

 VERMONT DEPARTMENT FOR CHILDREN AND FAMILIES Family Services Policy Manual		<h1>173</h1>
Chapter:	Juvenile Justice	
Subject:	Woodside Long Term Status	Page 1 of 8
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Introduction

The Woodside Juvenile Rehabilitation Center (herein, Woodside) long term status is a secure residential treatment program for youth who have been adjudicated delinquent between the ages of 10 up to the 18th birthday. It is primarily a cognitive behavioral program with comprehensive educational, rehabilitative, family support, vocational and specialized treatment services.

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Purpose

To outline the approval process and criteria for Woodside Long Term Status and to ensure the protection of the youth’s due process rights.

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Definitions

CRC - Case Review Committee: A subcommittee of the statutorily required State Interagency Team consisting of members from the Agency of Education, the Department of Mental Health, the Department for Children and Families, the Department of Disability, Aging and Independent Living, and the Vermont Federation of Families for Children’s Mental Health. The CRC was established to identify, review and approve intensive residential treatment for children/youth that are in need of an out-of-home placement. For CRC policy details, Policy 97, Case Review Committee.

CSP: Coordinated Services Plan. *Coordinated Services Plan* is a written addendum to each service plan developed by an individual agency for a child or adolescent with severe emotional disturbance which shall be developed when the eligible child has needs that require services from more than one agency. It shall be designed to meet the needs of the child within his or her family or in an out-of-home placement, and in the school and the community.” (Act 264, revised, 1989)

LEA: Local Education Agency.

Woodside Clinical Team: Participants include Woodside Director, Assistant Director of Clinical Services, Clinical Supervisor, and the Woodside Consulting Psychiatrist.

Policy

Approval Criteria

Youth served by Woodside Long Term Status must meet **all of the following criteria** for admission:

1. The youth is in DCF custody as a delinquent;
2. There is evidence the youth posed a significant risk to self, others, the community, and/or property;
3. The youth met minimum point requirements for continued stay at Woodside based on the Woodside Screening Instrument, FS-678;
4. The youth demonstrated behavior which cannot be managed in a less restrictive setting and is contraindicated.
5. The youth can benefit from a program that utilizes a group milieu, cognitive

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behavioral techniques, family engagement strategies, therapeutic groups, and transitional services; and

6. There is a reasonable expectation that the youth can benefit from the program prior to reaching age eighteen.

If the youth meets the above criteria, the Case Review Committee (herein, CRC) will review the application packet and if appropriate, approve placement to Woodside Long Term Status.

Referral Process

Given CRC approval the following steps shall commence:

1. The Woodside Clinical Team will review the application to ensure the youth can be best served at Woodside;
2. The Woodside Director will review the application and the Woodside Clinical Team's recommendations to determine if the youth meets criteria for placement on Long Term Status.

Long Term Status Due Process Review

If a youth has been approved by CRC, the Woodside Clinical Team and the Woodside Director, the plan for long term status must be approved by the Court or, alternatively, the youth and legal representative must sign a waiver stating he/she agrees to long term placement. The waiver (See Attachment 1) must also be signed by the youth's parent(s)/guardian, if party to the case, Social Worker, Supervisor, Guardian ad Litem, and the Deputy State's Attorney.

If any party disagrees and declines to sign the waiver, the Social Worker will make a request for long term status to be approved at a disposition hearing. The Court must approve the plan for long term treatment at Woodside.

Continued Placement

If Woodside's Clinical Team recommends continued placement beyond twelve (12) months, the Woodside Director will provide written notice to the youth, and his/her legal representative, parent(s)/guardian, if party to the case, Social Worker, Supervisor, Guardian ad Litem, and the Deputy State's Attorney. The Woodside Clinical Team will present, to all involved parties, a plan that includes treatment goals and a projected

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discharge date.

Any youth that are nearing the twelve (12) month timeframe in the long term program, will have the opportunity to sign a Long Term Status Waiver (attachment 2). If they are not in agreement with the extended stay in the program, the Department will request a judicial hearing to review continued placement in the program. If a permanency review or disposition hearing was held within the prior 30 days, and addressed the continued placement at Woodside beyond twelve (12) months, the youth's due process rights will have been satisfied. The waiver will be signed or the request for a judicial hearing will be made prior to the youth being in the Woodside long term program for twelve (12) months.

If Woodside's Clinical Team recommends continued placement beyond eighteen (18) months, the Woodside Director will provide written notice to the youth, and his/her legal representative, parent(s)/guardian, if party to the case, Social Worker, Supervisor, Guardian ad Litem, and the Deputy State's Attorney. The Woodside Clinical Team will present, to all involved parties, a plan that includes treatment goals and a projected discharge date.

Any youth that are nearing the eighteen (18) month timeframe in the long term program, will have the opportunity to sign a Long Term Status Waiver (attachment 3). If they are not in agreement with the extended stay in the program, the Department will request a judicial hearing to review continued placement in the program. If a permanency review or disposition hearing was held within the prior 30 days, and addressed the continued placement at Woodside beyond eighteen (18) months, the youth's due process rights will have been satisfied. The waiver will be signed or the request for a judicial hearing will be made prior to the youth being in the Woodside long term program for eighteen (18) months.

If the youth continues in the program, beyond eighteen (18) months, the same process outlined above will apply every three months thereafter.

Administrative Discharge

The goal of Woodside Long Term Status is to engage youth in a positive course of services, supports and treatment. However, after intensive effort and consideration by the Woodside Clinical Team, administrative discharge may be considered if there is evidence that:

- a youth's specific treatment needs can no longer be addressed at Woodside; or

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- a youth is consistently unable or unwilling to participate in his/her program of treatment.

When a youth meets the above criteria, the Woodside Clinical Team will submit a written recommendation for an administrative discharge, with supporting documentation to the Woodside Psychologist. Within one week, the Woodside Psychologist will convene a team meeting including the youth, and their legal representative, parents (if appropriate), extended supports, district representative with decision-making authority (social worker, supervisor, district director), FSD client placement specialist, Woodside Psychologist, the LEA, and others as appropriate. If the recommendation is for administrative discharge, the Woodside Director will notify the Deputy Commissioner for final decision-making authority.

Planned Transition from Woodside

At least ninety days before the anticipated transition of the youth from the Woodside Long Term Status, a team meeting shall be convened. The team may consist of the following: youth, youth's parents (when appropriate), social worker, client placement specialist (when appropriate), representation from the LEA, Guardian ad litem, legal representative for the youth, local mental health agency (when appropriate). This team meeting will be held to develop a transitional and follow-up plan. A written discharge plan will be developed and signed by relevant parties, including the youth.

A detailed transition plan and discharge summary of the youth's treatment at Woodside, including continued treatment needs will be sent to the youth's social worker, youth's legal representative, GAL, and parent and any other individual that participated in the transition plan, when appropriate within five (5) business days upon transition from Woodside.

Youthful Offender

Youth may complete the Woodside Long Term Status as a part of a Youthful Offender Disposition Plan so long as they can make significant treatment progress by their eighteenth birthday.

Victim Notification

When a youth has been adjudicated guilty of an act listed in 13 V.S.A. § 5301, the district office will send a copy of the Request for Notification for Victims of Juvenile Delinquency to the victim. If the victim requests notification, the district office must attempt to notify the victim before the youth is released from residential facility **to a community setting**. The

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name of the facility will not be disclosed. For full policy details see Policy No. 163, Victim Notification.

Social Worker Tasks

- In conjunction with the supervisor, determine the youth meets the admission criteria;
- Hold a Coordinated Services Plan Meeting (Act 264);
- Forward complete Case Review Committee referral packet to the Client Placement Specialist or designee;
- Upon CRC approval send referral packet to Woodside Psychologist or designee;
- Whenever possible, inform the youth’s legal representative of the recommendation for placement in Woodside long term program;
- Attend the youth’s team meetings and hearings;
- Collaborate with Woodside staff and community partners in order to develop a youth's transition/discharge plan;
- Ensure consultation and collaboration with the Client Placement Specialist when engaging in transition planning ;
- Consult with the Client Placement Specialist when considering other programs identified as discharge placement (s); and
- Share information and documentation concerning Woodside treatment with all members of the team, including youth and family.

Attachment 1: Long Term Status, Initial Waiver

WAIVER FOR LONG-TERM PLACEMENT STATUS IN THE WOODSIDE JUVENILE REHABILITATION CENTER

I, _____, waive my right to a hearing before a judge to contest my placement on long term status at Woodside. I have consulted with my attorney and my Guardian *ad litem*. My legal rights have been explained to me. I understand that I may oppose my long term status at Woodside and have a hearing before a Judge before being placed on long term status at Woodside. I voluntarily consent to my long term status in the program and agree to actively participate in the program. I have not been made any promises or been under any threats or duress to persuade me to sign this waiver.

I understand that the length of time I am in the program is not predetermined, but will depend on the work I do and my progress in the treatment program. The requirements of the program have been fully explained and I agree to comply with them. I understand that the average length of stay to reach treatment goals at Woodside is one year, but that I could remain at Woodside longer to reach my treatment goals, up to my eighteenth birthday. I understand that my placement at Woodside will be reviewed within 12 months of signing this waiver. I and my attorney will have a right to be present at all future reviews of my placement.

Juvenile's Signature

Date

Guardian ad litem Consent:

I, _____, Guardian *ad litem*, have reviewed this Waiver and discussed it with _____ and his/her legal counsel. I support waiver of the judicial hearing and placement at Woodside with long term status as being in the best interest of _____.

Guardian ad litem Signature

Date

Attorney Consent:

I, _____, have reviewed this Waiver and fully explained the legal rights involved to my client, _____ and his/her Guardian ad litem. I understand it is my client's wish to waive his/her right to a judicial hearing on the subject of placement on long term status at Woodside, and will abide by his/her decision.

Attorney Signature

Date

Attachment 2: Long Term Status Waiver: 12 Month Review

WAIVER FOR CONTINUED LONG-TERM PLACEMENT STATUS IN THE WOODSIDE JUVENILE REHABILITATION CENTER 12 MONTH REVIEW

I, _____, have been placed on long term treatment status at Woodside since _____ . I waive my right to a judicial hearing to review my continued placement on long term status at Woodside. I have consulted with my attorney and my Guardian *ad litem*. My legal rights have been explained to me. I voluntarily consent to my continued long term status in the program and agree to actively participate in the program. I have not been made any promises or been under any threats or duress to persuade me to sign this waiver.

I understand that the length of time I am in the program is not predetermined, but will depend on the work I do and my progress in the long term treatment program. The requirements of the program have been fully explained and I agree to comply with them. I understand that my continued placement at Woodside will be reviewed in another 6 months. I and my attorney will have a right to be present at all future reviews of my placement.

Juvenile's Signature

Date

Guardian ad litem Consent:

I, _____, Guardian *ad litem*, have reviewed this Waiver and discussed it with _____ and his/her legal counsel. I support waiver of the judicial hearing and placement at Woodside with long term status as being in the best interest of _____.

Guardian ad litem Signature

Date

Attorney Consent:

I, _____, have reviewed this Waiver and fully explained the legal rights involved to my client, _____ and his/her Guardian ad litem. I understand it is my client's wish to waive his/her right to a judicial hearing on the subject of placement on long term status at Woodside, and will abide by his/her decision.

Attorney Signature

Date

Parent Consent:

I, _____, am the parent/guardian of _____. I understand the contents of this waiver and support my child waiving his/her right to a judicial hearing prior to being placed on long term status at Woodside.

Parent/guardian Signature

Date

Family Services Social Worker

I, _____, am the Family Services Social Worker assigned to _____. I understand the contents of this waiver and support my client waiving his/her right to a judicial hearing prior to being placed on long term status at Woodside.

Family Services Social Worker Signature

Date

Family Services Supervisor/Director

Date

Woodside Program Director

I, _____, am the Woodside Program Director. I understand the contents of this waiver and support _____ waiving his/her right to a judicial hearing prior to being placed on long term status at Woodside.

Woodside Program Director

Date

Deputy State's Attorney

I, _____, am the Deputy State's Attorney assigned to the delinquency case of _____. I understand the contents of this waiver and support this youth waiving his/her right to a judicial hearing prior to being placed on long term status at Woodside.

Deputy State's Attorney Signature

Date

Attachment 3: Long Term Status Waiver, 18 Months and Beyond

WAIVER FOR CONTINUED LONG TERM PLACEMENT STATUS IN THE WOODSIDE JUVENILE REHABILITATION CENTER 18 MONTH AND BEYOND REVIEW

I, _____, have been placed on long term treatment status at Woodside since _____ . I waive my right to a judicial hearing to review my continued placement on long term status at Woodside. I have consulted with my attorney and my Guardian *ad litem*. My legal rights have been explained to me. I voluntarily consent to my continued long term status in the program and agree to actively participate in the program. I have not been made any promises or been under any threats or duress to persuade me to sign this waiver.

I understand that the length of time I am in the program is not predetermined, but will depend on the work I do and my progress in the long term treatment program. The requirements of the program have been fully explained and I agree to comply with them. I understand that my continued placement at Woodside will be reviewed in another 3 months. I and my attorney will have a right to be present at all future reviews of my placement.

Juvenile's Signature

Date

Guardian ad litem Consent:

I, _____, Guardian *ad litem*, have reviewed this Waiver and discussed it with _____ and his/her legal counsel. I support waiver of the judicial hearing and placement at Woodside with long term status as being in the best interest of _____.

Guardian ad litem Signature

Date

Attorney Consent:

I, _____, have reviewed this Waiver and fully explained the legal rights involved to my client, _____ and his/her Guardian *ad litem*. I understand it is my client's wish to waive his/her right to a judicial hearing on the subject of placement on long term status at Woodside, and will abide by his/her decision.

Attorney Signature

Date

Parent Consent:

I, _____, am the parent/guardian of _____. I understand the contents of this waiver and support my child waiving his/her right to a judicial hearing prior to being placed on long term status at Woodside.

Parent/guardian Signature

Date

Family Services Social Worker

I, _____, am the Family Services Social Worker assigned to _____. I understand the contents of this waiver and support my client waiving his/her right to a judicial hearing prior to being placed on long term status at Woodside.

Family Services Social Worker Signature

Date

Family Services Supervisor/Director

Date

Woodside Program Director

I, _____, am the Woodside Program Director. I understand the contents of this waiver and support _____ waiving his/her right to a judicial hearing prior to being placed on long term status at Woodside.

Woodside Program Director

Date

Deputy State's Attorney

I, _____, am the Deputy State's Attorney assigned to the delinquency case of _____. I understand the contents of this waiver and support this youth waiving his/her right to a judicial hearing prior to being placed on long term status at Woodside.

Deputy State's Attorney Signature

Date