary school, and for purposes of this paragraph, the term ‘elementary or secondary school student’ means, with respect to a child, that the child is—

“(A) enrolled (or in the process of enrolling) in an institution which provides elementary or secondary education, as determined under the law of the State or other jurisdiction in which the institution is located;

“(B) instructed in elementary or secondary education at home in accordance with a home school law of the

State or other jurisdiction in which the home is located;

“(C) in an independent study elementary or secondary education program in accordance with the law of the State or other jurisdiction in which the program is located, which is administered by the local school or school district; or

“(D) incapable of attending school on a full-time basis due to the medical condition of the child, which incapability is supported by regularly updated information in the case plan of the child.”.

DYC Policy 17.2 III C 1 and 3. a

C. School Program Attendance:

1. Educational programs shall be available to all juveniles as soon as they are admitted to living units except when there is a just reason to exclude a juvenile, such as a serious behavior problem. In such cases, the period of time out of the class should not exceed one day without the approval of the facility Director.
2. All juveniles in detention shall be required to attend school.
 - a. There shall be written criteria approved by the Facility Director and the facility's teachers regarding any exceptions to the attendance requirement.
 - b. Appropriate school work shall be provided to those that are unable to attend the school program.
3. Educational programs in Division of Youth Corrections' (DYC) detention facilities shall be designed to assist juveniles in keeping up with their normal studies and shall be available a minimum of SIX (6) hours per day.
 - a. There shall be contact with home schools to provide continuity in the juveniles' educational programs.
4. Juveniles' work assignments outside the facility shall not conflict with or interrupt their participation in the educational program.

HEALTH

- 30. Is health information in the case record, including name and address of current health care provider(s), known medical problems and current medications? (Check all “No” responses that apply) (DYC Policy 19.2, III, A, 2, k (1,4,5)) (DYC Policy 19.3 II, D, 6 (a, e-h)), (475 (1) (C)), (Item 22)**

INSTRUCTIONS

- Answer “**Yes**” if health information is documented in the case record. Information may be found on the health passport, ROC notes, provider reports, etc.
- Answer “**No provider name**” if the current provider’s name is not listed.
- Answer “**No provider address/phone number**” if the current address is missing. **NOTE: A phone number may substitute for a medical provider’s address.**
- Answer “**No, medical problems not documented**” if there are known medical needs but they are not included in the health information.
- Answer “**No, medications not documented**” if the client is prescribed medications but they are not listed in the Health information.
- “**NA**” should not be used except in those cases where the client is on escape status for the entire review period.

NOTE: If medical/health records are not in the case record at the time of the review, but are provided by the out-of-home care provider and placed in the case record during the face-to-face review this will be counted as documentation and the answer will be corrected on the review instrument if necessary. The provider need not be present in person. The provider may fax this information or provide this information by teleconference. The client manager must document this information or place this information in the case record at the time of the review.

NOTE: A phone number may substitute for a medical provider’s address. Although the DCP has a space to list current dental provider name and address, answer “YES” if only the current medical provider name and address is documented.

NOTE: Does not need to include immunization documentation in case record for this question.

DYC Policy 19.2, III A, 2, k (1,4,5,)

III. PROCEDURES:

- A. Development of the Youth Discrete Case Plan:
2. The Youth Discrete Case Plan shall address all content areas outlined in the Federal Safeguards and other published guidelines for case planning, including the following, at the minimum:
 - k. The Youth Discrete Case Plan shall include the health and educational records of the juvenile to the fullest extent available, including the following:
 1. The names and addresses of the juvenile’s health and educational providers, AND
 2. The juvenile’s grade level performance, AND
 3. Assurances that the juvenile’s placement in foster care takes into account proximity to the school in which the juvenile is enrolled at the time of placement, AND
 4. The juvenile’s known medical problems, AND
 5. The juvenile’s medications, AND
 6. Any other relevant health and education information concerning the juvenile determined by the Department of Human Services or Division of Youth Corrections to be appropriate for inclusion in the case record.

HEALTH

30. (Continued)

DYC Policy 19.3, II D, 6 (a, e-h)

II. DEFINITIONS:

D. Discrete Case Plan (DCP): A written document which includes, at minimum, the following:

6. To the extent available and accessible, the health and education records of the youth, including:
 - a. The names and addresses of the youth's health and educational providers.
 - e. A record of the youth's immunizations.
 - f. The youth's known medical problems.
 - g. The youth's medications.
 - h. Any other relevant health and educational information concerning the youth determined to be appropriate by the State agency.

475 1 C

(1) The term "case plan" means a written document which includes at least the following:

(C) The^[294] health and education records of the child, including the most recent information available regarding^[295]—

- (i) the names and addresses of the child's health and educational providers;
- (ii) the child's grade level performance;
- (iii) the child's school record;
- (iv)^[296] a record of the child's immunizations;
- (v)^[297] the child's known medical problems;
- (vi)^[298] the child's medications; and
- (vii)^[299] any other relevant health and education information concerning the child determined to be appropriate by the State agency.

HEALTH

31. Did the client receive a medical exam or medical screening within 30 days of commitment? (Initial Review Only) (Check all “No” responses that apply)
(DYC Policy 12.3, I and 12.3 III D), (Item 22)

INSTRUCTIONS

- Answer “**Yes**” if documentation is found to show that the client received a medical screening, or full medical examination within 30 days of commitment.
- Answer “**No**” if documentation of an appointment or exam is not found.
- Answer “**No, Medicaid card**” if the reason for not completing a medical exam or medical screening is due to a delay in receiving the Medicaid card.
- Answer “**No, Medicaid provider**” if the reason a medical exam or medical screening was not completed was due to a lack of Medicaid providers. This may also be checked if the lack of Medicaid provider has resulted in a delay in medical services.
- Answer “**No, not timely**” if the client has received a medical exam during the review period but was not within 30 days of commitment.
- Answer “**No, other**” if the client did not receive a timely medical exam or medical screening for any other reason not listed above. Please document in comments.
- Answer “**NA**” if this is not an initial review or if the client is on escape status for entire review period.

NOTE: Documentation may be found on the Health Care Passport, intake form, medical forms, provider reports, or DCP.

NOTE: If documentation of timely scheduling/appointment is not in the case record at the time of the review, but month, day, and year of exam is provided by the out-of-home care provider during the face-to-face review and is documented by the client manager in the case record, this will be counted as documentation and the answer will be corrected on the review instrument if necessary.

NOTE: Credit for an exam or screening will be given if the client entered placement directly from a hospital. If hospital records are not in case record, make a narrative finding that these records are needed.

DYC Policy 12.3, I

I. POLICY:

To provide for the general and special health care needs of juveniles and to reduce the threat of illness from communicable diseases, each juvenile in the custody of the Division of Youth Corrections shall be provided health care services from the point of admission into a facility throughout the period of detention or commitment. Health care shall include an initial health screening for each juvenile at the time of admission, a complete health appraisal when indicated, and a physical examination of each committed juvenile within 30 days of the commitment date.

DYC Policy 12.3, III, D

D. A Physical Examination shall be conducted on all committed juveniles within thirty (30) days of commitment to the Department of Human Services using a uniform process that has been approved by both the Health Authority and the Medical Authority. Immunizations shall be updated, when appropriate, in accordance with legal requirements.

HEALTH

- 32. Did the client receive a full dental examination completed within 30 days of commitment? (Initial Review Only) (Check all “No” responses that apply) (DYC Policy 12.3, III, E, I), (Item 22)**

INSTRUCTIONS

- Answer “**Yes**” if documentation indicates that the client obtained a full dental examination within 30 days of commitment.
- Answer “**No**” if documentation that a dental exam was completed cannot be found.
- Answer “**No, Medicaid card**” if the reason a dental exam was not completed is due to a delay in receiving the Medicaid card.
- Answer “**No, Medicaid provider**” if the reason a dental exam was not completed is due to a lack of Medicaid providers. This may also be checked if the lack of Medicaid provider has resulted in a delay in dental services.
- Answer “**No, not timely**” if the client has received a dental exam during the review period but it was not within 30 days of commitment.
- Answer “**No, other**” if the client did not receive a timely dental exam for any other reason not listed above. Please document in comments.
- Answer “**NA**” if this is not an initial review, or if the client is on escape status for entire review period.

NOTE: Documentation may be found on the Health Care Passport, intake form, medical forms, provider reports, or DCP.

NOTE: If documentation of timely scheduling/appointment is not in the case record at the time of the review, but month, day, and year of exam is provided by the out-of-home care provider during the face-to-face review and is documented by the client manager in the case record, this will be counted as documentation and the answer will be corrected on the review instrument if necessary.

DYC Policy 12.3, III, E, I

III. PROCEDURES:

E. Dental care shall be provided to each committed juvenile under the direction and supervision of a Dentist licensed in the State OF COLORADO. This care shall include the following:

1. A routine dental screening and examination consisting of a cleaning and x-rays within thirty (30) days of commitment.

HEALTH

- 33. Has the client received regular health care, including immunizations, and/or treatment for identified health needs during the review period? (Services delivered) (Check all “No” responses that apply) (DYC Policy 12.3. & 12.4), (Item 22), (475 1C)**

INSTRUCTIONS

- Answer “**Yes**” if the client has received regular health care and/or treatment for identified health needs and has received appropriate immunizations, or there is documentation that attempts are being made to bring immunizations up to date.
- Answer “**No, lack of timely referral or follow through**” if the client has not received regular health care or treatment for identified health needs in a timely manner.
- Answer “**No, immunizations**” if the client is behind in the immunization schedule, or if there is no documentation that attempts are being made to bring the immunizations up to date.
- Answer, “**No, treatment for identified needs**” if the client has not received health care to address identified health needs.
- Answer, “**No, delay in services, systemic**” if there has been a delay in the client receiving health care due to systemic delays.
- Answer “**No, Medicaid**” if the client is denied services due to Medicaid issues, lack of card or lack of providers.
- Answer “**No, other**” if the client is not receiving health services for any other reason not listed above.
- “**NA**” should not be used except for those cases where the client is on escape status for entire review period.

NOTE: The target time frame for current medical check-ups is stated above. A statement from a pediatrician or other licensed medical professional indicating that a different schedule for medical check-ups is appropriate is acceptable. In this scenario, review to the schedule recommended by the pediatrician or medical professional for the client. Accept documentation of good faith efforts to obtain medical care and make a narrative finding explaining your answer.

NOTE: If documentation of timely scheduling/appointment is not in the case record at the time of the review, but month, day, and year of exam is provided by the out-of-home care provider during the face-to-face review and is documented by the client manager in the case record, this will be counted as documentation and the answer will be corrected on the review instrument if necessary.

NOTE: Do not second-guess the health care provider—if client is receiving regular medical care and is enrolled in a school that typically requires immunizations, accept information from the provider and/or client manager. The client manager must document this information in the case record at the time of the review. (April 2005)

DYC Policy 12.3 and 12.4

HEALTH

33. (Continued)

475 1 C

(1) The term “case plan” means a written document which includes at least the following:

- (C) The^[294] health and education records of the child, including the most recent information available regarding^[295]—
 - (i) the names and addresses of the child's health and educational providers;
 - (ii) the child's grade level performance;
 - (iii) the child's school record;
 - (iv)^[296] a record of the child's immunizations;
 - (v)^[297] the child's known medical problems;
 - (vi)^[298] the child's medications; and
 - (vii)^[299] any other relevant health and education information concerning the child determined to be appropriate by the State agency.

HEALTH

34. **Has the client received regular dental care and treatment for identified dental needs during the review period? (Services delivered) (Check all “No” responses that apply)**
(DYC Policy 12.3 &12.4), (Item 22)

INSTRUCTIONS

- Answer “**Yes**” if the client has received regular dental care and treatment for identified dental needs, including regular check ups.
- Answer “**No, lack of timely referral or follow through**” if the client has not received regular dental care or has not received regular check ups.
- Answer, “**No, treatment for identified needs**” if the client has not received dental care to address identified dental needs.
- Answer, “**No, delay in services, systemic**” if there has been a delay in the client receiving dental care due to systemic delays.
- Answer “**No, Medicaid**” if the client is denied services due to Medicaid issues, lack of card or lack of providers.
- Answer “**No, other**” if the client is not receiving dental services for any other reason not listed above.
- Answer “**NA**” if the client is on escape status for entire review period.

NOTE: Documentation may be found on the Health Care Passport, Intake Form, Dental Forms, Provider Report, or DCP.

NOTE: If documentation of timely scheduling/appointment is not in the case record at the time of the review, but month, day, and year of exam is provided by the out-of-home care provider during the face-to-face review and is documented by the client manager in the case record, this will be counted as documentation and the answer will be corrected on the review instrument if necessary.

NOTE: A check-up is current if held within the calendar month in which it is due. The target time frame for current dental check-ups is every 6 months, but check-ups occurring within 7 months of the previous dental appointment will be considered current. (Medicaid will not reimburse for check-ups that occur within a 6-month time frame.)

NOTE: A statement from a pediatrician or other licensed medical professional indicating that dental care is not required or that less frequent dental checks are appropriate is acceptable. In this scenario, review to the schedule recommended by the pediatrician or dentist for that client. A client receiving orthodontia is still required to have regular cleanings and check-ups.

DYC Policy 12.3 and 12.4

Please see cites for question #34.

HEALTH

35. **Were mental health services provided to meet the client's needs during the review period? (Check all "No" responses that apply)** (DYC Policy 12.3, III, A),
(Item 23)

Exploratory Questions

How were mental health needs assessed at initial agency involvement or upon the client's entering foster care?

How are/were mental health needs assessed on an ongoing basis?

What are the current mental health needs?

What services have been provided for mental health needs, including any follow-up care identified?

What is/was the appropriateness of services provided related to the client's identified needs, such as those stemming from developmental delays or learning disabilities?

INSTRUCTIONS

- Answer **"Yes"** if, in the reviewer's judgment, the client is currently receiving services that match his/her mental health needs.
- Answer **"No, delays of 2 + weeks"** if there has been a mental health need identified and there is a waiting list or there was a delay in obtaining services for two or more weeks.
- Answer **"No, changed mental health provider"** if the client was forced to change therapists due to a change in placement, or if the therapist he/she was seeing quit or otherwise discontinued the treatment and the client was forced to switch providers.
- Answer **"No mental health systems issue"** if the Division has attempted to obtain MH services but there are systemic issues preventing or delaying services such as a BHO not being able or willing to arrange for services.
- Answer **"No, client refused services"** if the client refuses to attend therapy despite it being part of his/her treatment plan.
- Answer **"No available services"** if the type of treatment needed by client is not available in the Division or community i.e. child psychiatrist, family therapy, etc.
- Answer **"No sufficient services"** if the amount of treatment is not sufficient to meet the client(s) needs.
- Answer **"No, OOH Provider Issue"** if the provider does not have licensed certified MH professionals on staff or the position is vacant.
- Answer **"No referral"** if, in the reviewer's judgment, the client has not been referred for Mental Health services. For example, if a client became known to the Division and was determined to be in need of services at least partly as a result of the client experiencing recurrent episodes of severe depression as a result of some form of maltreatment for which it is reasonable to expect that mental health issues would be involved (such as sexual abuse), then it is reasonable to expect the Division to provide services to ensure that the client receives the appropriate mental health services
- Answer **"No, Medicaid"** if the client is denied services due to Medicaid issues.
- Answer **"No, other"** if the client is not receiving mental health services for any other reason not listed above.
- Answer **"NA"** if the client does not have identified mental health needs, or it has been determined by a mental health professional that the client would not benefit from mental health treatment at this time or if the client is on escape status for entire review period.

NOTE: Mental health services that match mental health needs address the appropriateness of services provided related to the client's identified needs, the frequency of services and the background of the personnel providing the services.

HEALTH

35. (Continued)

NOTE: Answer this question if mental health services were provided during the review period for the identified mental health needs, even if the assessment was completed during a previous review period.

NOTE: Offense-specific therapy or substance abuse treatment is not considered a mental health need or service.

DYC Policy 12.3, III, A

III. PROCEDURES:

A. A medical, dental and mental health screening shall be conducted on all juveniles immediately upon arrival to a Division of Youth Corrections' facility. The health screening shall be conducted by a qualified health care professional or a trained staff person. If certain conditions are identified at the time of the intake health screening, juveniles shall not be admitted to the facility without a subsequent medical clearance. The medical clearance can only be provided by a Physician, Physician Assistant or Nurse Practitioner licensed to provide medical care in the State of Colorado.

HEALTH

36. If substance abuse issues have been identified during the review period for the client, what are the substances of use? (Check all that apply) (Item 17)

INSTRUCTIONS

- Answer “**Alcohol**” if the identified substance of use for the client is alcohol.
- Answer “**Marijuana**” if the identified substance of use by the client is marijuana.
- Answer “**Methamphetamine**” if the identified substance of use client is methamphetamine.
- Answer “**Cocaine/Crack**” if the identified substance of use by client is cocaine or crack cocaine.
- Answer “**Heroin**” if the identified substance of use by client is heroin.
- Answer “**Other Opiates,**” which would include Vicodin, oxycontin, methadone, morphine, codeine, Demerol, percodan etc. if the identified substance of use by client is an opiate.
- Answer “**CNS Depressants,**” which would include barbiturates, tranquilizers, benzodiazepines, Clonazepam and other sedatives or tranquilizers if the identified substances of use by the client are sedatives.
- Answer “**CNS Stimulants/Amphetamines**” for other speed-like substances such as Benzedrine, Dexedrine, Ritalin, etc., other than cocaine and meth, if the identified substance of use by client is a different type of stimulant or amphetamine.
- Answer “**Other**” for drugs including but not limited to LSD, PCP, club drugs like MDMA/Ecstasy, Ketamine, GHB, and Rohypnol, over the counter drugs like inhalants, steroids, etc., if the identified substance of use by client is not included in the above list or not covered by any other category.
- Answer “**NA**” if the client has no identified substance abuse issues,

CNS = Central Nervous System

GHB=gamma-butyrolactone

<http://www.drugabuse.gov/DrugPages/DrugsOfAbuse.html> Addendum 3 at end of instruction manual

HEALTH

37. **If substance abuse issues have been identified during the review period for the client, were substance abuse treatment services provided to the client?** (Check all “No” responses that apply) (DYC Policy 15.6 III A & B, 5 (a through e) 6), (DYC Policy 15.7, 1), (Item 17)

INSTRUCTIONS

NOTE: If substance abuse has been identified as an issue for the client and the client is not participating in treatment the answer is NO.

- Answer “**Yes**” if any documentation exists in the case record indicating that the client has been referred or enrolled in drug or alcohol treatment. Documentation should contain the name of the program and the name of the counselor. There should be a substance abuse assessment that documents the treatment recommendations contained in the client’s case record. If the evaluation is occurring at the time of the review or has occurred within two weeks prior to the review, the name of the counselor may not be known.
- Answer “**No referral made**” if, in the reviewer’s opinion (based on the Division assessment), the client should be referred for a substance abuse evaluation and/or subsequent substance abuse services, and there is no documentation of the evaluation or referral for evaluation in the client’s case record.
- Answers “**No available services**” if no licensed substance abuse treatment program exists within an average driving distance of approximately one hour or is limited to DUI, AA or abstinence monitoring, services. **NOTE:** DUI services are mandated as a result of sentencing and are not considered treatment.
- Answer “**No sufficient services**” if the client is experiencing difficulty in obtaining needed treatment services. The only drug-specific treatment needed is for methadone.
- Answer “**No, delays of 2 + weeks**” if the date of the interview for the evaluation was two or more weeks after the documented referral for evaluation or treatment, or if the initial date of treatment is more than 2 weeks after the date of the evaluation interview or treatment referral.
- Answer “**No, client refused services**” if there is documentation in the DCP Review notes or indication in the face-to-face review that the client will not participate in substance abuse treatment, or there is documentation of several absences or no shows by the client.
- Answer “**No requested provider report**” if the Division is contracting for services and there is no treatment documentation or evidence that the Division has requested treatment documentation.
- Answer “**No received provider report**” if the Division is contracting for services and the Division has not obtained treatment documentation from the provider.
- Answer “**Unable to determine-outside services**” if there is any indication that the client is receiving substance abuse treatment and the client is unwilling to provide a report and/or there are indications that the client is in treatment outside of the DYC system.
- Answer “**NA**” if the client does not have identified substance abuse issues or the client has been on escape status the entire review period.

NOTE: Without documentation, there is no evidence that a service was provided.

DYC Policy 15.5 I & II A (1-2 a)

I. POLICY:

A standardized drug and alcohol assessment shall be administered to all juveniles committed to the Division of Youth Corrections to assure the early identification and treatment of alcohol and other drug abuse problems. The assessment shall include an initial screening; a diagnostic assessment to determine the extent of use, abuse, and/or

HEALTH

37. (Continued)

dependency on substances and THE EXISTENCE OF ANY CO-OCCURRING DISORDERS; and a medical examination to determine the juvenile's medical needs and/or observational requirements.

II. PROCEDURES:

A. Assessment:

1. An initial Substance Use Survey shall be administered to all juveniles at the Regional Assessment Center within 30 days of commitment. The screen shall be designed to provide early identification of juveniles who require additional testing to determine the extent of use of substances.

2. A comprehensive SUBSTANCE USE assessment APPROVED BY THE DIVISION OF YOUTH CORRECTIONS' CLINICAL SERVICES shall be completed within 30 days for committed juveniles whose Substance Use Survey indicates significant alcohol and drug abuse issues.

a. The RESULTS OF THE assessment shall include recommendations concerning the juvenile's need for drug/alcohol prevention, intervention or treatment LEVEL SERVICES.

DYC Policy 15.6 III A & B, 5 (a through e) 6

III. PROCEDURES:

A. Program and Services:

1. Each licensed alcohol and drug treatment program shall make available to all juveniles:
 - a. The treatment philosophy of the program, AND
 - b. a copy of the client rights, and
 - c. a notice of the policy concerning confidentiality of alcohol and drug abuse JUVENILE records.
2. Each licensed program shall have written goals, measurable objectives and action steps to achieve the goals.
 - a. The program goals shall be reviewed annually.
3. A copy of JUVENILE rights shall be posted IN AN AREA THAT IS ROUTINELY VISABLE TO THE JUVENILES.

B. Counselor Qualifications:

5. Certified Counselors can perform the following functions within the parameters of the licensed alcohol and drug treatment program:
 - a. Intake and differential assessment.
 - b. Treatment planning with the juvenile and family.
 - 1) Initial Treatment Plan.
 - 2) Ongoing assessment and updates every 30 days.
 - 3) Discharge and transition/aftercare planning.
 - c. Individual and group counseling.
 - d. Counseling with significant others (family, etc.) as appropriate.
 - e. Record keeping and reports in conjunction with the above functions "a" through "d."
6. All therapeutic activities shall be conducted under the supervision of a CAC III, Certified Counselor.

DYC Policy 15.7, I

I. POLICY:

The Division of Youth Corrections or its contracted service providers may conduct SUBSTANCE

HEALTH

37. (Continued)

USE ANALYSIS AND TESTING on juveniles in the custody of the Division of Youth Corrections for purposes of effectively monitoring and treating the juvenile offenders' drug or alcohol usage. The Division of Youth Corrections views SUBSTANCE USE ANALYSIS AND TESTING as therapeutic and an important part of drug and alcohol on-going treatment and **assessment as well as an acceptable strategy to maintain juvenile accountability, program and public safety, and to ATTEMPT TO DETER drug and alcohol use**

PERMANENCY

38. **If the client experienced one or more moves during the review period, were ALL of the placement changes planned by the Division in an effort to achieve the client's case goals or to meet the needs of the client?** (DYC Policy 16.3, I), (DYC Policy 16.3 III, B, 2 (a) through (e)), (Item 6)

Exploratory Questions

What is/was the reason for placement changes?

Was the placement change planned and made to accommodate the client's changing level of therapeutic care needs, or to place in an adoptive or kinship home?

What are/were the timeframes of these changes?

Were there efforts to prevent unnecessary moves, if applicable?

Are/were the placement settings related and appropriate to the client's needs?

What is/was the agency's support of the current placement?

What are/were the reasons for instability of placement, if applicable?

INSTRUCTIONS

(Check "YES, in line with case goal + planned" if both Yes answers are appropriate).

- Answer **"Yes, in line with case goal + planned"** if the placement change reflects the Division's efforts to achieve case goals which would include: moves from a proctor home to an adoptive home, moves from a more restrictive to a less restrictive placement, moves from non-relative proctor care to relative proctor care, moves that bring the client closer to family or community. Planned moves are those that are planned to meet the specific needs of the client in advance of the move. Also answer **"Yes, in line with case goal + planned"** if the placement changes that occur are as a result of unexpected circumstances that are out of the control of the Division such as the death of a proctor home parent or proctor parents moving to another State.
- Answer **"Yes, to meet client's specific needs + planned"** Acceptable planned moves would include moves to meet a specific need for the client that was identified during the removal episode, such as after discovering the client is a perpetrator and moving him/her to a placement that offers offense-specific treatment. Planned moves are those that are planned to meet the specific needs of the client in advance of the move.
- Answer **"No"** if there have been placement changes for reasons other than to support the goals of the treatment plan. Also answer **"No"** if the client experienced more than one move, and one move was to support the goals in the treatment plan, but the other was not. Placement changes that do not reflect Division efforts to achieve case goals include: moves due to unexpected and undesired placement disruptions; moves due to placing the client in an inappropriate placement (one that was based on availability rather than appropriateness); temporary placements while awaiting a more appropriate placement; and practices of routinely placing client in a particular placement type, such as shelter care, upon commitment regardless of individual needs.
- Answer **"NA"** if there have been no placement changes during the review period or if the client is on escape status for entire review period.

PERMANENCY

38. (Continued)

NOTE: “Placement setting” refers to a physical setting in which a client resides for more than 24 hours while committed under the supervision of the Division. A new placement setting would result, for example, when a client moves from one proctor home to another or to a group home or institution. Placement settings may include shelter care, treatment facilities and juvenile justice placements. If, however, a proctor family with whom a client is placed moves and the client moves with them, this does not constitute a change in placement. Reviewers should not consider the following as placement settings: (1) trial home visit; (2) an escape episode; (3) temporary absences from the client’s ongoing placement, including visitation with a sibling, relative or other caretaker (for example, pre-placement visits with a subsequent provider or pre-adoptive parents); (4) hospitalization for medical treatment, acute psychiatric episodes, or diagnosis; (5) respite care; and (6) day or summer camps.

NOTE: Detention is considered a placement move (8/3/05 per Dr. Susan Blumberg), with the exception of weekend detention/work duty from which client returns to same placement.

NOTE: Hospitalization is not considered a placement move, as long as the client goes back to the same placement (10/5/05 3-day).

DYC Policy 16.3 I

When a juvenile is transferred from one secure facility to another, all documentation that has been requested by the receiving facility including, but not limited to, the critical information advisement form shall accompany or precede the juvenile to the new facility. Juveniles under the age of eighteen placed in a juvenile detention facility shall not be transferred to a county jail intended for the use of adults, unless there have been criminal charges as an adult filed and he/she meets the legal criteria for being held in a county jail as a juvenile with adult criminal charges. Each committed juvenile's placement shall be in accordance with the security level classification determined by the Division of Youth Corrections. Any change in placement to a facility at a different security level shall require a classification review. Juveniles shall be informed of their right to appeal classification and reclassification decisions, and shall be afforded due process safeguards. The juvenile’s discrete case plan shall be modified anytime a juvenile is reclassified.

DYC Policy 16.3 III B 1, 2 a-e

B. Reclassification and transfer of committed juveniles to secure facilities:

Note: Juveniles who have had a detention hearing in district or juvenile court for new delinquent charges do not require another due process hearing since the court has already provided that function.

1. Client Manager Supervisors shall approve reclassification to a lower level of security in accordance with regional procedures.
2. Juveniles who are regressed to more secure settings must be reviewed for such reclassification to ensure the appropriate level of security. Regression to a more secure facility may occur for the following reasons, but not limited to these reasons:
 - a. The juvenile presents an imminent danger to themselves or others, or
 - b. The juvenile is terminated from their current placement, or
 - c. The juvenile is arrested after an escape, or
 - d. The juvenile is arrested for new charges, or
 - e. The juvenile’s current placement is closed.

PERMANENCY

- 39. If the client experienced one or more moves that were not planned by the Division in an effort to achieve the client's case goals or meet the needs of the client, what was /were the reason(s) for the move(s) during the review period? (Check all that apply) (Item 6)**

INSTRUCTIONS

- If there has been more than one move, answer **“More than one move”**.
- Answer **“Temporary Setting”** if the client was moved from or to a temporary setting such as shelter regardless of the client's individual needs.
- Answer **“Provider request”** if the client was moved at the request of the provider. Use this answer when there are behavioral issues and there is no documentation of Division support and/or provider efforts to maintain the placement.
- Answer **“Provider quit or closed”** if the reason for the provider quitting or closing is not due to allegations of abuse or neglect.
- Answer **“Escape”** if the client ran from the placement and did not return to the same placement that he/she ran away from.
- Answer **“Client's behavior”** when the client was moved and there is documentation indicating that there was agency support to maintain the placement, but the client needs a higher (more restrictive) level of care.
- Answer **“Provider abuse or neglect allegations”** if the client was moved due to an allegation of abuse or neglect by the provider whether or not the allegation involves this specific client.
- Answer **“Client-on-client abuse”** if the reason the client was moved was due to an allegation of abuse or neglect by either the client being reviewed or another client in the home.
- Answer **“Client in inappropriate level of care”** if the placement was chosen due to availability rather than appropriateness.
- Answer **“Other”** if the client experienced one or more moves for any other reason not listed above and explain in your comments.
- Answer **“NA”** if the answer to question 39 is YES, if the client did not experience a move during the review period or if the client is on escape status at the time of the review.

NOTE: Placement setting refers to a physical setting in which a client resides for more than 24 hours while committed to the Division. Placement settings may include shelter care, treatment facilities, and juvenile justice placements. If, however, a proctor family with whom a client is placed moves and the client moves with them, this does not constitute a change in placement.

NOTE: Reviewers should not consider the following as placement settings: (1) trial home visit; (2) an escape episode; (3) temporary absences from the client's ongoing placement, including visitation with a sibling, relative or other caretaker (for example, pre-placement visits with a subsequent provider or pre-adoptive parents); (4) hospitalization for medical treatment, acute psychiatric episodes, or diagnosis; (5) respite care; and (6) day or summer camps.

PERMANENCY

- 40. For clients with a permanency goal of return home, is progress being made toward achieving the goal? (Check all “No” responses that apply)** (PL 96-272, Sec 475, 1, (B)), (DYC Policy 19.2, III, A, 2, (f & g)), (DYC Policy 21.1, III, E, 3 (f), 4 (a)(b)(c))

INSTRUCTIONS

- Answer “**Yes**” if progress is being made toward achieving the permanency goal of return home, as indicated in Trails and the face-to-face review.
- Answer “**No, client services appropriateness**” if appropriate services are not being provided for the client that would facilitate the goal of return home.
- Answer “**No, parent(s)/guardian(s) services appropriateness**” if appropriate services are not being provided to the parent/guardian who would facilitate the goal of return home.
- Answer “**No, client safety**” if safety issues interfere with the goal of return home.
- Answer “**No, parent lack of progress**” if the parents are not making progress toward the permanency goal of return home.
- Answer “**No, inadequate monthly parent contact**” if the client manager is not making monthly visits (either by phone or in person) prior to the client returning home. Use reviewer judgment to determine adequacy of the monthly contact, based on the client’s needs and timeframe, prior to returning home.
- Answer “**No, other potential caregiver lack of progress**” if the caregiver is not making progress toward the permanency goal of return home.
- Answer “**No, client lack of progress**” if the client is not making progress in treatment or other aspects of his/her Discrete Case Plan toward the goal of return home.
- Answer “**No, lack of effort/inadequate supervision**” if the client manager is not making efforts needed in order for the client and parent/caregivers to make progress toward the permanency goal of return home.
- Answer “**No, caseload/turnover**” if multiple client managers have been assigned to the case during the review period and this affects the family’s progress toward the permanency goal of return home.
- Answer “**No, ICJ**” if ICJ delays are causing a barrier to the client returning home.
- Answer “**No, placement provider does not support permanency goal**” if the placement provider does not support the goal of return home and this is preventing the client from making progress toward the permanency goal of return home.
- Answer “**No, lack of community supports**” if there are community supports that would allow the client to return home but they are not being used or are not available to this client.
- Answer “**No, other**” if other issues, not included in these options, are preventing the client from making progress toward the permanency goal of return home. Please add a comment in the comment section detailing the issues that are preventing the client from making progress toward the goal of return home.
- Answer “**NA**” if the primary goal is not return home, if the client has been on escape status for the entire review period, or if there are no barriers to the goal of return home.

PL 96-272, Sec 475, 1, (B)

(1) The term “case plan” means a written document which includes at least the following:

(A) A description of the type of home or institution in which a child is to be placed, including a discussion of the safety and appropriateness of the placement and how the agency which is responsible for the child plans to carry out the voluntary placement agreement entered into or judicial determination made with respect to the child in accordance with section [472\(a\)\(1\)](#).

PERMANENCY

40. (Continued)

(B) A plan for assuring that the child receives safe and proper care and that services are provided to the parents, child, and foster parents in order to improve the conditions in the parents' home, facilitate return of the child to his own safe home or the permanent placement of the child, and address the needs of the child while in foster care, including a discussion of the appropriateness of the services that have been provided to the child under the plan.

DYC Policy 19.2, III, A, 2, (f & g)

2. The Youth Discrete Case Plan shall address all content areas outlined in the Federal Safeguards and other published guidelines for case planning, including the following, at the minimum:

f. The Youth Discrete Case Plan shall include a plan for providing services to the parents, juvenile and foster parents to improve conditions in the parents' home and facilitate the return of the juvenile to the home or to a permanent placement.

g. The Youth Discrete Case Plan shall include a plan for assuring that services are provided to the juvenile and the foster parents to address the needs of the juvenile while in the foster care program.

DYC Policy 21.1, III, E, 3 (f), 4 (a)(b)(c)

3. The Client Manager/Parole Officer, as well as the PROVIDER, shall monitor the juvenile's progress in placement on a monthly basis and verify that services outlined in the Discrete Case Plan are being delivered to the juvenile.

f. The Client Manager/Parole Officer shall report identified service barriers to the Regional Director or designee.

4. It is the responsibility of the Client Manager/Parole Officer to modify or change the Discrete Case Plan as needed. Any changes or modifications will be documented through use of the monthly review form.

a. Changes in the Discrete Case Plan shall be discussed with the treatment team the juvenile, AND THE JUVENILE'S FAMILY, prior to taking effect.

b. The amended Discrete Case Plan shall be dated and signed by the juvenile, family, provider, and the Client Manager/PAROLE OFFICER.

c. Juveniles' families shall be notified any time there is a change in the Discrete Case Plan.

PERMANENCY

41. **For clients with a permanency goal of permanent placement with a relative/non-relative through legal guardianship/permanent custody, is progress being made toward achieving the goal? (Check all “No” responses that apply) (DYC Policy 21.1, III, E, 3 (f), 4 (a)(b)(c))**

INSTRUCTIONS

- Answer “**Yes**” if progress is being made toward achieving the permanency goal as indicated in Trails and or the face-to-face review.
- Answer “**No, client services appropriateness**” if appropriate services are not being provided for the client that would facilitate the client’s permanent placement through legal guardianship/permanent custody.
- Answer “**No, parent(s)/guardian(s) services appropriateness**” if appropriate services are not being provided to the parent/guardian that would facilitate the client’s permanent placement through legal guardianship/permanent custody.
- Answer “**No, client safety**” if safety issues interfere with the client’s permanent placement through legal guardianship/permanent custody.
- Answer “**No, other potential caregiver lack of progress**” if the caregiver is not making progress toward the permanency goal of legal guardianship/permanent custody. .
- Answer “**No, client lack of progress**” if the client is not making progress in treatment or other aspects of his/her Discrete Case Plan toward the goal legal guardianship/permanent custody.
- Answer “**No, lack of efforts/inadequate supervision**” if the client manager is not making efforts needed in order for the client and parent/caregivers to make progress toward the permanency goal of legal guardianship/permanent custody.
- Answer “**No, caseload/turnover**” if multiple client managers have been assigned to the case during the review period and this affects the client’s progress toward the permanency goal of legal guardianship/permanent custody.
- Answer “**No, ICJ**” if ICJ delays are a barrier to achieving the permanency goal of legal guardianship/permanent custody.
- Answer “**No, placement provider does not support permanency goal**” if the placement provider does not support the goal of return home and this is preventing the client from making progress toward the permanency goal of return home.
- Answer “**No, lack of community supports**” if there are community supports that would allow the client to return home but they are not being used or are not available to this client.
- Answer “**No, other**” if other issues, not included in these options, are preventing the client from making progress toward the permanency goal of legal guardianship/permanent custody. Please add a comment in the comment section detailing the issues that are preventing the client from making progress toward the goal of legal guardianship/permanent custody.
- Answer “**NA**” if the primary goal is not legal guardianship/permanent custody, if the client has been on escape status for the entire review period, or if there are no barriers to the goal of legal guardianship/permanent custody.

DYC Policy 19.2, III, A, 2, (f & g)

2. The Youth Discrete Case Plan shall address all content areas outlined in the Federal Safeguards and other published guidelines for case planning, including the following, at the minimum:

f. The Youth Discrete Case Plan shall include a plan for providing services to the parents, juvenile and foster parents to improve conditions in the parents' home and facilitate the return of the juvenile to the home or to a permanent placement.

g. The Youth Discrete Case Plan shall include a plan for assuring that services are provided to the juvenile and the foster parents to address the needs of the juvenile while in the foster care program.

PERMANENCY

41. (Continued)

DYC Policy 21.1, III, E, 3 (f), 4 (a)(b)(c)

3. The Client Manager/Parole Officer, as well as the PROVIDER, shall monitor the juvenile's progress in placement on a monthly basis and verify that services outlined in the Discrete Case Plan are being delivered to the juvenile.

f. The Client Manager/Parole Officer shall report identified service barriers to the Regional Director or designee.

4. It is the responsibility of the Client Manager/Parole Officer to modify or change the Discrete Case Plan as needed. Any changes or modifications will be documented through use of the monthly review form.

a. Changes in the Discrete Case Plan shall be discussed with the treatment team the juvenile, AND THE JUVENILE'S FAMILY, prior to taking effect.

b. The amended Discrete Case Plan shall be dated and signed by the juvenile, family, provider, and the Client Manager/PAROLE OFFICER.

c. Juveniles' families shall be notified any time there is a change in the Discrete Case Plan.

PERMANENCY

- 42. In the reviewer’s opinion, is the primary permanency goal, at the time of the review, appropriate for this client?** (CRS 19-3-508 (7)), (CRS 19-3-702 (4) & (5)), (Items 7 & 8)

INSTRUCTIONS

Exploratory Questions

What is/was the history of the permanency goals?

Are/were there notable changes or lack of changes in the client’s permanency goals?

What are/were the reasons for changes in the client’s permanency goals?

What factors did the agency consider when making decisions about the client’s permanency goals?

Has the client been in foster care for 15 of the most recent 22 months, is the client an abandoned infant, or does the client have parents who have committed a felony requiring TPR under ASFA?

Has/was an exception to the TPR requirement been made and, if so, what was the basis for the exception (for example, the client is being cared for by a relative or the State has not provided services that the State deemed necessary for the safe return of the client to the client’s home)?

- Answer **“Yes** if, in the reviewer’s opinion, the court ordered permanency goal is appropriate for the client.
- Answer **“No”** if, in the reviewer’s opinion, the goal is not appropriate.
- **“NA”** should not be used, as all clients should have a specified permanency goal.

PERMANENCY

43. **If, in the reviewer’s opinion, the permanency goal is not appropriate at the time of the review, what should the appropriate permanency goal be? (Check one answer) (Items 7,8,9,10, & 26)**

INSTRUCTIONS

- Answer **“Return Home”** if, in the reviewer’s opinion, this is the most appropriate goal.
- Answer **“Adoption”** if, in the reviewer’s opinion, this is the most appropriate goal.
- Answer **“Guardianship”** if, in the reviewer’s opinion, this is the most appropriate goal.
- Answer **“Relative custody or legal guardianship”** if, in the reviewer’s opinion, this is the most appropriate goal.
- Answer **“OPPLA LTFC”** if, in the reviewer’s opinion, this is the most appropriate goal.
- Answer **“OPPLA Emancipation”** if, in the reviewer’s opinion, this is the most appropriate goal.
- Answer **“All options have not been sufficiently explored”** if, in the reviewer’s opinion, all options for permanency have not been sufficiently explored for this client.
- Answer **“NA”** if the answer to the above question is YES or you believe that the permanency goal is appropriate.

PERMANENCY

- 44. How many months should the assigned client manager have made face-to-face contact with the client during the review period? (Within the state of Colorado, not ICJ) (DYC Policy 21.1 III, E, 3 (a))**

INSTRUCTIONS

Count the number of months during the review period that you are looking for monthly face-to-face contacts and check the corresponding box.

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- Answer “NA” if the client has been on escape status for the entire review period and ICJ cases.

NOTE: Count only full months during the review period.

DYC Policy 21.1 III, E, 3 (a)

3. The Client Manager/Parole Officer, as well as the PROVIDER, shall monitor the juvenile's progress in placement on a monthly basis and verify that services outlined in the Discrete Case Plan are being delivered to the juvenile.

- a. Face-to-face contact shall be made with the juvenile a minimum of once every month, except when the juvenile is placed out of state or in an adult correctional facility. Every effort shall be made to include the juvenile's family in these monthly meetings.

PERMANENCY

45. How many months did the assigned client manager make face-to-face contact with the client during the review period? (Within the state of Colorado, not ICJ)

Item 19

INSTRUCTIONS

Count the number of months during the review period that you found documentation of monthly face-to-face contacts with the client and check the corresponding box.

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- Answer “NA” if this is an ICJ case for the entire review period or when the client has been on escape status for the entire review period.

NOTE: Count only full months during the review period.

NOTE: Accept date, type of contact and person if entered in Trails.

NOTE: Contact is the same as a visit. Pre-placement visits and moves are considered face-to-face contacts.

NOTE: Document in comments the months during which no contact is documented.

PERMANENCY

46. For clients placed outside the state, is there **documentation** that the client is visited at least **monthly** by a professional of either the sending or receiving state? (ICJ only) (Item 19)

INSTRUCTIONS

- Answer “Yes” if there is documentation that the client has been visited monthly by an agency professional of either the sending or receiving state.
- Answer “No” if there is no documentation that the client has been visited monthly by an agency professional of either the sending or receiving state.
- Answer “NA” if the client has been in placement in Colorado for the entire review period.

NOTE: Document in comments the months during which no contact is documented.

NOTE: A visit is defined as face-to-face contact with the client.

PERMANENCY

47. Was the quality of contacts made with the client sufficient to address issues pertaining to the safety, permanency, and well-being of the client and to promote achievement of case goals? (Check all “No” responses that apply)

(DYC Policy 21.1, III, E,3 (a, b)), Item 19

INSTRUCTIONS

- Answer “**YES**” if there is documentation that agency personnel contact with the client focused on issues pertinent to case planning, service delivery, goal attainment, and safety.
- Answer “**No, content insufficient**” if there is no documentation that primary caseworker, specified visitation worker, or supervisor contact with the child/youth focused on issues pertinent to case planning, service delivery or goal attainment.
- Answer “**No assessment of safety**” if there is insufficient or a lack of documentation to indicate that an assessment of safety was conducted by the client manager.
- Answer “**No time alone with client**” if there is no documentation that client manager contact with the client included some portion of time where the client was observed and talked to outside the presence of the provider(s).
- Answer “**NA**” if the client is on escape status for the entire review period.

NOTE: These content items do not necessarily have to appear in each contact, but should be observable across the contacts when the documentation is considered in its entirety.

NOTE: Consider the client’s age, communication ability and developmental age when reviewing whether the Division observed or talked to the client outside the presence of the provider(s).

DYC Policy 21.1, III, E, 3, (a-b)

3. The Client Manager/Parole Officer, as well as the PROVIDER, shall monitor the juvenile's progress in placement on a monthly basis and verify that services outlined in the Discrete Case Plan are being delivered to the juvenile.

- a. Face-to-face contact shall be made with the juvenile a minimum of once every month, except when the juvenile is placed out of state or in an adult correctional facility. Every effort shall be made to include the juvenile’s family in these monthly meetings.
- b. During the monthly contact, the Client Manager/Parole Officer shall review case notes and discuss progress with the appropriate treatment team members.

PERMANENCY

48. If the client's goal is to return home, did contact with the mother/guardian/kin occur on a monthly basis?

(DYC Policy 21.1 III, E, 3 (a)), Items 19 & 20

INSTRUCTIONS

- Answer **“YES”** if contact with the mother/guardian/kin, either by telephone or face-to-face, occurred on a monthly basis.
- Answer **“NO”** if contact with the mother/guardian/kin was **not** made on a **monthly** basis.
- Answer **“NA”** if the client's permanency goal is not to return home, the client's mother is deceased and there is no substitute legal guardian, her whereabouts are unknown, or termination of parental rights has occurred.

NOTE: Note in comments if failed attempts are documented.

NOTE: If the reviewer is answering the frequency question, the content question must be answered.

DYC Policy 21.1 III, E, 3 (a)

3. The Client Manager/Parole Officer, as well as the PROVIDER, shall monitor the juvenile's progress in placement on a monthly basis and verify that services outlined in the Discrete Case Plan are being delivered to the juvenile.

- a. Face-to-face contact shall be made with the juvenile a minimum of once every month, except when the juvenile is placed out of state or in an adult correctional facility. Every effort shall be made to include the juvenile's family in these monthly meetings.

PERMANENCY

- 49. If the client's goal is to return home, was the quality of contacts made with the mother/guardian/kin sufficient to address issues pertaining to the safety, permanency, and well-being of the client and to promote achievement of case goals? (Check all that apply) (DYC Policy 21.1, III, E, 3, (e), 4, (a-c)), (Items 19 & 20)**

INSTRUCTIONS

- Answer **"Yes"** if there is documentation that agency personnel contact with the mother/guardian/kin focused on issues pertinent to case planning, service delivery, goal attainment, and safety.
- Answer **"No"** if there is no documentation that agency personnel contact with the mother/guardian/kin focused on issues pertinent to case planning, service delivery or goal attainment. For this answer response, if there is more than one contact in the month, the *sum* of contacts in each month needs to include sufficient content. Answer for each month during which contact was made.
- Answer **"NA"** if the client's permanency goal is not to return home, the client's mother is deceased, her whereabouts are unknown, or termination of parental rights has occurred.

NOTE: These content items do not necessarily have to appear in each contact, but should be observable across the contacts when the documentation is considered in its entirety.

DYC Policy 21.1, III, E, 3, (e)

3. The Client Manager/Parole Officer, as well as the PROVIDER, shall monitor the juvenile's progress in placement on a monthly basis and verify that services outlined in the Discrete Case Plan are being delivered to the juvenile.

- e. The Client Manager/Parole Officer shall maintain monthly contact with the juvenile's family. The Client Manager/Parole Officer shall notify the juvenile's family whenever a change of placement, escape, or critical incident occurs. NOTIFICATION SHALL BE MADE AS SOON AS POSSIBLE.

DYC Policy 21.1, III, E, 4 (a-c)

4. It is the responsibility of the Client Manager/Parole Officer to modify or change the Discrete Case Plan as needed. Any changes or modifications will be documented through use of the monthly review form.

- a. Changes in the Discrete Case Plan shall be discussed with the treatment team the juvenile, AND THE JUVENILE'S FAMILY, prior to taking effect.
- b. The amended Discrete Case Plan shall be dated and signed by the juvenile, family, provider, and the Client Manager/PAROLE OFFICER.
- c. Juveniles' families shall be notified any time there is a change in the Discrete Case Plan.

PERMANENCY

50. If the client's goal is to return home, did contact with the father/guardian/kin occur on a monthly basis?

(DYC Policy 21.1 III, E, 3 (a)), Items 19 & 20

INSTRUCTIONS

- Answer “**YES**” if contact with the father/guardian/kin, either by telephone or face-to-face, occurred on a monthly basis.
- Answer “**NO**” if contact with the father/guardian/kin was **not** made on a **monthly** basis.
- Answer “**NA**” if the client's permanency goal is not to return home, the client's father is deceased and there is no substitute legal guardian, his whereabouts are unknown, or termination of parental rights has occurred.

NOTE: Note in comments if failed attempts are documented.

NOTE: If the reviewer is answering the frequency question, the content question must be answered.

DYC Policy 21.1 III, E, 3 (a)

3. The Client Manager/Parole Officer, as well as the PROVIDER, shall monitor the juvenile's progress in placement on a monthly basis and verify that services outlined in the Discrete Case Plan are being delivered to the juvenile.

- a. Face-to-face contact shall be made with the juvenile a minimum of once every month, except when the juvenile is placed out of state or in an adult correctional facility. Every effort shall be made to include the juvenile's family in these monthly meetings.

PERMANENCY

51. **If the client’s goal is to return home, was the quality of contacts made with the father/guardian/kin sufficient to address issues pertaining to the safety, permanency, and well-being of the client and to promote achievement of case goals?** (DYC Policy 21.1, III, E, 3, (e), 4, (a-c)), (Items 19 & 20)

INSTRUCTIONS

- Answer “**Yes**” if there is documentation that agency personnel contact with the father/guardian/kin focused on issues pertinent to case planning, service delivery, goal attainment, and safety.
- Answer “**No**” if there is no documentation that agency personnel contact with the father/guardian/kin focused on issues pertinent to case planning, service delivery or goal attainment. For this answer response, if there is more than one contact in the month, the *sum* of contacts in each month needs to include sufficient content. Answer for each month during which contact was made.
- “**NA**” if the client’s permanency goal is not to return home, the client’s father is deceased, whereabouts unknown, or termination of parental rights has already occurred.

NOTE: These content items do not necessarily have to appear in each contact, but should be observable across the contacts when the documentation is considered in its entirety.

DYC Policy 21.1, III, E, 3, (e)

3. The Client Manager/Parole Officer, as well as the PROVIDER, shall monitor the juvenile's progress in placement on a monthly basis and verify that services outlined in the Discrete Case Plan are being delivered to the juvenile.

- e. The Client Manager/Parole Officer shall maintain monthly contact with the juvenile’s family. The Client Manager/Parole Officer shall notify the juvenile’s family whenever a change of placement, escape, or critical incident occurs. NOTIFICATION SHALL BE MADE AS SOON AS POSSIBLE.

DYC Policy 21.1, III, E, 4 (a-c)

4. It is the responsibility of the Client Manager/Parole Officer to modify or change the Discrete Case Plan as needed. Any changes or modifications will be documented through use of the monthly review form.

- a. Changes in the Discrete Case Plan shall be discussed with the treatment team the juvenile, AND THE JUVENILE’S FAMILY, prior to taking effect.
- b. The amended Discrete Case Plan shall be dated and signed by the juvenile, family, provider, and the Client Manager/PAROLE OFFICER.
- c. Juveniles' families shall be notified any time there is a change in the Discrete Case Plan.

PERMANENCY

52. Does the frequency of visitation with the mother/guardian/kin adequately address the needs of the client to maintain or promote continuity of the relationship? (Check all “No” responses that apply) (DYC Policy 18.1 I, II, and III) (Item 13)

INSTRUCTIONS

Exploratory Questions

What are/were the reasons for visiting less frequently than weekly?

What are/were the Division services/supports to encourage more frequent visiting?

- Answer “**Yes**” if, in the reviewer’s judgment, the visitation/contact is frequent enough and of long enough duration to adequately address the needs of the client to maintain or promote continuity of the relationship in relation to the client’s current permanency goal. For example, if the goal is OPPLA Emancipation, the visitation may be as infrequent as once a month or longer and by telephone.
- Answer “**No, mother/guardian/kin**” if the mother/guardian/kin is responsible, or partially responsible for why the visitation/contact is not adequate to address the needs of the client to maintain or promote continuity of the relationship. For example, the parent does not show up for the scheduled visits.
- Answer “**No, client**” if the client is responsible, or partially responsible for why the visitation/contact is not adequate to address the needs of the client to maintain or promote continuity of the relationship. For example, the client may be on escape status for a portion of the review period, he/she may refuse to visit, etc.
- Answer “**No, Division**” if the Division is responsible, or partially responsible for why the visitation/contact is not adequate to address the needs of the client to maintain or promote continuity of the relationship. This may be due to the lack of providing transportation, bus passes, visitation facilities, appropriate staffing to supervise visits, etc.
- Answer “**No, court**” if the court is responsible, or partially responsible for why the visitation/contact is not adequate to address the needs of the client to maintain or promote continuity of the relationship.
- Answer “**No, OOH provider**” if the facility is responsible, or partially responsible for why the visitation/contact is not adequate to address the needs of the client to maintain or promote continuity of the relationship. For example, the facility places the client on a restricted status and will not allow visitation due to the client’s behavior.
- Answer “**No, other**” if another person is fully, or partially responsible for why the visitation/contact is not adequate to address the needs of the child/youth to maintain or promote continuity of the relationship
- Answer “**NA**” if the mother’s whereabouts are unknown, if mother’s rights have been terminated, if mother is deceased, if visitation/contact with the mother is contrary to the client’s safety or best interest, or if the client has been on escape status for entire review period.

PERMANENCY

52. (Continued)

DYC Policy 18.1 I, II, and III

I. POLICY:

All juveniles in Division of Youth Corrections' facilities shall have the right to a reasonable amount of visitation WITH THEIR LEGAL GUARDIAN AND IMMEDIATE FAMILY MEMBERS. EACH FACILITY SHALL ENCOURAGE JUVENILES TO MAINTAIN CONTACT WITH FAMILY AND OTHER POSITIVE INDIVIDUALS IN THEIR LIVES THROUGH FLEXIBLE AND EXTENDED VISITING HOURS. Visitation rights shall not be permanently denied but may be temporarily limited due to the availability of staff for supervision, the amount of visiting space available or by current, overriding security considerations. THE FACILITY SHALL PROVIDE THE OPPORTUNITY FOR AT LEAST ONE VISIT PER MONTH WITH APPROVED FAMILY MEMBERS. Each facility shall develop procedures for temporarily denying visitation, which include the causes for the cancellation or denial of a visit and procedures for appealing a decision to cancel or deny visitation.

II. DEFINITIONS:

A. APPROVED FAMILY MEMBER: FATHER, MOTHER, SISTERS, BROTHERS, GRANDPARENTS, CHILDREN, HUSBAND, WIFE AND A NON-RESTRICTED CUSTODIAN OF THE CHILD OR ANY MEMBER OF THE IMMEDIATE FAMILY

WHO HAS BEEN APPROVED FOR VISITATION BY THE LEGAL CUSTODIAN.

B. RESTRICTED VISITOR: APPROVED FAMILY MEMBER WHO THE FACILITY DIRECTOR/DESIGNEE DETERMINES CANNOT VISIT DUE TO CURRENT OR PRIOR SAFETY AND SECURITY REASONS.

C. Special Visit: Visiting at times other than the normal scheduled visiting times or having an approved visit with someone who does not meet the established visitor criteria, INCLUDING THE AGE REQUIREMENTS ESTABLISHED BY THE FACILITY. ALL SPECIAL VISITS MUST BE APPROVED BY THE FACILITY DIRECTOR OR DESIGNEE.

III. PROCEDURES:

A. All Division of Youth Corrections' facilities shall develop written procedures which govern visitation. THE WRITTEN PROCEDURES SHALL INCLUDE THE AGE RESTRICTIONS FOR VISITORS AND VISITING TIMES THAT ARE AVAILABLE 7 DAYS PER WEEK FOR A MINIMUM OF 30 MINUTES PER VISIT.

1. The written procedures shall be reviewed annually and updated as needed.

B. Juveniles shall not be denied special visits with their attorney(s), government officials, legislators, media representatives or counselors/agents/workers who are assigned to supervise or to deliver services to them in the community.

1. Whenever possible, persons who have traveled long distances to visit should be allowed a special visit when their arrival time is outside of the normal, scheduled visiting hours for the facility.

2. Special visits shall not supplant the juvenile's normal availability or allocation of scheduled visiting time/space.

C. All persons visiting the facility shall be required to sign the facility's visitor registration logbook.

1. Each visitor shall be required to provide his/her name and relationship to the juvenile being visited, at the minimum.

PERMANENCY

52. (Continued)

D. Each visitor shall be required to adhere to the following regulations, at the minimum:

1. ALL VISITORS SHALL BE REQUIRED TO PASS THROUGH METAL DETECTORS AND, IF NECESSARY, BE SUBJECT TO FURTHER SEARCH BY HAND-HELD DETECTORS. Visitors' clothing and/or personal effects MAY be searched prior to entry into the visitation areas, with the reason for the search; (i.e., safety and security of juveniles, staff, and other visitors) made known prior to conducting the search. (REFER TO DIVISION OF YOUTH CORRECTIONS POLICY 9.13, SEARCHES OF JUVENILES AND FACILITIES).

a. IF ITEMS ARE FOUND THAT MAY VIOLATE THE SAFETY AND SECURITY OF THE FACILITY, VISITORS WILL BE ASKED TO RETURN ITEMS TO THEIR CAR OR STORE THEM IN A LOCKER PROVIDED BY THE FACILITY.

2. All visitors 16 years of age or older may be required to show a PICTURE ID.

3. All children under the age of 18 shall be accompanied by a PARENT OR LEGAL GUARDIAN although exceptions may be granted by the Facility Director or his/her Designee. Parents shall verify the identification of their children.

a. In cases where a visitor refuses to allow the facility staff to conduct a search or refuses to refrain from bringing personal effects into the facility, the visitor shall be denied the current visitation using the facility's "Denial of Visitation" procedures (See Attachment for example).

b. The use of metal detectors for the inspection of clothing and belongings is an acceptable routine search process but should not be used to the exclusion of other, more thorough search procedures, when appropriate.

E. The visiting area shall permit communication, including the opportunity for acceptable levels of physical contact. Surroundings should have the minimum surveillance necessary to allow for the availability of privacy while assuring appropriate security.

F. The facility's rules governing visitation shall be published and made available to juveniles, staff, and visitors. The visitation rules and practices shall include, at the minimum:

1. The routine days and times which have been designated for visiting, as well as who is allowed to visit and the number of visitors per juvenile which are allowed at one time, AND

2. The facility's regulations about special visits, AND

3. The items which are allowed to be brought into the visiting area by visitors and/or juveniles, AND

4. The statutes which address offenses relating to custody, including the introduction of contraband into secure facilities and aiding escape from custody. (Colorado Revised Statutes 18-8-201 through 18-8-206), AND

5. A sign posted at the entrance which informs visitors that both they and their property are subject to search upon entering the secure perimeter of the facility, AND

6. A list of contraband items posted in the area, AND

7. TEMPORARY OR SPECIAL RESTRICTIONS INCLUDING THE DATES THE RESTRICTIONS APPLY.

PERMANENCY

52. (Continued)

G. A denial of visitation shall be made when staff have reason to believe that the safety and security of the juveniles, staff, general public or the facility may be in jeopardy.

1. A denial of visitation decision shall be given to the juvenile in writing and shall include, at the minimum, the name of the restricted visitor, the time and date of the denial of visitation, the reasons for the LIMITATION, THE name of the person making the decision, and the right to appeal the decision to the Facility Director.

a. A LEGAL CUSTODIAN SEEKING TO BLOCK VISITATION BY A FAMILY MEMBER SHALL BE REQUIRED TO OBTAIN A COURT ORDER WHICH IS TO BE HONORED BY THE FACILITY.

2. Juveniles shall not be required to visit with individuals that they do not wish to see. HOWEVER, THE YOUTH MAY BE REQUESTED, BUT NOT REQUIRED, TO PUT THEIR REASON FOR REFUSAL IN WRITING. A COPY SHALL BE FORWARDED TO THE FACILITY DIRECTOR/DESIGNEE.

H. ALL JUVENILES SHALL BE STRIP-SEARCHED (DOES NOT APPLY TO TRCCF) PRIOR TO RETURNING TO THE GENERAL POPULATION.

I. The facility shall provide information to visitors about nearby public transit terminals or other forms of transportation access to the facility, EITHER IN WRITING OR BY PHONE, WHEN THE VISITOR REQUESTS THE INFORMATION. THIS INFORMATION SHALL ALSO BE POSTED IN THE FACILITY IN AN AREA VISIBLE BY VISITORS.

PERMANENCY

53. Does the frequency of visitation with the father/guardian/kin adequately address the needs of the client to maintain or promote continuity of the relationship? (Check all “No” responses that apply) (DYC Policy 18.1 I , II, and III) Item 13

INSTRUCTIONS

Exploratory Questions

What are/were the reasons for visiting less frequently than weekly?

What are/were the Division services/supports to encourage more frequent visiting?

- Answer “**Yes**” if, in the reviewer’s judgment, the visitation/contact is frequent enough and of long enough duration to adequately address the needs of the client to maintain or promote continuity of the relationship in relation to the client’s current permanency goal. For example, if the goal is OPPLA, Emancipation, the visitation may be as infrequent as once a month or longer and by telephone.
- Answer “**No, father/guardian/kin**” if the father/guardian/kin is responsible, or partially responsible for why the visitation/contact is not adequate to address the needs of the client to maintain or promote continuity of the relationship. For example, the parent does not show up for the scheduled visits.
- Answer “**No, client**” if the client is responsible, or partially responsible for why the visitation/contact is not adequate to address the needs of the client to maintain or promote continuity of the relationship. For example, the client may be on escape status for a portion of the review period, he/she may refuse to visit, etc.
- Answer “**No, Division**” if the Division is responsible, or partially responsible for why the visitation/contact is not adequate to address the needs of the client to maintain or promote continuity of the relationship. This may be due to the lack of providing transportation, bus passes, visitation facilities, appropriate staffing to supervise visits, etc.
- Answer “**No, court**” if the court is responsible, or partially responsible for why the visitation/contact is not adequate to address the needs of the client to maintain or promote continuity of the relationship.
- Answer “**No, provider**” if the facility is responsible, or partially responsible for why the visitation/contact is not adequate to address the needs of the client to maintain or promote continuity of the relationship. For example, the facility places the client on a restricted status and will not allow visitation due to the client’s behavior.
- Answer “**No, other**” if another person is fully, or partially responsible for why the visitation/contact is not adequate to address the needs of the child/youth to maintain or promote continuity of the relationship
- Answer “**NA**” if the father’s whereabouts are unknown, if father’s rights have been terminated, if father is deceased, or if visitation/contact with the father is contrary to the client’s safety or best interest, or if the client has been on escape status for entire review period.

DYC Policy 18.1 I, II, and III refer to cite following question 52.

PERMANENCY

- 54. Does the frequency of visitation with the sibling(s) adequately address the needs of the client to maintain or promote continuity of the relationship(s)?**
(Check all “No” responses that apply) (DYC Policy 18.1 I, II, and III) (Item 13)

INSTRUCTIONS

- Answer “**Yes**” if, in the reviewer’s judgment, the visitation/contact is frequent enough and of long enough duration to adequately address the needs of the client to maintain or promote continuity of the relationship in relation to the client’s current permanency goal. For example, if the goal is OPPLA, Emancipation, the visitation may be as infrequent as once a month or longer and by telephone.
- Answer “**No, parent/guardian/kin**” if the parent/guardian/kin is responsible, or partially responsible for why the visitation/contact with siblings is not adequate to address the needs of the client to maintain or promote continuity of the relationship. For example, the parent does not show up for the scheduled visits.
- Answer “**No, client**” if the client is responsible, or partially responsible for why the visitation/contact with siblings is not adequate to address the needs of the client to maintain or promote continuity of the relationship. For example, the client may be on escape status for a portion of the review period, he/she may refuse to visit, etc.
- Answer “**No, Division**” if the Division is responsible, or partially responsible for why the visitation/contact with siblings is not adequate to address the needs of the client to maintain or promote continuity of the relationship. This may be due to the lack of providing transportation, bus passes, visitation facilities, appropriate staffing to supervise visits, etc.
- Answer “**No, court**” if the court is responsible, or partially responsible for why the visitation/contact with siblings is not adequate to address the needs of the client to maintain or promote continuity of the relationship.
- Answer “**No, provider**” if the facility is responsible, or partially responsible for why the visitation/contact with siblings is not adequate to address the needs of the client to maintain or promote continuity of the relationship. For example, the facility places the client on a restricted status and will not allow visitation due to the client’s behavior.
- Answer “**No, GAL**” if the GAL is responsible, or partially responsible for why the visitation/contact with siblings is not adequate to address the needs of the client to maintain or promote continuity of the relationship.
- Answer “**No, other**” for those situations such as; if a sibling or the sibling’s provider refuse or passively ignore the visits with the sibling under review. Explain in comments.
- Answer “**NA**” if the client has no siblings, the other siblings have been adopted, if the client is living with his/her siblings, the sibling’s whereabouts are unknown or if visitation/contact with siblings is contrary to the client or sibling’s safety or best interest, or if the client has been on escape status for entire review period.

DYC Policy 18.1 I, II, and III refer to cite following question 52.

ADDITIONAL QUESTIONS

55. Were the previous compliance issues addressed? (All or nothing)

INSTRUCTIONS

- Answer **“Yes”** if the client manager has addressed all compliance issues identified in the previous review.
- Answer **“No”** if the client manager has not addressed all of the compliance issues identified in the previous review.
- Answer **“NA”** if there were no compliance issues in the previous review or if this is an initial review.

ADDITIONAL QUESTIONS

56. Were the client's educational needs assessed?

(P.L. 110-351) (475 (1)(C)) (Item 21)

Exploratory Questions

How were educational needs assessed upon the client's entry into DYC custody?

How are/were educational needs assessed on an ongoing basis?

What are the current educational needs?

INSTRUCTIONS

- Answer **"YES"** if the client's educational needs were assessed by the Division during the review period. This applies to both the initial review and subsequent reviews. This question should be answered, **"YES,"** if: an educational assessment is included in the case record; a separate educational assessment was conducted by the school district (and made available to the Division) or by the agency; or if the Division conducted an informal (and documented) educational assessment. The reviewer may also use information from the DCP to determine whether an ongoing assessment was completed.
- Answer **"No"** if the client's educational needs were not assessed.
- Answer **"NA"** if the client was on escape status during the entire review period.

ADDITIONAL QUESTIONS

57. Were the client's mental health needs assessed?

(Item 23)

Exploratory questions

How were mental health needs assessed upon the client's entry into DYC custody?

How are/were mental health needs assessed on an ongoing basis?

What are the current mental health needs?

INSTRUCTIONS

- Answer **"YES"** if information in the case record and/or presented at the review indicates that the Division conducted a formal or informal mental health/behavioral health assessment on the client either at the client's entry into DYC custody and/or on an ongoing basis to provide updated information for case planning decisions with regard to mental/behavioral health issues.
- Answer **"No"** if information in the case record and/or presented at the review indicates that the Division has not assessed the mental/behavioral health needs of the client.
- Answer **"NA"** if the client has been on escape status for the entire review period.