Youth Services

POLICY

West Virginia Department of Health and Human Resources

Bureau for Children and Families

Office of Children and Adult Services

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SECTION 1 – INTRODUCTION AND OVERVIEW

1.1 Introduction

This policy sets forth the philosophical, legal, practice, and procedural issues which currently apply to Youth services in West Virginia. This material is based upon a combination of requirements from various sources including but not limited to: social work standards of practice; accepted theories and principles of practice relating to services for troubled children; chapter 49 of the Code of West Virginia; case decisions made by the West Virginia Supreme Court; and, the Adoption and Safe Families Act. Youth Services is a specialized program which is part of a broader public system of services to children and families.

1.2 Philosophical Principles

Philosophical beliefs about children and families involved with the Juvenile Justice System are the single most important variable in the provision of quality Youth Services. Thoughts about families, our interactions with them, the decisions made independently and with families and children, and how the community is involved to assist them are determined in advance by what is believed.

The most basic and powerful influence of helping in Youth Services is expressed by consistently applying professional beliefs and values. The following philosophical principles represent the social work orientation to Youth Services.

Youth Services is child-centered and family focused. The aim is to strengthen the functioning of the family unit, while assuring adequate protection for the child, family and community.

All Youth Services interventions should be directed by helpfulness.

Juvenile offenses are multi-faceted problems which affect the entire community. A coordinated, multi-disciplinary effort which involves a broad range of community agencies and resources is essential for an effective Youth Services program.

It is best to keep children with their parents when safety can be controlled.

The public has a right to a safe and secure community.

Whenever an offense occurs then an obligation by the juvenile offender occurs.

Families have a right to be involved in the casework process.

Effective intervention requires that Youth Services respond in a non-punitive noncritical manner and offer help in the least intrusive manner possible.

1.3 Mission

West Virginia's Department of Health and Human Resources (DHHR), Bureau for Children and Families (BCF) provides an accessible, integrated, comprehensive, quality service system for West Virginia's children, families and adults to help them achieve maximum potential and improve their quality of life. In fulfilling this mission, West Virginia's children, families, and adults are given the opportunity to achieve well-being, safety, and independence.

1.4 Purposes

The primary purposes of Youth Services interventions are to provide services which alter the conditions contributing to unacceptable behavior by youth involved with the Department system; and to protect the community by controlling the behavior of youth involved with the Department.

1.5 Roles

The Youth Service Worker has the following roles:

- Problem Identifier – The social worker gathers, studies, and analyzes information about the child and the family. The worker also offers help to families in which risk is identified for the child, the family or the community and secure safety for all involved.
- Case Manager – In this capacity the social worker assesses family problems and dynamics which contribute to the delinquent behavior and plans strategies to eliminate risk to youth, family and community. The end result being to effect change in the family. The worker orchestrates all the planning for the family including referrals, services and follow-up activities related to the case and facilitates the use of agency and community systems to assist the child and family. The worker also reviews client progress, maintains accurate documentation and records, and advocates for the youth and family by supporting, creating and promoting the helping process.
- Treatment Provider – The social worker works directly with the youth and the family as a role model encourages motivation and facilitates problem solving and decision making on the part of the youth and the family.
- Permanency Planner – The child's worker in coordination with the Multidisciplinary Treatment Team develops a detailed plan that addresses the permanency needs of the child. The worker is responsible for ensuring that the services provided to the child and families are in coordination with the child's identified permanency plan. In addition, the worker must also have a concurrent permanency plan for which services are coordinated in case the primary permanency plan no longer becomes appropriate.

The Youth Services Supervisor has the following roles:

- Administrator - The supervisor makes decisions on specific case activities, case assignments and on relevant personnel matters. The supervisor also regulates the practice of social workers with Youth Services cases and ensures the quality of practice. The supervisor serves as a link between workers and community resources and with administrative staff.
- Educator - The supervisor plans and carries out activities related to the professional development of staff.
- Coach - The supervisor motivates and reinforces staff in the performance of their duties.

1.6 Legal Basis

Youth Services stems from both a social concern for the care of children and from a legal concern for the rights of children. Although state statute (chapter 49 of the Code of West

Virginia) does not contain the term Youth Services it is clear from the statutes that the Department has a legal obligation to provide assistance to children and families involved with the Juvenile Justice System. The Department has chosen the term Youth Services as the designation for the services provided to meet our obligations under the Juvenile Justice Statutes. These obligations are set out in chapter 49 of the Code. Excerpts from Chapter 49 regarding these obligations are included here. However, reference should be made to the entire Chapter and to Chapters 27, 48 and 61 which contain the statutes for Mentally Ill persons, Domestic Relations and Crimes and Their Punishments. The statutes may be found within FACTS (go to FACTS, Help, Court/Legal, WV Code) or on the internet at www.legis.state.wv.us.

1.7 Definitions

This section contains a number of terms which are used frequently in Youth Services. The terms and definitions are taken from state statute or have been adopted by the Department as a part of the Youth Services program.	
Abandonment: Means any conduct that demonstrates the settled purpose to forego the duties and parental responsibilities to a child.	49-1-201
Adjudication: In juvenile proceedings adjudication is when a Judge makes an official decision about who is right in a dispute or if a juvenile has broken West Virginia Statute.	
Adjudicatory hearing: A judicial process designed to make a judgment on the existence or nonexistence of any conditions alleged in the juvenile petition. At all adjudicatory hearings held under this article, all procedural rights afforded to adults in criminal proceedings shall be afforded the juvenile unless specifically provided otherwise in chapter 49 of the Code of West Virginia. At all adjudicatory hearings held under this article, the rules of evidence applicable in criminal cases apply, including the rule against written reports based upon hearsay.	49-4-701(j) and (k)
Adult: Means a person who is at least 18 years of age.	49-1-202
After-care Planning: Family-driven planning process designed to ensure success in living in the community. Planning should incorporate those elements necessary to transition from out-of-home care, or intensive community services, to the least restrictive means of sustainably meeting the child and family needs in their community.	
Age or Developmentally Appropriate: Means (A) activities or items that are generally accepted as suitable for children of the same chronological age or level of maturity or that are determined to be developmentally-appropriate for a child, based on the development of	

cognitive, emotional, physical, and behavioral capacities that are typical for an age or age group; and (B) in the case of a specific child, activities or items that are suitable for the child based on the developmental stages attained by the child with respect to the cognitive, emotional, physical, and behavioral capacities of the child.	
Case Plan: The plan is prepared by the Department pursuant to the Federal requirements for a comprehensive plan for every child in foster care and the requirements of chapter 49 of the Code of West Virginia whereby the case plan must be filed within 60 days of the child coming into foster care or within 30 days of the inception of the improvement period, whichever occurs first. For youth entering Foster care through juvenile proceedings, the same requirements for all Foster children including the child's case plan must be followed. The Case Plan is a comprehensive document which directs the provision of all casework services including the services provided to the child and the family.	49-4-408
Child: Means any person under the age of 18 years of age, or is a transitioning adult.	49-1-202
Child and Adolescent Needs and Strengths Assessment (CANS): an information integration tool in which a child's needs and strengths are identified over seven domains which help support child welfare workers in the case planning and service provision process. CANS is one of the integrated assessments within the CAPS reports.	
Child welfare agency: Means any agency or facility maintained by the state or any county or municipality thereof, or any agency or facility maintained by an individual, firm, corporation, association or organization, public or private, to receive children for care and maintenance or for placement in residential care facilities, including, without limitation, private homes, or any facility that provides care for unmarried mothers and their children. A child welfare agency does not include juvenile detention facilities or juvenile correctional facilities operated by or under contract with the Division of Juvenile Services, or any other facility operated by that division for the secure housing or holding of juveniles committed to the custody of the division.	49-1-206
Community-based: Means a facility, program or service located near the child's home or family and involving community participation in planning, operation, and evaluation and which may include, but is not limited to, medical, educational, vocational, social, and psychological guidance, training, special education, counseling, alcoholism/substance abuse treatment, and any other treatment or rehabilitation services.	49-1-206

Community Services Provider: An agency that provides services that could address the issues reported in the request to receive services referral. Some examples may be a Family Resource Center, Big Brothers /Big Sisters, the Salvation Army, The YWCA or YMCA.	
Comprehensive Assessment and Planning System (CAPS): CAPS is structured set of actions utilizing a standard uniform comprehensive assessment protocol resulting in an assessment report. The purpose of CAPS is to address the needs as well as the strengths of the children and their families including mental and physical condition, maturity and education level, home and family environment, rehabilitative needs and recommended services plan; to assure the first placement is the best placement for youth, reduce the number of moves for children, promote permanency for children, maximize the use of MDT, and individualize the case planning.	49-4-406
Concurrent Planning: A process used in foster care case management in which child welfare staff work toward family reunification and, at the same time, develop an alternative permanency plan for the child should family reunification efforts fail. To be effective, concurrent planning requires not only the identification of an alternative plan, but also the implementation of active efforts toward both plans simultaneously, with the full knowledge of all participants.	
Court: Means the circuit court of the county with jurisdiction of the case unless otherwise specifically provided.	49-1-207
Court Appointed Special Advocate (CASA) Program: Means a community organization that screens, trains and supervises CASA volunteers to advocate for the best interests of children who are involved in abuse and neglect proceedings.	49-1-207
Custody: The care, control and maintenance of a child which can be legally awarded by the court to an agency. Refers to the legal right to make decisions about children, including where they live. Parents have legal custody of their children unless they voluntarily give custody to someone else or a court takes this right away and gives it to someone else such as a relative or a child welfare agency. Whoever has legal custody can enroll the children in school, give permission for medical care, and give other legal consents.	
Department or State Department: Means the West Virginia Department of Health and Human Resources (DHHR).	49-1-208
Division of Juvenile Services (DJS): Means the division within the	49-1-208

Department of Military Affairs and Public Safety.	
Emergency Shelter Care/ Residential Crisis Support: A form of short-term residential care for children which temporarily provides food, shelter, clothing and other necessary crisis intervention and stabilization services for children experiencing emotional, familial or behavioral crises.	Legislative Rule 78-3-3.79
"Evidence-based practices" means policies, procedures, programs and practices demonstrated by research to reliably produce reductions in the likelihood of reoffending.	49-1-206
Family and Children Tracking System (FACTS): A large customized statewide computerized Case Management System for all Child Welfare and Adult Service Programs. This system is in compliance with Federal requirements for a Statewide Automated Child Welfare Information System.	
Foster Care Candidate: Foster Care Candidates are those children and youth who are at imminent risk of removal from their home, absent effective preventative services. A child or youth is at imminent risk of removal from the home if the state is pursuing removal or attempting to prevent removal by providing in-home services. A child or youth is not a candidate for foster care if the planned out of home placement for the child or youth is an arrangement outside of foster care, such as a detention facility and/or psychiatric residential treatment facility.	ACYF-CB-IM-06-02, June 9, 2006
Guardian: This term is used throughout chapter 49 of the Code of West Virginia (see specific definition of "custodian"). The term means the person who exercises legal physical control, care or custody of a child.	49-1-209
Incorrigible: A term associated with "status offender," used to describe a juvenile who habitually and continually refuses to respond to the lawful supervision by his or her parents, guardian or legal custodian such that the juvenile's behavior substantially endangers the health, safety or welfare of the juvenile or any other person.	49-1-202
Independent Living Placement: A type of placement that provides life-skills training to youth, assisting them in acquiring the skills needed to live independently as adults. A program that provides older children and eligible youth in out-of-home care with independent living services to help prepare them for self-sufficiency in adulthood. Youth receiving independent living services can be working toward achieving any of the permanency goals (such as reunification, adoption, or guardianship), or they may be heading toward emancipation from (aging out of) foster care to adulthood on their own. Independent living services generally include assistance with money management skills, educational assistance, household management skills,	

employment preparation, and other services.	
Individualized Educational Plan (IEP): A federally mandated plan for educational support services and outcomes developed for students enrolled in special education programs.	
Intake: The Intake process consists of the documentation of information about the family, the reporter and the situation, and the supervisory steps to determine appropriate action with the family.	
Juvenile: Means any person who has not attained the age of 18 years of age or is a transitioning adult. Once a juvenile is transferred to a court with criminal jurisdiction (49-4-710) he or she shall remain a juvenile for the purposes of the applicability of chapter 49 of the Code of West Virginia.	49-1-202
Juvenile Delinquent: Means a juvenile who has been adjudicated as one who commits an act which would be a crime under state law or a municipal ordinance if it were committed by an adult.	49-1-202
Multidisciplinary Treatment Team: Means the juvenile, the juvenile's case manager (DJS and/or DHHR), juvenile's parent or parents, guardian or guardians or custodial relatives, juvenile's attorney, prosecuting attorney, school official, domestic violence advocate, probation officer, or any other person or agency who may assist in providing recommendations for the particular needs of the juvenile and family.	49-4-406
Non-secure facility: Means any public or private residential facility not characterized by construction fixtures designed to physically restrict the movements and activities of individuals held in lawful custody in that facility and which provides access to the surrounding community with supervision for juveniles.	49-1-206
"Out-of-home placement" means a post-adjudication placement in a foster family home, group home, non-secure facility, emergency shelter, hospital, psychiatric residential treatment facility, staff-secure facility, hardware secure facility, detention facility or other residential placement other than placement in the home of a parent, custodian or guardian.	49-1-206
"Pre-adjudicatory community supervision" means supervision provided to a youth prior to adjudication, a period of supervision up to one year for an alleged status or delinquency offense.	
Quarterly Review: For each child who remains in foster care as a result of a juvenile proceeding or as a result of a child abuse and neglect proceeding, the circuit court with the assistance of the multidisciplinary treatment team	49-1-206

shall conduct quarterly status reviews in order to determine the safety of the child, the continuing necessity for and appropriateness of the placement, the extent of compliance case plan, and the extent of progress which has been made toward alleviating or mitigating the causes necessitating placement in foster care, and to project a likely date by which the child may be returned to and safety maintained in the home or placed for adoption or legal guardianship. Quarterly status reviews shall commence three months after the entry of the placement order. The permanency hearing may be considered a quarterly status review.	
Reasonable and Prudent Parent standard: Means the standard characterized by careful and sensible parental decisions that maintain the health, safety, and best interests of a child while at the same time encouraging the emotional and developmental growth of the child, that a caregiver shall use when determining whether to allow a child in foster care under the responsibility of the State/Tribe to participate in extracurricular, enrichment, cultural, and social activities. In this context, 'caregiver' means a foster parent with whom a child in foster care has been placed or a designated official for a child care institution in which a child in foster care has been placed.	49-4-110
Recurrent Referrals: The term "recurrent referrals" means that more than one report has been received involving the same youth.	
Res gestae: Means a spontaneous declaration made by a person immediately after an event and before the person has had an opportunity to conjure a falsehood.	
"Residential services" means child care which includes the provision of nighttime shelter and the personal discipline and supervision of a child by guardians, custodians or other persons or entities on a continuing or temporary basis. It may include care and/or treatment for transitioning adults. Residential services does not include or apply to any juvenile detention facility or juvenile correctional facility operated by the Division of Juvenile Services, created pursuant to this chapter, for the secure housing or holding of juveniles committed to its custody.	49-1-207
Reunification: A process of reconnecting children in foster care (or substitute care) with their families. When children can be safely reunified, this goal should be achieved in a timely manner, but without increasing the chance of re-entry into placement.	49-1-206
Reunification Services: In cases where children have been removed from their families, such time-limited services to the children and the families so as	

to reunify those children with their families or some portion thereof.	
Runaway: A term associated with "status offender," used to describe a juvenile who has left the care of his or her parents, guardian or custodian without the consent of that person or without good cause.	49-1-206
Secretary: Means the Secretary of the Department of Health and Human Resources (also Department of Health and Human Resources Cabinet Secretary).	49-1-202
Secure facility: Means any public or private residential facility which includes construction fixtures designed to physically restrict the movements and activities of children or other individuals held in lawful custody in that facility.	49-1-208
Sex trafficking victim: Means a victim of; (A) sex trafficking (as defined in section 103(10) of the Trafficking Victims Protection Act of 2000); or a severe form of trafficking in persons described in section 103(9)(A) of such Act.	49-1-206
(B) Staff-secure Facility: Means any public or private residential facility characterized by staff restrictions of the movements and activities of individuals held in lawful custody in that facility and which limits its residents' access to the surrounding community, but is not characterized by construction fixtures designed to physically restrict the movements and activities of residents.	
Status offender: A juvenile who has been adjudicated as one: (A) Who habitually and continually refuses to respond to the lawful supervision by his or her parents, guardian or legal custodian such that the juvenile's behavior substantially endangers the health, safety or welfare of the juvenile or any other person (see also incorrigible); (B) Who has left the care of his or her parents, guardian or custodian without the consent of such person or without good cause (see also runaway); or (C) Who is habitually absent from school without good cause (see also truant).	49-1-206
"Standardized screener" means a brief, validated non-diagnostic inventory or questionnaire designed to identify juveniles in need of further assessment for medical, substance abuse, emotional, psychological, behavioral, or educational issues, or other conditions. • Within Division of Juvenile Justice including the Youth Report Centers, the Standardized Screener is the MAYSI-2.	49-1-202

• Within the Bureau for Children and Families the Standardized Screener is the CANS.	
Time-limited reunification services: Means individual, group and family counseling, inpatient, residential or outpatient substance abuse treatment services, mental health services, assistance to address domestic violence, services designed to provide temporary child care and therapeutic services for families, including crisis nurseries and transportation to or from any such services, provided during fifteen of the most recent twenty-two months a child or juvenile has been in foster care, as determined by the earlier date of the first judicial finding that the child is subjected to abuse or neglect, or the date which is sixty days after the child or juvenile is removed from home.	49-1-206
Transition Planning: A process by which supports and services necessary to ensure a smooth and seamless process of moving into or out of intensive supervision and/or out-of-home placement are identified and addressed in case planning. Transition planning should occur at the earliest stages of case planning and evolve as necessary to meet the changing needs of the family.	
Transitioning Adult – Means an individual with a transfer plan to move to an adult setting who meets one of the following conditions: (1) Is 18 years of age but under 21 years of age, was in custody of the Department of Health and Human Resources upon reaching 18 years of age and committed an act of delinquency before reaching 18 years of age, remains under the jurisdiction of the juvenile court, and requires supervision and care to complete an education and or treatment program which was initiated prior to the 18th birthday. (2) Is 18 years of age but under 21 years of age, was adjudicated abused, neglected, or in custody of the Department of Health and Human Resources upon reaching 18 years of age and enters into a contract with the Department of Health and Human Resources to continue in an educational, training, or treatment program which was initiated prior to the 18th birthday.	49-1-206
Transitional programs are programs designed to assist juveniles who are in the custody of the state upon reaching the age of 18 years.	49-1-202
“Truancy diversion specialist” means a school based probation officer or truancy social worker within a school or schools who, among other responsibilities, identifies truants and the causes of the truant behavior, and assists in developing a plan to reduce the truant behavior prior to court involvement.	49-1-202
Truancy: In the case of 10 total unexcused absences of a student during a school year, the attendance director or assistant shall make complaint against the parent, guardian or custodian before a magistrate of the county.	49-1-206

Youth: a person who has not attained the age of 18 years. Youth may also be referred to as teens, young people or young adults.	49-1-207
(Youth) Level of Service Case Management Inventory (YLS/CMI): a risk/needs assessment for use on juveniles designed to assist in case planning specific to reducing the risk of recidivism. The YLS/CMI was adopted by the WV Supreme Court as a standardized risk/needs assessment to be used on all adjudicated juvenile offenders. Level of Service Case Management Inventory (LS/CMI) is the risk/needs assessment to be used on juveniles 18-21 that remain under the auspices of the court	49-4-724

1.8 Target Population

The target population for Youth Services includes juveniles under (18) years of age or between the ages of 18 and 21 if under the jurisdiction of the court, and one of the following apply:

- The youth/juvenile is experiencing problems in the home, school, and/or the community to such an extent that the resulting behavior has the potential to become the basis for status offense or delinquency proceedings and intervention has been requested by the parent(s), guardian(s), custodian(s) or by the court to resolve the problem(s) without formal involvement in the juvenile justice system;
- The youth/juvenile is under the auspices of the juvenile justice system (i.e. awaiting disposition or adjudication as a delinquent, adjudicated as a truant status offender, on probation, etc.) and has been referred to the Department for services;
- The youth/juvenile is an alleged delinquent who has been referred for services or placed in the temporary legal and/or physical custody of the Department as an alternative to detention;
- The youth/juvenile has been adjudicated as a status offender for a truancy offense prior to turning eighteen and the court case has not been resolved and dismissed from the court's docket;

When a Youth Services case is opened, the Youth Services worker may focus on the juvenile of primary concern. However, the Youth Service worker must engage the entire family in the process related to the juvenile's rehabilitation. The Youth Service worker must interview the juvenile's siblings, parents, and other household members to ensure the well-being and safety needs of the household are being met and document appropriately. Include appropriate family members in service planning, which will assist in meeting the juvenile's needs and reducing the risk the juvenile poses to his/herself, his/her family, or his/her community.

1.9 Youth Services Casework Process

The Youth Services casework process is based on an analytical model for problem solving. This includes an assessment of youth, family, and community safety throughout the life of the

case, choosing among alternative treatment strategies and continuously evaluating the effectiveness of selected strategies. The process is based on several principles:

- It is sequential, activities are ordered and continuous.
- The process is logical, based on reason and inference.
- It uses a unified, reflective coherence.
- The process is progressive, based on step-by-step procedures.
- Flexibility is critical due to the dynamic nature of worker-client interaction.

The casework process consists of a number of basic steps. The steps can vary depending on whether or not there is involvement of the court. In general the process will proceed as follows:

- Intake
- Referral acceptance, screen out and refer the family to appropriate resources if necessary
- Completion of the Child and Adolescent Needs and Strengths Assessment (CANS) on all accepted referrals
- Completion of the Youth Level of Service Case Management Inventory (YLS/CMI), or Level of Service Case Management Inventory (LS/CMI) on all cases in which a juvenile has been adjudicated as a status offender or delinquent, or as ordered by the court
- Development of a case plan
- Service provision
- Case evaluation
- Case closure

SECTION 2 - INTAKE

2.1 Intake

Intake is the process by which reports about youth who may require the attention of the Department are made and the Department makes a determination on whether the case will be opened for further assessment or “Screened Out” due to not meeting the requirements for intervention.

Youth Services intakes may come in many forms, the most common forms will be telephone referrals, prosecutor “diversion” referrals, or juvenile petitions alleging a juvenile is a status offender or juvenile delinquent. Each referral will be taken and entered, referrals from prosecutors for diversion and juvenile petitions must be accepted and assessed regardless of referral narrative.

2.2 Statutory Requirements

W. Va. Code § 49-4-704(e) requires the circuit clerk or the juvenile probation officer to notify the Department, within two judicial days, whenever a petition alleging that a child is a status offender or a juvenile delinquent is filed in circuit court. W.Va. Code 49-4-702 requires the

Department of Health and Human Resources to assess and case plan for any juvenile referred by the prosecutor for informal resolution through the “pre-petition diversion” process.

Another form of petition may result from a domestic violence petition filed pursuant to West Virginia Code § 48-27-403 by or on behalf of the juvenile's parent, legal guardian or other person with whom the juvenile resides that results in the issuance of an emergency protective order naming the juvenile as the respondent shall be treated as a petition arising under W. Va. Code § 49 Article 4 Part VII, alleging the juvenile is a juvenile delinquent. The statutes do not specify the form that the notification must take. It is assumed that practice may vary from circuit to circuit.

Each county office is responsible for developing a protocol for storing the information in a confidential manner and for keeping track of the petitions that have been filed. It is recommended that a spread sheet format be developed to keep track of the petitions. The information contained in the spread sheet: petition date; county where the petition was filed; youth’s name; parent(s)’ name; case number (if applicable); physical location of paper petition; and, whether or not the petition is for a status offense or delinquency.

2.3 Intake Process

When gathering information from the referent the worker, in general will:

- Interview the reporter, probing for information in all areas and clarifying information and attitude conveyed by the reporter and whenever possible, recording exactly what the reporter says.
- Ask the referent questions in a non-leading and open-ended manner.
- Listen closely for tone of voice, voice level, rushed speech, contradictions in information and attitude conveyed by the reporter.
- Elicit information by using appropriate communication techniques including expressing feeling, support, educational and reality-orienting techniques.

When interviewing the referent, the Intake Worker will attempt to specifically gather information in the following areas and record that information accurately.

- Obtain the reporter’s name, address, and contact information.
- Record relevant demographic information about the youth and the family (names of all members of the household and their relationship to the youth, address and telephone numbers, dates of birth, sex, race, social security numbers; schools, non-custodial parents).
- Record the reporter’s relationship to the youth and the family, why the reporter is making a referral at this time, and whether the family knows the report is being made.
- Obtain the concerns of the reporter.
- Clarify the referent’s statements whenever necessary.
- Determine other individuals who may be able to contribute further information.
- Determine what may be expected as a result of the referral.
- Determine whether the referent is aware of previous involvement with Youth Services or Child Protective Services.

When gathering information from the reporter the worker will:

- Enter the Parent or Caregiver as the case name.
- Interview the reporter, probing for information in all areas and clarifying referent's statements whenever necessary.
- Complete all intake screens in FACTS and document where information is incomplete or unavailable.
- Be sure to check the appropriate box for the source of the referral. This is critical when the referral is made by a Juvenile Probation Officer as checking the appropriate box will cause the Notification Date and hearing Screens to become mandatory.
- Note the attitude of the reporter and document the appropriateness of the referent.
- Forward the referral to the Youth Services Supervisor's In-box in FACTS.

2.4 Documentation of the Referral

After the worker has completed interviewing the referent then the worker will complete the screen in FACTS necessary to document the referral and send to their supervisor for review and approval. Complete documentation will require the intake worker to conduct a records search for prior or current social service cases the youth and/or family may have been in or are currently involved, in order to make an appropriate recommendation to the supervisor on how to proceed with the screening decision. The intake worker may recommend to:

- Associate a referral to an already existing referral and/or case, which may include an open or closed CPS or Youth Service assessment or an open or closed CPS or Youth Service case;
- Reopen any closed CPS (change case type to Youth Service) or Youth Service case;
- Connect the referral to an existing CPS case to allow the supervisor to assign the referral as a secondary Youth Services case type.

The intake worker will search Rapids for address and social security verification.

2.5 Screening Process

Screening is the term used to describe the process by which the supervisor reviews the information gathered at intake and decides what actions should be taken in regard to the referral. The actions to be taken may depend in part on who made the referral. For example: a referral from a Juvenile Probation Officer may never be screened out (See G below).

The first step in the screening process is to determine if the information gathered at intake is sufficient. If the information is not sufficient then the Youth Services supervisor may contact the referent personally or direct the Intake Worker to do so.

Once the supervisor has determined that the information gathered at intake is sufficient then the supervisor will make one of the following decisions: screen out the referral, involve child protective services, refer the family to a community services provider, or open a case for youth services.

Once a screening decision has been made, the Youth Services Referral Feedback Form is generated from FACTS, and provided to the referent within two business days. This form advises the referent that appropriate action is being taken to address the concerns reported.

A. Screen Out the Referral

A referral for Youth Services may be screened out for the following reasons:

- The report is blatantly false.
- There are no children involved and the youth in question is 18 or older.
- There is not sufficient information to locate the family.
- The referral is not appropriate for Youth Services but appears to require Child Protective Services involvement only.
- The family does not live in West Virginia.
- Behaviors described are within normal limits for the youth's age and functioning level.
- The report is a duplicate and the case is already being, or has been, appropriately addressed.
- The report is made on a person who does not fall within the target population served by Youth Services.

B. Involve Child Protective Services

When a Youth Services Worker or Supervisor suspects a child is abused or neglected or subject to conditions that are likely to lead to abuse or neglect, a Child Protective Services referral must be made. A Child Protective Services referral may be made at any point in the Youth Services Casework Process including upon receipt of the youth services referral, upon initiation of the referral or when the Youth is in Foster Care and the parents are negligent in performing their parental duties. It may be appropriate for a family to have involvement with both Youth Services and Child Protective Services. In these instances, the case should be identified as primarily CPS and secondary YS. If no Youth Services issues exist, then the family will be opened as a Child Protective Services case and assessed by Child Protective Services.

In addition, if there is or has been previous Child Protective Services involvement, then the Youth Services Supervisor will consult with the appropriate Child Protective Services Supervisor regarding the case.

C. Refer the Family to a Community Services Provider

If in the opinion of the worker the juvenile is not presenting a risk to himself, his family or his community then the worker may recommend that a referral be made to a non-paid community provider. (A community services provider is an agency that provides services that could address the issues raised in the referral at no cost to the family. Some examples may be a Family Resource Center, Big Brothers /Big Sisters, the Salvation Army, The YWCA or YMCA and so on.) An appropriate referral may also be made to a provider who accepts Medicaid or private insurance for behavioral/mental health needs.

A review to determine whether community agencies may best serve the family should be made often. The ability of community resources to meet the needs of the family and youth will directly impact involvement of Youth Service staff. In the instance when a court-involved Youth has a referral made to a community agency at the dispositional court

proceeding, and the judge deems these services sufficient to meet the needs of the family and Youth, the court may dismiss the proceeding.

To make a recommendation for a referral to a community services provider the worker will take these actions in FACTS:

- On the Request for Services screen select the Accept/Screen Out tab;
- From the pick list associated with this screen select Screen Out and Refer for Services; and,
- Click on the approval button to send to the supervisor for review.

The supervisor will:

- Review the information from the Request to Receive Services Screens to determine whether sufficient information has been entered to justify the Intake worker's recommendation;
- If the supervisor agrees with the worker's recommendation then the supervisor will approve the intake and assign the referral to a worker.

Upon assignment of the referral the worker will:

- Contact community services providers in the area to discuss the referral and pick the most appropriate service to match the needs of the family and/or juvenile; and,
- Notify the family and the agency by mail that the referral has been made.

The family may refuse to cooperate with the community based services. The Department cannot require participation. If no Child Protective Services concerns have been reported or discovered, then the case may be closed. However, if it is felt that a child under the age of 18 is subject to conditions where abuse or neglect is likely to occur or Behavior Control Influences are documented, a Child Protective Services referral must be made.

D. Open a Case for Youth Services

If the intake information indicates that there is significant risk to the youth, the youth's family or the community, or that Behavior Control Influences are present, then a case will be opened and assigned to a worker. Once a case is accepted for services, a Youth Services worker will be dispatched to the youth's home to interview the family and gather information required to complete the CANS assessment.

2.6 Referral from Juvenile Probation Officers

Juvenile Probation Officers (JPO) are required by statute to notify the Department when a petition alleging that a child is a status offender or a delinquent is filed and it appears that the Department will become involved in providing services to the juvenile and the juvenile's family, which may include a program of treatment or therapy.

All referrals from Juvenile Probation Officers which meet these criteria will be accepted and assigned to a worker without exception.

Note: It is important to remember that a JPO or other court official may call and request that a Youth Services Worker be present for a hearing in front of a magistrate or circuit court judge. In these instances the supervisor will direct the Youth Services Worker to attend the hearing even if no advance notice is given. All situations are unique, however according to W. Va. Code § 49-4-714(b) following the adjudication, during the mandated dispositional proceeding, all parties are given an opportunity to be heard. The Youth Service Worker, agency representatives or any other person who may assist in providing recommendations for the particular needs of the family and the juvenile shall be given an opportunity to be heard by the court. If a juvenile is placed in the custody of the Department as a result of a hearing then a case will be opened and assigned.

If a juvenile charged with delinquency is transferred to adult jurisdiction, the court order should be documented and the Youth Services intake reviewed for closure.

2.7 Notification of Detention – Status Offenders

W. Va. Code § 49-4-705(b), allows a law-enforcement officer to take a juvenile into custody absent a court order under certain limited circumstances: 1) grounds exist for the arrest of an adult in identical circumstances; 2) emergency conditions exist which pose imminent danger to the health, safety and welfare of the juvenile; 3) the juvenile is a runaway; 4) the juvenile is a fugitive; 5) the juvenile has been driving under the influence of any amount of alcohol; or 6) the juvenile is a named respondent in an emergency domestic violence petition. If the juvenile is an alleged status offender the law-enforcement officer may notify the Department that the child has been taken into custody and will be detained in a **non-secure or staff-secure facility**.

Any such notification should be considered a referral for Youth Services unless there is already an open case involving the juvenile. All such referrals should be sent to the supervisor as soon as possible after the information has been entered into FACTS.

2.8 Recurrent Referrals

The term “recurrent referrals” means that more than one report has been received involving the same youth. Recurrent referrals may come from the same source as the original, adding more information to the first contact, or from a different source.

If the Youth Services Supervisor, after reviewing the initial report, decides that the information did not appear to meet the criteria for opening a Youth Services case, then the case most likely would have been screened out. However, if the supervisor receives more than one referral from a concerned individual, or individuals, related to the same youth then the Youth Services Supervisor should consider the new information and make a decision on whether it has merit and meets the eligibility criteria. The Youth Services Supervisor will decide whether to assign the case to a Youth Services Worker for follow up. If the Youth Services Supervisor remains undecided, after reviewing and evaluating multiple referrals, then the Youth Services

Supervisor should consult with the Community Services Manager or Program Manager in his or her district for direction on how to proceed.

2.9 Response Times

Referrals from Juvenile Probation Officers will need to be assigned immediately and the CANS completed within fifteen working days of the intake. The probation officer shall notify the Department at least fifteen working days before the court proceeding in order to allow the Department sufficient time to convene and develop an individualized service plan for the juvenile.

Should the court order services to the family, the worker will provision these in FACTS through the Service Log. The case process for court involved cases and non-court cases will follow the same workflow and be bound by the same response times.

SECTION 3 – FAMILY ENGAGEMENT

3.1 Importance of Family Engagement in Youth Services

The importance of engaging the entire family to understand and solve the problems which have brought the youth to the attention of Youth Services cannot be understated. Truancy, incorrigibility, breaking curfew, and running behaviors are all symptoms of problems the youth is experiencing. Those problems affect the family unit, and must be addressed by the entire family. Additionally, diligent efforts of the Youth Services Social Worker to identify and locate all relatives and fictive-kin at the earliest contact with the family will be extremely helpful if the youth's behaviors or not controllable by the parent(s) or guardian(s). Utilizing a fit and willing relative or other supportive adult for short respite out-of-home interventions are preferred to placement of the youth in a foster care setting.

The Youth Services Social Worker should use tools such as booklets, videos and brochures, to educate the family on court and child welfare processes. Great care must be taken to ensure family members understand the traumatic and financial impact foster care placement will have on everyone involved.

3.2 Referral for Family Assistance

Stressors on families can come from many sources. Alleviation of some of those stressors may be achieved through addressing the financial, medical and legal needs of the family through referrals for family assistance (TANF, SNAP, etc.), linkage to Affordable Care Act medical insurance or Medicaid, and referral to legal aid or public defenders. Providing this information to families demonstrates compassionate understanding of the larger issues which impact relationships and communication dynamics in the family unit.

3.3 Foster Care Candidacy

In 2006 the definition of who qualifies as a foster care candidate was narrowed, as well as the documentation requirements pertaining to those children. The Administration for Children Youth and Families (ACYF) issued the following policy, ACYF-CB-IM-06-02, dated June 9, 2006, which states: "New section 472(i)… permits a State to claim Federal reimbursement for allowable administrative costs for a potentially title IV-E eligible child who is at imminent risk of removal from the home if: reasonable efforts are being made to prevent the removal of the child from the home or, if necessary, to pursue the removal, and the State agency has made, at least every six months, a determination or redetermination that the child remains at imminent risk of removal from the home."

The Family Service Plan Section 7 states, "Foster Care Candidates are those children and youth who are at imminent risk of removal from their home, absent effective preventative services. A child or youth is at imminent risk of removal from the home if the state is pursuing removal or attempting to prevent removal by providing in-home services. A child or youth is not a candidate for foster care if the planned out of home placement for the child or youth is an arrangement outside of foster care, such as a detention facility or psychiatric residential facility.

The Youth Services Social Worker will print the names of those children who are at imminent risk of removal from the home on the Family Service Plan, under the statement on the form "Identify the child(ren) or youth who are at imminent risk of foster care placement if the preventative services outlined in the case plan are not provided."

The parent(s) and caregiver(s) in the home will sign the Family Service Plan, acknowledging that they understand that should the family not be able to comply with the service plan and meet the goals laid out in it, their child(ren) may be removed from the home.

SECTION 4 – CHILD AND ADOLESCENT NEEDS AND STRENGTHS ASSESSMENT

The Child and Adolescent Needs Strengths (CANS) assessment is a standardized assessment tool that provides a uniform approach for child serving systems to identify child and family strengths and needs. The CANS is an information integration tool in that it is one place that information from various collaterals, records, and assessments can be brought together and scored for use in treatment planning and service delivery. The CANS can also be used to show client progress and help families stay motivated and engaged through the treatment process.

The WV CANS 2.0 is a version of the CANS assessment developed specific to the needs of West Virginia children and families. It is the product of a public-private partnership organized to improve outcomes for West Virginia families. The WV CANS 2.0 was finalized and approved in 2015 by Dr. John Lyons, primary developer of the CANS tool. It is a 115 item assessment covering seven (7) domains and ten (10) sub-modules all targeted at identifying the complex needs and strengths of our children.

4.1 Statutory Requirements

Though the use of the CANS is not specifically mandated by West Virginia code, state statute 49-1-202 provides definition for the use of a standardized screener in juvenile justice cases and the Department has chosen the CANS 2.0 to be the standardized screener. The West Virginia Department of Health and Human Resources is committed to providing families with needed services in the least restrictive and least intrusive manner available. With the use of the WV CANS 2.0, the Department can bring other assessments, collateral and family interview information, together in one place and determine what items need addressed and the progress that families have made during their involvement with the Department.

4.2 Information Gathering

The information gathering process takes many forms. It should involve conversations with collaterals, records reviews, and interviews with the family. The CANS is a tool designed to be "revisited" periodically, where new information learned can be considered for possible score adjustments, and workers and families, together, can track the progress they have made.

The worker should review as much information as possible to complete the assessment and determine if more information is needed. Prior to a worker meeting with the family, then the worker should review FACTS records, other available case records, and any other available information. Once the worker has reviewed all available information, the worker will schedule to meet the family. Workers may utilize the CANS 2.0 Tip Sheet to help familiarize the family with what they can expect in going through the CANS process and the benefits of the CANS tool to the family.

4.3 Interviews

The Youth Services Worker will interview all members of the household, including the parents/caregivers and other children. It may be useful to speak with collateral contacts such as school personnel, a JPO, community service providers, Child Protective Services Workers or other individuals who have knowledge of the youth's situation. The worker will:

- Make face-to-face contact with family members in the family's home, within the specified time frames set forth in this policy.
- Identify him/herself as a Youth Service Worker with the WV Department of Health and Human Resources. Display state employee identification to all family members and any other individuals to be interviewed
- Inform the parent/caregiver of the reason for the visit, giving a brief description of the concerns which have resulted in a visit to the home. Explain that the reason for the visit is that someone has expressed concerns about the youth's behavior and/or safety. Advise the parent/caregiver that the purpose for the visit it to verify whether there is any validity to the referral information received by the Department.

If permission to conduct the investigation is declined by the parent/caregiver, then the Youth Services Worker will explain to the parent/caregiver that she/he, the Youth Services Worker,

must discuss the refusal with the Youth Services Supervisor who will provide direction on how to follow up. Document any refusal to cooperate by the family in FACTS.

Provide the parent with the Youth Services Handbook, outlining the Youth Services Program and what we hope to accomplish through intervention. Briefly explain the contents of the booklet and assure the parent/caregiver that, if she/he has any questions regarding the material, then the parent/caregiver is welcome to call the DHHR at the contact information provided and request explanation/clarification. As a part of this explanation the worker should point out to the family their rights including the right to decide not to receive services, the right to request services and the grievance process.

The Youth Services Worker will provide the parent/caregiver with contact information.

The Youth Services Worker will interview each member of the household separately, if possible. (Some parents may prefer to be present when younger siblings are being interviewed and should be allowed to do so.)

Interview all family members in the following sequence, if at all possible:

- Parent/caregiver
- Youth's siblings
- Identified youth
- Collaterals, as appropriate

If unable to complete all interviews at all or in this order, document the reasons in FACTS.

Make arrangements to interview those individuals not present at a later date, even though this may require returning after regular working hours, to accommodate work schedules of other household members.

If the Youth Services Worker finds that there is a need for safety services, then a Behavior Control Plan will be designed in cooperation with the youth and the parent/caregiver. Before leaving the family, the worker must:

- Determine if the youth, family, and/or community's safety is in jeopardy if circumstances are not immediately addressed.
    - If safety issues are present at the time of the interview with the family, the worker should determine the source of the safety issue and plan appropriately, seeking supervisory consultation if necessary.
- If safety is a concern because of a juvenile's actions, the worker must consider the source of the safety issues and whether or not the juvenile needs to be removed from the situation temporarily or if additional services can control safety issues present.

If after interviews with the family it is determined that further information is needed, the worker should obtain consents from the family for information releases. Once all the information that is known and available is reviewed the worker may proceed to the assessment process.

4.4 Assessment

Workers should determine whether a CANS has been previously done on the target child. This may be through the Department or through an outside agency the family may have previously worked with. CANS assessments that have been previously done within the past six (6) months may be utilized in the case planning process and the worker will not be required to complete an assessment. If a CANS assessment was completed more than six (6) months ago the worker will need to revisit the CANS and make score adjustments as needed prior to implementing the results in the case plan. If a prior assessment has not been completed or cannot be located, the worker will need to complete a new CANS assessment within fifteen (15) days of the opening of a new case for all court cases and thirty (30) days for all non-court cases.

If the worker is actively working a case and a CANS has not been completed, the worker will need to complete the CANS prior to the ninety (90) day case evaluation.

The documentation of the assessment should occur in the office. The CANS assessment process should be explained to the family and youth during the interview with the family. The CANS assessment is designed to be informed by a variety of sources of information, not to be a questionnaire for the family to answer.

The CANS utilizes a 0-3 rating scale to assess child and adolescent needs and strengths. When assessing adolescents needs a score of:

- 0 Indicates a dimension where a need has not been identified and no intervention or planning is necessary
- 1 Indicates a dimension where there is some evidence of need. This would indicate an area that may need to be watched to ensure stability. Preventative measures may need to be taken here.
- 2 Indicates a dimension the adolescent is experiencing mild problems in. A score of 2 indicates the need to provide intervention and planning.
- 3 Indicates a dimension in which the child is having significant problems and immediate action or intensive help is required.

When assessing child or adolescent strengths the rating scale presents slightly different:

- 0 Indicates well-developed centerpiece strength. This is an area the worker may be able to use as a protective factor when planning to address needs.
- 1 Indicates an area where a useful strength exists but requires some effort to maximize. The worker should consider building upon this strength in planning.
- 2 Indicates an area where strengths have been identified but need significant strength building efforts to maximize.
- 3 Indicates an area where no current strength is identified.

When assessing strengths the worker should take care not to erroneously identify the absence of a strength as a need. For example, an adolescent reports no spiritual/religious affiliations (item 26). The worker here would rate this child a three (3), indicating that the child has no known spiritual or religious involvement. This does not require the worker to plan to involve the adolescent in a spiritual or religious organization. However, if the child states they feel they would benefit from involvement but have no access to a spiritual or religious organization, the worker should begin to explore this item in case planning. Conversely, in rating a child's strengths as related to relationship permanence (item 28), a score of three (3) would indicate an adolescent who does not have any stability in relationships. In a situation such as this, it may be appropriate to further explore this area and include relationship building in the youth and family plan. Scores provided on the **CANS Score Sheet** will identify areas in which planning is needed to address the item. All scores must be justified in the appropriate area on the score form to indicate why an area received the score it received. This includes items in which no need or concern was identified. In these situations the worker will document the item was discussed and why the item is not considered a need. This will allow readers of the CANS to determine what information led to the score being given.

Workers will summarize the needs and concerns in the "Needs/Concerns" statement at the bottom of each domain on the CANS score form. It will not be necessary to summarize the items that were not of concern in this location. Workers will also need to complete the "recommendations" section to summarize how the worker believes the needs and areas of concern may be properly addressed.

Once the worker has completed the CANS score form, the worker must consider whether or not any sub-modules have been triggered by the responses of the youth. The use of the appropriate submodules is indicated on the CANS score form. Any item scored that results in a rating that falls into a "shaded" area on the score form, indicates the need for a sub-module to be completed and should be done at the conclusion of the full 115 item CANS assessment. The score form provides detailed information and instruction as to which items trigger identified sub- modules; additionally a table of triggered sub-modules and assessments is provided below:

ITEM NUMBER	ITEM(s)	TRIGGER SCORES	INSTRUMENT
1-19	Trauma Experience/Trauma Symptoms	1,2,3	Chadwick Trauma Checklist
33	Developmental/Intellectual	1, 2 or 3	ID/DD Sub-Module
34	Brain Injury	1, 2 or 3	ID/DD Sub-Module
35	Substance Exposure	2 or 3	ID/DD Sub-Module
37	Legal	2 or 3	Delinquent Behavior Sub-Module

58	Conduct	2 or 3	Delinquent Behavior Sub-Module
59	Substance Abuse	1, 2 or 3	Substance Abuse Sub-Module
65	Suicide Risk	2 or 3	Do the ASAP or if youth is under age 12, use Child Suicide Checklist (CSC) and evaluate items. **A score of 2 or 3 may indicate need for immediate intervention; at a minimum the need for a safety plan should be considered.**
66	Non-Suicidal Self Injury	2 or 3	Do the ASAP or if youth is under age 12, use Child Suicide Checklist (CSC) and evaluate items. **A score of 2 or 3 may indicate need for immediate intervention; at a minimum the need for a safety plan should be considered.**
67	Other Self Harm	2 or 3	Do the ASAP or if youth is under age 12, use Child Suicide Checklist (CSC) and evaluate items. **A score of 2 or 3 may indicate need for immediate intervention; at a minimum the need for a safety plan should be considered.**
68	Exploitation	2 or 3	Commercial Sexual Exploitation Sub-Module
71	Fire Setting	2 or 3	Fire Setting Sub-Module
72	Sexually Abusive	1, 2 or 3	Sexually Abusive Behavior Sub-Module
73	Sexualized Behaviors	1, 2 or 3	Sexually Abusive Behavior Sub-Module
75	Delinquency	1, 2 or 3	Delinquent Behavior Sub-Module
Question following item 42		Yes or Q	GLBTQ Sub-Module
Youth is Expectant or Parenting			Expectant and Parenting Sub-Module

Youth is 5 or Under		Children Age 5 and Under Sub-Module
Youth is 16 or Older		Transition to Adulthood Sub-Module

When a submodule is triggered to be completed, the worker must complete the corresponding section(s). The sub-modules in the CANS may also trigger additional assessments to be completed. If the CANS ratings trigger any further assessments as outlined in the table above and below, the worker will need to refer to a service provider for the additional assessments to be completed. Please review to the table below to identify which assessments are triggered by the sub-modules:

Sub-Module	**ITEM**	**TRIGGER SCORES**	**INSTRUMENT**
ID/DD Sub-Module	Cognitive, Communication, Self-Care Daily Living Skills	1,2,3	Vineland ABS III or Wechsler (WPPSI IV or WISC IV or WISC V or WAIS IV) or TONI 4 or Woodcock Johnson III or WIAT-III or ABAS-III or The Rancho Los Amigos Levels of Cognitive Functioning
	Developmental	1,2,3	Vineland ABS III or Wechsler (WPPSI IV or WISC IV or WISC V or WAIS IV) or TONI 4 or ABAS-III or The Rancho Los Amigos Levels of Cognitive Functioning
	Autism Spectrum	1,2,3	Vineland ABS III or Wechsler (WPPSI IV or WISC IV or WISC V or WAIS IV) or TONI 4 or ABAS-III or SRS2 or GADS or PIA or GARS3 or ADOS:2
Delinquent Sub-Module			
Substance Abuse Sub-Module	All items	Score of 2 or 3 on any item triggers	PADDI

		instrument.	
Sexually Abusive Sub-Module	Relationship	1,2,3	Please complete the Children's Sexual Behaviors Screen and follow instructions in determining the need for additional assessment
	Physical Force/Threat	1,2,3	Children's Sexual Behaviors Screen
	Planning	1,2,3	Children's Sexual Behaviors Screen
	Age Differential	0,1,2,3	Children's Sexual Behaviors Screen
	Type of Sex Act	0,1,2,3	Children's Sexual Behaviors Screen
	Response to Accusation	0,1,2,3	Children's Sexual Behaviors Screen
	Temporal Consistency	0,1,2,3	Children's Sexual Behaviors Screen
	History of Sexually Abusive Behavior	0,1,2,3	Children's Sexual Behaviors Screen
	Prior Treatment	3	Children's Sexual Behaviors Screen

The worker must complete and score the CANS and all triggered sub-modules before referring to a service provider to complete any triggered assessments. One method of obtaining the triggered assessments is by referring for a Comprehensive Assessment and Planning System (CAPS) report. The worker should submit the completed CANS and completed submodules, along with the referral and any other documentation required, for a CAPS assessment to a registered WV CAPS provider.

4.5 Decisions

The decisions that must be made during the completion of the assessment are:

- Is this a case that warrants Youth Services intervention?
- What is the level of need of the child?
- What Behavior Control Influences if any exist, may affect safety?

- What is the family's potential for participation with Youth services?

4.6 Documenting in the Child and Adolescent Needs and Strengths assessment in FACTS

The CANS assessment has not been added to the FACTS system. Due to this, the worker will be required to utilize the existing Youth Behavior Evaluation screens in FACTS and Contact web screens to document the CANS and information utilized to score the tool. To do this, the worker will begin by documenting in the Contact screen the face-to-face contact the worker had with the family detailing the interview(s) conducted. The worker will also document the records reviewed and collateral contacts made within the Contacts web screens. This will require the worker to enter multiple contacts to distinguish between the interview with the family and collateral interviews and accurately document times and dates. To document the CANS assessment results, the worker must:

- Upload the CANS to the FACTS filing cabinet
- Navigate to the Youth Behavior Evaluation screens in FACTS
- Document in the narrative section under each tab "See CANS in filing cabinet"
    - This will allow the worker to activate the risk rating component and Behavior Control Influences
- Utilize the information gathered through the interview process, records reviews, collateral contacts and the assessment process to rate the level of risk within each category on the Youth Behavior Evaluation screens
- Identify any Behavior Control Influences

A. Identifying Risk

The worker will document the information about risk in FACTS. When weighing information to complete the risk assessment component of the Youth Behavior Evaluation screens in FACTS, the worker will:

- Document the information in FACTS on the screens for the Youth Behavior Evaluation;
- Document "See CANS in filing cabinet" in the narrative section for each of the Youth Behavior Evaluation categories. Place a check mark next to the appropriate risk rating for each category. (The risk rating screen is mandatory if information is entered into the narrative box.) The risk ratings are ranked in order of severity. The worker should examine the description of the risk ratings and choose the one that mostly closely corresponds to the information obtained for the assessment process. In choosing a risk rating it is not necessary that all of the elements in a particular category be present. The worker should choose the rating that most closely resembles the majority of the conditions that are present.

OVERALL RISK RATING as calculated by the evaluation process determines:

High risk of future status offense/ delinquency 32 to 44

Significant risk of future status offense/ delinquency	24 to 31
Moderate risk of future status offense/ delinquency	16 to 23
Low risk of future status offense/ delinquency	9 to 15
No risk of future status offense/ delinquency	0 to 8

B. Identifying Behavior Control Influences

The worker will enter information about Behavior Control Influences. When weighing information to complete the Behavior Control Influences component of the Youth Behavior Evaluation the worker will:

Determine the presence or absence of any Behavior Control Influences;

- Identify the Influence or Influences that are present in each category by making the appropriate selection on the FACTS screen. Some categories contain more than one Behavior Control Influence and the worker should check all that apply; and,
- If any Behavior Control Influences are present then the worker must enter the information on the screen to indicate whether an In-Home Behavior Control Plan will work in this home.

> *Note: The Behavior Control Influence screens are not enabled if there is no information entered into the corresponding narrative screen.*

C. Request Approval

After entering the information necessary to complete documentation of the Youth Behavior Evaluation the worker will:

- Review all of the screens to make sure that the information is complete and accurate; and,
- Send the Youth Behavior Evaluation to the supervisor's in-box for review and approval.

4.7 Supervisor Actions

The supervisor will review the Youth Behavior Evaluation screens in FACTS and the CANS assessment in the filing cabinet to determine if the information is complete and accurate. If the supervisor has any questions about the information he or she will discuss them with the worker.

Once the supervisor has determined that the information is complete the supervisor will take the appropriate action to address the worker's findings.

The supervisor may decide, based on the results of the Youth Behavior Evaluation, to close the case. This decision can be made when there are no Behavior Control Influences present and the risk rating indicates that there little or no risk of future status offenses or delinquency.

4.8 Incomplete Assessment

There may be occasions when it is not possible to complete the CANS In these instances the supervisor should indicate on the Conclusion Screen that this is an incomplete assessment and select the reason which reflects why the assessment is incomplete. The supervisor can also enter any comments about the assessment in the comments box if they choose to make an explanation of the reasons why the assessment was incomplete.

4.9 Refer to Community Service Provider

The supervisor may decide in some cases of low to moderate risk that the family does not require continued Youth Service intervention but could benefit from a referral to a local service provider. If there is a community service provider who will provide assistance to the family at no charge then the supervisor can choose this option and close the referral or case as appropriate.

4.10 Proceed to Service/Case Planning

The supervisor may decide to direct the worker to proceed with service or case planning depending on the information obtained through the completion of the Youth Behavior Evaluation and CANS, and whether or not Behavior Control influences have been identified for non-court cases. The supervisor will direct the worker to proceed with case planning if the juvenile is involved in court proceedings.

4.11 Behavior Control Plan

A. Introduction

The Behavior Control Plan is a short term in-home plan that is developed to control those Behavior Control Influences which pose a threat to the safety of the juvenile, the juvenile's family or the community. The Plan should take into account each identified Influence and specifically address how these Influences will be controlled. In order to fully engage the family in the planning, time should be taken to review assessment results that have been completed thus far. Family members should be encouraged to plan steps that each member can take to immediately impact the influences that lead to the youth's inappropriate behaviors. The family members' involvement in the casework process begins with helping everyone to understand how the Influences pose a threat so that they can gain acceptance and ownership of the Plan.

There is no single model for a Behavior Control Plan. Each Plan is designed to meet the specific circumstance of an individual juvenile and the juvenile's family. Services may include paid or formal providers (e.g. safety services) and unpaid or informal providers. These services can be delivered by agencies approved to provide Socially Necessary Services, by agencies which do not charge a fee for services or by friends and relatives.

The Behavior Control Plan is not intended to alter the conditions which pose a threat to safety but to control them. In order to address the conditions which pose a threat to safety

there must be an assessment of the juvenile and the juvenile's family. This information will be obtained through a WV CANS assessment. In these situations it may be appropriate to refer the youth to a wraparound facilitator (see Safe at Home policy for more information), where available, in which case the WV CANS will help identify the need for this level of intense intervention.

B. Worker Actions

To complete the Behavior Control Plan the worker will:

- Create the plan in FACTS;
- Review the identified Behavior Control Influences and determine which provider(s) are most suited to address them. Providers can be paid or non -paid persons or agencies;
- If the decision is to use Socially Necessary Services, such as safety services, then the worker will initiate the referral for these services through FACTS;
- Consider issuing a special medical card if behavioral health services are needed and the family does not receive Medicaid or does not have private insurance which can be used to secure the service (Desk Guide for Special Medical Card can be found at http://intranet.wvdhhr.org/bcf/pdfs/cf/DESKGUIDE.pdf and,
- Send the completed plan to the supervisor for review and approval.

After the supervisor has approved the Behavior Control Plan (BCP) the worker will print the completed BCP from FACTS and return to the home to discuss it with the juvenile and the juvenile's family.

C. Temporary Placement with Relatives, Friends or Neighbors

In order to provide the parents and child with time apart so that they can calm down and tensions can be deescalated the worker can explore a temporary alternate caretaking arrangement. If there are relatives or friends of the family who will provide temporary lodging and care for the child then the family may wish to choose this option.

The worker will need to discuss the arrangements with the family, the child and the alternate caretakers so that everyone is clear about their responsibilities, the conditions surrounding these arrangements including time frames and the conditions under which the arrangement will be terminated.

This placement option is voluntary on the part of the parents and does not involve a transfer of custody to the Department.

D. Temporary Placement in Emergency Shelter Care

In some instances it may be advisable to place the child in Emergency Shelter Care for a period of time until the home situation is calm enough for the implementation of an In-Home Behavior Control Plan. If such a placement becomes necessary then the family can enter into a Voluntary Placement Agreement with the Department through the execution of an FC-4. In completing the Voluntary Placement Agreement the worker and the family must

carefully consider the responsibilities of the caretakers during the time the agreement is in place including the time limits for the agreement and the conditions under which it can be ended. Within ninety days of signing a voluntary placement agreement (FC-4) and receipt of physical custody of the child, the State Department of Health and Human Resources shall file with the court a petition for review of the placement, stating the child's situation and the circumstance that gives rise to the voluntary placement.

It may be helpful to use a Voluntary placement Agreement until CANS or a CAPS evaluation can be completed and an In-Home Behavior Control Plan implemented.

E. Filing a Petition

Depending on the needs, behaviors, and offense of the child, the worker may choose to discuss with the parents the filing of a petition. The parents can choose this option and include a request in the petition that their child be detained or placed outside of the home prior to adjudication.

F. Court Ordered Placements

Depending upon the circumstances of the Petition the court may place the juvenile in temporary foster care with the Department. In this instance, the Youth Services supervisor and worker should refer to Foster Care Policy regarding placement procedures. Additionally, the Youth Services worker will notify the Office of Child Support Enforcement and the Office of Family Support of the child's placement in foster care. The Bureau for Child Support Enforcement is required, by law, to help obtain child support if a child has been placed in Foster Care. Application information and other details on obtaining child support may be found at the Bureau for Child Support Enforcement web site.

When a juvenile is ordered into the custody of the Department for temporary placement in a residential treatment facility, the worker must consider other statutory requirements which must be considered while the juvenile is in this placement setting. Please refer to policy section(s) 9 and 10 for more information.

SECTION 5 – PRE-PETITION DIVERSION

5.1 Introduction

Diversion is the process by which youth who are in immediate risk of contact with the judicial system for nonviolent low level offenses are referred by the Prosecutor to the Department, Probation, or a Truancy Diversion Specialist to receive intervention planning and services in an effort to prevent the filing of a petition.

It is anticipated that each judicial circuit will implement diversion programming in its own unique way. Though diversion process may be different, the basic requirements as outlined below, and codified in 49-4-702, must be adhered too.

5.2 Statutory Requirements

WV Code 49-4-702 provides a basic framework for mandatory diversion cases. While it does not require the prosecutor to divert all youth, it does require the prosecutor to refer any youth who are first time status offenders and requests the prosecutor refer low-level, non-violent misdemeanants who are believed to be able to be maintained safely in their home and communities. All referrals from the prosecutor's offices are considered mandatory referrals for diversion and must be opened and planned for according to the provisions of the code and as provided for below.

5.2 Diversion Worker Procedures

Referrals from County prosecutor's for a youth to be referred to a diversion program may not be screened out and must be accepted for assessment. County offices which receive referrals for diversion from the prosecutor's office shall fax referrals to Centralized Intake to be entered. All Referrals for diversion will be processed through centralized intake.

When a referral for diversion is received, the worker should make initial contact with the family as soon as possible in order to schedule interviews with the family members. The worker will be expected to make face-to-face contact with the family within fifteen (15) days. Within thirty (30) days the worker must:

- Interview all relevant family members, probing for information related to the reasons the youth is at-risk for involvement with the judicial system
    - Relevant family members may include family members who do not live in the youth's primary residence, but play a significant role in the child's life.
    - Biological parents, step-parents (if applicable), and siblings of appropriate developmental age that have a relationship with the referred youth must be interviewed;
- Interview relevant collateral(s)
    - Probation officers, school personnel, and other person(s) who may be aware of the youth's situation should be interviewed for important and relevant information;
- Complete the CANS assessment
    - The worker may also refer for a CAPS assessment to obtain the necessary CANS assessment. If the worker chooses to refer for a CAPS the worker will still be required to obtain the CANS 14 day assessment within the specified timeframe appropriate for case planning.
- Return to the family to discuss the results of the CANS and discuss case planning
    - Case and service planning should be an engaged process with the family, asking their opinions, feelings, and concerns along the way.
- The worker will develop the diversion plan using the "Family Service Plan" in FACTS
    - Services determined necessary must be documented appropriately on the case plan

- Case planning should include services for the youth, and family (as appropriate)
  - The worker may request an order from the court to enforce involvement by the youth or family with the case plan*

**Note: how these orders are obtained may vary throughout the circuit court district. It is recommended the worker discuss the need for such an order with the county prosecutor's office for the counties process.*

Once the plan is complete the worker will need to print the case plan, identify the youth being referred for services and obtain the signatures of the parents, the worker and the worker's supervisor. These signatures acknowledge that the identified youth, and his/her family, have been referred for preventative services and have agreed to achieve agreed upon goals. If the youth and or family are unsuccessful in meeting these goals and/or engaging in meaningful participation in these services, then the youth may be at imminent risk of being placed in a foster care setting for rehabilitation. The worker must provide a copy of the completed case plan to the family and any providers are referred for services. Additionally, the worker will need to:

- Obtain consent from the family for participation in the diversion plan
  - Have the "Diversion Participation Consent Form" signed by authorized parties and have documented appropriately in the FACTS system and paper record.
  - If the youth or family refuses to participate the worker should attempt to mediate the disagreements and make any changes that are reasonable and necessary to obtain consent.
  - If the youth's family still refuses the youth and/or family should be informed that a refusal to participate will require notification to the county prosecutor and may result in court action

Finally, the worker will need to upload the completed CANS assessment and signed "Family Service Plan" to the FACTS filing cabinet.

Once necessary services have been identified the worker must begin the process of referring for the needed services. Service providers utilized during the diversion process are required to respond within seventy-two (72) hours of the referral from the worker. It is the worker's responsibility to notify the service provider of the need to respond timely and ensure this occurs. If a service provider is unwilling or unable to respond within the codified timeframes, the worker should determine if another service provider may be referred to. If no other service provider is available to meet the identified needs of the youth or family, the worker must thoroughly document in the "contacts" screen the reasons the provider was unable to meet the mandatory timeframes and efforts to locate other providers. The worker will need to make frequent contact with the family until the service provider is able to respond.

5.3 Progress Review

The worker must review the progress of the youth and family progress monthly. The worker will be required to make required face-to-face visits with the youth and family. These visits should focus on:

- Ensuring the safety of all members of the household
- engaging the family, obtaining their opinions on the progress of services;
- determining if additional services may be needed;
- determine if there are problems with existing services; or
- any other discussions that may help the worker determine case progress

Additionally, the worker should receive monthly summaries from all formal providers and should speak with all informal providers to obtain needed feedback. Contacts with providers are not required to be face-to-face and may occur through electronic correspondence or telephone communications. All conversations completed, or attempted, should be documented in the FACTS system.

5.4 Case Review

Every ninety (90) days the worker will be required to complete a case plan review, consistent with already established policies and procedures. This will allow for the worker to review the completed CANS assessment to further determine progress. There is no pre-determined case length for diversion, but should not be closed prior to a formal case review being completed and cases lasting longer than 6 months should be considered the exception. Case plan reviews will help the worker to determine when sufficient enough progress has been made that a family's case may be closed. (Please refer to section 7 of the Youth Services policy for information on how to complete a case plan review).

If a youth and family have shown enough progress that services are no longer needed, or the family has made considerable progress and is able to obtain needed services through resources other than the Department, it may be appropriate to close the case. The worker should review the case prior to closure with the worker's supervisor for approval. If referrals to community services appear warranted and may be accessed without department intervention, the worker should ensure she/he provide the assistance and guidance needed to the family to make the referrals prior to case closure. The referring prosecutor should be notified of the successful completion of a youth's diversion, by submitting the referral Diversion Disposition Notification form.

If a youth and/or family are struggling to make progress or are refusing to cooperate, the worker must implement a series of steps to address the issue. The worker must:

- Attempt to determine what issues exist and why
- Determine if steps can be taken to remedy the issues without court involvement
- Determine if an order from the court will be necessary to enforce parental participation

If attempts have been made to address the lack of cooperation or the youth or family is not making significant progress, the worker must request a "pre-petition review team", or Child and Family Team, to meet and discuss case progress.

5.5 Child and Family Review Team (Pre-petition Review Team)

The Child and Family Team, or "pre-petition review team" shall consist of, at minimum, the youth, the family, relevant service provider(s), the juvenile probation officer, the case worker and any other individual the child or family would like to participate. Appropriate school personnel should also be invited if the school is the primary area the youth is having difficulties, or if it appears they may have valuable information to contribute. The location and time of the meeting should be one in which is of convenience for the family. The worker should utilize the "Child and Family Team" referral form to provide notification of the location and time the meeting is to occur. The date and time of the meeting must be within fourteen (14) days of the referral. The worker will document the completed referral form and participants and meeting outcome in "contact" screens in FACTS.

The Child and Family Team should evaluate the case and current case plan and determine an appropriate course of action. The Child and Family Team may:

- Renegotiate a new case plan;
- Refer the matter to Child Protective Services or;
    - The worker must discuss the case and problems in the case with a child protective services supervisor, or social services coordinator, prior to the meeting time to determine if this would be an appropriate action.
- File a petition

The recommendation to file a petition should be the last resort. This recommendation should only be made when a resolution cannot be achieved or the youth or family continues to refuse to cooperate with any plan.

If the recommendation is to file a petition, the worker will need to complete a court report which will include a description of the issues which lead to involvement with the Department, needs and strengths as identified through the CANS, services the family has received, and the date and outcomes of the Child and Family team(s), or "pre-petition review team".

SECTION 6 - FAMILY SERVICES PLAN

6.1 Introduction

The family service planning process in Youth Services should be purposeful and planned. Family service planning assures purposeful, logical intervention. Service planning is a deliberate, reasonable, mutually agreed upon strategy to reduce the risk, needs, and contributing influences which require Youth Services intervention. Family service planning involves planned action to support a family and its members toward a desired and prescribed outcome. The outcome, if achieved, will reduce the risk and needs which required Youth Services intervention. The likelihood of achieving outcomes is directly related to the appropriateness of family service planning. The most critical and difficult aspect of service planning is agreement and the second is goal setting. Service plans must be client plans,

rather than worker plans. Plans will not work if clients are not invested in them. Clients must be involved if change is to occur.

A. Purposes

The primary purposes of the family service plan are:

- To provide accountability for the worker, the family and the Department;
- To provide structure for the worker and family to follow;
- To serve as the framework for decision making;
- To provide a benchmark for measuring client progress;
- To provide a format for communication with the family;
- To assure a professional approach to helping.

B. Decisions

The decisions that must be made during service planning are:

- Is the plan realistic, specific, creative and manageable;
- Does the plan take into account client capacity and willingness;
- Is the plan founded on information gathered from interviews, collateral contacts, and record reviews;
- Does the plan consider family change and progress;
- Does the plan benefit the family in the most efficient and expeditious manner.

6.2 Involving the Family in Developing the Family Services Plan

In developing the Family Services plan the worker will:

- Meet with all family members in a planned approach which may include a combination of meetings with individual family members as well as the family as a whole. The order of the interviews is flexible and depends on the particular family and the issues to be addressed.
- Involve the family consistently throughout the planning process. Questions such as “what do you think?”, “how do you feel?”, or “what do you suggest?” convey interest in their involvement.
- Contact other collateral parties, such as teachers, counselors and other service providers who have information to share that is relevant to service planning; and ask the family what is wanted and needed. A family will likely tell you either directly or through implication.

6.3 The Family Services Plan

For those Youth Services cases that do not involve court proceedings, the Department has chosen to use the Family Services plan as the instrument to guide service delivery. The information to complete the Family services plan is based on:

- The information gathered during the completion of the CANS; or,

- The results and recommendations from completed or referred assessments.

The Family Services plan is embedded in FACTS and consists of the following items:

- A statement of the reason or reasons that the Department is involved with the family;
- A description of the strengths of the individual family members;
- A description of the family member's needs;
- A listing of the goals in priority for the members of the family; and,
- Information about the services to be provided including the provider type, the specific service or services that the provider will deliver, the start date of the services, the frequency of the service and the estimated completion date.

A. Developing the Family Service Plan

In completing the Family Service Plan the worker will meet with all family members as a group to discuss the information to be entered into the plan. The worker will involve the family in deciding upon the words that will be used in the sections of the plan. The language should be specific so that the meaning of each section is clear to the family and the worker. Technical terms and phrases which may be familiar to the worker but not the family should be avoided. Whenever possible, the worker should phrase the information in the family's words. In facilitating the discussion of the plan the worker should assist the family to address the following:

1. Reason DHHR Is Involved With Your Family

   The reason that the DHHR is involved with the family should be directly related to the referral, resolving the factors resulting in any Behavior Control Influences that may have been identified and the results of any referred assessments ~~has~~. The worker should assist the family to frame a statement or statements that describe as specifically as possible the reasons which necessitate the involvement of Youth Services.

   The statement(s) should not be used to identify one person as the guilty party or to place blame on one family member for the involvement of Youth Services.

2. What Must Happen for DHHR to No Longer be involved with Your Family

   The family should first be encouraged to reflect upon the conditions that were identified as creating risk or needs which have led to involvement with Youth Services. Once the family has discussed these issues then the worker can help the family frame the statements of what must happen. It may be helpful to suggest to the family that they develop statements that are change oriented.

   The statements of what must happen (change) should be directly related to the reason(s) why Youth Services is involved with this family. The statement must be realistic, within the ability of the family to accomplish, and should be limited in number.

The family must understand that the purpose of the planning process is to identify ways to address those conditions which result in increased risk and needs for the juvenile, family and community.

3. Individual Family Members Strengths

Each family member should be encouraged to identify their strengths. This is helpful in building self-esteem. It is also recognition that each family member has positive qualities and attributes. Listing these strengths provides the basis for a realistic belief that family members have the potential to change.

The worker can assist the family members in identifying their strengths by reviewing with them the information from the CANS, strengths domain.

Individual Family Members Needs

Each family member should be encouraged to identify their needs. The worker should assist the family members to be realistic in describing their needs. The worker should assist the family members to be specific and forthright. The needs described should be reflected as those identified by the CANS and the family. They should be related to the reasons why Youth Services is involved and what needs to happen to end the Department's involvement.

The worker can assist the family members in identifying their needs by reviewing with them the information from the CANS.

4. Prioritized Goals

The worker should assist the family to develop a list of goals to be achieved. The goals must be related to the conditions which are the basis for Youth Services involvement. The goals should be in order of priority with the most important first, then the second most important, and so forth.

The goals should be as specific as possible and written in behavioral terms which will facilitate evaluating whether or not they are being achieved. For example: in a case of a juvenile who is truant the goals may include, no unexcused absences for the next six week grading period.

The goals should be realistic and limited in number. By this it is meant that the goals should be ones which the family can achieve on their own or with the provision of appropriate services. In addition, the goals should be limited so that the family is not overwhelmed by attempting to meet too many expectations.

5. Services

The worker will assist the family to consider which services are most suitable for helping them to achieve their goals. Services can be provided by: community agencies that do not charge a fee; agencies or individuals approved to deliver Socially Necessary Services; by informal providers such as extended family

members or friends; and, by the worker who will periodically meet with them to offer assistance as necessary.

The worker and the family will discuss and decide who will make the arrangements for service provision. In some instances it may be beneficial for the family to initiate the provision of certain services. For example: if the juvenile needs tutoring or other education services then the parents can make the arrangements to discuss these needs with the school officials. It may be that the parents need the school to consider the development of an individual education plan (IEP).

The worker can assist the parents by role playing the interviews that they may experience when requesting services from a provider.

6. Worker Contact

The worker should meet with the family and the juvenile at least once every thirty days from the initiation of the Service Plan until the time for review of that plan. Contacts may be more frequent and should be mutually agreed upon by the family and the worker. The worker may meet with the family as a whole or may find it helpful to meet individually with the caretakers and the juvenile.

The schedule for worker contact should be documented on the Service Plan as a service. While it may appear unusual to do so, the workers involvement with the family during the implementation of the Plan is a valuable service. The worker can use the contacts to provide support and encouragement of the family during the implementation of the Plan. The worker can also use the contacts to determine if the family requires assistance in securing services. The worker should also use the contacts to determine if risk has escalated or de-escalated and if previously identified Behavior Control Influences are either no longer a problem or if others have surfaced.

7. Foster Care Candidacy

The Youth Services Social Worker will thoroughly explain that should the family not be able to comply with the service plan and meet the goals laid out in it, their child(ren) may be removed from the home.

The worker will print the names of those children who are at imminent risk of removal from the home on the Family Service Plan, under the statement on the form “Identify the child(ren) or youth who are at imminent risk of foster care placement if the preventative services outlined in the case plan are not provided.” The parent(s) and caregiver(s) in the home will sign the Family Service Plan, acknowledging that they understand that should the family not be able to comply with the service plan and meet the goals laid out in it, their child(ren) may be removed from the home.

B. Completing the Family Services Plan

After the terms of the Family Services plan have been agree upon the worker will:

- Enter the information in FACTS to record the Family Case Plan;
- Contact the service providers to initiate a discussion about the provision of services;
- For those providers who will be delivering services enter the information in the plan;
- Initiate any referrals for Socially Necessary Services by entering the referral information in FACTS; and,
- Print a copy of the plan for the family.

The worker should present the copy of the plan to the family in person. This provides one more opportunity to be sure that each family member understands the plan and what is expected of them during the life of the plan. It also provides an opportunity to clarify any questions the family may have.

SECTION 7 - FAMILY SERVICE PLAN EVALUATION REVIEW

7.1 Introduction

Service plan evaluation is a continuing part of the casework process. The dynamic nature of Youth Services necessitates ongoing review. The service plan review is the point at which the worker, in conjunction with the family, measures observable results against stated goals, in relation to services. It is a specific activity designed to assess risk reduction and it is the point at which the worker and family step away from the casework to see if things are working. The service plan review is a decision making point in the casework process. It is not simply a time set for updating FACTS or summarizing contacts. The decision to close a case and disengage Youth Services is reached during the service plan review.

Throughout the life of the case the supervisor will conduct regular supervisor meetings with the worker to provide support, guidance and case consultation and to regulate the quality of casework practice.

Special consideration must be given by the supervisor so as to be in compliance with the Adoption and Safe Families Act, a petition must be filed or joined by the state as defined in W. Va. Code § 49-4-604 to terminate the parental rights of a child who has been in the custody of the Department for 15 of the most recent twenty-two (22) months. Additional instructions on Termination of Parental Rights for youth may be found in Foster Care Policy and the West Virginia Rules of Juvenile Procedure, Rule 44.

A. Purposes

The primary purposes of the service plan review are:

- To identify progress and risk reduction;
- To provide feedback to the family and others involved in the case;
- To determine the need for revision of the service plan;
- To examine service provider performance on the cases;
- To measure change in relation to the reasons why Youth Services became involved with the family; and,
- To disengage Youth Services from family involvement.

B. Decisions

The decisions that must be made during the service plan review are:

- Is the services plan adequate, or do changes need to be made?
- Are services being provided as planned?
- Is progress being made toward the achievement of the goals established in the service plan?
- Is the functioning of the family members changing?
- Does the family refuse Youth Services and no legal grounds exist for intervention?
- Does the family need to be referred elsewhere?
- Should the case be closed?

7.2 Family Service Plan Evaluation Review Protocol

The service plan should be reviewed every 90 days from the initiation of the Family Service Plan. If circumstance warrant, the service plan can be reviewed in less than 90 days. However, regular reviews should occur no later than every 90 days.

In completing the service plan review the worker will:

- Obtain written or verbal input from service providers regarding progress on goals and client involvement in services.
- Meet with all family members to formally review the service plan and evaluate progress towards goal achievement. The CANS should be revisited to determine if score adjustments can be made. This can help to illustrate progress to the family.
- The Youth Services Social Worker will thoroughly explain that should the family not be able to comply with the service plan and meet the goals laid out in it, their child(ren) may be removed from the home.
- Review each goal which was scheduled to be worked on during the period in order to determine progress.
- Document the summary of case activity for the previous 90 day period.
- Document the evaluation of the case activity relative to the service plan for the previous 90 day period.
- Discuss with the family and decide whether the service plan should continue as is, be modified or the case should be closed.

7.3 Approval of the Family Service Plan Evaluation Review

A. Worker Actions

After the service plan review with the family is completed the worker will:

- Document the information in FACTS to complete the Family Service Plan Review Screens:
- Choose an evaluation decision either to continue or to close the case;

- If the decision is to continue the cases enter the date for the next review; and, send the completed review to the supervisor.

  Note: If the decision is to continue the case then the worker should complete a new Family Service plan and send it along with the evaluation to the supervisor. This will enable the supervisor to compare and contrast the new service plan with the information in the review to determine if they are compatible.

B. Supervisor actions

In deciding whether or not to approve the family service review the supervisor will:

- Check the review for thoroughness and completeness;
- Determine whether all family members were involved in the review;
- Determine whether or not the evaluation of case activity relative to the service plan is adequate;
- Analyze to keep the case open or close the case in relation to progress towards goals;
- If progress has been minimal to none, assure that sufficient evaluation is given to the surrounding issues and that adjustments to the service plan are made;
- Document supervisory consultation and approval within the appropriate screens in FACTS.

SECTION 8 - MULTIDISCIPLINARY TREATMENT TEAM

8.1 Introduction and Purpose

A Multidisciplinary Treatment Team (MDT) is a group of individuals, from different disciplines, who work together with the child(ren) and family to develop a service plan and coordinate services. An MDT becomes the central point for decision making during the life of a case. The Case Plan is developed by the MDT, therefore the child(ren) and family's participation is vital throughout the process. Any person or professional who may contribute to the team's efforts to assist the family and child(ren) must be notified and invited to participate in the MDT, but extra attention must be placed on encouraging the child(ren) and family to participate in the MDT process.

State Statute 49-4-401, requires the Department to establish a multidisciplinary screening, advisory and planning system.

The purpose of the multidisciplinary system is to:

a) Provide "a system for evaluation of and coordinated service delivery for children who may be victims of abuse or neglect and children undergoing certain status offense and delinquency proceedings";

b) "assist courts in facilitating permanency planning, following the initiation of judicial proceedings, to recommend alternatives and to coordinate evaluations and in-community services; and"

c) Ensure "children are safe from abuse and neglect and to coordinate investigations of alleged child abuse offenses and competent criminal prosecution of offenders to ensure that safety, as deemed appropriate by the prosecuting attorney."

8.2 When an MDT is required

49-4-406(a) requires that a multidisciplinary treatment team must be convened whenever: A juvenile has been adjudicated as a status offender in accordance with section seven hundred eleven of the West Virginia code; or, when a juvenile has been adjudicated as a delinquent or has received a pre-adjudicatory period of improvement in accordance with section seven hundred and eight and the court or other party motions the Department to convene such meeting; or, when it is likely that an adjudicated delinquent will be placed in the Department's custody or placed in an out-of-home placement or commitment to a mental health facility for examination and diagnosis at the Department's expense in accordance with section seven hundred fourteen of Chapter 49 of the West Virginia code.

Statute 49-4-403(a)(2) does not require a multidisciplinary team meeting to be held prior to temporarily placing a child or juvenile out-of-home under conditions requiring immediate or emergency action or when court order places a juvenile in a facility operated by the Division of Juvenile Services.

Multidisciplinary Treatment Teams must continue to meet on a continuous basis, at least every 90 days, until permanency has been achieved for the child and/or the case has been removed from the docket of the court.

8.3 Treatment Team Membership

The statute identifies those persons who are to be included in the multidisciplinary treatment team. In addition to the persons named in the statute other important individuals in the lives of the family and youth should be considered as participants in the MDT meetings.

As provided for in chapter forty-nine of the Code of West Virginia the members shall include:

- The juvenile;
- The juvenile's case manager with the Department of Health and Human Resources and/or with Division of Juvenile Services;
- The juvenile's parent(s)/guardian(s), or custodial relatives;
- The juvenile's attorney;
- Any attorney representing any member of the treatment team;
- The prosecuting attorney or his or her designee;
- An appropriate school official; and

- "Any other person or agency representative who may assist in providing recommendations for the particular needs of the juvenile and family, including domestic violence service providers" (49-4-406[d][2][H]).
- In delinquency proceedings, the probation officer shall be a member of a treatment team.

It is also necessary to notify and invite:

- Adult Service staff for all children age seventeen (17) years or older, who meet the eligibility criteria for Adult Protective Service (APS) intervention, as defined in APS policy section 2.10, to plan for continued adult support if necessary.
- Home finding staff when placement options for the child are being discussed.

The treatment team shall coordinate its activities and membership with local family resource networks and coordinate with other local and regional child and family service planning committees, in order to assure the efficient planning and delivery of child and family services on a local and regional level.

8.4 Initiating and Notifying of a MDT

When a worker has been requested or required (refer to 1.2) too convene an MDT the worker should begin scheduling and notifying of the MDT as quickly as possible. When time permits, the worker should notify team members 15 working days prior to the specified date and time of the meeting.

When circumstances allow, the worker should receive notification from the juvenile probation officer or circuit clerk at a minimum of 15 working days of the potential involvement of DHHR in a juvenile proceeding. In this instance, MDT must be scheduled and its members must be notified within 24 hours.

Notification may be provided by telephone, fax, or through the U.S. mail. All members should receive a follow up letter of the notification if originally provided by telephone or fax. An MDT notification form should be created through FACTS by filling in required information under the "Notify" tabs in the "courts" screen of FACTS. It can be printed under the "reports" tab in FACTS.

8.5 Prior to the MDT

Because the MDT's role in case planning is so important, it is vital the worker has as much information about the youth and his/her family as possible before the first MDT, and should include:

- The information gathered through the interview process for the CANS
- The recommendations which may have come from triggered assessments or a completed CAPS assessment
- Completion of a (Y)LS/CMI if youth is adjudicated or assessment is ordered for pre-adjudicated

- Collateral contacts with doctors, school, counselors, or any person that may have useful information to convey (some of which will require consents to receive this information)

Due to emergent circumstances, it will not always be possible to obtain all this information. The goal of the case worker should always be to obtain this information for the MDT, to be provided at subsequent meetings when necessary. The worker should at the very least complete the (Y)LS/CMI to provide the profile report and refer for the CAPS, and inform the MDT of the expected completion date.

8.6 Conducting the initial MDT

In conducting the MDT the worker will be responsible for:

- Chairing the MDT and facilitating the discussion of the case.
- Reminding the members that if a juvenile respondent admits the underlying allegations of the case during the multidisciplinary treatment planning process, his or her statements shall not be used in any juvenile or criminal proceedings against the juvenile, except for perjury or false swearing.
- Distributing records and collecting and destroying copies after the meeting.
  - The (Y)LS CMI profile report may be retained by the Probation Officer for probation records.
- Assuring all members understand the rules of confidentiality and sign the confidentiality statement.
- Preparing recommendations of the team for presentation to the court including the Youth Case Plan, or Initial Service Plan.
  - Recommendations should be guided by input from the family, the (Y)LS/CMI risk and needs results, information obtained through the completion of the CANS assessment, and recommendations which may come from the results of triggered assessments or the completed CAPS

At the conclusion of the initial meeting the next meeting of the team is scheduled by the worker chairing the Team. (If assessments were triggered by the CANS and the results of those assessments, or results of the CAPS assessment, have not been completed at the time of the first team meeting then the next meeting should be scheduled to coincide with the completion of the CAPS process).

Note: In those cases in which the Department was not provided fifteen working days' notice of a hearing it will not be possible to develop a detailed plan for presentation to the court. The worker should prepare an Initial Service Plan to the court which includes: any pertinent information from the (Y)LS/CMI such as services or action necessary to ensure safety; the completion of the CANS or the scheduling of a CAPS assessment and the anticipated date of completion: any other information relevant to the case. The worker should conclude the report by requesting approval to complete all necessary evaluations and information gathering in order to provide the court with a plan for continued service provision including recommendations about placement if necessary.

The Initial Service Plan which details that additional assessments and evaluations will result in revisions, can be completed using the Family Service Planning tool and screens in FACTS. The Family Service Plan can be printed from FACTS Reports menu and provided to the court.

8.7 Recommendations to the Court

State Statute 49-4-406(d)(3)requires that an MDT report is made to the court prior to the disposition. As part of this report, State Statute 49-4-724, requires it to include the results of a standardized risk and needs assessment. The (Y)LS/CMI will serve the purpose for this assessment. The results of the (Y)LS/CMI should be discussed with the MDT, as well as the results from any other completed assessment. The MDT report advises the court as to the types of services the team has determined are needed and the type of placement, if any, which will best serve the needs of the child. The results of the standardized risk and needs assessment should aid in guiding these decisions and recommendations. The court must also review the individualized service plan for the child and family, developed by the MDT, to determine if implementation of the plan is in the child's best interest. If the youth meets any of the following criteria and is in a designated pilot area, it may be appropriate to refer the youth to Safe at Home West Virginia for wraparound facilitation:

- Youth, ages 12 to 17 (up to the youth's 17th birthday) with a diagnosis of a severe emotional or behavioral disturbance that impedes his or her daily functioning (according to a standardized diagnostic criteria) currently in out-of-state residential placement and cannot return successfully without extra support, linkage and services provided by wrap-around;
- Youth , ages 12 to 17 (up to the youth's 17th birthday) with a diagnosis of a severe emotional or behavioral disturbance that impedes his or her daily functioning (according to a standardized diagnostic criteria) currently in in-state residential placement and cannot be reunified successfully without extra support, linkage and services provided by wrap-around;
- Youth, ages 12 to 17 (up to the youth's 17th birthday) with a diagnosis of a severe emotional or behavioral disturbance that impedes his or her daily functioning (according to a standardized diagnostic criteria) at risk of out-of-state residential placement and utilization of wrap-around can safely prevent the placement;
- Youth, ages 12 to 17 (up to the age of the youth's 17th birthday) with a diagnosis of a severe emotional or behavioral disturbance that impedes his or her daily functioning (according to a standardized diagnostic criteria) at risk of in-state level 1, 2,3 or PRTF residential placement and they can be safely served at home by utilizing wrap-around;

If the MDT determines the youth meets the above criteria, then the worker should seek the approval of the Regional Program Manager, or his/her designee, to make the referral (see Safe at Home policy for more detailed information).

After a family has been identified as potentially appropriate for wraparound, the worker should then initiate the referral process. Please refer to Safe at Home, WV wrap around policy.

If the MDT cannot agree on a plan or the court determines not to adopt the MDT's recommendations, it shall, upon motion, or *sua sponte*, schedule and hold within ten days of such determination, and prior to the entry of an order placing the child in the custody of the

Department or in an out-of-home setting, a hearing to consider evidence from the MDT as to its rationale for the proposed service plan.

If the MDT is not in agreement on a plan for the juvenile or if the court does not adopt the MDT's recommended service plan, then the court can hold a hearing to consider evidence from the MDT about their plan. The Regional Attorney General would need to be contacted to file a motion for the hearing to be held.

At the conclusion of the hearing the court should make specific findings as to why the MDT's recommended service plan was not adopted.

8.8 On-going MDT's and Worker actions

Again, Multidisciplinary Treatment Teams must continue to meet on a continuous basis, at least every 90 days, until permanency has been achieved for the child and/or the case has been removed from the docket of the court. Each completed MDT should be immediately documented in FACTS in the "MDT" tab under the "Courts" section.

For each child who remains in foster care as a result of a juvenile proceeding the circuit court with the assistance of the multidisciplinary treatment team shall conduct quarterly status reviews in order to determine the safety of the child, the continuing necessity for and appropriateness of the placement, the extent of compliance with the case plan, and the extent of progress which has been made toward alleviating or mitigating the causes necessitating placement in foster care, and to project a likely date by which the child may be returned to and safely maintained in the home or placed for adoption or legal guardianship. Quarterly status reviews shall commence three months after the entry of the placement order. The permanency hearing provided for in Foster Care Policy Section 6.3 may be considered a quarterly status review.

For each transitioning adult (see Youth Services policy Section 1 for definition) who remains in foster care, the circuit court shall conduct status review hearings once every three months until permanency is achieved. For each child or transitioning adult who continues to remain in foster care, the circuit court shall conduct a permanency hearing no later than twelve months after the date the child or transitioning adult is considered to have entered foster care, and at least once every twelve months thereafter until permanency is achieved. For purposes of permanency planning for transitioning adults, the circuit court shall make factual findings and conclusions of law as to whether the Department made reasonable efforts to finalize a permanency plan to prepare a transitioning adult for emancipation or independence or another approved permanency option such as, but not limited to, adoption or legal guardianship pursuant to the West Virginia Guardianship and Conservatorship Act. Additional direction on permanency planning can be found in Foster Care Policy Section 4.4.

Any person authorized to convene a multidisciplinary team meeting may seek and receive an order of the circuit court setting such meeting and directing attendance. Members of the multidisciplinary team may participate in team meetings by telephone or video conferencing. The treatment team shall coordinate its activities and membership with local family resource networks and coordinate with other local and regional child and family service planning

committees to assure the efficient planning and delivery of child and family services on a local and regional level.

8.9 Combining the MDT with Other Review Requirements

There are requirements both in state statute and in federal regulations requiring the regular review of juveniles who are the subject of an MDT and may or may not be in an out-of-home placement. These statutes and requirements are similar but not identical. The requirements include:

State statute, 49-4-110, which requires a regular review of every case in which a juvenile has been placed outside the home. The statute allows the court to review the case as often as necessary and, at a minimum, must conduct a review once every 90 days.

State statute, 49-4-608, requires an annual review of all children placed in out-of-home care. This provision of the statute is referred to as a permanency review.

Lastly, the federal statutes and regulations require regular reviews of children in foster care every six and twelve months until permanency has been achieved. The six month review is known as the Administrative Review and does not require a court hearing. The twelve month review is known as a Judicial Review and does require a court hearing.

It is possible and it is recommended that MDT meetings and court hearings be combined to meet the various review requirements. By using MDT meetings and court hearings for more than one review process workers should be better able to manage the casework process.

Some examples of combined meeting include inviting a third party reviewer to a scheduled quarterly MDT every six (6) months. Another example would be to hold the court hearing on the quarterly review of the MDT and then immediately follow that hearing with a Judicial Review or, if all provisions of the requirements can be met, combine the two hearings. In combining meetings the worker must be careful to be sure that all of the requirements of the different review processes are met.

(The worker must always apply the Multidisciplinary Team Policy in conjunction with other applicable Foster Care, and Youth Services Policies.)

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SECTION 9 – (YOUTH) LEVEL OF SERVICE CASE MANAGEMENT INVENTORY

9.1 Introduction

The importance of a comprehensive assessment for juveniles and their families who have been referred for Youth Services cannot be overstated. The assessment process sets the stage for the problem validation, service provision and the establishment of a helping relationship with both the juvenile and the juvenile's family. The assessment process includes information gathering and analysis to determine treatment needs.

9.2 Statutory Requirements

State statute requires the establishment of a multidisciplinary treatment planning process for certain juveniles who are the subject of a court proceeding. As a part of the planning process the team is required to develop an individualized service plan.

W. Va. Code § 49-4-406 reads in part: "When a juvenile is adjudicated as a status offender the Department of Health and Human Resources shall promptly convene a multidisciplinary treatment team and conduct an assessment, utilizing a standard uniform comprehensive assessment instrument or protocol, including a risk and needs assessment." The Department may also be asked to convene an MDT on an adjudicated delinquent or when a juvenile has been granted a period of improvement. In these instances the Department will be required to complete the (Y)LS/CMI.

The WV Supreme Court has chosen the (Youth) Level of Service Case Management Inventory (Y)LS/CMI as the assessment to be utilized across systems to meet the assessment requirements for MDTs. The (Y)LS/CMI will be required to be completed on all adjudicated status offenders and adjudicated delinquents and pre-adjudicatory delinquents in which an improvement period has been granted when motioned by the court or by motion of a party.

The completed (Y)LS/CMI profile report must be utilized in case planning and provided to the court prior to disposition.

9.3 (Y)LS/CMI Assessment Protocol

Assessment of a juvenile may only be completed by a trained and certified user of the (Y)LS/CMI and should only occur after the Youth Services Worker has reviewed relevant records, spoken with collaterals, and interviewed the juvenile and juvenile's family. Relevant record review may consist of, but are not limited to:

- Available court or probation records
- Past (Y)LS/CMI assessments, if applicable
- Child Welfare Records, if applicable
- Education records
- Medical records

Collaterals may include, but are not limited to:

- Teacher(s), or other school personnel
- Extended family familiar with the youth's situation
- Juvenile Probation Officer
- Past treatment provider(s)

When interviewing the juvenile, the worker must determine what information needs to be obtained. If this is the first time the worker and juvenile are meeting, the worker should attempt to complete the intake process as is outlined in Section 2 of this policy. This requires a formal interview to occur of the entire family for the purposes of information gathering (For more on

interviewing refer Section 4.3). If the worker is already familiar with the juvenile and family, due to recent or current involvement with the child welfare system, the worker should focus interviewing on recent changes in information in order to best complete the (Y)LS/CMI assessment. The (Y)LS/CMI assessment should be completed and scored within fifteen (15) days, or sooner, of the assessment interview with client. If a (Y)LS/CMI has been completed within the past six (6) months by DHHR or an outside agency, the worker may not need to complete a reassessment.

Prior to completing an assessment online, the worker will need to link the (Y)LS/CMI in the service log: To do this, the worker will:

- Select Non-ASO web screen
- Select the appropriate client's name
- Select service
    - YLS/CMI or LSCMI

To begin the assessment process the worker will need to visit the (Y)LS/CMI assessment site, and:

- Select appropriate assessment (LS/CMI or YLS/CMI 2.0)
- Enter their username and password
- Proceed to the appropriate assessment by clicking on LS/CMI or YLS/CMI.
- Click "add new offender" and proceed entering in the required demographics.

The client's "ID" under "General Information" should be assigned utilizing the client ID that is assigned to the child in the FACTS case. If the family or juvenile does not have a prior case with the DHHR, then a new "Receive Services" intake should be entered into the FACTS system, consistent with already established policies and procedures, prior to adding the juvenile's information to the online assessment database.

Once the worker has entered in the required demographics the worker will:

- Select the appropriate "zone" and "offender type", selecting all that apply.
    - If the youth is charged with a status offense then the worker should select "other" and manually enter the appropriate charge information in the space provided.
- Save the page, once completed, and proceed to the following section.
- Proceed through all pages periodically saving their work until they have answered all questions in Section One which includes eight subcomponents and completed Sections Three, Four, and Five. *It should be noted that some sections will auto-fill answers based on previous responses.*

Note: Due to the (Y)LS/CMI being a risk and needs assessment designed for corrections two questions will require careful attention. These are Section 1, Part C "Prior Probation" and Section 1, Part D "Prior Custody. "Prior Probation" should be answered as "yes" for any

Juvenile Delinquency charge in which they received probation or an improvement period supervised by a probation officer and "Prior Custody" should only be answered "yes" if the youth has been in a Division of Juvenile Services detention placement.

At the close of the assessment the worker will have the ability to review the "risk rating" associated with the youth information. The worker will need to select the level of supervision consistent with the level of risk. Should the worker suggest a higher level of supervision to be provided then what the risk suggests, the worker may use the "professional override" function to indicate the appropriate risk-level. Should the worker choose to utilize this function, the worker must first discuss the results with the worker's supervisor and why he/she believes the override should occur. If the supervisor is in agreement then the worker may proceed and may allow for an adjustment up or down one level only. The worker must document the details and justification of the override in the space provided on the assessment site. The worker should remember that the professional override is only to be used on less than ten (10) percent of their cases. *If overrides occur in more than the ten (10) percent threshold, it is considered to invalidate the assessment and further training and assistance will be needed.*

The worker should print the "profile report," offer feedback to juvenile and juvenile's family, provide the results, and engage the juvenile and family, explore their thoughts and feelings about the assessment results. At this time, it should be considered whether additional assessments need to be completed. If additional assessments appear warranted the worker should refer for the necessary assessments.

After the assessment results have been discussed with the family and what services may be needed to match the youth's identified criminogenic risks, the worker must report to the MDT the results of the assessment and what, if any service needs the youth may have. These results should be provided prior to a disposition hearing for the youth and include a recommended service plan. The profile report must be provided to members of the MDT for review. The juvenile probation officer may retain a copy for his/her records. The profile report must also be provided to the court for the official court record.

9.4 Reassessment

Reassessments for the (Y)LS/CMI should occur, minimally, every twelve (12) months, or at any time when a youth may be potentially discharged from court. Reassessments at this juncture may be useful in providing evidence of a youth's reduced level of risk and/or need and the ability to provide for the youth's needs on an informal level.

Upon the receipt of a case which will require a (Y)LS/CMI to be completed, the worker may utilize any (Y)LS CMI that may have been completed within the past six (6) months unless new circumstances exist which may substantially alter the assessment results.

SECTION 10 - INITIAL YOUTH SERVICES COURT CASE PLAN

10.1 Introduction

Case planning when there is no court involvement is limited, in general, to interactions between the Department, the family and service providers. The processes and procedures for this type of case planning are left to the discretion of the Department.

Case planning for juveniles and their family when there is a court proceeding is a much broader and more structured process. It involves fulfilling a combination of requirements from different sources and the management of a series of meetings, reports, casework processes and legal proceedings.

10.2 Statutory Requirements

The requirements which govern the case planning process for cases in which there is a legal proceeding include:

- The requirements of various state statutes especially W. Va. Code § 49-4-704, 49-4-711, 49-4-714, 49-4-1002 and 49-4-403;
- The federal requirements applicable to foster care;
- The requirements for case management included in FACTS; and,
- The casework standards adopted by the Department.

In some instances the requirements such as the state statutes and the federal regulations are similar but not identical. In order to be sure that all applicable provisions of the state statutes and federal regulations are met, the Department has adopted a case planning process which includes all of the possible requirements. This process, however, does not require the worker to address all of the requirements in every case. Instead, the design allows the worker to address the requirements on a case by case basis selecting only those which apply.

10.3 The Philosophy of Case Planning for Court Submission

The service planning process in Youth Services should be purposeful and planned. Service planning assures purposeful, logical intervention. Service planning is a deliberate, reasonable, mutually agreed upon strategy to reduce the risk and contributing influences which require Youth Services intervention. Case planning for court involved youth must also be informed by the recommendations of Probation and Court officers, and the results of a standardized risk and needs assessment (Y)LS/CMI and other completed assessments.

10.4 The Process for Case Planning for Court Submission

The development of the initial case plan should proceed as follows.

The Department will be notified that a court proceeding has been initiated and it will be necessary to convene a Multidisciplinary Treatment Team.

The worker assigned to the case will schedule the initial meeting of the MDT and complete the (Y)LS/CMI. The worker will also complete the CANS and refer for a CAPS or additional needed assessments prior to the MDT. If the worker is not already actively working the case prior to adjudication, the worker will need to complete a thorough interview of the juvenile and the family prior to the completion of the assessments.

If the worker referred for a CAPS, the worker will need to submit the completed CANS with the referral. The worker should also realize that the completed CAPS assessment with triggered assessments may take up to thirty (30) days to receive. The results and recommendation from the CAPS assessment, along with the risk level and needs assessed by the (Y)LS/CMI (if adjudicated),should be used in Case Planning for Court Submission with the MDT. The MDT meeting is held and the requirements applicable to the juvenile and the juvenile/s family are addressed.

After the MDT meeting the worker will be responsible for documenting the results in FACTS and developing the case plan.

After the case plan has been completed the worker will distribute copies to the MDT members and submit the case plan to the court.

10.5 Information Used in Developing the Case Plan

In developing the case plan the worker and the members of the MDT should consider using, as appropriate and available, information from the following sources:

- The Behavior Control Plan if one has been implemented;
- Information obtained for the CANS Assessment;
- The results of the CAPS assessment, or other completed assessments, if completed;
- The (Y)LS/CMI
- Department case records if the juvenile and/or the juvenile's family have previously been involved with the Department;
- Information from other agencies or providers such as an IEP (Individual Education Plan) developed by education staff; and,
- The information discussed during the MDT.

10.6 Components of the Case Plan

The case plan is embedded in FACTS and consists of information derived from these categories:

- Client information;
- Removal, placement and planning; and,
- Education and medical.

These are broad categories and within each one the worker and the members of the MDT must consider a number of different items depending on the circumstance of the case.

10.7 Developing the Case Plan

After the MDT meeting the worker will complete the case plan. The case plan is embedded in FACTS and consists of a series of screens that allow the worker to choose which information to enter into the plan. In other words, the worker can tailor the plan to the individual case under consideration by the MDT.

The case plan is a Dynamic Document Exchange (DDE) instrument. This means that it pulls existing information into a prearranged format. In order to use the instrument as designed, it is necessary for the worker assigned to the case to complete the screens in FACTS which relate to the categories in the case plan.

The categories and the information which should be considered by the MDT include the following:

- Client Information
- Removal, Placement and Planning
- Removal
- If the juvenile is at home at the time of the initial meeting then the worker will document that information on the case plan.
- If the juvenile has been removed from his home then the worker and the MDT must address the circumstance surrounding the removal and whether or not reasonable efforts were made to prevent removal.

A. Placement

If the juvenile has been removed from his home prior to the MDT, or the MDT is considering recommending removal, then the worker and team members must utilize the results of the (Y)LS/CMI in determining if the level of supervision or “risk” level warrants the youth being placed outside of the home. If the (Y)LS/CMI indicates the need for this high level of supervision, and comparable services cannot be located in the youth’s community, then the team must:

- Consider if a foster home will be able to meet the needs of the youth, if not;
- Consider the type of facility where the juvenile is placed or the type of facility the MDT is recommending.
- Consider if the recommendation will be to place the juvenile out-of-state, the reason(s) why there are no suitable or available in-state facilities that can meet the needs of the juvenile.
- Consider whether the placement is in close proximity to the juvenile’s community.
- Consider whether the placement is least restrictive in light of the juvenile’s needs and behaviors.
- Consider why the placement is in the best interests of the juvenile.
- Consider whether the recommended visitation plan is appropriate.
- Consider how the placement will assure the safety of the juvenile.
- Consider whether the parents/caregiver can contribute to the cost of placement.

After these discussions, the worker and team members should write an agreed upon recommendation.

B. Planning

In addressing this item the worker and the MDT members should discuss the:

- Specific services that will be provided to the juvenile and/or the juvenile's parents/caretakers as determined needed by information obtained through the completion of the CANS
- Frequency and duration of services for the juvenile and the juvenile's parents/caretakers.
- Tasks that the worker or the family will be expected to perform as a part of the case plan.
- Permanency plan if the juvenile is out-of-home or the MDT is recommending placement.
- Concurrent plan for the juvenile.

After these discussions, the worker and team members should write an agreed upon recommendation.

C. Education and Medical

In developing this part of the plan the worker and the MDT must discuss the:

- Juvenile's educational progress to date including whether or not the juvenile is achieving satisfactory progress in school.
- Need for additional education services such as the completion of an IEP.
- Results of any medical assessments of the juvenile including a Health Check assessment.
- Results of any behavioral health assessments of the juvenile including a psychological or psychiatric evaluation;
- Results of any medical assessments of the parents; and,
- Results of any behavioral health evaluations of the parents/caregivers including a psychological or psychiatric evaluation.

After these discussions, the worker and team members should write an agreed upon recommendation.

D. Worker Contact

In developing this part of the plan the worker and the MDT must discuss the frequency of the contacts between the worker, the family and the juvenile. At a minimum the worker must have monthly contact with the family and the juvenile. The frequency could be greater depending on the needs of the family and the juvenile and the services they will be receiving.

During the Department workers monthly contact with juveniles placed in a residential treatment facility, the worker must ensure that the juvenile's treatment plan include a plan to transition the youth back into the community and evaluate its progress. The transition process is to

begin immediately upon entry into the facility and conclude no more than ninety (90) days from the time of placement.

Should the worker determine further time in residential facility is the only means to attain the continued treatment needs of the juvenile; the worker must present evidence to support this conclusion to the MDT for consideration of an extension of placement. The Judge will then review all relevant information and determine whether the extension shall be granted. The worker must continue to revisit the juveniles continued need for placement during monthly contacts.

10.8 Completing the Case Plan for Court Submission

In order to complete the case plan the worker will:

- Determine the information that should be contained in the case plan, select the information and have the relevant parts of the plan populated from the information in FACTS.
- The worker will also need to enter certain information on the case plan such as the goals for the youth and the family and the recommended services.

After completing the case plan the worker should send a copy of the plan to each member of the MDT along with a cover letter. In the letter the worker should include the date the plan was submitted to the court, the date of the next hearing and any other information that the worker believes is relevant to this particular case.

A. Submission of the Case Plan to the Court

After the case plan has been completed the worker should send a copy of the plan and a copy of the (Y)LS/CMI profile report to the Circuit Court which has jurisdiction over the case. The Court will review the plan to determine if implementation is in the child's best interests. If the Court approves the plan then it should enter an order to this effect.

If the recommendations of the MDT contained in the case plan are not unanimous, of if the court determines not to adopt the recommendations of the Team, then the court shall, upon motion or sua sponte, schedule and hold within ten days of such determination, and prior to the entry of an order placing the child in the custody of the Department or in an out-of-home setting, a hearing to consider evidence from the Team as to its rational for the proposed plan.

B. Requesting a Hearing

In those instances when the court does not adopt the recommendation of the team the worker will be responsible for contacting the Regional Attorney General to file a motion requesting a hearing; and notifying the members of the Team of the date of the hearing.

SECTION 11 - YOUTH SERVICES CASE PLAN REVIEW

11.1 Introduction

Case plan review is a continuing part of the Youth Services casework process. The dynamic nature of Youth Services necessitates ongoing evaluation. Case plan review is the point at which the worker measures observable results against stated goals in relation to services. It is a specific activity in which the worker and the family and MDT members step away from the casework process to see if things are working. Case plan review is a decision making point in the casework process. It is not simply a time set aside for updating FACTS or summarizing contacts. The decision to recommend case closure and disengage Youth Services is reached during case plan review.

Throughout the life of the case the supervisor will conduct regular supervisor meetings with the worker to provide support, guidance and case consultation and to regulate the quality of casework practice.

11.2 Statutory Requirements

State statute includes the expectation of regular case plan reviews for juveniles who have been involved in a court proceeding and remain under the continuing jurisdiction of the court.

49-4-711(4) which reads: “If the allegations in a petition alleging that a juvenile is a status offender are admitted or sustained by clear and convincing proof, the court shall refer the juvenile to the Department of Health and Human Resources for services … and order the department to report back to the court with regard to the juvenile’s progress at least every ninety days or until the court … dismisses the case from its docket. In a judicial circuit operating its own truancy program, a circuit judge may in lieu of referring truant juveniles to the department, order that the juveniles be supervised by his or her probation office.”

49-2-1002 discusses the requirement for all youth in out-of-home placement to be transitioned back into the community within 30-90 days of initial placement. This requirement has an exception to allow for the continuation in out-of-home placement if clear and convincing evidence is presented to necessitate the continuation in out-of-home care. All 90 day reviews should consider whether the youth’s needs can be met in the community, and if transition may occur.

11.3 Purposes

The primary purposes of the case review are:

- To identify progress;
- To provide feedback to the family and others involved in the case;
- To determine the need for revision of the case plan;
- To examine provider performance on the case;
- To measure change in relation to the conditions which warranted Youth Services intervention; and,

- To disengage Youth Services from family involvement.

11.4 Decisions

The decisions that must be made during case review are:

- Is the case plan appropriate?
- Does anything need adjusting in the case plan?
- Are services being delivered as planned?
- Are both the juvenile and the juvenile's family participating in the case plan?
- Is progress being made?
- Does the Behavior Control Plan, if one exists, need revision?
- Is communication among various persons participating in the treatment plan up-to-date?
- Has the family situation stabilized?
- What recommendations should be made to the court?

11.5 Case Evaluation Protocol

A. Convening the Multidisciplinary Treatment Team Meeting

Every 90 days, from the development of the initial case plan until closure of the case the worker will convene the MDT to conduct the case plan review. In convening the MDT the worker will:

- Notify the MDT members of the meeting in writing at least fifteen (15) days prior to the meeting by printing and mailing the Notification of MDT letters from FACTS.
- If it is time for an administrative review arrange for that review to take place immediately following the MDT meeting.
- If considering case closure, conduct a reassessment of the (Y)LS/CMI
    - If the juvenile and juvenile's family have made significant progress and social service involvement no longer appears necessary, the worker must complete a reassessment of the risk and needs utilizing the (Y)LS/CMI, to justify this recommendation to the MDT
- Invite Adult Services staff to the meeting for all children age seventeen years (17) or older if it appears that continued adult support will be necessary.
- Invite Homefinding Staff if assistance with placement decisions is necessary.

B. Conducting the Multidisciplinary Treatment Team Meeting

During the MDT meeting the worker will serve as the chairperson and will:

- Remind the members in a post-adjudicatory MDT that if a juvenile respondent admits the underlying allegations of the case during the multidisciplinary treatment planning process, his or her statements shall not be used in any juvenile or criminal proceedings against the juvenile, except for perjury or false swearing.
- Make sure the members sign the confidentiality statement.
- Actively engage the family and the juvenile throughout the meeting.

- Review the previous case plan.
- If the juvenile is in an out-of-home placement review all of the applicable foster care protections such as medical care, education, safety of the placement and so on.
    - Evaluate the community transition plan, as prepared by the residential provider, and determine progress

- If the juvenile is within sixty (60) days of discharge of residential services, the worker must provide the MDT with a plan for after-care services (see after-care planning Section 11.6)
    - Provide to the team members copies of any information obtained about the juvenile and the juvenile's family that have been received during the previous 90 days.
    - If the juvenile is in foster family care review the out-of-home observation report which includes a report on the progress of the juvenile, any changes in the juvenile's case, an evaluation of the services provided to the juvenile and his family and any other relevant information for each month the juvenile has been in placement with the provider.
    - If the juvenile is in a group care facility the worker will provide a copy of the monthly reports submitted by the provider.

C. Concluding the Multidisciplinary Treatment Team Meeting

Concluding the MDT properly is a very important part of the process. During this phase of the meeting the worker will need to ensure that the results of the meeting are properly documented, the next meeting has been scheduled and, all issues have been resolved or a plan to resolve them has been developed.

In concluding the MDT the following actions will be completed:

- The Department worker will document the results of the MDT on the MDT report. This report will also include a place for all individuals to sign that they participated in the MDT and that they agree with the MDT report.

    Note: The Department worker will continue to utilize the MDT report that they are currently using until the MDT report is revised and released to the field.

- The Department worker will attempt to settle all disagreements prior to the MDT conclusion. The MDT report may contain different opinions. The Department worker is responsible for documenting the different opinions in the report as they were stated at the MDT and representing these to the court.
- The Department worker is responsible for collecting all copies of assessments or other documents concerning the child and family that were shared with the members of the MDT. These copies must be properly destroyed to ensure the confidentiality of the child and family.
- The Department worker will schedule the next MDT meeting prior to the conclusion of the meeting. (The meeting must be held within 90 days.)

- The Department worker will develop the revised Youth Services Case Plan utilizing the information presented at the MDT.

11.6 After Care Planning

WV Code 49-4-409 provides requirements for after-care planning as it relates to children who are placed outside of the home. These plans are specific to what information is documented and should be specific to the child's individualized needs and the resources available in the child's community. After-care plans shall contain a:

- Detailed description of the education, counseling, and treatment the youth received while in out-of-home placement, and;
- Proposal of how the educational, counseling, and treatment needs can be obtained in the community, and;
- Description of any problem's the child has, the source of those problems, and a proposal of how those problems may be addressed upon discharge.

Often these plans may come in the form of a "discharge plan" which residential providers are required to provide to the worker, the youth, and the youth's family. When the worker utilizes this as the after-care plan, the worker will still be responsible for ensuring it is specific to the child and contains the required elements as described above. The worker will also be responsible for ensuring that it is finalized sixty (60) days prior to the youth's discharge and that all the required parties receive the plan within ten (10) days of its completion.

Whether the worker may utilize a residential discharge plan or not, the worker will need to document the required information in a court summary for review MDT and court review, and upload the document to the FACTS filing cabinet. If the plan is accepted the worker will document the appropriate service in order to update the Youth Service Child and Family Services case plan to incorporate the services and educational components of the plan.

The worker must ensure the MDT, the court, and the following individuals, if not active MDT members, receive a copy of the court summary, service plan, and address information for all recipients.

- The child's parent, guardian, or custodian, and;
- The probation officer, and;
- The prosecuting attorney, and;
- The principle of the school in which the child will attend.

Each recipient of the plan will have twenty-one (21) days to submit written comments and feedback to the plan if they are in disagreement with any portion of the plan. Any party who submits feedback must ensure all other parties receive the written feedback as well.

The probation officer will contact each individual or entity listed on the plan as providing a service, formal or informal, to ensure they can provide the required service. The court will schedule a hearing to determine whether the plan will be adopted or not. The court will appoint either the probation officer or the community mental health provider as supervisors of the plan.

When a probation officer is involved in the case and the department worker is ordered to be the supervisor of the plan, the worker must contact their Regional Program Manager to report the incident to their Regional Attorney for review.

11.7 Completion of the Revised Case Plan

After the MDT has been concluded the worker will complete the revised case plan in FACTS and send a copy to the members of the MDT.

11.8 Submission of the Revised Case Plan to the Court

After the revised case plan has been completed the worker should send a copy of the plan to the Circuit Court which has jurisdiction over the case. The worker should send a letter with the plan informing the Court that the MDT has met and the case plan has been revised. In addition the worker should request that the Court notify the worker of the next scheduled judicial review on the case.

When the worker receives the notice from the court as to the hearing date then the worker can notify the other members of the MDT.

> *Note: Because procedures may vary from Circuit Court to Circuit Court it is recommended that the worker consult with the Prosecuting Attorney about the method for notifying the Court of the results of the MDT meeting and requesting a quarterly judicial review. If the Court decides to adopt procedure other than those described above that is its prerogative.*

The important points are that the MDT meets at least every 90 days and the court reviews the results of the meetings at least quarterly. When cases are recommended for closure, the worker must submit the (Y)LS/CMI profile report with the case plan for the courts review.

SECTION 12 - GRIEVANCES, CONFIDENTIALITY AND OTHER POLICIES

12.1 Appeals and Grievances

At any time that the DHHR is involved with a client, the client (adult or child), or the counsel for the child has a right to express a concern about the manner in which they are treated, including the services they are or are not permitted to receive.

Whenever a parent, child or counsel for the parent or child has a complaint about Youth Services or expresses dissatisfaction with Youth Services the worker will:

- Explain to the client the reasons for the action taken or the position of the DHHR which may have resulted in the dissatisfaction of the client.
- If the situation cannot be resolved, explain to the client his/her right to a meeting with the supervisor.

- Assist in arranging for a meeting with the supervisor.

The supervisor will:

- Review all reports, records and documentation relevant to the situation.
- Determine whether all actions taken were within the boundaries of the law, policies and guidelines for practice.
- Meet with the client.
- If the problem cannot be resolved, provide the client with the form “Client and Provider hearing Request”, SS-28.
- Assist the client with completing the SS-28, if requested.
- Submit the from immediately to the Chairman, state board of Review, DHHR, Building 6, Capitol Complex, Charleston, WV 25305.

For more information on Grievance Procedures for Social Services please see Common Chapters Manual, Chapter 700, and Appendix C.

> *Note: Some issues such as the decisions of the Circuit Court cannot be addressed through the Grievance Process. Concerns about or dissatisfactions with the decisions of the Court including any approved Case plan must be addressed through the appropriate legal channels.*

12.2. Confidentiality

The confidential nature of Youth Services records is governed by W. Va. Code § 49-6-110. In general, the Code requires that child welfare records be maintained in a confidential manner. The information the Department collects and maintains belongs to the client. This means that clients have a right to read their case record at any time in accordance with law and policy. Information about clients should be shared with them in an open and honest manner. All information should be handled in a respectful and confidential manner. The information generated within DHHR pertaining to a child belongs to the child. This means that the child and other persons specified in chapter forty-nine of the Code of West Virginia have the right to access the record except for:

- Adoption records;
- Juvenile court records; and,
- Records disclosing the identity of a person a complaint of child abuse or neglect.

Records concerning a child or juvenile, except for those noted above, shall be made available under the following circumstances;

- The child, the child’s parents whose parental rights have not been terminated or the attorney of the parent or child whenever they choose to review the record;
- With the written consent of the child or of someone authorized to act on the child’s behalf; and,
- Pursuant to an order of a court of record.

Whenever a request for the release of a Youth Services record is received the worker will inform the supervisor of the request, and the supervisor will take the following steps:

- Determine whether the release of information should be made available under the provision of W. Va. Code § 49-6-110. If necessary, consult with the Regional Attorney and/or prosecuting attorney.
- Determine exactly what information is being requested. Is it the entire record or a specific piece of information?
- If possible, make arrangements for the person requesting the information to come to the office at an appointed time.
- Review all information within FACTS and all written/paper records.
- Prepare the requested information that is contained in FACTS by printing the relevant DDE reports from FACTS.
- Prepare the requested information that is contained in paper records if any exists.
- Allow the person to review the documents/information within the office at the appointed time. If the person wants copies of the information provide the copies as requested.
- Request assistance from the Regional Attorney and/or the prosecuting attorney at any time there is uncertainty about whether or not to proceed with a request for release of information.