



TN

Department of
Children's Services



Classification and Individual Program Plan Manual

For Tennessee's Youth Development Centers

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Introduction

This manual is designed to orient staff to the Classification Period and Individual Program Plan (IPP) for youth in Youth Development Center (YDC) programs. The Individual Program Plan (IPP) is a treatment planning tool used in the Youth Development Center (YDC) programs to address:

- ◆ The strengths and needs of youth and their families;
- ◆ The provision of services to build on strengths and address needs;
- ◆ The development of success directed goals and action steps (formerly known as objectives) and
- ◆ A continuum of care if needed, aftercare planning, and permanency.

The first step in this process is an assessment period called Classification. Following the Classification Period, an IPP is developed within the context of a Child and Family Team meeting (CFTM). This manual is designed to assist in understanding both the process of Classification and of writing, reviewing, revising, and monitoring the IPP.

The Classification Period

In the DCS Youth Development Centers, the first 14 days following admission consist of an initial assessment period called "Classification." During this time, a comprehensive assessment is completed for the youth, which consists of both formal and informal assessments. Information gathered during the Classification Period is used to formulate treatment recommendations and to determine an appropriate program placement. Refer to DCS Policy [18.23-DOE, Composition and Responsibilities of Classification Teams at Youth Development Centers.](#)

Gathering Assessments

During the Classification Period, assessments of the youth's physical and mental health, alcohol and drug use, educational/vocation background, social skills and behaviors, and family functioning and dynamics are completed.

When the youth enters DCS custody, the FSW completes two assessments, the Child and Adolescent Needs and Strengths (CANS) which includes a community risk assessment, and the Ansell Casey Life Skills Assessment (ACLS). The results of these are incorporated into the additional information gathered at the YDC.

YDC staff ensures that assessments are responsive and evaluate the youth's developmental level, language, race, ethnicity, immigration status, religion, sexual orientation, gender identity, and history of trauma.

The following formal assessments are conducted during the Classification Period:

- Medical and dental
- Psychological Evaluation
- Reason for Living Scale
- Edmentum Accucess Assessment

Youth with Intellectual Disabilities

Each youth who has been determined by an IEP team to have an Intellectual Disability will have a Special Called CFTM. Intellectual Disability as defined by the Department of Education (DOE) is characterized by

significant impaired intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period that adversely affects a child's educational performance. Program placement for these youth must be in the least restrictive environment whenever possible; however, some youth demonstrate that the YDC is the least restrictive setting due to behaviors that present the threat of serious risk of harm. For these youth, the Commissioner or designee must approve a YDC placement in writing. Typically, this permission occurs prior to the youth's admission to the YDC setting, however, if the Intellectual Disability is first identified at the YDC, the above procedure will be followed. Refer to DCS Policy [19.6, Placement of Youth With Intellectual Disabilities in Youth Development Centers.](#)

Classification and IPP Development CFTM

The Classification and IPP Development CFTM is held within fourteen (14) days from the date the youth arrives at the facility. In cases of transfers from another treatment facility, a CFTM must be held within seven (7) days. Refer to DCS Policy [18.23 DOE, Composition and Responsibilities of Classifications Teams at Youth Development Centers.](#) The purpose of the Classification CFTM is to address identified strengths and needs of the youth and family and to make recommendations for appropriate treatment and residential placement. A Trained Full-time Facilitator or Back-up facilitator will conduct the meeting. The classification and IPP Development CFTM includes all members of the youth's Child and Family Team, the youth's YDC Treatment Team, and any other individuals directly involved in the youth's case.

The Classification Team Leader notifies the identified participants of the date, time and location of the meeting. If the established date and time is not good for the family, then the time and/or date of the meeting will be changed so that the family may participate; however, this CFTM must be held within the timeframes established in DCS Policy [18.23 DOE, Composition and Responsibilities of Classifications Teams at Youth Development Centers.](#) If the parent(s) cannot attend in person, arrangements will be made for them to participate via telephone. Family members are integral members of the team and DCS will make accommodations to the greatest extent possible. Notification to non-facility staff is made in writing via U.S. mail or via email. Once the meeting date is established, the case manager will enter it into TFACTS case recordings.

If the Department has made its best effort to include family in the CFTM and the parent is not participating, is unmotivated to change, or fails to attend the meeting, the meeting will still be held. All efforts will be made to locate other family members who can participate. The youth may be able to identify family members or friends who might join the team in place of the parent. All efforts to engage parents to cooperate will be documented in TFACTS case recordings by the case manager.

During the meeting YDC staff and the team will explain the following:

- The range of services available to assist the youth;
- How the YDC personnel can support and help the youth meet the goals and action steps;
- How progress will be monitored and reported;
- Any special conditions ordered by the court;
- The benefits the youth will gain if they complete their plan; and

- The consequences for noncompliance

A copy of the meeting summary will be mailed to the parent and FSW following the Classification CFTM. As with all CFTM's, the team meets for the purpose of developing consensus decisions. All team members have an equal voice, and team members work to reach a consensus by which the final decision is made. Decisions will not be made by voting, but by consensus. If a consensus is not reached, the case manager's supervisor will review the case. If the issue is not resolved at this level, the Superintendent and the Regional Administrator will review the case and make the decision.

Classification CFTM Report

Following the Classification CFTM, the Residential Case Manager completes the Classification Report. Recommendations for further assessments, along with any pending referrals, will be noted in the report. The Classification Report will clearly state the treatment recommendations and justification for the recommended program placement. The Classification Report may also include participant comments, observations and/or questions relevant to the youth and his family that are not recorded elsewhere in the youth's record. The Residential Case Manager's supervisor reviews all Classification Reports.

The Classification CFTM Report is organized as follows:

- [**Classification Report \(CS-0226\)**](#)
- [**Child and Family Team Meeting Summary \(CS-0747-1\)**](#)
- [**Notification of Equal Access To Programs and Services and Grievance Procedures \(CS-0158\)**](#)

The Individual Program Plan (IPP)

Writing the Initial IPP

The IPP consists of Outcomes, also known as Goals. For each Outcome, a set of Action Steps is developed.

The IPP is documented on Form [**CS-0228, Individual Program Plan.**](#)

Goals and Action Steps

The action steps in the IPP are written in language understandable to the youth and family. The IPP begins as small steps that build toward larger goals. The youth should be able to articulate and demonstrate understanding of the IPP goals and action steps. The youth and parent/guardian will be given a copy of the IPP goals and action steps within one week of the IPP Development CFTM.

Living Document written for Youth and Family:

The IPP is written in brief, concise and understandable language for the youth and family. All action steps must be measurable. Staff must be prepared to respond creatively to the youth's needs by utilizing all available resources. The IPP is a living document and it is intended that it be modified whenever there is a change in the youth's situation, such as when action steps are met or when new treatment needs are identified.

Identifying Strengths and Needs:

A youth's strengths and needs are identified in six adolescent developmental areas: Health, Education, Social Skills, Personality and Behavior, Family/Community Reunification, and Independent Living. Identifying

strengths and needs requires the input of the entire Child and Family Team, particularly the youth and his family. The list below outlines the developmental area subject types that are addressed in the IPP:

Health: Areas to address include medical, dental, mental health, medication management and monitoring if appropriate, and family planning issues. The IPP will address any special medical condition, medications, or treatments required. Refer to DCS Policy [20.5 Health Care Delivery at YDC's](#).

Education: Areas to address include intellectual functioning, academic achievement, pre-vocational or vocational needs, high school graduation or HiSet, school attendance, homework/study time, appropriate behavior in the school setting, and post-secondary education, if appropriate.

Career/employment counseling, budgeting, etc. are also a focus of this area. If a youth has been identified as eligible for special education services, attention must be given to those services. Refer to DCS Policy [21.2. Educational/ Vocational Training Programs](#).

Social Skills: Areas to address include social interactions, transition skills, recreation, communication, peer choices, gang-related behavior, use of leisure time, personal hygiene, grooming, care of personal items, etiquette, and public behavior.

Personality and Behavior: Areas to address include substance abuse, relationships with family and others, self-esteem, grief or loss issues, history of physical, psychological, or sexual abuse, conflicts with authority figures, and current and past delinquent behavior.

Family/Community Reunification: Areas to address include family relationships, family involvement, and family counseling. After family involvement is addressed, additional areas to address would include housing options and available resources in the geographical area where the youth will live. This includes areas such as higher or continued education, informal support systems, eligibility for community services, therapy, and continued A&D treatment.

Independent Living: The results of the Ansell-Casey Life Skills Assessment will be reviewed and appropriate goals added to the IPP. Areas to address include housing, housekeeping, cooking, laundry, public behavior, shopping, and parenting skills training. This includes employment training, job placement and job retention.

Reviewing and Revising the IPP

Monthly Reviews: The IPP is reviewed with the youth on a monthly basis to discuss progress on goals, add new goals, and modify the IPP as the youth's needs change and as he progresses toward his goals. Monthly reviews will include a summary of the youth's current program status, progress toward IPP goals, may include the youth's progress in the point and level system, and new goals that need to be developed on the IPP. As the goals and action steps are accomplished, copies of the completed forms are given to the youth as recognition of accomplishment. As the IPP is amended, copies of the amended goals and action steps will be provided to the youth on the monthly review form. The review is documented on the [IPP Monthly Review Form, CS-0388](#) in TFACTS Case Recordings as a Case Summary.

During the review, team members identify specific behavior management issues (i.e. recent disciplinary charges), progress in the coordination of release/aftercare services, and the status of any outstanding referrals to in-house or community based programs. Refer to DCS Policy [18.13-DOE, Assessment of IPP/IEP Goals](#) and the [Protocol for Planning for Reentry and Aftercare - YDC](#).

Quarterly Reviews: The IPP is reviewed quarterly in the context of a CFTM. The schedule for reviews is based on the date the youth entered custody. The Residential Case Manager completes form [CS-0225. Quarterly Individual Program Plan Review](#). Following every other Quarterly IPP Review (2nd, 4th, etc.) CFTM summaries are sent to the Director of Residential Operations and the Deputy Commissioner of Juvenile Justice in Central Office per [Policy 18.15 DOE Individual Program Plan Status Review](#). A copy of the Quarterly CFTM Summary will be sent to all members of the Child and Family Team, and a copy will be sent to the judge. For additional details about Quarterly CFTM's and other types of CFTM's in the YDC environment, refer to [Policy 31.7, "Building, Preparing, and Maintaining Child and Family Teams."](#)

Supervisory Monitoring of the IPP

Monitoring of IPP's takes place in a variety of ways, including through regular case supervision and quarterly Case Process Reviews (CPR). The supervisor reviews the IPP, monthly, and quarterly reviews to ensure plans meet established guidelines. Please see [Policy 4.4 Performance and Case Supervision Practice Guidelines and Criteria](#) and [Policy 18.16 DOE Internal Monitoring of IPP](#).

Treatment Teams

Each youth placed at the YDC has a Treatment Team. This team is internal to the agency and oversees the youth's IPP, monitors achievement of goals and action steps and provides ongoing assessment of strengths and needs. Treatment Teams may meet for the purpose of discussing test results, identifying problems and strengths, and formulating recommendations. They may meet outside the formal CFTM to discuss day-to-day treatment issues. The youth's Treatment Team is comprised of the following members:

Treatment Team Leader: The Treatment Team Leader is the Residential Case Manager. The Treatment Team Leader is responsible for scheduling meetings, requesting progress reports from other members, and writing the meeting summary report. This individual is also responsible for coordinating the development, implementation, monitoring, and amendment of the IPP.

Education Representative (ER): The Education Representative is a licensed educator holding a valid Tennessee teaching license. The ER collects information from academic and vocational teachers. The ER prepares the youth's educational evaluation reports and monitors progress. For youth who require special education services, the ER will consult with the special education teacher for information that is needed by the treatment team.

Youth Service Worker (YSW): The Youth Service Worker (YSW) monitors progress of the youth in the dorm environment. The YSW informs the treatment team about the youth's daily functioning in the dorm, ranging from the youth's personal hygiene efforts and self-help skills to their interactions with peers and staff.

The Youth: The youth is a member of his own treatment team and plays a vital role in developing his goals and working toward reaching them.

Family Service Worker (FSW): The FSW is the assigned case manager based in the youth's county of commitment or court jurisdiction. The FSW, in conjunction with the Residential Case Manager, is responsible for making sure the family/community section of the plan is progressing.

Other Participants: The Treatment Team will invite additional team members to participate as needed. These team members could include staff from medical, mental health, vocational, recreational, independent living and legal areas.

Informal Resolution of Grievances

Youth may disagree with the recommendations made by the Treatment Team. Formal grievance procedures for youth are outlined in [Policy 24.5 DOE, Youth Grievance Procedures](#) and Residential Case Managers will advise youth about their grievance rights. Informal resolutions of grievances in the YDC are encouraged as well. The following section outlines an informal resolution process, which is distinct from the formal appeal process described in Policy 24.5.

The youth may request a meeting to review his plan or discuss a Treatment Team decision. The youth will notify his Residential Case Manager of the intent to disagree with the decision. This notice should be made at the meeting or as soon as possible to ensure prompt resolution.

As a first step toward informally resolving the issue, the Treatment Team Leader will discuss the request or the objections relevant to the IPP with the youth to clarify the nature of the problem and to help resolve the problem. If resolution is not achieved, the Treatment Team Leader will assist the youth in preparing a written statement that details the specific objection, reason for objection and any alternatives the youth may suggest. This narrative will be signed and dated by the youth and Treatment Team Leader and sent to the team leader's supervisor for the next step.

As a second step toward informally resolving the issue, the Treatment Team Leader's supervisor will review the written statement and meet with the youth and Treatment Team Leader within two business days to work toward a resolution. If resolution is not achieved, the supervisor will sign and date the narrative, indicate his or her thoughts and decision in writing, and send to the Superintendent for review.

As a third step toward informally resolving the issue, the Superintendent will review the written statement and prepare a written decision about the issue within 5 business days. If resolution is not achieved, the youth may wish to consider making use of the formal grievance procedure outlined in [Policy 24.5 DOE, Youth Grievance Procedures](#).