

**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

1.1 *Introduction and Overview-*

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 principals 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.

Before the nineteenth century, children were generally considered to be young adults, and they were expected to behave accordingly. Children over the age of seven years who were accused of crimes were prosecuted in adult court. If convicted they could be confined in an adult prison. In the late nineteenth century, progressive social discourse caused a shift in the general attitude toward children. *State v. Vineyard*, 81 W.Va. 98, 93 S.E. 1034 (1885) declares:

“When an infant is shown to be less than 14 years of age the whole burden is cast upon the state to prove his capacity to commit the crime with which he is charged, and there is no presumption against him which the law recognizes.”

The progressive theory declared that children should be considered innocent and vulnerable, and lacking the mental state required to be held responsible for a criminal offense because they lack the wisdom that comes with age. It followed that juveniles should not be punished for their criminal behavior. Instead, they should be reformed, rehabilitated, and educated.

Juvenile crime was an important element, but not the driving force, behind the creation of the juvenile courts. Juvenile crime rates were quite low in the nineteenth century. Progressives claimed that the biggest problems facing children were neglect and poverty. The industrial revolution caused an increase in the number of urban poor. As poverty increased, so did the incidence of child abandonment, neglect, and abuse. Progressives submitted that the state had a responsibility to interject itself into the life of children to protect those who were in distress.

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The perception of the government as a surrogate parent, known as *parens patriae*, also led to the formulation of status offenses. The creation of status offenses was rooted in the progressive idea that the government should help shape the habits and morals of juveniles. Status offenses reflected the notion that state control of juveniles should not be limited to enforcement of the criminal laws. Instead, the state would have additional authority to prohibit a wide variety of acts that were considered precursors to criminal behavior. The progressive theory won widespread support, and legislatures set to the task of conforming the legal system to the new understanding of children.

The terminology created for juvenile court was based on the terminology used in civil rather than criminal court. This language helped establish a non-threatening environment. Juveniles were not charged by an indictment, as they would have been charged in adult court; rather, they were brought before the juvenile court by way of a petition. Juveniles were not arraigned by the court at their first appearance; instead, they were held to appear for an intake hearing. The process was called not a trial, but adjudication or a hearing. A juvenile found by the court to have committed a crime was not found guilty but was adjudged delinquent. Originally the term juvenile delinquent referred to any child found to be within the jurisdiction of a juvenile court. It included children accused of status offenses and children in need of state assistance. The term delinquent was not intended to be derogatory: its literal meaning suggested a failure of parents and society to raise the child, not a failure of the child.

The basic framework created by the first juvenile court act is largely intact. Rehabilitation, not punishment, remains the overarching aim of the juvenile justice system. The most notable difference between the original model and current juvenile law is that juveniles now have more procedural rights in court. These rights include the right to an attorney and the right to be free from self-incrimination. (West, 1997)

Within the State of West Virginia significant changes in roles and responsibilities regarding the Juvenile Justice System occurred in 1997 with the passage of two pieces of legislation. H.B. 2680 created the Division of Juvenile Services within the Department of Military Affairs and Public Safety. The new division was to assume responsibility for operating and maintaining the pre-dispositional detention centers as well as the juvenile correctional facilities. It was also to work cooperatively with the Department of Health and Human Resources in the planning and development of programs and services to prevent and/or reduce juvenile offenses.

The second piece of legislation, H.B. 2873, provided for the transfer of custody to the Department of Health and Human Resources of an alleged status offender who was to be detained. Adjudicated status offenders were to be referred to DHHR for services. The bill redefined status offenses, clearly distinguished the treatment of status offenses from the treatment of delinquency, and changed the

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adjudication and disposition for status offenses. There were also some revisions of definitions pertaining to the juvenile proceedings section of the state statute.

The 1998 Legislative Session in West Virginia resulted in the addition of a new section of Chapter 49, i.e. 49-5-21. This new statute requires quarterly judicial reviews of certain status offense and delinquency cases. Reviews may be conducted by the court more frequently but are required at least every three months until a case is resolved and dismissed from the court docket. Other legislation which passed during the 1998 session amended various sections of the juvenile proceedings section of the statute. The most significant amendments clarified how juveniles are to be brought before the court. These provisions continued to distinguish the handling of status offenses and delinquent offenses.

More recently, on the national level, there is a movement which combines juvenile cases with other family-related case types such as divorce and domestic violence, into some form of a “family court.” With this movement juvenile delinquency proceedings will be handled as before except more juveniles will be heard in tandem with other cases that involve family members. The idea is greater continuity of ongoing hearings with the same judge, and the judge will be informed of other proceedings that involve this family and, accordingly, make better informed dispositions. This will lead to a better judicial understanding of the needs of the child and family members. West Virginia does have family court but it has not been extended into the realm of juvenile delinquency cases.

In March 2003, Senate Bill No. 364 was passed to make amendment to Chapter 49. In general, terms the amended address notice of certain proceedings to the Department and Health and Human Resources and the division of juvenile services for purpose of multidisciplinary hearings and providing for greater involvement of multidisciplinary teams in juvenile and abuse and neglect proceedings.

On October 7, 2008 the President signed into law the Fostering Connections to Success and Increasing Adoptions Act. This legislation addresses some of the most important needs affecting foster children, including extending federal foster care payments up to 21 years old, providing federal support for relatives caring for foster children, increasing access to foster care and adoption services to Native American tribes, and improving the oversight of the health and education needs of children in foster care.

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

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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.

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- 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 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) is dedicated to providing and assuring quality services for individuals and families to achieve their maximum potential and improve their quality of life. The Division of Children and Adult Services (CAS) is committed to collaborate in providing a social service delivery system that Assures safety and promotes the health, safety, stability and well being of vulnerable adults, children and families.

1.4 Purpose

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.

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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.

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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 and their which are use 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.

Abandoned: means to be without supervision or shelter for any unreasonable period of time in light of the child's age, and the inability to care for himself in the circumstances presenting an immediate threat of serious harm to such child.(49-6(g)(1)

Abandonment: Desertion of a child by a parent or adult primary caregiver with no provisions for continued childcare nor with any apparent intention to return to resume care giving.

Adjudicatory hearing: a judicial process designed to make a judgment on the existence or nonexistence of any conditions alleged in the juvenile petition.

Adult: Means a person who is at least eighteen years, or a person who is otherwise subject to the juvenile jurisdiction of a court pursuant to 49-5.

ASO: Administrative Service Organization; Agency that is contracted to provide administrative services to enforce the purchaser's policies. APS-WV DHHR's Bureau of Medical Services.

Child: a person under the age of eighteen.

Child's Case Plan: The plan prepared by the Department pursuant to the Federal requirements for a comprehensive plan for every child in foster care

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Developed within 60 days of the date the child entered foster care and the Requirements of WV State Code 49-6-5 following the adjudication by the Court that the child is an abused and /or neglected child. 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 child's Case plan is a comprehensive document which directs the provision of all Casework services including the services provided to the child. All casework Services provided to the child while the child is placement must be delivered in accordance with the child's case plan.

Community-based Services: those services, facilities, and programs located near the youth/juvenile's residence that provide case evaluation, and service planning and implementation in the areas of educational support, medical care, vocational training, social and psychological guidance, substance abuse intervention and other treatment related needs.

Community-based: Refers to those services, facilities, programs, etc. that are located near the youth/juvenile's home or family and refers to community participation in planning, operation, and evaluation for a variety of service needs which may include but is not limited to medical, educational, vocational, social, and psychological guidance, training, special education, counseling, alcoholism/substance abuse, and any treatment and other rehabilitative services.

CAPS: (Comprehensive Assessment and Planning System): CAPS is structured set of actions resulting in an assessment report that is considered comprehensive because the it reviews all possible areas of need including: Mental Health, Educational, Medical and Social Necessity Needs as well as underlying issues of children and families. The purpose of CAPS is to address the needs as well as the strengths of the children and their families including education, medical, social and mental health; 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 the case planning for the youth will be more comprehensive.

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CAR: Comprehensive Assessment Report: Report that gathers information to report to the Multi-Disciplinary Team at the initial meeting. The report was based on intensive interviewing and assessment of the child, youth and his/her primary family. The purpose of the report is to identify the reasons for assessment, significant information about the child, youth and his/her support system, strengths for the child, youth and family, needs within each life domain and recommendations for the focus of treatment.

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.

Custody: the care, control and maintenance of a child which can be legally awarded by the court to an agency.

Designee: An individual or other entity designated by the Department to act on the behalf of the Department in carrying out specific responsibilities.

Disclosure: The release or transmittal of previously hidden or unknown information

Juvenile Services, Division of: a division of within the Department of Military Affairs and Public Safety (MAPS) which provides corrections services to any juvenile who has been ordered to a locked facility. DJS also performs inpatient psychiatric evaluations for juveniles, if court ordered.

Emergency Shelter Care: substitute care providers who delivers short term care for children just entering the foster care system or who are between placements.

Incorrigible: a term used to describe juveniles who have committed acts which are illegal for under-aged persons such as smoking, drinking alcohol, skipping school, and running away from home.

Incorrigible:

Independent Living: a type of placement that provides life-skills training to youth, assisting them in acquiring the skills needed to live independently as adults.

IEP- Individualized Educational Plan: A plan for educational support services and outcomes developed for students enrolled in special education programs.

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Juvenile Delinquent: 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.

Legal custody: Restraint of or responsibility for a person according to law, such as a guardian's authority (conferred by the court) over the person or property (or both) of his ward.

Multidisciplinary Treatment Team: a team of professionals who assess plan and implement a comprehensive individualized service plan for a youth when a judicial/court proceeding has been initiated. (49-5D-3)

Out-of-Home Care: Assignment of a child in the custody of the state, including those placed by voluntary agreements, to residence that may include an emergency shelter, foster family, group or residential facility, institution, adoptive family, relative foster family or a transitional living apartment.

Reunification: The returning of foster children to the custody of their parent(s) after placement outside the home.

Reunification Services: Birth parents develop mutually reciprocal relationships that will help them to live together again as a family.

Staff-secure Facility: any public or private residential facility that houses a youth in custody which employs staff to restrict a youth's ability to run away but is not a locked facility.

Transitioning adult: means an individual with a transfer plan to move to an adult setting who meets one of the following conditions: (1) Is eighteen years of age but under twenty-one years of age, was in departmental custody upon reaching eighteen years of age and committed an act of delinquency before reaching eighteen 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 eighteenth birthday. (2) Is eighteen years of age but under twenty-one years of age, was adjudicated abused, neglected, or in departmental custody upon reaching eighteen years of age and enters into a contract with the department to continue in an educational, training, or treatment program which was initiated prior to the eighteenth birthday.

Violation of a Traffic Law of West Virginia: Means a violation of any provision of § 17 (A), (B), (C), or (D), § 17C-4-1 & 17C-4-2 (hit & run) or § 17C-5-1 (negligent homicide), § 17C-5-2, (driving under the influence of alcohol, controlled substance or drugs), or § 17C-5-3, (reckless driving).

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1.8 Target Population

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

- 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 adjudication as a status offender or delinquent, adjudicated as a status offender, awaiting disposition as a delinquent, on probation, etc.) and has been referred to the Department for services;
- The youth/juvenile is an alleged status offender and has been detained because there is a risk of immediate serious harm to the youth/juvenile and/or a responsible caretaker can not be found, in which case it is required that the youth/juvenile be placed in the Department's custody and the Department be notified immediately;
- The youth/juvenile is an alleged status offender or delinquent who has been placed in the temporary legal and/or physical custody of the Department as an alternative to detention (Note: if the youth/juvenile is an alleged status offender, placement may only be in a non-secure or staff secure setting);
- The youth/juvenile has been adjudicated as a status offender, which requires that the youth/juvenile be referred to the Department for services, and the court case has not been resolved and dismissed from the court's dock;
- The youth/juvenile has been adjudicated as a delinquent and has been referred by the court to the Department for services, and the court case has not been resolved and dismissed from the court's docket;
- The youth is over the age of 18 and under the age of 21, and has signed an FC-18, specifically, the child must be in custody of the state and in foster care six months prior to their eighteenth (18) birthdays
- The youth is under eighteen (18) years of age and a ward of the State of West Virginia; furthermore, the permanency plan does not include Adoption and is in need of treatment.

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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 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.
- There is interconnectedness between the steps of the process based on progression.
- Flexibility is critical due to the dynamic nature of worker-client interaction.
- Flexibility allows the worker to respond spontaneously to the clients' needs.

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 Youth Behavior Evaluation on all accepted referrals
- completion of the Comprehensive Assessment and Planning evaluation on all cases in which the youth is before the court
- development of a case plan
- service provision
- case evaluation
- case closure

THE SERVICE CONTINUUM - YOUTH SERVICES AND FOSTER CARE

SECTION 2 - INTAKE

2.1 Intake-

Intake is a distinct step in the Youth Services decision making process. Intake involves all of the activities and functions which led to a decision on how to identify referrals for Youth Services and the determination of what steps should be taken by the Department. The Intake process consists of the documentation of referral information and the supervisory screening of the referral to determine appropriate action. The primary purposes of intake are:

- to assist the reporter in providing information;
- to interpret to families and the community what Youth Services are;
- to evaluate the youth and the youth's family situation to determine whether intervention is warranted;
- to gather sufficient information to make necessary decisions; and,
- to refer families and children to appropriate agencies/services when indicated.

2.2 Intake Process

The primary purpose of intake is to identify cases that require intervention by Youth Services. During this process the worker will attempt to explore with the reporter, insofar as possible, the allegations being made to determine whether or not Youth Services intervention is warranted. For this reason it is crucial that the worker completing the intake be as thorough as possible in documenting the referent's information

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.

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When interviewing the referent, the Intake Worker will attempt to specifically gather information in the following areas:

- the reporter's name, address, and contact information,
- 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.)
- 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;
- concerns of the reporter;
- clarification of referent's statements whenever necessary;
- other individuals who may be able to contribute further information;
- what may be expected as a result of the referral;
- whether the referent is aware of previous involvement with Youth Services or CPS;

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 YS Supervisor's In-box in FACTS

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2.3 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.

2.4 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:

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 eighteen 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.

B. Involve Child Protective Services

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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 CPS referral **must** be made. A CPS 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 is possible that a family may be appropriate for both Youth Services and Child Protective Services. 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.)

To make a recommendation for a referral to a community services provider the worker will:

- 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:

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- Contact community services providers in the area to discuss the referral and pick the most appropriate service to match to 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 CPS 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 CPS 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 complete the Youth Behavior Evaluation (YBE).

E. **Referral from Juvenile Probation Officers**

Juvenile probation officers 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.

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, circuit court judge or juvenile referee. In these instances the supervisor will direct the YS worker to attend the hearing even if no advance notice is given. If a youth is placed in the custody of the department as a result of a hearing then a case will be opened and assigned.

2.5 Notification of Detention – Status Offenders

State statute, 49-5-8, allows a law-enforcement officer to take a juvenile into custody absent a court order under certain limited circumstances. If the juvenile

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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 secures 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.

2.6 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 YS Supervisor, after reviewing the initial report, decides that the information did not appear to meet the criteria for opening a YS 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 YS Supervisor should consider the new information and make a decision on whether it has merit and meets the eligibility criteria. The YS Supervisor will decide whether to assign the case to a YS Worker for follow up. If the YS Supervisor remains undecided, after reviewing and evaluating multiple referrals, then the YS Supervisor should consult with the Community Services Manager or Program Manager in his or her district for direction on how to proceed.

2.7 Response Times

Referrals from Juvenile Probation Officers will need to be assigned immediately and an YBE completed within 5 days. For all other referrals accepted and opened, the YBE must be completed within 14 calendar days of receipt.

2.8 Juvenile Petitions

State statute (49-5-7(2)(e)) requires the circuit clerk to notify the Department whenever a petition alleging that a child is a status offender or a juvenile delinquent is filed in circuit court. The statute does not specify the form that the notification must take. It is assumed that practice may vary from circuit to circuit. For example: In some circuits a copy of all juvenile petitions may be sent to the Community Services Manager or to another parson in the Community Services District. In some circuits a list of all petitions may be sent to the CSM or another staff person.

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Each Community Services district 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; petitioner's name; youth's name; parent's names; physical location of paper petition; and, whether or not the petition is for a status offence or delinquency.

2.9 *Notification to Referents'*

A notification letter will be automatically generated from FACTS, advising the referent that appropriate action is being taken to address the concerns reported. The letter will be mailed to the referent within 72 hours of receipt of the referral.

SECTION 3 - YOUTH BEHAVIORAL EVALUATION

3.1 *Introduction*

The assessment of a request for Youth services or the referral for Youth Services from the court sets the stage for the problem validation, service provision and the establishment of a helping relationship. The assessment process includes information gathering and analysis to determine safety needs.

While the process of assessment is occurring the supervisor will:

- Conduct regular supervisory meetings with the Youth Services worker to provide support, guidance and case consultation and to regulate the quality of casework practice.

3.2 *Assessment Instruments and Processes*

The Department has chosen to use the Youth Behavioral Evaluation (YBE) as the assessment instrument in all Youth Services cases. In addition, the Department has chosen to use the Comprehensive Assessment Planning System (CAPS) process for those Youth Services cases in which a juvenile is involved with the court.

In order to set out the information about these two related assessment instruments and process, it was decided to separate the material into two sections. However, staff must keep in mind the potentially interrelated relationship between these processes and adjust their practice accordingly.

3.3 *Youth Behavioral Evaluation (YBE)*

The YBE is the assessment tool utilized in Youth Services to determine:

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- the level of risk; and,
- the presence of behavior control influences presented by the youth;

3.4 *Components of the Youth behavioral Evaluation*

As stated in the preceding section, the Youth behavioral Evaluation is used to assess both the presence or absence of risk and behavioral control influences. The YBE consists of a set of questions in each of eleven categories. Those categories are:

- youth's behavior
- youth's relationships
- youth's self-perception
- youth's mental health
- youth's academic status
- history and socialization
- parent//caretaker Attitude:
- family history
- family functioning/management:
- community status
- neighborhood attachment

Behavioral control influences are those conditions which are currently present in the home and pose a threat to the safety of the juvenile or the juvenile's family or the community. Behavioral control influences include:

- Youth refuses to live at home or is a runaway and has no established residence
- Youth is suicidal
- Youth is self-destructive
- Youth is violent, physically aggressive, or out of control
- Youth abuses alcohol, drugs, or other dangerous substances

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- Youth inflicts intentional harm to a person, animal, or property without remorse
- Peer relationships reinforce or promote unacceptable behaviors
- Parent refuses to let youth live at home and youth has no permanent “appropriate” place to reside.
- Parents do not function in parental role specifically related to controlling a youth’s unacceptable or negative behavior and the youth’s behavior is a threat to the community or the youth.
- Family members are violent to each other
- Youth’s behavior provokes a serious reaction from others
- Parent encourages youth to commit delinquent acts
- Parents request placement because of youth’s behavior and their inability to control it.

3.5 Purposes

The purposes of the YBE are:

- To determine whether the information gathered through the intake/referral process is accurate;
- To assess the presence and level of risk and behavioral control influences which could affect the safety of the youth, the youth’s family or the community ;
- To secure safety as indicated; and,
- To assure that the parent/caregiver understands the Department’s role in providing services to address issues relating to troubled youth.

3.6 Decisions

The decisions that must be made during the administration of the YBE are:

- Is this a case that warrants Youth Services intervention?
- What is the level of risk to the child?
- What behavioral control influences affect safety?
- If behavioral control influences are present how can safety be assured?

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

3.7 Youth Behavioral Evaluation Assessment Protocol

Upon assignment of a referral the Youth Services will:

- Review the report and all other YS and CPS cases/reports in FACTS, hard files and any other available documentation concerning the family and child;
- Develop a plan for completion of the YBE taking into account the response times including whether or not the referral was made in conjunction with a court proceeding. The preferable site for interviewing the juvenile and other family members is the juvenile's home. Sometimes this is not possible, or due to the emergent nature of the referral it is preferable to interview the juvenile in another site such as at school.
- Consult with the appropriate CPS Supervisor or CPS Worker if the initial referral indicates that there are potential CPS issues or if there is a history of CPS involvement;
- Contact the family to set a time and date for the home visit.

3.8 Interviews

The YS 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, CPS Workers or other individuals who have knowledge of the youth's situation. In completing the Youth behavior Evaluation, 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 is to verify whether there is any validity to the referral information received by the Department, and to identify any risk or safety concerns present.
- If permission to conduct the investigation is declined by the parent/caregiver, then the YS Worker will explain to the parent/caregiver that s/he, the YS

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Worker, must discuss the refusal with the YS 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 YS Handbook, outlining the YS Program and what we hope to accomplish through intervention. Briefly explain the contents of the booklet and assure the parent/caregiver that, if s/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 YS Worker will provide the parent/caregiver with contact information.
- The YS 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.
- Upon completion of the interviews, the YS Worker will reconvene with the parent/caregiver. The YS Worker will share a verbal summary with the parent/caregiver and will summarize the YBE findings.
- If the YS 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.
- If significant risk or Behavioral Control Influences (BCI's) exist within the home which could potentially cause immediate harm to the youth, the family or the community, then a Protection Plan should be discussed with the parent/caregiver. The Protection Plan will remain in place until a Behavioral

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Control Plan can be implemented. (Refer to Section 3.20 for instructions on how to complete a protection Plan.)

3.9 Completion of the Youth Behavioral Evaluation

The YBE will be completed at the time when sufficient information has been collected and/or at any point in time during the life of the case where a new request for or referral for Youth Services is received and the new information is sufficient enough to suggest that a new assessment is required. The completion of the YBE requires the worker to take the following actions.

A. Identifying Risk

The worker will document the information about risk in FACTS. When weighing information to complete the risk assessment component of the YBE the worker will:

- document the information in FACTS on the screens for the YBE;
- Document the appropriate information in the narrative section for each of the categories. If the worker is unable to obtain information about one of the categories then the narrative screen for that category the worker should leave that screen blank.
- Include both positive and negative information for each category.
- 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 description entered into the narrative screen. 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 usually present.

B. Identifying Behavioral Control Influences

The worker will enter information about Behavioral control Influences. When weighing information to complete the Behavioral Influences Component of the YBE the worker will:

- Determine the presence or absence of any Behavioral 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 Behavioral Control Influence and the worker should check all that apply; and,

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- If any Behavioral control Influences are present then the worker must enter the information on the screen to indicate whether an In-Home Behavioral Control Plan will work in this home.

Note: the Behavioral 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 the documentation of the YBE the worker will:

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

3.10 Supervisor Actions

The supervisor will review the YBE 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.

3.11 Incomplete Assessment

There may be occasions when it is not possible to complete the YBE. 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.

The supervisor may decide, based on the results of the YBE, to close the case. This decision can be made when there are no Behavioral Control Influences present and the risk rating indicates that there is no risk of future status offense or delinquency or that there is a low risk of future status offense or delinquency.

3.12 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.

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3.13 Proceed to Service/Case Planning

The supervisor may decide to direct the worker to proceed with service or case planning depending on the results of the YBE for non-court cases. The supervisor may decide to direct the worker to proceed with case planning if the juvenile is involved in court proceedings.

3.14 Proceed to a CAPS Assessment

If the juvenile is not the subject of a court proceeding then the supervisor should consider whether or not a CAPS assessment is necessary to determine the service needs of the juvenile and the juvenile's family. In general, it is strongly recommended that a CAPS referral be made in the following situations:

- cases in which Behavioral Control Influences are present;
- cases with a significant or high risk rating but no Behavioral Control Influences; and,
- cases in which the juvenile and/or the juvenile's family have previously received non-custodial counseling , Family Support Services or services from a non-paid provider and the services were not effective

3.15 Completion of the Protection Plan

A Protection Plan is developed whenever a Behavioral Control Influence(s) (BCI's) is/are identified and immediate action is needed to insure the safety of the child and/or the family. For example: a juvenile may be so depressed that the possibility for self harm appears imminent. Or, a juvenile and his family members may be prone to violence and the possibility that they may harm or attempt to harm each other is imminent.

In such situations the worker should discuss the development and implementation of a Protection Plan. The Plan is a short term document that should be designed to control the Behavioral Control Influence(s) that poses immediate threat of harm. It should be in effect for no more than 7 to 10 days. This will provided for the safety of the family members while the worker completes the Behavioral control Plan.

The Protection Plan can be printed from FACTS and taken with the worker to be used, if necessary, when the interviews to complete the Youth Behavioral Evaluation are being conducted. The Plan can be developed to provide services in the home or can be developed to place the juvenile temporarily out-of-the home for a short period of time.

Because of the need to immediately address the safety of the child and/or the family the Protection Plan can involve informal, non-paid services such as temporary placement with friends or relatives. The Plan can also involve other services such as Behavioral Health intervention.

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In some instances it may be advisable for the family to consider filing a petition and including in the petition a request that the juvenile be detained.

3.16 Completion of the Behavioral Control Plan

A. Introduction

The In-Home Behavioral Control Plan is a short term plan that is developed to control those Behavioral 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. The family should be engaged in the casework process 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 an In-Home Behavioral Control Plan. Each Plan is designed to meet the specific circumstance of an individual juvenile and the juvenile's family. Services may include paid (e.g. safety services) and unpaid 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 In-Home Behavioral 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 usually be obtained through a CAPS assessment.

B. Worker Actions

To complete the In-Home Behavioral Control Plan the worker will:

- Create the plan in FACTS;
- Review the identified Behavioral 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 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; and,
- Send the completed plan to the supervisor for review and approval.

After the supervisor has approved the Behavioral Control Plan the worker will:

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- Print the completed BCP from FACTS and return to the home to discuss it with the juvenile and the juvenile's family.

3.17 Out-of-Home Behavioral control Plan

Introduction

In some cases the worker will identify Behavioral Control influences and the conditions in the home are such that an In-Home Behavioral Control Plan is not feasible. The reasons that an in-home plan will not be feasible will vary from case to case. In some instances either the parent or the child may not agree to cooperate with the plan. In other instances the home may be chaotic and the level of strife between the family members prevents the use of an in home plan.

When a determination has been made that an In-Home plan can not be implemented then the worker should consider the options described in the following sections. If the juvenile is involved in court proceedings then the worker may find it most helpful to discuss the options with the Multidisciplinary Treatment Team.

It may be possible to use an Out-of-Home plan for a short period of time and then implement an In-Home Behavioral Control Plan.

1. 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 either physical and/or legal to the Department.

2. 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 behavioral Control plan. If such a placement becomes necessary then the family can enter into a Voluntary

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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.

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

3. *Filing a Petition*

Depending on the needs and behaviors of the child the worker may choose to discuss with the parents the filing a petition. The parents can choose this option and include in the petition a request that their child be detained prior to adjudication and placed in an appropriate detention facility.

SECTION 4 - FAMILY SERVICES PLAN

4.1 Introduction

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. 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 which required Youth Services intervention. The likelihood of achieving outcomes is directly related to the appropriateness of 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 to the family and the Department;
- To provide structure for the worker and the 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 from the YBE or CAPS;
- Does the plan consider family change and progress;
- Does the plan benefit the family in the most efficient and expeditious manner.

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4.2 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 Youth Behavioral Evaluation and the results of the YBE; or,
- The information gathered during the completion of the Youth Behavioral Evaluation, the results of the YBE and the results of the CAPS assessment in those cases in which a CAPS assessment was completed.

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 services or services that the provider will deliver, the start date of the services , the frequency of the service and the estimated completion date.

4.3 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" or "how do you feel" 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.

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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, the results of the YBE and the results of the CAPS assessment if one were completed. 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 the 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 in the YBE and the CAPS assessment if one were completed. Once the family has discussed these findings then the worker can help the family frame the statements of what must happen. It may be helpful to suggest 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 should be helped to understand that it is not necessary nor are we suggesting that they try change everything that they do or that we are suggesting that they become a model family. The purpose of the planning process is to identify ways to address those conditions which result in increased risk for the juvenile, family and community.

3. Individual Family Members Strengths

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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 Youth Behavioral Evaluation and the CAPS assessment if one were completed.

4. 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 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 need by reviewing with them the information from the Youth behavioral Evaluation and the CAPS assessment if one were completed.

5. 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 in priority order with the most important first, then the next second and so on.

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 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.

6. 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

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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.

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

7. *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.

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;

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- 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 5 - FAMILY SERVICE PLAN REVIEW

5.1 Introduction

Service plan review 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.

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;

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- To measure change in relation to the reasons why YS 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 appropriate?
- Does anything need adjusting in the service plan?
- 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?
- Is communication among the various persons participating in the service plan up-to-date?
- Have the family's goals been met?
- Does a referral for Child Protective Services need to be considered?
- Are there indications that risk has increased and there is a need for a new YBE?
- 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?

5.2 Service Plan 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 that 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.

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- Meet with all family members to formally review the service plan and evaluate progress towards goal achievement.
- 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.

Whenever case closure is being discussed the worker should consider first completing a new Youth Behavioral Evaluation. The completion of a second YBE provides the worker and the family with a means to compare whether there are any Behavioral Control Influences which remain and which must be addressed. Comparing the original YBE to a second one also allows the family and the worker to objectively address whether or not risk has been reduced and by how much.

5.3 Approval of the Family Service Plan 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:

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- 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 6 - MULTIDISCIPLINARY TREATMENT TEAM

6.1 Introduction

A multidisciplinary treatment team (MDT) is a group of individuals, from different disciplines, who work together with the juvenile 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 juvenile and the 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 juvenile must be notified and invited to participate in the MDT, but extra attention must be placed on encouraging the juvenile and family to participate in the MDT process.

6.2 Establishing the Multidisciplinary System

A. Statutory Requirements

State Statute 49-5D-1, requires the Department to establish a multidisciplinary screening, advisory and planning system. This system will be established to address both Child Protective Services cases and Youth Services cases.

B. Purposes

For those Youth Services cases which are subject to the provisions of this part of the Code, the purposes of the MDT process are to:

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- Provide a system evaluation of and coordinated service delivery for children undergoing certain status offense and delinquency proceedings.
- Assist courts in facilitating permanency planning following the initiation of judicial proceedings;
- Recommend alternatives to the court including types of services and types of placements, if any; and,
- Coordinate evaluations and the provision of services.

6.3 Establishing Multidisciplinary Treatment Teams

A. Statutory Requirements

State Statutes regulate the filing of a petition and the convening of a multidisciplinary treatment team.

1. 49-5-7 Institution of proceedings by petition

Under the provisions of 49-5-7 “a petition alleging that a juvenile is a status offender or a juvenile delinquent may be filed by a person who has knowledge of or information concerning the facts alleged”. This means that a number of different persons, not just the parents of the juvenile, may file a petition.

B. Notification by Circuit Clerk and juvenile Probation Officer

Under 49-5-7 the Circuit Clerk is required to notify the Department of the initiation of all proceedings under this article. All of these proceedings, i.e. the filing of a petition, will not necessarily result in the necessity of convening a multidisciplinary treatment team.

Under this same article the Juvenile Probation Officer is also required to notify the Department.

This article should be read in conjunction with the provisions of 49-5D-3.

C. 49-5D-3 Multidisciplinary treatment planning process

49-5D-3 requires that a multidisciplinary treatment team must be convened whenever:

- An adjudicated status offender has been referred to the Department for services in accordance with the provisions of State Statute 49-5-11 & 11a; or,

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- When it is likely that an adjudicated delinquent will be placed in the Department's custody or placed in an out-of-home placement at the Department's expense in accordance with State Statute 49-5-13.

D. Purpose

The purpose of the multidisciplinary treatment team is to do comprehensive assessment, planning, service implementation, and monitoring of cases pertaining to youth/juveniles involved in status offense or delinquency proceedings and their families.

E. 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 the Department has decided as a matter of good practice to include additional persons in the treatment team. Both of these classes of person are listed below. It is the position of the Department that both classes of persons must be invited to and allowed to participate in the multidisciplinary treatment team process should they choose to do so.

By statute, the treatment team must include the following individuals:

- the Department's worker assigned as the youth/juvenile's case manager;
- the youth/juvenile's custodial parents or guardian;
- other immediate family members;
- the guardian ad litem, if any
- the child's attorney;
- the prosecuting attorney or his/her designee;
- the attorney or attorney representing the child;
- for purposes of delinquency proceedings, the juvenile probation officer;
- the child may participate if deemed appropriate by the MDT;
- And where appropriate to the particular case, a court-appointed special advocate (CASA), an appropriate school official and any other person or an agency representative who may assist in providing recommendations for the particular needs of the child and family.

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(This last category of membership should be interpreted to mean any professional or nonprofessional provider of direct and/or supportive services to the youth/juvenile and family, including but not limited to individuals such as Domestic Violence Advocate or Counselor, Substance Abuse Counselor and a representative from the Board of Education or any other supportive person as requested by the youth/family.)

By policy, the following individuals must be included in the treatment team:

- the attorney representing the youth/juvenile;
- the youth/juvenile if 12 and over participation is otherwise appropriate;
- the youth/juvenile if under the age of 12, when the team determines that participation is appropriate;
- the CAPS Coordinator, when appropriate;
- The foster/adoptive parents or representative from the placement facility.

6.4 Initiating the Multidisciplinary Treatment Team Process

A. Statutory Requirements

Under the provisions of 49-5D-3(2) Juvenile Probation Officers are required to give the Department at least five working days notice when:

- In a status offense proceeding the court will refer the juvenile for services; or,
- In a delinquency proceeding when the court is considering placing the juvenile in the Department's custody or placing the juvenile out-of-home at the Department's expense.

B. Referral of a Case Requiring a Multidisciplinary Treatment Team

The Juvenile Probation Officer should provide the Department with written notification at least five days prior to a court proceeding in which a juvenile will be referred to the Department for services and/or placed in the Department's custody. The Department has entered into an agreement with the West Virginia Supreme Court concerning the referral process but practice may vary from Circuit to Circuit.

When a referral is received and there is no open case on the juvenile the following should occur:

- The referral will be entered into FACTS and immediately sent to the Supervisor; and,

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- The case will be opened and assigned to a worker.

When a referral is received and there is an open case on the juvenile then the following should occur:

- The referral should be entered into FACTS and immediately sent to the Supervisor: and,
- The Supervisor will review the referral and assign it to the worker carrying the case.

C. Convening the Initial Multidisciplinary Treatment Team

After the referral has been assigned then the worker will take the following actions:

- The worker must convene the MDT immediately, especially if the referral was received at the minimum five (5) working day notification requirement.
- The worker will notify MDT members of the scheduled MDT date, time and place within 24 hours, of the case being assigned, when the hearing is scheduled within five (5) working days. Notification can be done by telephone, fax, or mail. When sufficient time allows, the worker will notify MDT members of the scheduled MDT date, time and place at least 15 days prior to the MDT.
- The worker will prepare written follow up for all notifications made by telephone or fax and mail immediately. (This is done by documenting the MDT information under the Notify Screen in the Court Screens and then printing the Notification of MDT letters for all team members.)
- The worker will evaluate the youth/juvenile's safety/risk in the family home, by using the Youth Behavior Evaluation tool. The worker will provide the MDT with information to develop a comprehensive individualized service plan for the youth/juvenile and family whenever possible. In situations where the worker has to convene an MDT within five (5) working days prior to the hearing, the worker will at a minimum evaluate the youth/juvenile's safety/risk in the family home and provide the MDT with the completed Youth Behavior Evaluation. In those situations where it may not be possible to evaluate the youth/juvenile in their home, workers should make every effort to evaluate the youth/juvenile in their natural environment such as school, relative's home, friend's home, or local community center. The worker must document in FACTS, under Contacts, the reasons that the youth/juvenile was not evaluated in the family home.

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- The worker will contact other collaterals, such as, school personnel, in-home providers, juvenile probation officer, therapist, doctor, psychologist, to gather information about the youth/juvenile and family to complete the Youth Behavior Evaluation.
- The worker will arrange for a CAPS assessment the results of which will be discussed during the MDT.
- The worker will make efforts to enlist the family and youth in inviting other family and community members who may be of some assistance to participate in the MDT. It is understandable that this may not be possible when the hearing is scheduled within five (5) working days, but after the initial meeting the worker should do so. The goal is to ensure that future MDT's are as beneficial as possible for the family.

D. Conducting the Initial Multidisciplinary Treatment Team

In conducting the MDT the worker will be responsible for:

- chairing the MDT and facilitating the discussion of the case;
- distributing records and collecting and destroying copies after the meeting;
- assuring that all members understand the rules of confidentiality and sign the confidentiality statement
- preparing the recommendations of the team for presentation to the court including the Youth Case Plan; and,
- at the conclusion of the initial meeting scheduling the next meeting of the team. (If the CAPS assessment has 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 provided with five days notice of a hearing it will not be possible to develop a detailed plan for presentation to the court. The worker should prepare a plan to the court which includes: any pertinent information from the YBE such as services or action necessary to insure safety; 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.

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E. ON-Going Multidisciplinary Treatment team Meetings

Multidisciplinary Treatment Teams must continue to meet on a continuous basis until permanency has been achieved for the child and/or the case has been removed from the docket of the court... State Statute requires the court to hold regular judicial reviews at least once every ninety (90) days to review the child's case plan with the MDT in attendance. This will require the MDT to also meet at least once every ninety (90) days prior to the court hearing. The Department worker is responsible for chairing and convening all ongoing MDTs.

The MDT must be held within the family's county of residence to assure the input from team membership and to assure the family's involvement. Special attention should be placed on engaging the family and the foster parents in the MDT process.

Worker Actions:

- MDT meetings must be held at least once every ninety (90) days to review and revise, if needed, the Youth Services Case Plan until permanency has been achieved for the child. Following this review, a written report of the results is to be provided to the court. This will be the document used to review the case at the permanency placement review hearings and judicial review.
- The members of the MDT must be properly notified in writing at least fifteen (15) days prior to the MDT meeting, by printing the Notification of MDT letters from FACTS. Special attention must be given to the family's involvement in the MDT process. The family must be encouraged to participate in the MDT meetings.
- All MDT participants must sign a confidentiality statement at each meeting. The Department worker will maintain an MDT signature sheet in the case record. *Note: The Department worker must print the List of MDT Participants from Merge Forms to use as the confidentiality statement, until the form has been revised. This form can be modified to add additional team members as they participate in the MDT process.
- If the juvenile is in foster care then the foster parents or provider will provide the Out-of-Home Observation Report to the MDT which includes a report on the progress of the child, any changes in the child's case, an evaluation of the services provided to the child and his family, the status of the child's health and education, and any other relevant information for each month the child has been in placement with the provider. Foster Parents must be encouraged to participate in the MDT meetings.

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- Adult Service staff should be invited to the treatment team meetings for all children age seventeen (17) years or older to plan for continued adult support if necessary.
- Homefinding staff should be invited to the treatment team meetings to assist the team with placement decisions.
- The MDT meetings should also be used to meet other necessary case review requirements such as the administrative review.
- The Department worker will enter the MDT information into the MDT FACTS screen.

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

F. Recommendations to the Court

State Statute requires that an MDT report is made to the court prior to the hearing. 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 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.

In any case in which the court decided to order the child placed in an out-of-state placement it shall set forth in the order directing the placement the reasons why the child was not placed in an in-state placement.

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6.5 Combining the MDT with Other Review Requirements

There are requirements either in state statute and 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, 49-5-21, which requires a regular review of every case in which an MDT has been established. 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, 49-6-8, requires an annual review of all children placed in out-of-home care. This provision of the statute is referred to as a Foster Care 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 hearing 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 holding an MDT meeting and then immediately following that meeting conduct an Administrative Review. 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.

SECTION 7 - COMPREHENSIVE ASSESSMENT PLANNING SYSTEM (CAPS)

7.0 Introduction:

The importance of a comprehensive assessment for juveniles and their families who have been referred for Youth Services can not 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.

7.1 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. The Department is required to develop a comprehensive assessment process which will be the basis for the development of the plan.

49-5D3 reads in part: "In developing an individualized service plan for a child, the [multidisciplinary] team shall utilize a uniform comprehensive assessment of the child. The department shall adopt a standard uniform comprehensive assessment instrument or protocol to be used by treatment teams."

7.2 The Comprehensive Assessment Planning System (CAPS)

Although the statutes require the Department to develop a standard uniform comprehensive assessment protocol, the statutes do not describe the protocol itself or the components of such a protocol. The design of the protocol is left to the discretion and judgment of the Department.

In order to meet the statutory requirements the Department, in partnership with private providers, developed and implemented the Comprehensive Assessment Planning System. CAPS is the assessment protocol which will be used to meet the treatment planning requirements established in 49-5D-3.

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7.3 Juveniles Served through CAPS:

Certain juveniles who are involved in court proceedings and their families must be provided a CAPS assessment. In addition, other juveniles may be offered this service.

A. Juveniles Who Must be Referred for a CAPS Assessment Include:

- Adjudicated status offenders who are referred to the Department for services under the provisions of 49-5-11 and 49-5-11a; and;
- Juveniles adjudicated as delinquent and referred to the Department under the provisions of 49-5-13 and the court is considering placing the juvenile in the department's custody or out-of-home at the Department's expense.
- Any exceptions will be approved by the Child Welfare Consultant or the Regional Program Manager in the Region where the youth resides and the reasons documented in FACTS.

Note: some juveniles subject to these statutory provisions may already have completed some of the assessments included in CAPS such as a substance abuse screening or psychological evaluation. However, a referral for a complete CAPS assessment must be made. The provider will incorporate the results of the other assessments into CAPS if they are current and will not repeat them.

B. Juveniles for Whom a CAPS Assessment Should be Considered

Any juvenile and the juvenile's family who are receiving Youth Services can, if circumstances warrant, receive a CAPS assessment. Particular consideration should be given to the following situations:

- Disrupted placements in which new behaviors begin to surface or there is an escalation of behaviors such that the juvenile can no longer be cared for at the current level of care. This category includes juveniles who have previously undergone a CAPS assessment but continue to experience disrupted placements; and,
- Juveniles in an out-of-home placement where reunification is being considered and there has not been a CAPS assessment.

C. Exceptions

There may be juveniles who are moving from one placement to another for reasons other than a disruption. In general, the following juveniles should not be considered for a CAPS assessment:

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- Juveniles transitioning from a higher level of care to a lower level and this is a planned move not a disruption;
- Juveniles temporarily placed in Emergency Shelter Care upon completion of an evaluation at a diagnostic facility. The results of the diagnostic evaluation can be use in place of the CAPS assessment; and
- Juveniles placed in an Emergency Shelter Care facility for purpose of respite.

7.4 PURPOSES:

The purposes of a CAPS assessment are:

- To reduce the number of out of home placements
- To decrease the number of disruptions of placements,
- To reduce the length of time in custody
- To assist in achieving permanency in a more timely manner
- To assist the MDT in making informed decisions regarding treatment needs
- To provide a process by which assessments are uniform and consistent.
- To identify cause of risk influences and behavioral control influences
- Identify conditions in the home which negatively impact the family's ability to function successfully
- Help to formulate recommendations for safety
- Recommend appropriate services
- Engage the family in the treatment process and increase ownership in the treatment process
- Help the YS Worker and MDT in understanding the family dynamics
- Recommend appropriate options for permanency planning.

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7.5 Components:

The Comprehensive Assessment and Planning process requires the involvement of both the worker assigned to the Youth Services case and the provider who is conducting the assessment. Sometimes the worker and provider must work together and sometimes each has independent responsibilities.

The CAPS process consists of a series of meetings and assessments resulting in the preparation of a final report. The components of the CAPS process include:

D. Two tiers of assessments:

1. *First Tier*

The first tier consists of a battery of assessments which are completed in every case; the first tier consists of the following:

- The Psychosocial Domain: The youth's demographic, biological family, referral information, placement history, prior service history, developmental history, health/medical history, education, social, personal recollections/observations, functional assessment, independent living skills assessment, substance abuse, sexual abuse history, and mental status are explored..
- The Physical Domain: For those juveniles in placement such as an emergency shelter care or foster care placement a Health Check examination must be completed.
- The Adaptive Functioning Domain: This rating scale assesses the youth's degree of impairment in day-to-day functioning due to emotional, behavioral, psychological, psychiatric, and/or substance use problems. This also includes the Daniel Memorial.
- The Child and Adolescent Needs and Strengths Assessment (CANS): The CANS identifies strengths and needs of the youth and the family, an essential piece of the Family Service Plan. This tool assists in the case management and services to the family with the primary objectives of permanency, safety, and an improved quality of life. Different versions of the CANS can be used to address developmental needs, functioning domain, criminal and delinquent behavior, and sexual behavior.
- Family Assessment: This measures family functioning in five domains including the youth's home environment; parental capabilities; family interactions; family safety; child wellbeing.

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E. **Second Tier**

The initiation of one or more of the assessments in the second tier is triggered by the information obtained from the completion of the first tier. For example: if substance use or abuse is identified then further exploration may be necessary.

The second tier or “battery” of assessments may include some or all of the following:

- **Psychological:** Focuses on assessing the normal and abnormal nature of a person’s overall functioning. The specific nature of these evaluation vary depending on the issues to be addressed, but they involve at least the following components
- **Substance Use:** Standardized assessment tool for adults to determine the extent alcohol and/or drug use has impacted a consumer’s daily functioning. Relating to medical status, employment/support status; alcohol/drug use, legal status, family history, social relations and psychiatric status.
- **Substance abuse:** Brief psychological screening measure that helps identify individuals who have a high probability of having a substance use disorder. SASSI versions are composed of face valid items as well as subtle items that do not address misuse in a direct manner for individuals who may be unwilling to acknowledge relevant substance-related behavior. Final result a clinical picture of dependence.
- **Juvenile Sex Offender:** A checklist whose purpose is to aid in the systematic review of risk factors that have been identified in the professional literature as being associated with sexual and criminal offending. It is designed for boys age 12 to 18 and is useful for informing and guiding treatment and risk management decisions.
- **A clinical interview**
- **Juvenile Service Battery:** A ten item self-report instrument that shows an individual’s degree of comfort regarding engaging in certain criminal behaviors. The final product is a score to be used for programming and treatment planning needs

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F. **Meetings**

The CAPS process includes the following meetings:

- The family joining meeting during which the worker introduces the provider to the family and the provider discusses the steps they will take to complete the CAPS process;
- A series of meetings between the provider and the family in which the first, and when necessary, the second tier assessment are completed; and,
- The family conferencing meeting which is conducted by the provider with the family to review the results of the assessments and to prepare for the upcoming MDT meeting in which the results will be presented.

G. **Comprehensive Assessment Report (CAR)**

After the assessments have been completed and other necessary information obtained, the provider will prepare the Comprehensive Assessment Report (CAR). The CAR is used during the MDT process to:

- Provide information about the juvenile and the juvenile's family to the members of the MDT; and,
- To serve as the basis for the development of the Youth Services case plan.

The Comprehensive Assessment Report consists of the following:

- the results of the youth/child assessments;
- the results of the family assessments;
- the identification of the family's strengths and weaknesses;
- the integrated child and family summary; and,
- recommendations

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7.6 The CAPS Process Steps, Timelines and Responsibilities

In general, it is expected that the CAPS process will require 30 days to complete. In rare instances when it is necessary to arrange for some Tier II assessment s the process may take longer than 30 days. Following are the steps, timelines are responsibilities in the CAPS process:

- STEP 1: 24 hours
Set up Family Joining Meeting
Schedule EPSDT
Coordinate Visitation
- STEP 2: 3 days
Hold Family Joining Meeting
Care Connection Form
Master Treatment Plan
Schedule 30 day MDT
- STEP 3: 7 days
Schedule psychological evaluation
- STEP 4: 14 Days
NCFAS
CANS
Genogram
Schedule Tier II Assessments
- STEP 5: 19 days
Complete Tier II Assessments
- STEP 6: 25 days
Complete CANS
Schedule 30 day MDT
- STEP 7: Prior to MDT
Conduct Family Conferencing
Conference to prepare family for MDT and discuss CAR Results

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7.7 Locations Where a CAPS Assessment Can Be Completed

The CAPS assessments can be performed whether the child is in an emergency shelter, in the family's home, in a relative placement or in a foster home. To distinguish between the two, we have separated them into two categories which we refer to as CAPS-Shelter and CAPS-Mobile.

- CAPS-Shelter: Those CAPS assessments which are completed while the child is in placement at an emergency shelter.
- CAPS Mobile: The CAPS assessments which are conducted in settings other than an emergency shelter.

7.8 CAPS Referral Process

To initiate a referral the YS Worker will contact the provider to determine if they complete the CAPS assessment. If the provider can provide this service then the worker will complete the referral form which will be generated from the FACTS system. The Worker will provide the following basic information to the CAPS Provider:

- Date of the referral
- Date of custody, if in custody
- Name of the agency to whom the referral is being made
- Name of the assigned YS Worker
- County of residence
- FACTS Client identification number
- Family name
- Parent/caregiver's names
- Family's address and telephone number
- Directions to the family's home
- Names of all household members, including siblings, spouses and significant others and their ages, if available
- Youth's medical card number
- Youth's social security number

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- Race/sex
- Name of school child attends and contact information
- Type of CAPS referral

7.9 Refusal to Participate in the CAPS Process

The Department cannot compel a parent/caregiver or juvenile to participate in the CAPS process. In cases where the parent/caregiver or juvenile refuses to cooperate with the CAPS process and there are court proceedings then the YS Worker will notify the MDT. The MDT will convene and discuss the parent/caregiver or juvenile's reasons for refusal. The MDT will inform the parent/caregiver or juvenile of what actions may be taken as a result of his or her decision. The MDT will note the parent/caregiver or juvenile's response and will report this information to the court regarding the issue. The court will then decide how to proceed.

In cases where there is no court involvement, the parent/caregiver or juvenile may refuse to participate in the CAPS assessment. However, if this occurs, then the parent /caregiver or juvenile should be advised of the potential actions which may be taken by the Department. The parent/caregiver juvenile should be advised that a lack of cooperation may result in closure of the case or the filing of a petition or other action. In cases where the youth, the youth's family, and or the community are at risk, or where BCI's are believed to be present, the Department may petition the court to intervene. At that point, the court will determine what, if any, remedies should be applied.

SECTION 8 - INITIAL YOUTH SERVICES CASE PLAN

8.1 *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. 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 49-5-7, 49-5-11, 49-5-13 and 49-5D-3;
- 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.

8.2 *The Philosophy of Case Planning*

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. 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 which required Youth Services intervention. The likelihood of achieving

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outcomes is directly related to the appropriateness of 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.

8.3 Purposes

The primary purposes of the family service plan are:

- to provide accountability for the worker to the family and the Department;
- to provide structure for the worker and the 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

8.4 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 from the YBE, CAPS and other agencies or providers;
- Does the plan consider family change and progress;
- Does the plan deliver the biggest, best and quickest payoff for the family?

8.5 The Process for Case Planning

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.

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- The worker assigned to the case will schedule the initial meeting of the MDT and make a referral for a CAPS assessment. (The scheduling of the MDT is one of the responsibilities of the CAPS provider. However, the Department may not be given very much advance notice of the scheduled court proceeding. In such cases the important consideration is to schedule the MDT meeting and it may be quicker if the worker does so.)
- 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 the court.

8.6 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 Youth Behavioral Evaluation including the results of the YBE;
- the Behavioral Control Plan if one has been implemented;
- the results of the CAPS assessment if one has been completed;
- 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.

8.7 Components of the Case Plan

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

- client information;

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- 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.

8.8 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:

A. Client Information

B. Removal, Placement and Planning

1. 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.

2. 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 consider the following:

- the type of facility where the juvenile is placed or the type of facility the MDT is recommending;

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- 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;
- whether the placement is in close proximity to the juvenile's community;
- whether the placement is least restrictive in light of the juvenile's needs and behaviors;
- why the placement is in the best interests of the juvenile;
- the recommended visitation plan;
- how the placement will assure the safety of the juvenile; and,
- whether the parents/caregiver can contribute to the cost of placement.

3. *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;
- the frequency and duration of services for the juvenile and the juvenile's parents/caretakers;
- any tasks that the worker or the family will be expected to perform as a part of the case plan;
- the permanency plan if the juvenile is out-of-home or the MDT is recommending placement;
- the concurrent plan for the juvenile;

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;
- the need for additional education services such as the completion of an IEP;

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- the results of any medical assessments of the juvenile including a Health Check assessment;
- the results of any behavioral health assessments of the juvenile including a psychological or psychiatric evaluation;
- the results of any medical assessments of the parents; and,
- the results of any behavioral health evaluations of the parents/caregivers including a psychological or psychiatric evaluation.

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 should 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.

8.9 Completing the Case Plan

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 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, or 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

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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 rationale for the proposed plan.

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 9 - YOUTH SERVICES CASE PLAN REVIEW

9.1 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.

9.2 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. These requirements include:

49-5-11 which reads in part: "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 pursuant to 49-5-11a of this article order the department to report back to the court with regard to the juvenile's progress at least every ninety days or

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until the court...orders further disposition ... or dismisses the case from its docket". And;

49-5-21 which reads in part: "For case under this article in which the provisions of 49-5D-3 apply, the court wherein the juvenile proceeding is pending shall conduct regular judicial reviews of case with the multidisciplinary treatment team. Such review may be conducted as often as is considered necessary by the court but shall be conducted at least once every three calendar months as long as the child remains in the legal or physical custody of the state".

9.3 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 YS intervention; and,
- to disengage YS from family involvement.

9.4 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?
- is the juvenile and the juvenile's family participating in the case plan?
- is progress being made/
- does the Behavioral Control Plan, if one exists, need revision?

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- 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?

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9.5 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;
- contact the family to encourage them to participate in the meeting;
- 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; and,
- invite Homefinding staff if assistance with placement decisions is necessary.

Note; In order to provide a comparison of the family dynamics present at the initiation of the case planning process and those present at the time of case review, it is recommended that the worker complete a new Youth Behavioral Evaluation prior to the MDT meeting. The comparison between the two instruments can be used to provide an objective basis for evaluating the changes made by the family and the juvenile.

B. Conducting the Multidisciplinary Treatment Team Meeting

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

- remind the members of the ground rules for conducting the meeting.
- make sure the members sign the confidentiality statement.
- actively engage the family and the juvenile throughout the meeting.
- review the previous case plan;

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- 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;
- 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 ninety days;
- if the juvenile is in foster family care review the Out-of-Home observation report which includes a report on the progress 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 worker will.

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 ninety days.)

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

9.6 *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.

9.7 *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 meet at least every 90 days and the court reviews the results of the meetings at least quarterly.

SECTION 10 - GRIEVANCES, CONFIDENTIALITY AND OTHER POLICIES

10.1 *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 YS the worker will:

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- 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 can not 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 can not 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 form 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 can not 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.

10.2. Confidentiality

The confidential nature of Youth Services records is governed by Chapter by Chapter 49-7-1 of the Code of West Virginia. 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 the Code have the right to access the record except for:

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- 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.

The supervisor will:

- Determine whether the release of information should be made available under the provision of Chapter 49-7-1. 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 tot review the documents/information within the office at the appointed time. If the person wants copies of the information provide the copies as requested.

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- 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.