

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
APPROPRIATENESS OF PLACEMENT

ASSESSMENT IN A PRENATAL, POSTPARTUM OR PARENTING/EMPOWER SETTING

Please review and answer the questions below to determine if this assessment is required to make a referral for this youth.

1. Is the local department of social services (LDSS) seeking to place a youth in a prenatal, postpartum or parenting (PPP) or EMPOWER program for youth who have been trafficked or are at risk of being trafficked?
2. Is the youth PPP and/or screened as high risk or identified as a victim/survivor of sex trafficking using form **OCFS-3920, *Child Sex Trafficking Indicators Tool***?
 - If yes to both questions, this document is required to proceed with a specialized placement referral. The LDSS must complete the form and present it to the team for discussion before a referral to a specialized placement setting can be made.
 - If no to either question, the youth is not eligible for placement in a specialized setting. Please follow the standard placement process.

Youth's Name:

Youth's DOB: / /

If Applicable, Name and DOB of Youth's Child(ren):

Case ID#:

Specialized setting being requested: PPP EMPOWER

Level of congregate care being requested: Agency-Operated Boarding Home Group Home

Group Residence Institution

**NOTE: EMPOWER programs cannot be operated in a group residence setting*

SECTION ONE: Efforts to Place Youth in a Family-Based, Non-Congregate Care Setting

1. Which *kin*¹ were identified as potential placement resources, and what was the outcome of engagement with each? Kin can be relatives, the child's godparent, neighbor or family friend who has a significant and positive relationship with the child or child's family. The non-kinship placement request² may be attached in lieu of a response to this question if such request addresses all the required information below. Add more lines if needed.

Kin identified by youth/family as a resource <i>(full name and contact information)</i>	Relationship to youth/family <i>(aunt/uncle, grandparent neighbor, etc.)</i>	Was the LDSS able to locate the individual <i>(yes/no)</i>	Indicate why each individual was determined unable to provide care for the youth <i>Be as specific as possible.</i>	Indicate the date this determination was made <i>Note: Kin that were previously ruled out may become viable support and/or placement options later.</i>
		<input type="checkbox"/> Yes <input type="checkbox"/> No		/ /
		<input type="checkbox"/> Yes <input type="checkbox"/> No		/ /
		<input type="checkbox"/> Yes <input type="checkbox"/> No		/ /
		<input type="checkbox"/> Yes <input type="checkbox"/> No		/ /
		<input type="checkbox"/> Yes <input type="checkbox"/> No		/ /
		<input type="checkbox"/> Yes <input type="checkbox"/> No		/ /
		<input type="checkbox"/> Yes <input type="checkbox"/> No		/ /
		<input type="checkbox"/> Yes <input type="checkbox"/> No		/ /

¹ The definition of "kin" is the same as the regulatory definition of "relative" in 18 NYCRR 443.1(h).

² Refer to 20-OCFS-ADM-18 for more information.

FOR AN INITIAL PLACEMENT, complete 2a.

2a. Describe why a specialized congregate care setting (PPP or EMPOWER) is necessary to meet the youth’s needs and why these needs cannot be met in a family-based setting. Add additional lines if needed.

Describe why the youth’s need(s) can’t be met in a family-based setting. *Be as specific as possible.*

Identify what a specialized setting offers that a family-based setting cannot to meet each need listed above.

FOR A CHANGE IN PLACEMENT, complete 2b.

2b. Describe the youth’s current placement. Include the type of placement, the household composition, how long the youth has been at the placement, how long the youth has been in care including previous placements, what is going well in the current placement and any other relevant information about the youth’s current placement.

What interventions/services/supports/opportunities were put in place to help maintain the youth in their current placement?

Challenge(s) with current placement <i>List one challenge per line.</i>	Describe the intervention(s)/ services/support(s)/ opportunities offered to address each challenge	Describe the outcome or impact of each intervention/ support	If the intervention(s) were unsuccessful, describe how a placement in a specialized setting would better meet the youth’s need(s) <i>What would be different in a specialized setting than in the youth’s current placement with push-in supports?</i>

3. If placed in a specialized setting, what specific goals must the youth achieve to transition to a family-based setting to return home? Who must achieve the goal? Document how the achievement of each goal will be measured.

Goal to be met <i>(goal should be “SMART”)</i>	Who must achieve the goal? <i>(youth, mother, father, someone else)</i>	How will the goal’s achievement be measured? Must the goal be achieved once or sustained for a period of time?

4. For placement in a PPP setting only: Does the youth's child have any additional or significant needs that need to be considered in the placement decision for the youth? *(For example: Does the youth's child require detox, specific medical care, protection from credible safety threats, etc.)* Please describe.

SECTION TWO: Youth's Input

1. How was the *youth* informed of their opportunity to provide input in the Appropriateness of Placement (AOP) assessment process? Who extended the invitation, in what manner (written, verbal, etc.) and on what dates? What was the youth told about their opportunity to participate?

2. How was the *youth's supportive adult(s)* informed of their opportunity to provide input in the AOP assessment process? Who extended the invitation(s), in what manner (written, verbal, etc.) and on what dates? What were the youth's supports told about their opportunity to participate?

3. Provide a summary of the youth's input into the AOP assessment process, including specific requests, needs and questions. If youth submitted their input in writing, it can be attached here in lieu of a response to this question.

OR

Youth declined offer to participate. Youth did not respond to offer to participate.

Note: The youth's caseworker is additionally encouraged to share the youth's perspective as discussed during interview(s). Unless the caseworker has been designated by the youth to serve as their proxy for the AOP assessment process, the sharing of this information by the caseworker can only replace the youth's input to expedite decision making for an emergency placement.

4. How did the team respond to the youth's input? If a written response was sent to the youth, it can be attached here. Note: Communicating a placement decision does not constitute a response.

Youth was contacted verbally by _____ (name of team member) on ____ / ____ / ____ (date).

Written response was sent to youth by _____ (name of team member) on ____ / ____ / ____ (date).

N/A – Youth or their designee was present for the discussion, or youth declined to participate.

What feedback did youth receive on their input into the AOP assessment process and how was that feedback provided to them?

SECTION THREE: Determination and Next Steps *Note: The completed OCFS-5575 must be maintained in the youth's case record and should also be uploaded into CONNECTIONS.

1. Determination of team:

The team supports the LDSS's request to pursue a PPP/EMPOWER placement.

A referral to _____ may proceed.

The team disagrees with the LDSS's request to pursue a PPP/EMPOWER placement.

Another option must be considered.

Date decision was communicated to youth: ____ / ____ / ____

How the decision was communicated to youth:

2. List any additional follow-up steps planned and the person(s) responsible.