

Release Plan:

Identifying Data, and Reason for Referral:

On September [REDACTED] this writer met with [REDACTED] at their residence to discuss services. [REDACTED] report that [REDACTED] has struggled with mental health issues since he was a small child. The family adopted [REDACTED] birth, and he has been experiencing difficulties since two months of age. [REDACTED] report they are willing to do whatever they can to ensure he receives appropriate rehabilitative treatment. [REDACTED] have been forthcoming when discussing their struggles in trying to advocate for their son's mental health needs within the juvenile justice system.

[REDACTED] reported that [REDACTED] has had the following services:

- A mentor program- [REDACTED]
- [REDACTED] both parents attend individual therapy one time per week
- [REDACTED] Virtual Residential Program 20-25 hours per week in the home. They didn't feel the program was meeting their needs due to the inconsistency of therapists which resulted in [REDACTED] having a hard time building a rapport.
- A Neuropsychological evaluation was done in [REDACTED]
- A Trauma Evaluation was conducted in [REDACTED] and the recommendations have not been explored by [REDACTED] Human Services.
- [REDACTED] Residential Treatment Centers

On September [REDACTED] [REDACTED] Special Education Teacher from [REDACTED] [REDACTED] contacted this writer with concerns after she reviewed the [REDACTED] Child Trauma and Resilience Assessment Report. [REDACTED] said she feels [REDACTED] is on the autism spectrum and strongly recommends he receive an Autism Spectrum Disorder (ASD) screening. She feels that determining an appropriate diagnosis is necessary to ensure he is receiving appropriate mental health and educational treatment [REDACTED] said the issues [REDACTED] is having at the [REDACTED] are consistent with high functioning ASD [REDACTED] is easily triggered by touch and sounds, struggles with peer relationships, and she has concerns with commitment being used as a placement. [REDACTED] asked if [REDACTED] team is following the recommendations from his most recent trauma evaluation. She also feels that [REDACTED] would benefit from participating in an assessment to rule out Autism Spectrum Disorder. [REDACTED] said that she isn't surprised that this diagnosis was missed in his [REDACTED] neuropsychological evaluation because high functioning Autism Spectrum Disorder (ASD) can be difficult to detect unless the evaluator specializes in the disorder. In the [REDACTED] Neuropsychological evaluation [REDACTED] indicated [REDACTED] was previously diagnosed with ASD but this writer does not have records to determine when this diagnosis was made.

On September [REDACTED] PhD [REDACTED] at the [REDACTED] Detention [REDACTED] contacted this writer stating she also has concerns [REDACTED] on the Autism Spectrum. [REDACTED] stated that after reviewing the DSM-5 diagnostic criteria for Autism Spectrum Disorder (ASD), she is recommending an ASD screening. Dr. [REDACTED] stated there are two

psychopathological domains that are evident for individuals diagnosed with ASD. The first is related to social communication/interaction. After spending consistent time with [REDACTED] [REDACTED] she feels he exhibits multiple symptoms in this category, including defects in social reciprocity related to his abnormal social approach and failure to engage in a typical back-and-forth conversation (beyond what is on his initial agenda necessitating a discussion). [REDACTED] nonverbal communication involves poorly integrated verbal and nonverbal abilities, atypical body language (gaid and visual-spatial abilities), and lack of use of gesturing, and limited facial expression or other forms of nonverbal communication. Also, [REDACTED] seems incapable of sustaining relationships which necessitate adjusting his behavior to suite various social contexts and appears to have challenges with making friends or engaging in casual, nondirective communication with same-aged peers.

Dr. [REDACTED] said the other primary category that is present for individuals diagnosed with ASD includes restricted, repetitive patterns of behavior, interests, or activities. [REDACTED] also reports [REDACTED] seems to have a need for sameness and can be inflexible with changes in [REDACTED] routine. [REDACTED] has highly fixated, restricted interests that seem abnormal in intensity and focus (as [REDACTED] can be highly perseverative). [REDACTED] is hypersensitive to sensory input, primarily auditory and tactile stimuli. Per [REDACTED] parents, these symptoms have been present since his early formative years and undoubtedly cause clinically significant impairment for [REDACTED] in important areas of his current functioning. These disturbances do not seem better explained by an intellectual disability or global developmental delay. Dr. [REDACTED] also said that [REDACTED] does not present as having an intellectual or language impairment and there does not seem to be the presence of any known medical or genetic condition. Dr. [REDACTED] also said she is hopefully the above information is helpful in justifying the need for an ASD screening. Dr. [REDACTED] also indicated she is hopeful that [REDACTED] is moved out of the detention setting, as she firmly believes this environment is not beneficial for him in any way. She indicated that treatments are highly specialized and early intervention is essential in helping [REDACTED] reach his full potential. Dr. [REDACTED] also expressed a concern that [REDACTED] displays symptoms of Reactive Attachment Disorder.

In the most recent trauma evaluation, it was suggested that [REDACTED] should be screened for ASD. The evaluator stated, "Given [REDACTED] history and difficulty with peers, placement in a Division of Youth Corrections facility is not recommended at this time. Due to [REDACTED] experiences of trauma, his relational and attachment difficulties, and complex grief, it appears [REDACTED] is in need of a more therapeutic and supportive setting that is able to provide for his needs and level of support necessary for [REDACTED] to learn the skills necessary to reduce his aggressive behaviors." It was also suggested that caregivers [REDACTED] need to build a sense of trust, comfort, and support. The example they gave was, "giving [REDACTED] a hug when [REDACTED] has had a bad day at school or verbally reassuring him that the adults in his life support him unconditionally."

[REDACTED] struggles with speech and language issues, hyperactivity, lack of self-control, and extreme impulsivity, aggression, and attachment issues. It appears the only therapeutic modality that has been offered to [REDACTED] is Cognitive Behavioral Therapy. Cognitive Behavioral Treatment approaches have shown to be ineffective with youth that struggle with language processing. In addition to individual trauma therapy this writer recommends his treatment team think outside of the box to explore animal assisted therapy, music therapy and or movement therapy so he can learn to self sooth and better manage his behavior responses.

The challenge of providing services to [REDACTED] is that his behavior presents as a level of threat. A residential placement causes high levels of anxiety for [REDACTED] that trigger his fight or flight response as an attempt to protect himself and feel safe. Due to language processing issues, tone of voice and body posturing can trigger [REDACTED]. The punitive punishment techniques at DYS facilities contribute to youth that struggle with aggression and protective reactions. Professionals need to have an accurate diagnosis in order to determine what services are needed to help [REDACTED] and his family. While also considering his language processing issues and attachment issues stemming from his formative years.

[REDACTED] suggested [REDACTED] treatment team have him assessed for ASD through [REDACTED] at [REDACTED] Hospital. [REDACTED] is an interdepartmental program of the Department of Pediatrics of the University Of [REDACTED], a leadership education in neurodevelopmental disabilities program and special health care needs. This writer contacted [REDACTED] and they said there is a six to twelve month wait list to get an ASD screening. Ms. [REDACTED] was contacted, and she arranged for [REDACTED] to be screened by Dr. [REDACTED] on [REDACTED] 1:30 pm.

This writer also reached out to the [REDACTED] Special Education Liaison, [REDACTED], to determine education options, if Nathan were to return home with services. [REDACTED] said that she would like to have a meeting with all professionals and his parents so that the school district can have all information and input to determine programs available. [REDACTED] was concerned with who would be paying for day treatment, if this level was determined to be appropriate. This writer reminded Ms. [REDACTED] that if [REDACTED] were to return home, the school district is obligated to provide him an education so getting this meeting set up as soon as possible would be in his best interest. [REDACTED] has reached out to [REDACTED] Schools to schedule this meeting as soon as possible.

[REDACTED] has agreed to work with Nathan and his family, in-home. The services would include 3-4 hours of therapy and 4-6 hours of behavior coaching per week.

[REDACTED] confirmed that there is no waitlist, so they would be able to start services as soon as Nathan is released.

Recommendations for release from detention include:

- Equine, animal-assisted, art therapy--both relies on words and could give him the opportunity to learn co-regulation and self-awareness as well as empathy. Animal Assisted Therapy in [REDACTED] Colorado can provide 1-2 times per week, Medicaid is accepted.
- Introduce mindfulness and self-regulation through sensory and breathing activities such as movement, yoga, martial arts, meditation, art, music, and other sensory activities.
- A mentor for [REDACTED] would be beneficial in learning to trust and develop trusting relationships and improve social skills.
- In-Home services should be provided to the family for extra support, in addition to exploration of the above therapeutic models, such as animal assisted therapy.
- A meeting between professionals, [REDACTED] Public Schools Special Education Liaison, and [REDACTED] parents should occur to determine appropriate educational opportunities.

- [REDACTED] should receive continued psychiatric care with Dr. [REDACTED] and Dr. [REDACTED]. Appointments have already been scheduled with both doctors.
- [REDACTED] should be assessed for Autism Spectrum Disorder. This diagnosis can help provide insight into his behaviors and triggers while providing additional resources.

[REDACTED] made the following appointments:

[REDACTED] (psychiatrist)
 [REDACTED] @ 3:30pm
 [REDACTED] administrative review
 [REDACTED] 9:00am
 * [REDACTED] (functional medicine)
 [REDACTED] @ 1:30pm
 * [REDACTED] (optometrist)
 [REDACTED] @ 2:00pm
 *Dr. [REDACTED] (dentist)
 [REDACTED] @ 2:00pm
 *Dr. [REDACTED] (primary care)
 [REDACTED] @ 10:15am
 * [REDACTED]
 [REDACTED] @ 11:00am
 Neurofeedback consultation ([REDACTED])

The [REDACTED] caseworker can arrange a start date for [REDACTED] in-home services and a date to meet with [REDACTED] County Schools [REDACTED]. [REDACTED] have written up a plan that includes [REDACTED] being mentored by an architect. The mentor is willing to meet with [REDACTED] weekly out of the home and teach him the software for drawing. [REDACTED] Mr. and Mrs. [REDACTED] also found an art class but have not yet paid the \$250 fee at the [REDACTED].

Based on the aforementioned information the above recommendations are respectfully offered;

[REDACTED] is functioning at the highest level [REDACTED] can and his team should explore the recommendations made by the Trauma Evaluation and professionals working with [REDACTED]. The recommendation of commitment to the Department of Youth Services is premature and can be quite damaging. [REDACTED] does not do well [REDACTED] and return home should be explored before placing [REDACTED] in an environment that is not appropriate to meet his needs.

Respectfully Submitted,

[REDACTED]

**SUMMARY: PROTECTIVE FACTORS AND
EDUCATIONAL NEEDS OF [REDACTED]
(DOB [REDACTED])**

SOURCES OF INFORMATION:

Meetings/Interviews:

- [REDACTED] Face to face inter views with biological mother and biological father.
- [REDACTED] Phone and face to face interviews with [REDACTED]
- [REDACTED] Telephone Interview with [REDACTED] youth teacher with [REDACTED]
- [REDACTED] Telephone interview with [REDACTED] counselor/mentor with [REDACTED]
- [REDACTED] Telephone interview with [REDACTED] Volunteer for the [REDACTED] Program
- [REDACTED] Telephone interview with [REDACTED] mentor and family friend.
- [REDACTED] Telephone interview with [REDACTED] Special Education Teacher [REDACTED]
- [REDACTED] Email correspondence with [REDACTED] teacher at [REDACTED]

FAMILY HISTORY:

[REDACTED] is a [REDACTED] old [REDACTED] youth, who enjoys [REDACTED] and participating in activities through [REDACTED]. [REDACTED] has a tremendous amount of family support and lives with his mother, father, in [REDACTED] Colorado. [REDACTED] works full time as a [REDACTED] and his father is [REDACTED]. Mr. and Mrs. [REDACTED] have rules and structure in their home and utilize family member as support when needed. [REDACTED] has a lot of family support in the [REDACTED] area including grandparents, aunts, uncles and god-parents. [REDACTED] was extremely close to [REDACTED] who died in [REDACTED]. Since his [REDACTED], [REDACTED] has started to develop a close relationship with Mr. [REDACTED].

[REDACTED] is the coach and teacher for [REDACTED] Mr. [REDACTED] stated he got [REDACTED] involved with [REDACTED] to help detour him from gravitating towards negative influences. Mr. [REDACTED] is a positive support and is going to ensure that [REDACTED] has extracurricular activities and positive influences set up upon release.

PRO-SOCIAL ACTIVITIES:

Church [REDACTED] Membership and Activities:

[REDACTED] regularly participates in the following activities with his parents:

- Sunday morning services are from 9:00am to 11:30am.
- [REDACTED] group is from 12:00pm to 2:00pm
- Evening services are from 5:00pm to 6:00pm.
- Flag football with the youth in his church is from 7:30pm to 9:00pm. Flag football consists of young men and the pastor.
- Mentoring services are also available with older youth in the church. The mentoring services are 1- 2x's per month. The young men gather for lunch and discuss chosen topics. Mentoring services are also available with older youth in the church.

Individual Counseling with [REDACTED]

In January [REDACTED], [REDACTED] began individual counseling with [REDACTED] a youth pastor with [REDACTED]. Upon release from detention, [REDACTED] will continue these counseling sessions on a weekly basis. Mr. [REDACTED] stated that he will continue to act as a support and ensure [REDACTED] has positive extracurricular programming through his church upon release.

[REDACTED] Mentorship Program:

This writer spoke with [REDACTED] a [REDACTED] Volunteer that began mentoring [REDACTED] prior to his remand. [REDACTED] explained that [REDACTED] is a program based on teaching youth about being a leader, taking accountability, making better choices and teaching independence. [REDACTED] knows [REDACTED] well and feels he has been an asset to their program. As part of his participation the program [REDACTED] has already volunteered within the community by preparing and distributing backpacks and school supplies to children in need. Upon release, [REDACTED] would continue in participation in this program and under the mentorship of Mr. [REDACTED].

[REDACTED] High School [REDACTED] Group:

The [REDACTED] Program is a peer to peer after school program where male students share and discuss their social, academic, and personal life successes and challenges in a supportive, safe, and supervised environment. The teacher running the weekly group encourages self-esteem and positive peer connections. [REDACTED] will continue his participation in this group upon release.

Athletic Activities:

██████████ is a member of the ██████████ Team and prior to his incarceration was scheduled to ██████████ program. His athleticism is one of ██████████ strengths. ██████████ has previously played basketball for ██████████ and anticipates being selected for ██████████ Baseball Team. ██████████ is known amongst family members and neighbors for acting as a mentor to younger athletes.

EDUCATIONAL HISTORY:

██████████ began ██████████ School ██████████ after transferring from ██████████. Records indicate that ██████████ has an individual education program (IEP) where he is working on his Social/Emotional Wellness and Self-Determination. Due to his disability, ██████████ is in an Affective Needs classroom setting. Affective Needs (A) classrooms are for students with emotional disabilities and provide strong emphasis on affective education , academics, and social programming. ██████████ is in a highly structured environment with individualized management strategies and plans to meet the goals on his IEP. This includes weekly specialized literacy instruction, weekly specialized math instruction, and monthly mental health support.

Ms. ██████████ Special Education Teacher at ██████████ reached out to this writer stating that ██████████ has great manners and a well-behaved student. Ms. ██████████ facilitated communication with ██████████ Affective Needs teachers so they are aware of his situation and can provide homework to him while he is incarcerated at ██████████. The ██████████ school does not follow the same curriculum as the IEP curriculum being offered to ██████████ at ██████████. Consequently, ██████████ will have increasing deficits in his educational progress and is at risk for not having his emotional disability needs adequately met if he continues to remain in ██████████.

It is critical for students with disabilities to have consistency in their education so that their IEP needs are upheld. The IEP is designed for ██████████ to have individualized educational goals and to build rapport with his Special Education teachers in order to address his social/emotional needs. His educational team at ██████████ School is specifically trained to support ██████████ in achieving emotional and social wellness.

This writer spoke with ██████████ Special Education teacher with ██████████. ██████████ developed a close relationship with ██████████ and created his current adopted IEP. ██████████ stated that ██████████ struggled with developing coping skills and self-regulation. ██████████ noted that because of his diagnosed emotional disability ██████████ is particularly vulnerable to being negatively influenced by peers. ██████████ stated that ██████████ feels insecure about his disability and strives to be liked and 'fit in.' ██████████ noted that consistency in a school environment is vital to ██████████ ability to develop social emotional skills and to be

successful in school and in the community. Given the concerns expressed by [REDACTED]
[REDACTED], [REDACTED] continued incarceration amongst some the gang involved youth at [REDACTED]
[REDACTED] places [REDACTED] at greater risk of being influenced to engage negative behaviors.

Because of this youth's particular academic and emotional vulnerabilities further incarceration will not serve to increase rehabilitation. With the vast community support and pro-social activities available to this youth, community based supervision will best address his rehabilitation and community safety.

Respectfully submitted,