



# OREGON YOUTH AUTHORITY

## Policy Statement

### Part I – Administrative Services



Subject:

#### Assessment, Multidisciplinary Teams, and Case Planning

Section – Policy Number:

**A: General Administration: 11.0**

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#### Related Standards and References:

- [ORS 419C.486](#) (Consideration of recommendations of committing court; case planning)
- [ORS 420A.125](#) (Youth offender; intake assessments; reformation plan; placement)
- [ORS 182.515](#)–182.525 (Evidence-based programs)
- Performance-based Standards (PbS), *Juvenile Correction and Detention Facilities*; Programming
- American Correctional Association; *Standards for Juvenile Correctional Facilities*; 4-JCF-5C-03 (Assessments); 4-JCF-5C-04 (Social Services Staffing); 4-JCF-5C-05 (Case Planning); 4-JCF-5C-06 (Treatment Team); 4-JCF-5C-07 (Individual Contacts)
- American Correctional Association; *Standards for Juvenile Probation and Aftercare Services*; 2-7134, 35, 37, 38 (Supervision)
- [OYA Multidisciplinary Team Standards](#)
- [OYA Case Documentation Standards](#)
- OYA Risk/Needs Assessment [Resource Manual](#)
- [Attachment A](#): OYA Youth Assessment, MDT, and Case Planning Timeline
- [OYA policy](#): II-D-2.2 (Suicide Prevention in OYA Close-custody Facilities)  
II-D-1.0 (Facility Health Services)  
II-E-3.0 (Intake Review Committee; Parole Review Committee)  
II-E-6.0 (Substance Use Assessment and Treatment in Facilities)  
II-E-5.0 (Youth Assessment for Risk of Sexually Reoffending - Facility)  
III-B-2.0 (New Commitments to OYA Legal Custody)  
III-C-3.0 (Youth Assessment for Risk of Sexually Reoffending - Community)  
III-C-3.1 (Substance Use Disorder Screening, Assessment, and Treatment in Community Settings)
- [OYA forms](#): YA 3001 (Juvenile Parole Agreement)  
YA 3002-J (Case Plan Report – MDT Field)  
YA 3003-J (Transition Case Plan)  
YA 3004-J (Referral Case Plan)  
YA 3005-J (Case Plan History)  
YA 3006-J (Short-Term Goal History)  
YA 3007-J (Short Term Goal List)  
YA 3008-J (Court Report – Full Report)  
YA 3009-J (Court Report)

	YA 3010-J (Report to Court – Plan Progress) YA 3013-J (Case Plan Summary) YA 4097-J (Case Plan Report - MDT Facility) YA 4101-J (Case Plan Report MDT Facility – DOC Youth) YA 4102-J (DOC Quarterly Review Report) YA 4104-J (DOC Transfer or Release) YA 4408 (Initial Health Screening) YA 4409 (Initial Mental Status Assessment) OYA Risk/Needs Assessment YA 1814 (MDT Team Process Guide) YA 1815 (MDT Observation Form) YA 1816 (Family Communication Questionnaire [Facility])	
<b>Related Procedures:</b>	▪ <a href="#">FAC I-A-11.0</a> Family Communication Questionnaire (Facility)	
<b>Policy Owner:</b>  Development Services Assistant Director	<b>Approved:</b>  Fariborz Pakseresht, Director	

## I. PURPOSE:

This policy provides OYA staff standards to assess a youth's risks and needs for individual case plan development. Guidelines for case planning, MDT meetings, and quality assurance are also addressed.

## II. POLICY DEFINITIONS:

**Case Plan:** A case plan is a formal plan with prescribed interventions and documentation requirements and is a tool to assist staff in managing cases, setting goals and reviewing youth' interventions and progress. A case plan constitutes and fulfills the requirements of the Reformation Plan as defined in ORS 420A.005, 420A.125 and 420A.010 and is created and maintained in the statewide Juvenile Justice Information System (JJIS).

**Intake Review Committee (IRC):** An agency committee that reviews all youth who are admitted for intake into a youth correction facility (excluding Oak Creek YCF) from the community to determine the youth's initial facility placement. The committee voting members are the Facility Services chief of operations and the Community Services chief of parole/probation operations.

**Juvenile Justice Information System (JJIS):** The Juvenile Justice Information System (JJIS) is a statewide-integrated electronic information system designed, developed, and implemented to support a continuum of services and shared responsibility among all members of the juvenile justice community. In a collaborative partnership between the Oregon Youth Authority (OYA) and Oregon's county juvenile departments, JJIS is administered by the State of Oregon through OYA.

**Multidisciplinary Team (MDT):** A team of individuals who work collaboratively to develop and maintain a comprehensive individualized case plan that is culturally

competent and gender-appropriate for each youth committed to the Oregon Youth Authority (OYA). The MDT is based on a core team membership consisting of the youth, OYA primary case manager, placement representative, QMHP (facility)/treatment provider (community), tribal representative (for youth enrolled in one of Oregon's federally recognized tribes) and the parents/guardians. Additional team members are identified by the core team based on the youth's Risk Needs Assessment, identified criminogenic needs and placement.

**Youth:** A person in the legal and physical custody of OYA, either in an OYA facility or placed in the community under supervision; or a person in the legal custody of the Department of Corrections and the physical custody of OYA in an OYA facility.

**OYA Primary Case Manager:** OYA Juvenile Parole/Probation Officers (JPPO) are primary case managers for all juvenile commitments. OYA case coordinators are primary case managers for Department of Corrections (DOC) commitments.

**OYA (Risk/Needs Assessment) RNA:** A comprehensive assessment instrument that:

- Identifies static and dynamic areas of risk, need and protective factors in known criminogenic risk areas for youth;
- Focuses on youth' needs for change such as antisocial attitudes, antisocial friends, substance abuse, lack of problem-solving skills, impulsive behavior, academic failures;
- Assists in individualized case planning in identified domains (i.e. offense specific, family, mental health, substance use, education, vocation, life/social skills, and medical);
- Assists in determination of service, program, placement, and transition needs for all OYA youth;
- Assists in determining which competencies are needed to reduce risk; and
- Assists in demonstrating youth progress through competency ratings and achieving positive youth outcomes.

**Placement Representative:** If a youth is placed outside of their home, a representative from such placement will attend MDT meetings. Depending on where the youth is placed, these representatives are generally close-custody facility living unit managers (or designees), camp directors (or designees), residential treatment providers and counselors, foster parents, or foster care certifiers.

### III. **POLICY:**

OYA's fundamental goal is to protect the public by ensuring youth accountability, promoting change, developing and improving skills, and reducing the likelihood that youth will commit future crimes. The case planning process and case plan are intended to assist in achieving this goal.

The identification of areas of risk and need is foundational to case plan development. OYA conducts various assessments, including a risk-needs

assessment, and develops a case plan based on a youth's criminogenic risks, needs, strengths, and available interventions. All risk-needs assessments are conducted by trained staff using various assessments, including the OYA Risk/Needs Assessment (RNA). Case plans are documented in JJIS.

OYA Case Planning Principles:

- A case plan is developed and implemented for each youth in OYA custody.
- OYA juvenile parole/probation officers (JPPO) are primary case managers for OYA juvenile court commitments.
- OYA case coordinators (or designated staff) are primary case managers for Department of Corrections (DOC) commitments in OYA physical custody. OYA JPPOs may assist case coordinators (or designated staff) in case management by advocating for DOC youth, providing community/family/victim continuity support, and possibly transition support.
- The case planning process is built on assessments. It focuses on the youth's needs and strengths, and directs gender- and culturally-specific interventions to reduce risk of future criminal conduct.
- The major criminogenic risk factors a case plan addresses include antisocial attitudes, delinquent associations and isolation from pro-social associations, temperament and behavioral characteristics, low educational or employment achievement, negative family factors, substance abuse, and leisure time activities.
- Protective factors are identified in the assessments and included in the case plan as the youth's strengths.
- A case plan targets specific reformation areas (called "domains") including offense-specific, family, mental health, substance use, education, vocation, social skills, and medical.
- Youth focus on developing their skills in each identified domain. These specific skills are identified in the case plan as "competencies."
- A case plan is developed and monitored by a Multidisciplinary Team (MDT).
- The MDT is family and youth-focused, allowing the youth opportunities to engage in targeted skill-based interventions designed to help the youth live a productive, crime-free life.
- Facility staff provide families with Family Communication Questionnaires (YA 1816) to ensure families are engaged in youth reformation while youth are in OYA facilities.
- Case plans are reviewed regularly to monitor the youth's progress and update goals.
- Each MDT member provides case planning recommendations to the MDT according to their specific area of expertise. The MDT collaborates to develop, coordinate, and monitor case plans.
- The MDT regularly reviews and documents a youth's progress toward meeting reformation goals in the case plan as evidenced by the youth's behavior and in documentation of long-term goals, short-term goals, competencies, and interventions.

## **IV. GENERAL STANDARDS:**

### **A. Multidisciplinary Team and Case Documentation Standards**

Standards for Multidisciplinary Teams (MDT) and case documentation are detailed in the [OYA Multidisciplinary Team Standards](#) and [OYA Case Documentation Standards](#). Staff involved in the MDT or case documentation process must follow the standards listed in these documents.

### **B. OYA Risk/Needs Assessment**

The identification of areas of risk and need is the first step in case plan development. Risk and needs assessment is accomplished through a formally-guided interview (of youth, family, and partners) and the use of an instrument that has been scientifically validated to identify areas of risk and needs.

All OYA youth are assessed for criminogenic areas of risk, protective factors, and resource need with the OYA Risk/ Needs Assessment (RNA). The RNA is completed as specified in this policy and OYA standards for workflow related to case planning.

OYA staff may refer to the [Oregon Youth Authority Risk/Needs Assessment Resource Manual](#) for detailed instructions on administering the RNA. The manual provides specific instructions for each domain item; domain item relationship to re-offending; protective factor research information; and sample interview questions.

The RNA is designed to identify the youth's relative risk to re-offend and a wide variety of risk factors/protective factors in a number of domains. The domains include:

- Criminal History;
- Demographics;
- School;
- Use of Free Time;
- Employment;
- Relationships;
- Family;
- Living Arrangements;
- Alcohol and Drug Use;
- Mental Health;
- Attitudes and Behaviors;
- Aggression; and
- Skills.

1. Probation commitments

- a) The youth's JPPO must complete an RNA within 30 days of the youth's OYA probation commitment.

An RNA completed within 60 days prior to a youth's OYA commitment may be used as the initial RNA for case planning purposes but must be professionally reviewed for accuracy. Any new or inaccurate information must be updated in a new RNA.

- b) Youth placed in residential treatment facilities: OYA staff must provide a copy of the RNA graph #2 and factoid to residential treatment providers prior to the Master Service Plan meeting.

2. Interstate Compact youth

The youth's JPPO must complete an RNA within 30 days of the youth's placement in Oregon only if the youth's length of supervision is scheduled to exceed 90 days.

3. OYA facility commitments:

- a) Initial RNA: YCF intake staff must complete the RNA for youth committed directly from a county to close custody, and for DOC commitments to OYA.

- (1) OYA facility intake staff must complete an RNA within 21 days of a youth's admittance into an OYA facility.

An RNA completed within 60 days prior to a youth's OYA initial commitment may be used as the initial RNA for case planning purposes but must be professionally reviewed for accuracy. Any new or inaccurate information must be updated in a new RNA.

- (2) Intake staff must complete the RNA prior to developing the youth's case plan, and before the case is reviewed by the Intake Review Committee (except Oak Creek YCF).

- b) Parole/Probation RNA Reassessment: A JPPO must update a youth's RNA within seven days of the youth's revocation or admission to a YCF when the youth is committed to OYA close custody from OYA probation or parole.

4. Staff may reassess a youth with an RNA as needed for case planning purposes such as when there is a change in placement or the youth commits additional crimes.

## C. Additional Assessments

### 1. Assessment in the community

- a) OYA field staff must be aware of and follow their local protocols regarding mental health and health screening of newly-committed youth.
- b) Special assessments relating to behaviors associated with adjudicated crimes (e.g., sex youth, fire setter) may be required by OYA.
- c) See OYA policy III-B-2.0 (New Commitments to OYA Legal Custody) for guidelines in gathering and documenting information for youth ordered by the court to OYA legal custody.

### 2. Assessment in OYA facilities

In addition to the RNA, intake assessments include the following:

- a) Initial Mental Status Assessment;

Staff must ensure all youth receive an Initial Mental Status Assessment (YA 4409) by a health care practitioner within one hour of presentation for admission to an OYA facility. Based on the results of the assessment, staff will assign a Suicide Risk level. The Suicide Risk Level must be recorded in the JJIS Population Group "OYA \*Suicide Documentation." (See OYA policy II-D-2.2 Suicide Prevention in OYA Close-custody Facilities.)

See OYA policy [II-D-1.0 \(Facility Health Services\)](#) regarding mental health assessments for youth returning to an OYA facility after releasing to the community, and youth transferring between OYA facilities.

- b) If a youth is taking psychotropic medication, a psychiatrist or psychiatric mental health nurse practitioner must complete a psychiatric evaluation within 14 days of the youth's initial admittance to an OYA facility;

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- c) A staff or contracted psychologist, or psychologist resident must complete a psychological evaluation on each youth within 30 days of the youth's initial admittance to an OYA facility from the community;

- d) A physical health screening;

Staff must ensure all youth receive an Initial Health Screen (YA 4408) within one hour of admittance to an OYA facility. This screening may be completed by a health-trained staff

(OYA transition camps only) or a qualified health care professional.

- e) Special assessments concerning behaviors associated with adjudicated or convicted crimes (e.g. sex offense, fire setter);
- f) A comprehensive drug and alcohol abuse evaluation if the youth's RNA shows a score of 3 or more in the Alcohol and Drug domain;

Refer to OYA policies II-E-6.0 (Alcohol & Drug Screening, Assessment, & Treatment in Close Custody Facilities) or III-C-3.1 (Alcohol & Drug Screening, Assessment, & Treatment in Community Settings) for specific guidelines.

- g) If appropriate, a vocational evaluation; and
- h) An educational evaluation provided by the state Department of Education. The educational evaluation must include evaluations for special education as required by the Individuals with Disabilities Education Act.

#### **D. Case Plan Development**

1. The development of the case plan is based on the Risk/Needs Assessment and the following:
  - a) Other assessment findings;
  - b) Input from the core MDT members and a variety of people including:
    - (1) The youth;
    - (2) The youth's family;
    - (3) Educators;
    - (4) Medical/mental health professionals;
    - (5) Community and facility treatment providers;
    - (6) Vocational specialists; and
    - (7) The youth's primary case manager.
2. Staff must ensure a youth's case plan addresses concerns (described as "problems") using strengths and focusing on goals and skill development necessary to enhance public safety. The



case plan may target factors within one or more of the following domains:

- Offense-specific;
- Family;
- Mental health;
- Substance Use;
- Education;
- Vocation;
- Life/Social skills; or
- Medical.

Staff must activate domains that have the highest criminogenic risk and need factors. Not every domain will be active for each youth.

The mapping between RNA domains and case plan domains is illustrated below.

<b>OYA Risk/Needs Assessment Domains</b>	<b>OYA Case Plan Domains</b>
Aggression	Life/Social Skills
Alcohol & Drug (current & history)	Substance Use
Attitudes & Behaviors	Offense-specific
Criminal History	Offense-specific (Pre-screen only)
Demographics	None
Employment (current & history)	Vocation
Family History	Family
Living Arrangement (current)	Family
Mental Health (current & history)	Mental Health
Relationships	Life/Social Skills
School (current & history)	Education
Skills	Life/Social Skills
Use of Free Time (current & history)	Life/Social Skills
None	Medical

3. The MDT will develop a case plan based on the needs identified in all assessments.
  - a) The MDT must follow standards set in the OYA Multidisciplinary Team Standards document regarding the role of the MDT and its members in case plan development.
  - b) Case plans developed during a youth's close-custody intake placement may be limited in scope, as a comprehensive case plan will be developed once the youth arrives at his/her treatment unit.
4. Case plan timeliness
  - a) Probation cases: The JPPO must document a youth's case plan in JJIS within 45 days of the youth's commitment to OYA.

- b) OYA facility cases:
  - (1) Direct commitments from county or DOC: Facility intake case coordinators must document a youth's initial intake case plan in JJIS within 30 days of the youth's admission into an OYA facility.
  - (2) Commitments from probation or parole: The youth's JPPO must update the case plan as needed.

5. Staff must ensure each case plan contains the following for each open domain:

- a) Problem statement: Behavioral deficit or symptoms presented by the youth in an assessment are described as “problems.” Problem statements are written so the targeted behavior is well-defined. Findings from the assessments are used when writing the problem statement.
- b) Strengths/Assets: youth committed to OYA come with a variety of personal strengths that can assist them in achieving identified goals. The protective factors identified from the RNA and cultural attributes must be considered when identifying strengths.
- c) Long-term Goals: The long-term goal is the desired outcome of behavior change and skill improvement that should be achieved over time.

JJIS offers a selection of the most commonly used goals for each case plan domain. If none of the JJIS goals meet a youth's needs, staff may develop unique goals.

- d) Competencies: Competencies are the skills a youth must develop to reach a long-term goal.

JJIS offers a selection of core competencies associated with specific long-term goals. If none of the JJIS competencies meet a youth's needs, staff may develop unique competencies.

- e) Short-term Goals: Short-term goals are **Short, Measurable, Attainable, Realistic and Timely (SMART)**.

Short-term goals are small, linear steps designed to help a youth reach a long-term goal. Short-term goals outline realistic incremental achievements the youth is expected to accomplish within 30- and 90-day periods (between MDT meetings).

- (1) Short-term goals are individualized and entered into JJIS as free-form text.
  - (2) The ability of the youth to respond will be considered when developing short-term goals.
  - (3) Short-term goals are not required for youth in community residential placements (BRS placements).
- f) Interventions: Interventions are services or supports provided to a youth in order to successfully develop competencies and achieve long-term goals.
- (1) Interventions may be delivered by staff, service providers, and others in either a structured format or curriculum (program), or a less formal format.
  - (2) The youth's learning style and other factors that may impact the youth's ability to respond will be considered when identifying interventions.

6. Transition case planning

- a) The MDT must establish two transition placement goals when developing a youth's initial case plan: "Placement at Termination of Custody" and the "Next Placement."
- The primary case manager must update these placement goals in JJIS as they change.
- b) The primary case manager must document in JJIS transition activities (specialized activities designed to ensure a smooth transition to the next placement) prior to the youth's transition to the next placement.
- (1) These activities may be documented prior to the youth's transfer between OYA facilities.
  - (2) These activities must be documented when a youth returns to the community from either an OYA facility or a residential treatment facility.

**E. Monitoring Goals and Case Plan Progress**

1. Staff must document a youth's progress toward meeting case plan goals by entering progress notes in JJIS.

Progress notes include notations related to the youth's progress toward meeting short-term goals and competencies, participating in treatment groups, interventions, and general behavioral observations.

2. OYA facility: The appropriate staff must enter a youth's progress notes as needed but not less than every other week. The unit management staff must ensure progress notes are documented.
3. Probation and parole: The appropriate staff must enter a youth's progress notes as needed, and not less than once per month.

#### **F. Reviewing Goals and the Case Plan**

OYA staff and the MDT must periodically review individual case plans throughout a youth's commitment to OYA.

These reviews must analyze youth progress toward achieving goals over the last 90 days and establish or revise goals for the next 90 days.

The MDT must conduct these reviews –

1. Quarterly;
2. Within 45 days of a youth's transition into the community; and
3. Unscheduled, as needed.

See the OYA Multidisciplinary Team Standards document for general standards concerning goal and case plan reviews.

#### **G. Distribution of the Case Plan**

1. Staff must provide youth and participating parents/guardians a Case Plan Summary (YA 3013) after each MDT meeting. A full copy of the case plan may be provided upon request.
2. The following OYA JJIS forms have designated signature areas for OYA staff, youth, and parents/guardians.

Staff must ensure the correct forms are signed and distributed as directed on the forms. The originals must be kept in the youth's case file.

- a) Case Plan Report MDT - Facility (YA 4097)
- b) Case Plan Report MDT - Facility – DOC Youth (YA 4101)
- c) Case Plan Report MDT - Field (YA 3002)

Residential placements: A signed Master Service Plan attached to the YA 3002 may substitute a youth's signature on the YA 3002.

## H. Quality Assurance

### 1. MDT Team Process Guide (YA 1814)

MDT meeting facilitators may use a checklist (form YA 1814) to help guide them through the MDT process and ensure the team adheres to the OYA Multidisciplinary Team Standards.

### 2. MDT observation

a) Supervisors must observe their staff members during at least one MDT meeting each year.

(1) Field supervisors will observe their JPPOs during MDT meetings in the community or close-custody facilities.

(2) Youth transitional facility MDT meetings: The camp director or superintendent will observe their staff.

(3) Youth correctional facility MDT meetings: Program directors will observe their staff.

b) Supervisors must complete a YA 1815 (MDT Observation Form) to help ensure staff adhere to OYA Multidisciplinary Team Standards.

(1) Supervisors must review their observations with their staff and maintain the original YA 1815.

(2) A copy of the YA 1815 must be sent to the OYA Quality Assurance Coordinator.

(3) The OYA Quality Assurance Coordinator must create periodic statewide summary reports derived from the information in the YA 1815s.

Information from the statewide summary reports must be shared with field supervisors, facility superintendents, camp directors, and facility program directors to provide a comprehensive view of how the agency is adhering to its OYA Multidisciplinary Team Standards.

### 3. Case Plan Audits

a) Field supervisors must complete case plan audits of their staff's caseloads.

(1) Initial case plans must be audited within 60 days of a youth's placement in the community.

- (2) Transition plans must be audited within 60 days of a youth's release into the community from a close-custody facility.
- (3) The field supervisor must review each youth's case within their purview with the assigned JPPO every 90 days.
- b) Facility supervisors (superintendents, camp directors, or program directors) must complete initial case plan audits of their staff's caseloads.

Initial case plans must be audited within 105 days of a youth's direct commitment to an OYA facility.

**V. LOCAL OPERATING PROTOCOL REQUIRED: NO**

## OYA Youth Assessment, MDT, and Case Planning Timeline

