



Congregate Care Analysis Tool - Youth Specific

1. Congregate Care Analysis Team Members:

2. Date:

3. County:

4. Is this child dually adjudicated?

Yes

No

Youth Specific Information

5. Name:

6. Docket Number:

7. Date of Birth?

8. Current Age:

9. Sex:

10. Race:

11. Does the youth have any physical challenges? COMPLETED BY COUNTY CONTACT

Yes

No

If yes, what are those physical challenges?

12. Does the youth have any intellectual challenges? (COMPLETED BY COUNTY CONTACT)

Yes

No

If yes, what are those intellectual challenges?

13. Does the youth have any mental health challenges? (COMPLETED BY COUNTY CONTACT)

Yes

No

If yes, what are those mental challenges/diagnosis?

14. Is this youth currently on any psychiatric Medication? (COMPLETED BY COUNTY CONTACT)

Yes

No

If yes, what are those medications?

15. Does the youth have drug and alcohol issues?

Yes

No

If yes, what is the drug of choice and what is the current treatment being received in congregate care?

16. If applicable, what unique and/or specialized treatment is being provided within the congregate care facility to address any physical, mental health or intellectual challenges and/or drug and alcohol issues noted above?

17. What is the name of the youth's current congregate care facility?

18. What is the daily per diem rate of the youth's current congregate care facility? (COMPLETED BY COUNTY CONTACT)

19. What is the daily rate ratio for the youth's current congregate care facility (i.e. county/state/federal match)? (COMPLETED BY COUNTY CONTACT)

Case Specific Information

20. When was the case opened for investigation?

21. When was the first contact made after the case was opened for investigation?

22. How old was the youth at the time of their first removal ever?

23. When was the youth's first placement during this placement episode?

24. Where was the youth's first county initiated placement during this placement episode?

25. How old was the youth at the time of their first removal during this placement episode?

26. Who recommended congregate care placement?

27. Who recommended continued congregate care placement?

- Agency
- Psychologist
- Congregate Care Facility
- Other:

28. Do the Mother and Father:

	Mother: Yes	Mother: No	Mother: N/A	Father: Yes	Father: No	Father: N/A
Attend visits regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attend court hearings regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participate regularly with recommended services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicate with the agency when necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please explain any of the above answered with no:

29. What is the:

	Not identified	Reunification	Adoption	SPLC	Fit and Willing Relative	APPLA
Current permanency goal for the youth?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concurrent goal for the youth?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. Why was congregate care recommended for the youth's current placement?

31. Over the past year, how many court hearings have occurred for this youth?

- 0
- 1
- 2
- 3
- 4
- More than 4

32. Over the past year, how many court hearings has the youth attended?

- 0
- 1
- 2
- 3
- 4
- More than 4

Systemic Structure (COMPLETED BY COUNTY CONTACT)

Judge/Hearing Officer

33. How many years of experience has the presiding Judge been hearing dependency cases?

34. How many Judges have had this case?

35. How many years of experience has the presiding Hearing Officer been hearing dependency cases? (if not applicable, please note N/A in the box)

36. How many Hearing Officers have had this case? (if not applicable, please note N/A in the box)

Caseworker and Supervisor

37. How many years of child welfare experience does the current caseworker have?

38. How many caseworkers have had this case?

39. How many years of child welfare experience does the current supervisor have?

40. How many supervisors have had this case?

41. How many different units/departments have had the case?

Activity Prior to a Removal

42. Please list the safety threat (check all that apply)

- Caregiver(s) intended to cause serious physical harm to the child
- Caregiver(s) are threatening to severely harm a child or are fearful that they will maltreat the child
- Caregiver(s) cannot or will not explain the injuries to a child
- Child sexual abuse is suspected, has occurred, and/or circumstances suggest abuse is likely to occur
- Caregiver(s) are violent and/or acting dangerously
- Caregiver(s) cannot or will not control their behavior
- Caregiver(s) reacts dangerously to child's serious emotional symptoms, lack of behavioral control, and/or self destructive behavior
- Caregiver(s) cannot or will not meet the child's special, physical, emotional, medical, and/or behavioral needs
- Caregiver(s) in the home are not performing duties and responsibilities that assure child safety
- Caregiver(s) lack of parenting knowledge, skills, and/or motivation presents an immediate threat of serious harm to a child
- Caregiver(s) do not have or do not pursue resources necessary to meet the child's immediate basic needs which presents an immediate threat of serious harm to a child
- Caregiver(s) perceive child in extremely negative terms
- Caregiver(s) overtly rejects CPS/GPS intervention; refuses access to a child; and/or there is some indication that the caregivers will flee
- Child is fearful of the home situation, including people living in or having access to the home

43. Describe in detail any safety threat indicated above? (if not applicable, please note N/A in the box)

44. Was the youth receiving court supervision prior to their initial removal?

Yes

No

45. Did the removal initiate court supervision?

Yes

No

46. If the youth was receiving court supervision prior to removal, was the child having court reviews at least every 6 months?

Yes

No

N/A

47. What type of services were offered before initial removal?

48. Was the youth able to receive all recommended services prior to removal?

Yes

No

N/A

If no, which services were they not able to receive and why?

49. Was family finding done prior to removal for:

	Yes	No	N/A
Maternal Side of the Family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paternal Side of the Family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

50. If done, was family finding:

- Minimal
- Extensive

51. Was extended family/kin considered as a placement resource at removal on:

	Yes	No	N/A
Maternal Side of the Family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paternal Side of the Family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

52. Was extended family/kin included in the case planning process on:

	Yes	No	N/A
Maternal Side of the Family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paternal Side of the Family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

53. If done, family finding results were provided to the court

- Yes
- No

54. Is family being used as supportive connections during the child's placement?

- Yes
- No

Activity prior to Congregate Care

55. What was the condition that caused the youth to need a congregate care level of placement?

56. If no safety threat was identified, what caused the youth to be placed in a congregate care level of placement? (if not applicable, please note N/A in the box)

57. How many placements did the youth experience before being placed into their current congregate care facility of this placement episode? (COMPLETED BY COUNTY CONTACT)

58. Prior to a recommendation of congregate care, did the youth have court reviews at least every six months?

- Yes
- No
- N/A

59. What, if any, behavioral problems were the youth exhibiting at the time of the congregate care recommendation?

60. Was the youth exhibiting problems related to school?

- Yes
- No
- Unknown

If yes, please explain:

61. What services, if any, were attempted to address the behavioral issues prior to congregate care?

62. Was family repeatedly considered as a potential resource for the youth?

	Yes	No	N/A
Maternal Side of the Family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paternal Side of the Family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

63. Youth Visitation prior to current congregate care, if placed outside of the home:

	Weekly	Bi-Monthly	Inconsistent	Never	N/A	Unknown
Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sibling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maternal Family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paternal Family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supportive Adult Kin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Activity During Congregate Care Stay

64. What is the length of time the youth has been in congregate care during this placement episode?

65. Is the youth receiving 3 months court reviews?

- Yes
 No

66. How many congregate care placements has the youth experienced since removal during this placement episode?

- 0
 1
 2
 3
 4
 5+

67. Youth visitation while in current congregate care:

	Weekly	Bi-Monthly	Inconsistent	Never	N/A
Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sibling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maternal Family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paternal Family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supportive Adult Kin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

68. Are there any specific barriers present to visitation? (check all that apply)

- None
- Transportation
- Distance of the child from the parent
- Not enough staff to supervise the visit
- Parent work hours
- The hours visitation is offered by the agency
- Other

What efforts have been made to eliminate these barriers as indicated above?

69. Is the youth on a "level" system at the current congregate care facility? (COMPLETED BY COUNTY CONTACT)

- Yes
- No

70. If yes, what "level" is the youth currently on? (COMPLETED BY COUNTY CONTACT)

71. How long has the youth been on the current "level"? (COMPLETED BY COUNTY CONTACT)

72. What does the youth need to do to get to the next "level"? (COMPLETED BY COUNTY CONTACT)

73. How has this been communicated with the youth? (COMPLETED BY COUNTY CONTACT)

74. How many "levels" must the youth complete? (COMPLETED BY COUNTY CONTACT)

75. Where is the youth attending school?

- On Congregate Care Grounds
- Public School in the Community
- Alternative School in the Community
- Cyber School
- Other (please specify)

76. When is the expected date for the youth to be moved to a less restrictive level of care?

77. What is the highest level of approval needed for a less restrictive recommendation to the Judge/Hearing Officers?

- Congregate Care Facility
- Caseworker
- Casework Supervisor
- Child Welfare Administrator
- Other

78. If the youth is 14 years or older, are they receiving any Independent Living Services?

- Yes
- No

79. If the youth is 14 years or older, what are the goals on their Transition Plan?

80. What specific service or activity is being provided in congregate care that can not be provided in the community?

81. What specific age and developmentally appropriate activities is the youth involved in at this time?

Family and Youth Voice and Connections

82. Was the family offered a FGDM conference?

Yes

No

83. If yes, when was it offered (check all that apply)

Prior to removal

Prior to Congregate Care being recommended; and/or

While the youth is in care?

84. If yes, list the date that each FGDM conference occurred:

85. Did the agency hold any other type of collaborative meeting with the family and extended maternal and paternal family (check all that apply):

- None
- Prior to removal
- Prior to congregate care
- While the youth was in care
- No other type of collaborative meeting was held at any time
- Family declined a FGDM Conference

Please describe type of meeting for any boxes checked above.

86. Was the youth (age 14 and older) involved in the development of the CPP?

- Yes
- No

If yes, how?

87. What current positive relationships have been identified for this youth?

88. What active positive relationships exist for this youth?

89. Who loves this youth? (ASK CASEWORKER/CASEWORK SUPERVISOR)

90. Who does this youth love? (ASK CASEWORKER/CASEWORK SUPERVISOR)