I. Purpose

The purpose of this policy is to ensure that youth in the care of the Department are placed in appropriate, safe settings. The Department of Services for Children, Youth and Their Families (hereafter referred to either as the Children’s Department or DSCYF) believes that with the exception of youth served by a Holistic Services Team, the Division of Family Services should provide placement and primary case management services for all dependent youth.

This policy pertains specifically to those youth who:

A. Have successfully completed residential treatment but parents are unable or unwilling for the youth to return home, or

B. Are 13 years of age or younger whose parents are unable or unwilling to provide care for the youth and pursuant to Delaware Code, Title 10, § 936, should not be detained pending adjudication, or

C. Are currently in a detention center or detention alternative and whose parents refuse to plan for the youth, and

D. Are not currently being served by a Holistic Services Team.

These youth will be considered Department youth and case planning will be coordinated and resources shared. Under Delaware Code, Title 29, §9006, the Division of Family Services is responsible for the provision of child protective, placement, treatment, prevention, adoption and related services; the Division of Child Mental Health Services is responsible for the provision of prevention, outpatient and residential mental health, and drug and alcohol treatment services for children and youth; and the Division of Youth Rehabilitative Services is responsible for the provision of detention, institutional care, probation, aftercare and prevention services for children and youth.

II. Policy

A. DCMHS, DFS, and DYRS will serve mutual clients in the spirit of collaboration, recognizing each division’s unique expertise.
B. DCMHS, DFS, and DYRS will continue to develop interdivisional service plans as specified in DSCYF Policy 201.

C. Recognizing that placement resources are limited, particularly placement resources for abused/neglected adolescents who are delinquent or mentally ill, the operating divisions will work together to place the youth in the most appropriate setting. Divisional funding streams and contracts will not be used as barriers to accessing the most appropriate placement.

D. The forum for accessing all Department services will be a DSCYF placement resource team, which will meet regularly to review the needs of difficult to place youth and assist in determining the best available placement. All divisions active with the youth or family will participate in presentation to the DSCYF placement resource team.

E. The Delaware Children’s Department may already hold custody of many of these youth. DFS will petition for custody via normal Family Court procedure in order to establish a finding of neglect for those parents unwilling to assume parental responsibility, provide Court oversight to parental responsibilities, and to assure all Adoption and Safe Family Act (ASFA) protections.

III. Procedure:

A. Placement and primary case management services for youth who have completed residential treatment but cannot be discharged to a family member:

1. When youth are receiving residential treatment services through either DCMHS or DYRS, that agency will involve families in planning for their youth. When it becomes clear that, despite family engagement, the youth will not be able to return home, that agency will involve the family in discharge planning for the youth.

2. If DFS is also providing protective treatment services to the family, DFS will be responsible for case planning, family assessment, provision of services to the family and other youth in the home.

3. When there is no DFS protective treatment case, DCMHS and DYRS will, once they have determined that the youth cannot return home, will make a referral to the Child Abuse and Neglect Report Line by calling 1-800-292-9582 and faxing the attached DSCYF Dependency Checklist.

4. Whenever possible, the referral will be made 90 days prior to the expected date of discharge from the treatment facility. DFS will accept the case for investigation and assign a caseworker. DFS will convene an interdivisional planning meeting per Department Policy #201 to determine the most
appropriate services. Upon determination that the youth is unable to return home and that there are no fit or willing relatives, DFS will petition Family Court for custody and place the youth in an appropriate out-of-home setting. DFS will work with the youth and family towards reunification or an approved alternative permanency plan. DYRS and DCMHS will continue to provide appropriate services.

B. Detained Youth 13 Years of Age and Under:

1. When youth 13 and under are arrested for less serious crimes where release to parents is typical such as Criminal Mischief, Conspiracy, Theft, Offensive Touching and Loitering, AND the parents are unable or unwilling to resume care of the youth, AND mental health crisis services are not an appropriate alternative service or are not accepted by the family, either the Court or the detention facility will contact DFS.

2. DFS will take immediate action to ensure that a youth 13 and under, charged with less serious crimes, does not remain overnight in a detention facility. Parents will be immediately contacted and if it is determined that the parents continue to be unwilling or unable to provide care for the youth, and there are no relatives able to provide care for that youth, DFS will petition Family Court for custody. DYRS will maintain the youth in a safe setting until custody is granted to DFS and a placement resource is located.

3. Unless the youth has already been ordered to a detention facility and is being held under a secure bond, DFS will place the youth in an appropriate out of home setting.

4. DFS custody and foster care placement may not be appropriate if pursuant to Delaware Code, Title 10, §936, it is determined that the youth is a fugitive from another jurisdiction; there is substantial probability that the youth will run away or otherwise be unavailable for a subsequent Court appearance; or has demonstrated a pattern of repeated failure to comply with court ordered placement pursuant to a delinquency petition. In these situations, the procedure for youth arrested for more serious crimes, listed below, will be followed.

5. Youth 13 and under who are charged with felony offenses or serious misdemeanors such as Assault III, Unlawful Imprisonment II, Vehicular Assault I; Indecent Exposure I; Unlawful Sexual Contact III; or Carrying a Concealed Deadly Weapon, and whose parents refuse to resume care of the youth, will remain in the appropriate detention center until the next business day.
6. Upon admission to a detention facility when it has been determined that the parents are unwilling or unable to provide care for the youth, an immediate referral will be made to the DFS report line by calling 1-800-292-9582 and faxing the DSCYF Dependency Checklist. DFS will immediately make contact with the family to determine if the family will resume care for the youth with supports, and/or make immediate efforts to locate a fit and willing relative. If not successful, DFS will convene an emergency consultation team composed of all agencies currently providing services to the family. The team will consult to determine the appropriate placement for a youth, taking into consideration a youth’s behavior, mental health needs, pattern of criminal behavior, ability of parents to provide supervision with support, and safety of other youth in the home. DCMHS will, upon request, provide consultation to the interdivisional team, even if not currently providing services to the family.

7. If it is determined by the interdivisional team that detention is not necessary, DFS will attend the bail hearing and if secure or non-secure detention is not necessary, will petition for custody.

C. Youth In Detention Centers or a Detention Alternative Whose Parents/Custodian Refuse To Plan For The Youth:

1. When a youth is detained at a detention center or detention alternative and release at the bail hearing or trial is expected, DYRS staff will contact family members and relatives to find a family resource. This will include phone calls, home visits, and family meetings. If DYRS is not successful in locating an appropriate family resource, a referral for pending dependency will be made to the Child Abuse and Neglect Report Line.

2. DFS will accept the referral and assign a caseworker. DFS will convene a team meeting to determine the most appropriate placement and services to the family.
DSCYF DEPENDENCY FACT SHEET

When it is determined that parents/caretakers are unwilling or unable to plan towards discharge and a return home, the DSCYF worker should start working with the family to find other appropriate relatives, and if needed, non-relative options. Youth are often able to share information regarding possible appropriate caregivers as well.

For parents / caretakers that are unwilling to plan towards discharge and do not provide names and information regarding possible relative non-relative resources; please share the following information with the legal custodians:

- A referral will be made to the Division of Family Services. If the parents are unable to provide for the youth’s return home, a referral for dependency will be made. If the parents are unwilling to allow the child to return home, a referral for neglect will be made.

- If DFS substantiates Neglect, the custodian may be placed on the Child Protection Registry which could impact the employment status of the parent / caretaker.

- If DFS is awarded custody of a child / youth, the parents will be referred to the Division of Child Support Enforcement so that the parents can financially contribute towards the cost of the youth’s placement in foster care.

- DFS will work with the parents / caretakers and will work towards reunification.

The checklist is to be followed prior to calling DFS to make a referral of dependency. Referrals to DFS are to be made 90 days prior to discharge.

To make a referral to DFS, call 1-800-292-9582. Be prepared to provide the following information: immediate family members names and dates of birth, addresses, directions to the home, substance abuse and domestic violence history of the youth and parents, and prior Department involvement.

Please fax the checklist to the report line staff as well.

DFS Report Line # 1-800-292-9582

FAX # 1-302-577-5515
DSCYF Dependency Checklist
(For Dependent Youth Completing Residential Treatment)

1. Name of Youth:______________________________________________________  D.O.B.:_____________________

2. Person Making Referral:_____________________ Phone:________________ Agency/Position__________________

3. Youth’s Current Placement to Include Facility Name, Address, Phone, Agency Contact Person and Admission Date:
_____________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________

4. Anticipated Date of Discharge ___________________________________

5. Youth’s Outpatient Treatment Plan__________________________________________________________________
_____________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________

6. Youth’s Legal Status (List Pending and Adjudicated Charges):
_____________________________________________________________________________________________________________________

7. Who was Youth Living with Prior to Admission to Residential Treatment Facility?
   Name___________________________________________________________
   Relationship______________________________________________________
   Address__________________________________________________________
   Phone Numbers____________________________________________________

8. Who is the Youth’s Legal Custodian?
   Name___________________________________________________________
   Address_________________________________________________________
   Phone Numbers___________________________________________________
   Relationship______________________________________________________

9. Efforts Made to Engage Legal Custodian in Planning for Youth’s Return Home:
   Telephone Calls Made to Custodian

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<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Outcome (No Answer, Left Message, Spoke With)</th>
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Letters Sent

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Home/Office/Facility Visits

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<th>Substance/Outcome</th>
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Why is Legal Custodian Refusing to Accept Youth Back into the Home?

_____________________________________________________________________________________________

10. What Efforts Were Made to Engage Other Parent (If a Parent is not Legal Custodian, List Efforts to Engage Both Parents)

Name of Other Parent______________________________________________________________

Address_________________________________________________________________________

Phone Numbers_______________________________________________________________

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<th>Type of Contact (Letter, Phone, Visit)</th>
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11. Efforts Made to Engage Other Relatives

Name______________________________________________________________

Relationship_____________________________________________________

Address_____________________________________________________________________

Phone Numbers__________________________________________________________
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<th>Type of Contact (Letter, Phone, Visit)</th>
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12. Efforts Made to Engage Other Potential Caretakers

Name______________________________________________________________

Relationship_______________________________________________________

Address________________________________________________________________

Phone Numbers________________________________________________________

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<th>Type of Contact (Letter, Phone, Visit)</th>
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13. What Potential Caretakers Were Suggested by the Youth?__________________________________________________________
Emergency DSCYF Dependency Checklist

(For youth who do not meet detention criteria but have no responsible adult to assume caretaking responsibility)

1. Name of Youth:__________________________ D.O.B.:____________________

2. Person Making Referral:_____________________ Phone:________________ Agency/Position__________________

3. Youth’s Current Location:__________________________________________________________________________
   Contact Person:__________________________ Phone Number:_______________________

4. Where was Youth living prior to Court hearing?
   Name__________________________________________________________________________________________
   Relationship__________________________________________________________
   Phone Numbers________________________________________________________
   Is the Current Caretaker (1) Refusing Custody? (2) Unable to Locate? __________
   If Refusing Custody, state reasons:__________________________________________________________________________
   ________________________________________________________________________________________________

5. Who is the Youth’s Legal Custodian?
   Name__________________________________________________________________________________________
   Address_______________________________________________________________________________________
   Phone Numbers_______________________________________________________________
   Is the Legal Custodian (1) Refusing Custody? (2) Unable to Locate? __________
   If Refusing Custody, state reasons:__________________________________________________________________________
   ________________________________________________________________________________________________

6. Have the Consequences of Refusal to Assume Custody Been Explained to the Legal Custodian? (Consult Policy 209) _________________

7. List Attempts to Contact Legal Custodian, Relatives, Potential Caretakers:

<table>
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<tr>
<th>Name</th>
<th>Relationship</th>
<th>Address</th>
<th>Phone #’s</th>
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9. Why Doesn’t Youth Meet Criteria for Detention or Non-Secure Detention?
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

10. Has a Referral Been Made to CMH Crisis Services?
    _______ YES
    _______ NO
    Reason:______________________________________________________________________________________
______________________________________________________________________________________________