

To: DCYF Staff

From: Joseph E. Ribsam Jr., Director, Division for Children, Youth & Families

Date: April 24, 2020

RE: Directive Regarding Process for Review of Youth in Congregate Care Settings During the COVID-19 State of Emergency

PURPOSE

The purpose of this memo is to establish a formal process to ensure the continued re-assessment of all youth placed in congregate care settings in light of the COVID-19 pandemic. We recognize that there is an enhanced risk of infection associated with congregate living, and that a program's capacity to serve children and youth well can be impacted by potential infections or staffing limitations. As a result, it is imperative that we create flexibility within the residential care system to ensure that it is capable to continue serving the children and youth who have the most need. This will both decrease risk of transmission by reducing the number of youth in placement as well protect the provider network to maintain an adequate availability of residential providers throughout the course of the pandemic.

If a youth has a safe place to go, DCYF will consider what additional in home supports could stabilize the return home. In some instances, this may be an "extended home visit" where the residential provider can continue to provide remote clinical support. In other instances this may be a discharge with Intensive Service Option (ISO) or Home Based Therapy (HBT) services. Often times those ISO or HBT services can be provided by the residential provider who was previously serving the child/youth which is often preferable because it allows a continuity of clinical care; in other instances those services will be provided by another provider.

Specifically, the JPPO/CPSW will follow assessment process below to determine the following with regard to each youth in the Division's care:

- 1) Whether a youth can safely be discharged (home, relative, foster care),
- 2) Whether a youth can participate in an extended home visit,
- 3) Whether a youth needs to remain in placement, or
- 4) Whether a youth needs placement in congregate care.

If an assessment was previously completed, this process must be performed again utilizing the following guidance and shall include the information relied upon in completing the assessment.

ASSESSING YOUTH FOR DISCHARGE and/or EXTENDED HOME VISIT:

1. Is there a safe home (home of origin, relative or foster home) to which the child/youth can return or go as they no longer require congregate care?
 - a. If YES, proceed to question # 2.

- b. If NO: Document the reasons why. A team meeting will occur as soon as all parties are available to establish an action plan outlining clinical goals, behavioral changes, and specific timeframes that can assist in a successful transition. The JPPO/CPSW will follow this process monthly in order to reassess for discharge or extended visit.
2. What was the reason for the removal and has the parents/youth resolved this issue?
 - a. If YES, the child/youth should be discharged with support services.
 - b. If NO: Proceed to question #3
3. What was the reason for removal and have the parents/youth made ongoing and concerted efforts, demonstrating progress in mitigating the risk and do we believe the youth will adhere to the 'stay at home' direction?
 - a. If YES, the child/youth should be discharged with support services.
 - b. If NO: Document the reasons why. A team meeting will occur as soon as all parties are available to establish an action plan outlining behavioral changes and specific timeframes that can assist in a successful transition. The JPPO/CPSW will follow this process monthly in order to reassess for discharge or extended visit.
4. Can the use of increased telehealth type support by the residential provider or an ISO/HBT be used to meet the child/youth's treatment needs.
5. Does the JPPO/CPSW anticipate that the youth/child may return home soon?
 - a. If so, can DCYF expedite the process increased telehealth type support by the residential provider or an ISO/HBT?
6. Are there medical needs or medication? If so, identify the treating/ prescribing physician and consult accordingly with to inform the plan of discharge or extended visit home.
7. Are there special educational needs? If so, identify the IEP or 504 plan and consult with the educational team to inform the plan.

The Field Administrator provides the final approval

Consider any necessary amendments to court orders and seek court approval as needed

ASSESSING YOUTH FOR EXTENDED HOME VISITS:

1. If consultation with the FA and other team member's results in a determination the parent/child/youth is ***not*** ready for a final discharge, consider if it is appropriate to initiate an extended home visit.

a. If YES:

- Is the placement/home able to meet the youth's needs and keep the youth safe with appropriate supports?
- What is the anticipated length of time for the visit?
- What direct services will the placement provider utilize for the youth and family?
- Is the residential program willing and able to provide remote clinical support to the youth and family during the Extended Home Visit?
 - If not, this situation may be more appropriate for discharge with community based services with the youth/family to mitigate associated risks. If community services are not in place, assess if we can implement ISO or HBT in the community maintain the child's safety and needs.
- Extended visits that exceed 14 days require FA approval.
- Prior to the 30-day mark on an extended home visit, reevaluate if the youth/child's safety and needs can be met sufficiently and establish a plan with all team members for the child/youth to be discharged from placement.

b. If NO: Document the reasons why. A team meeting will occur as soon as all parties are available to establish an action plan outlining behavioral changes and a specific timeframe that can assist in a successful transition. This JPPO/CPSW will conduct this assessment monthly to reassess a discharge or extended visit.

The Field Administrator provides the final approval

Consider any necessary amendments to court orders and seek court approval as needed

ASSESSING YOUTH FOR THE USE OF CONGREGATE CARE:

1. Consider danger and safety implications of child/youth outside of a congregate care setting.
2. Consider if the child/youth has a medical condition that puts them at an increased risk of illness.
3. Assess the risk level to the child/youth/family/community if the child/youth were to remain in home with support services **VERSUS** the risk level associated with entry into a residential program. Consider the likelihood of the youth and family's capacity to

comply with stay-at-home provisions while remaining at home and the increased personal contact likely in a congregate living setting.

4. The JPPO/CPSW should assess the appropriateness of using an intervention or service to mitigate the danger/risk and prevent an out of home placement.
 - a. Can a treatment/behavioral plan be established to assist maintaining the child/youth in their home?
5. Consider what intervention services can be utilized to support safety and success if remaining at home is not viable in relative or foster care placement.
 - If these options are not achievable, documentation regarding the assessment and reasons for decision is required in Bridges.

The Field Administrator provides the final approval

TOOLS THAT CAN AID IN DECISION MAKING FOR DISCHARGE, EXTENDED HOME VISITS, AND ENTRY TO CONGREGATE CARE:

- Child Protection Safety Assessment
- Child Protection Reunification Review
- JDAI screener
- CPSW and JPPO should consider the following behavioral indicators to support potential appropriateness for a residential treatment setting:
 - Significant violent behavior
 - Fire setting
 - Homicidal ideation
 - Human trafficking risk if the risk is mitigated by the residential placement
 - Inappropriate sexualized behavior that puts others at risk
 - Physical aggression in the home
 - Psychotic Episodes
 - Self-mutilation, self-harm requiring hospitalization
 - Suicidal ideation, risk of hospitalization
- Utilization of the treatment team to help inform readiness of child/youth/family.
- Consultation with CASA
- Parent/youth Attorney
- Consultation with DCYF program specialist & other internal resources: Attorney's, Nurse, LADC, Permanency & Adolescent program specialist, Permanency planning team.

- FA to provide final approval if this should be final discharge from placement or an extended home visit
- Consultation with other providers who are working with the family: clinician, educational supports, medical provider
- Availability of natural and community based services, such as: emergency childcare that has expanded the age group they can serve, Waypoint warm line
- If the placement provider request testing or quarantine prior to accepting the child/youth, consult with the FA and DCYF nurse about how to facilitate this request
- JJ youth will not be placed on a technical violation (not doing school work, not following parents rules, testing positive for marijuana....) unless they are an immediate danger to themselves or others. The JPPO/CPSW shall inform the court of violations when a decision is made that they must enter congregate care (FA approval)
- Discourage use of pick up and place orders and staff work with the family regarding natural supports including respite options