

 <p style="text-align: center;">WEST VIRGINIA DIVISION OF JUVENILE SERVICES</p>	<p><u>POLICY NUMBER:</u></p> <p style="text-align: center; font-size: 2em;">500.05</p>	<p><u>PAGES:</u></p> <p style="text-align: center;">8</p>
	<p><u>CHAPTER:</u> Juvenile Services</p>	<p><u>REFERENCE AND RELATED STANDARDS:</u> WV Code Chapter §49-2-903.</p>
<p><u>SUBJECT:</u> Treatment Timeframes and Mandates</p>		
<p><u>DATE:</u> July 1, 2015</p>		

PURPOSE

It is the policy of the Division of Juvenile Services to establish timeframes and mandates for treatment staff to complete assessments, reports and forms which will assist the juvenile in successfully completing their program with the Division of Juvenile Services.

CANCELLATION

This policy has been reviewed and supersedes Policy 500.05 dated July 1, 2014.

APPLICABILITY

This Policy applies to all Division of Juvenile Services' facilities and centers.

PROCEDURES

1. Timeframes of Mandatory forms
 - a. The following are due upon completion of the intake process for any resident entering the custody of the Division of Juvenile Services:
 - i. MAYSI-II Assessment will be completed within one hour of admission. The assessment is completed on paper then the scoring information is entered into OIS. The paper assessment is placed in the Medical File.
 - ii. Suicide Assessment will be completed in OIS by the staff member completing the intake.
 - iii. Resident Handbook is given to the resident upon intake.
 - iv. Initiate Observation Sheet (for Behavioral Watch): The sheet is uploaded to OIS upon completion. (see Policy 332.00-Specialized Housing,

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Attachment #1, and Policy 414.00-Suicide/Self-harm Prevention and Intervention, Attachment #3)

- b. The following are to be completed in OIS (unless otherwise specified) by treatment staff within the first 72 hours of admission:
- i. COE form (detention residents only).
 - ii. Initial PREA Training.
 - iii. Review of the Suicide Assessment already completed in OIS during intake to ensure the correct suicide watch level has been selected.
 - iv. Intake Mental Health Screening and Assessment upon a face-to-face interview with the resident.
 - v. Resident Handbook Review: Staff will assist them in understanding the information if the resident is unable to read or comprehend the material,
 - vi. Initial Treatment/Service Plan is only for residents entering DJS custody. Initial Treatment/Service Plans are not completed for residents transferring from one facility to another.
- c. The following are to be completed by treatment staff by the deadlines specified:
- i. Youth Level of Service/Case Management Inventory (YLS-CMI) or Level of Service/Case Management Inventory (LS/CMI) and Interview Guide.
 - 1) Which assessment completed is determined by the resident's current age
 - 2) Due between day 20-30 of continuous DJS custody.
 - 3) Must be completed before writing the Case Management Plan.
 - 4) Must be completed again every 6 months of continuous custody.
 - 5) Must be completed in the online system from Multi-Health Systems, Inc.
 - 6) Save the Profile Report that is generated by Multi-Health Systems.

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- 7) Scores and a summary are entered into OIS.
 - 8) The Profile Report from the Multi-Health Systems and the completed interview guide are uploaded into OIS.
- ii. Youth Level of Service/Case Management Inventory Summary Report or Level of Service/Case Management Inventory Summary Report - Detention Centers are required, by day 30 of continuous custody, to summarize the results of the YLS/CMI or LS/CMI and include the information in the DJS YLS/CMI or LS/CMI Summary Report to be submitted to the county probation department. Completed in OIS and printed as a report, which is then mailed to the probation officer.
 - iii. Case Management Plan is due on Day 30 of continuous custody in rehabilitation facilities and due by Day 60 of continuous custody for those residents who are in detention or a diagnostic center. Once completed, run the report from OIS, have all parties sign, including the resident, send a copy to the county probation department.
 - iv. The Case Management Plan Review is updated in OIS on the original Case Management Plan. First review is due, at a minimum, 90 days after the Case Management Plan is written and then due every 90 days of continuous custody with DJS. Run a report in OIS and send a copy to the county probation department when completed and signed.
 - v. Casey Life Skills Assessment is completed in the Casey Life Skills online system
 - 1) For all youth in DJS custody age 14 or older.
 - 2) Requires new assessments to be completed every 12 months.
 - 3) Completed no later than day 30
 - 4) Create a Casey Life Skills Learning Template (word format) with the youth. (Attachment #1)
 - 5) Create results that are entered into the OIS system.
 - vi. Readily At Hand Checklist - located at: <http://www.itsmymove.org/rah/ReadilyAtHand6-9-2011.pdf>. Staff are to complete this on all youth age 16 and older in DJS custody. Initially it is to be completed the first two weeks of placement; but this is a fluid document and should be updated as additional information is received or tasks are completed. The form must be completed as thoroughly as

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possible and information added as documents are received. The form is printed and uploaded into OIS. This is only for youth in our rehabilitation/correctional centers.

- vii. Psychological Evaluation: When a Psychological Evaluation is required, staff are to complete the Referral for Psychological Evaluation form in OIS. Psychological Evaluations for detention residents will be completed by an outside referral source. A psychological evaluation is completed:
 - 1) On every diagnostic resident as part of the Comprehensive Diagnostic Packet.
 - 2) Based on the results of a completed mental health assessment, as needed.
 - 3) To aid in discharge planning, as needed.
- viii. Progress letters are to be written in OIS and submitted to the Court at least once every 30-60 days for rehabilitation center residents.
- ix. The Progress/Behavior Reports covers behaviors of residents while in detention placement, including visitation and contact with family members, disciplinary incidents and summary of educational needs/progress.
 - 1) These reports are not intended to be used to make recommendations to the courts on specific placements unless submission of the report is agreed to by the probation officer and/or social worker.
 - 2) This report is completed in OIS and printed. It is to be submitted to the court at any hearing if the resident is in DJS custody more than ten days.
 - 3) This report can be requested by the court at any time.
- x. Multi-disciplinary Team Meeting (MDT)
 - 1) Send a MDT Notice (Attachment #2) to all invited participants at least 2 weeks prior to the MDT date when possible.
 - 2) Required for every diagnostic resident. The MDT is scheduled approximately Day 25 of the diagnostic placement.

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- 3) For rehabilitation program residents, an MDT will be held within the first 30 days after placement at their program facility.
 - 4) An MDT is required to be held every 90 days thereafter for each rehabilitation program resident.
 - 5) An MDT is required, at a minimum, 60 days prior to a scheduled release from rehabilitation centers. Information from this MDT is included in the Aftercare Pre-Release Plan.
 - 6) An MDT is scheduled any time in any DJS facility when the staff feel the resident needs a plan from the MDT team or is experiencing difficulty.
 - 7) The MDT Committee or treatment team will consist of the juvenile, DHHR worker, DJS Case Manager, parent/guardian/custodial relatives, attorney, any attorney representing a member of the treatment team, probation officer, prosecuting attorney or designee, an appropriate school official and any other person or agency representative who may assist in providing recommendations for the particular needs of the juvenile and family, including domestic violence service providers.
 - 8) Treatment staff are encouraged to use the MDT process when writing the Case Management Plan or conducting Case Management Plan Reviews.
 - 9) The MDT meeting minutes are completed in OIS. A report is printed and sent to all parties who attended the MDT but must be sent to the Circuit Court Judge, Prosecuting Attorney, Defense Attorney and County Probation Officer.
 - 10) At the completion of the MDT meeting, ensure all parties have signed the MDT Statement of Participation/Confidentiality (Attachment #3) Ask permission, then sign for any team member who participates via telephone or videoconference. Upload the document into OIS.
- xi. Collateral Interview (diagnostic only) is due by Day 10 of the diagnostic program and is uploaded into OIS (Attachment #4).
 - xii. Comprehensive Diagnostic Packet (diagnostic only) is a summary of an adjudicated youth's assessments, observation by staff, information from probation, DHHR and other treatment providers as well as minutes from

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the multi-disciplinary team which is provided to the court to assist in recommendations for sentencing options. The report is to be completed by treatment staff by Day 30 and provided to the court no later than Day 40 of placement in the diagnostic program and is uploaded to OIS. The comprehensive report consists of a:

- 1) Family and Social History Report,
 - 2) Psychological Evaluation,
 - 3) Educational Report,
 - 4) Medical Report and
 - 5) Multi-disciplinary Meeting minutes.
- xiii. Psychiatric Referral is completed by the nurse and submitted for all youth who enter the facility and are currently on medication. In addition, it is to be completed by the nurse on any youth the staff has identified as needing a medication review or if the youth requests to see the psychiatrist.
- xiv. Referral for Individual Counseling is completed in OIS by treatment staff for youth committed to DJS for placement in a rehabilitation center, if recommended as a result of the mental health assessment process. For detention centers, the referral is to be completed on a case by case basis as requested by the facility director.
- xv. Referral for Intake & Assessment Center is completed in OIS for any youth in a detention center that has been committed to DJS for placement at a rehabilitation center by a Circuit Court Judge.
- xvi. Referral for Wellness Center is an assessment to aid in the development of a treatment plan and the most appropriate course of treatment.
- 1) The referral is completed in OIS for any youth committed to DJS for placement in a rehabilitation program who requires specialized mental health services due to special health needs such as developmental disabilities, intellectual disabilities, or serious mental health needs.
 - 2) The referral could result in placement on the Wellness Center or assistance from facility staff on how to best meet the needs of the youth while remaining at the referring facility.

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- 3) Most youth will be identified during the intake process but can be referred after placement at one of the rehabilitation programs if there is a change in status.
- xvii. Referral for Rubenstein Center is completed in OIS for
- 1) Any male diagnostic resident age 15 or older who the diagnostic team is planning to recommend to a DHHR level 2 or level 3 residential treatment facility (mandatory referral), or
 - 2) Any youth who receives a court order which orders the youth to be committed to the Director of the Division of Juvenile Services for placement at the Kenneth Honey Rubenstein Juvenile Center (mandatory referral), or
 - 3) Any youth whom staff feels would be appropriate for the Kenneth Honey Rubenstein Juvenile Center. This is most often completed during the Intake and Assessment process.
- xviii. Mental Health Assessment is completed by mental health staff within the first seven days of starting the Intake and Assessment process. A summary report is written and a staffing is held with the receiving facilities to discuss the results. The Summary Report is uploaded into OIS. If immediate needs are discovered during the initial intake screening process, the mental health assessment will be completed as soon as possible. Any paper assessments are to be filed in the youth's medical file.
- xix. Classification is completed by mental health staff during the Intake and Assessment process. The information is entered into OIS. The results of the Classification process is used to help in determining the best level of structure needed to best meet the youth's needs.
- xx. Aftercare Pre-Release Plan is a detailed plan based on each resident's risk and need level that outlines all services and treatment needs and how those needs will be met once the resident is discharged from a rehabilitation facility. An MDT will be held at least 60 days prior to the youth's release. Information from this MDT is included in the Aftercare Pre-Release Plan.
- xxi. WV Older Youth Transition Plan is completed at the time of the completion of the Aftercare Pre-Release Plan for youth in rehabilitation centers. (Attachment #5) This document is to be completed with input from the entire clinical team and is to be attached to the Aftercare Pre-Release Plan and mailed to the Court, Probation Officer and all Attorneys. It is uploaded to OIS under Interactions.

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- xxii. Intent to Release is submitted to the Circuit Court Judge by the rehabilitation center treatment staff no more than 21 days after the Pre-Release Aftercare Plan has been submitted to the Court. It details our anticipated time of release for the resident. The Intent to Release is completed in OIS.
2. Every resident will receive at least 1 hour per week, at a minimum, of face-to-face supportive counseling with a member of his or her treatment staff. Residents are to participate in weekly group counseling sessions as determined by their case management plan. All individual and group counseling sessions will be documented in OIS.
 3. The Facility Superintendent/Director will designate a member of the facility/center's treatment staff to facilitate a weekly Clinical meeting. The purpose of the clinical meeting is to discuss all aspects of each residents' placement to include, but not limited to, behavior, previous placements, educational needs, mental health needs, medical needs, discharge planning and recommendations. Minutes of the meeting will be recorded in OIS. The clinical team will consist of at least one representative of each of the following: case manager, counselor, security, medical, educational, and mental health, when available. Any other staff may be included as determined necessary by the clinical team. Each resident will appear before the clinical team at a minimum of once a month to participate in this process in person.
 4. Timeframes for entering all information into OIS is included on the OIS Timeframes. (Attachment #6)
 5. For standardization purposes, the altering of any format to any Division policy attachment is prohibited, other than to complete the information required on the form itself.
 6. This policy will be adopted in its entirety and the facility will not create an operational procedure.

RIGHTS RESERVED

The Director reserves the right to modify, suspend or cancel any provision herein in part or entirety, without advance notice, unless prohibited by law.

APPROVED:



 Director

Date

7/1/15

Casey Life Skills Learning Template

Your dreams can be a reality ...if you have a plan.

Getting Started: Create your plan!

You are the expert on which behaviors, knowledge or skills are important to you. You can choose the skill areas and learning goals you want to work on. Your caregivers can help you in the planning process, too. The adults who care about your success can provide "real life" learning experiences so you can learn how to do different things. Be sure to update your plan from time to time. It's important to chart your progress and move on to new goals.

Your Name: _____

Begin Date: _____ Progress Check Date: _____

CLSA Primary Skills Areas (✓ the primary and secondary area(s) you will work on)

<input type="checkbox"/> Daily Living	<input type="checkbox"/> Self Care	<input type="checkbox"/> Relationships & Communications	<input type="checkbox"/> Housing & Money Management	<input type="checkbox"/> Work & Study Life	<input type="checkbox"/> Careers & Education	<input type="checkbox"/> Permanent Connections
Secondary Skills Areas						
<input type="checkbox"/> Food/Nutrition <input type="checkbox"/> Home Cleanliness <input type="checkbox"/> Home Safety <input type="checkbox"/> Home Repairs <input type="checkbox"/> Computer Basics <input type="checkbox"/> Permanency	<input type="checkbox"/> Health <input type="checkbox"/> Personal Benefits <input type="checkbox"/> Personal Hygiene <input type="checkbox"/> Personal Safety <input type="checkbox"/> Sexuality	<input type="checkbox"/> Personal Development <input type="checkbox"/> Developing Relationships <input type="checkbox"/> Communication <input type="checkbox"/> Cultural Competency <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Legal Permanency	<input type="checkbox"/> Budgeting/Spending <input type="checkbox"/> Banking/Credit <input type="checkbox"/> Housing <input type="checkbox"/> Transportation	<input type="checkbox"/> Personal Development <input type="checkbox"/> Study Skills <input type="checkbox"/> Time Mgmt <input type="checkbox"/> Employment <input type="checkbox"/> Legal <input type="checkbox"/> Income Tax	<input type="checkbox"/> Education Plan <input type="checkbox"/> Career Plan	

Learning Goal #1: _____

Expectations: At the end of the session or activity, you will be able to:

- 1.
- 2.
- 3.

Youth Action Plan = The actions you take to reach your goals should be clear so you know exactly what to do. Identify what will be done to reach your goals and who will do them: you, social worker, parent or other caregivers.

List the activities or services to be achieved (You can pick from the Resources to Inspire Guide or use others)	Who is responsible for achieving it?	When will it be accomplished?

Progress Check Date: _____

Learning Goal #2: _____

Expectations: At the end of the session or activity, you will be able to:

- 1.
- 2.
- 3.

List the activities or services to be achieved (You can pick from the Resources to Inspire Guide or use others)	Who is responsible for achieving it?	When will it be accomplished?

Progress Check Date: _____

Learning Goal #3: _____

Expectations: At the end of the session or activity, you will be able to:

- 1.
- 2.
- 3.

List the activities or services to be achieved (You can pick from the Resources to Inspire Guide or use others)	Who is responsible for achieving it?	When will it be accomplished?

(add additional goals and activities as needed)

Names and contact information of caring adults who would like to participate in your success: i.e., social worker, parent or guardian, teacher, uncle or aunt, grandparent, etc.

- 1.

- 2.
- 3.

Optional Signatures:

You _____

Life Skills Instructor _____

Caregiver _____

Completion Date: _____

MDT / Multi-Disciplinary Team

Cadet's Name: _____ Meeting Date: _____

STATEMENT OF PARTICIPATION / CONFIDENTIALITY

My signature below indicates that I participated in the MDT and formulation of the above mentioned cadet's Aftercare Plan and that I understand and agree that all information shared in this meeting must remain confidential, within the confines of my professional duties or as mandated by law, and cannot be shared with anyone without a signed release from the cadet's parent(s) or guardian.

SIGNATURE

TEAM ROLE / AGENCY

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
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_____	_____
_____	_____
_____	_____

COLLATERAL INTERVIEW

Resident Name:		Date of Birth:	
Case Number:		Date of Arrival:	
Committing County:		Date of Release:	
Date of Interview:		Court #:	

Legal History

- Tell me about the last time you were arrested (current offense)—who were you with, what were the circumstances, etc.

- How many prior charges do you have (Timeline)? What happened as a result of those charges? (Were they dismissed? Adjudicated?)

- Have you ever been on probation before? How did that go for you—Were you ever written up for violations? Did you get along with your probation officer? Did your parents?

- Have you ever been sentenced to detention or any other correctional facility as the result of adjudication? Where? Dates?

- Have you ever been in any other out-of-home placement? (Group home, child shelter, relatives, or foster care) Explain.

Family Background

- What are mom and dad's (and step-parents or guardians) names and ages? How long married/lived together?

- Separated/Remarried?

- Sibling's names and ages and whom they live with if other than your parents/guardians? (and do you have same mom and dad- list how related)

- Where do you live and whom do you live with?
- Have you ever lived with any other relatives or friends? How long and why?
- What does mom/dad (and step-parents or guardians) do for a living? If they don't work, where do they get money?
- Does mom/dad (absent parent) provide financial support? (alimony/child support)
- Tell me about your relationship with your: (include activities they do together, communication between them)
 - Mother –
 - Father –
 - Siblings –
 - Guardian, if not mom or dad -
- Do your parents/guardians have many rules/chores for you? Give me some examples.
- Do you get an allowance or rewards for being good, completing chores, doing well in school, etc.?
- When you get in trouble, what sort of punishment do your parents/guardian use? If grounded, what does that restrict you from doing?
- Do they ever use any type of physical punishment?
- Do you think your parent's/guardian's discipline makes you behave?
- Has any one in your life, either someone at home or a friend of the family, ever physically, sexually, or emotionally abused you?

- Has anyone from Child Protective Services (CPS) ever talked to your family because someone reported you (or your siblings) were being abused/neglected?
Tell me more about that (dates), if yes:
- Have you ever seen mom and dad/guardians fight (argue)? Do they fight a lot?
(Include any history of domestic violence)
- Have the police ever come to your house because mom and dad/guardians were fighting (or fighting with you or your siblings)?
- Has anyone in your (immediate) family ever been in trouble with the law? Tell me more about that
- Does anyone in your family drink alcohol (ask for each family member)? What about use marijuana or other drugs (who uses what)?

Description of Behaviors

- Talk me through a normal day for you at home. Give me an example of a school day and a weekend day. Include wake up time, activities, hobbies, time with friends and bed time.
- How many friends do you have?
- What type of things do you enjoy doing together?
- Have any of your friends ever been in trouble with the law? (Including co-defendants)
What for?
- How many of your friends drink alcohol and use drugs? (include marijuana)
- Have you ever been in trouble in your community with your neighbors?
- If I asked your neighbors to describe you, what would they tell me?
- Tell me about any clubs, sports teams or organizations you belong to (church, community, or school)?

- Do you have any hobbies/interests you enjoy doing by yourself?
- Have you ever had a part-time job?
- What would you list as your strengths/talents?
- What are some things you would change/improve about yourself?
- Do you consider yourself a leader or a follower? Why?

Educational Background

- What grade are you in (last grade completed)? What school?
- How are/were your grades?
- What's your favorite subject? Least favorite subject?
- Have you ever failed/repeated a grade? Which grade(s)? Why?
- Were you involved in special education classes for any subjects (include LD/BD)?
What grade did special education start?
- Have you ever skipped school? In the last year or two, how often did you skip school?
- When you skip school, what do you do instead of attending?
- Have you ever been expelled or suspended from school? Why and how long?
(Include placement in alternative school) Tell me more about that.
- How do you get along with your teachers? Your peers?
- In the next two (2) to three (3) years, what would you like to accomplish? Tell me some educational/career goals you've set for yourself.
- What things do you think you need to do to reach these goals?

Substance Abuse History

- Have you ever drank alcohol? Beginning at what age? How often do you drink?
- If you wanted to get a buzz, how much (and what) would you drink? To get drunk?
- Have you ever smoked marijuana? Beginning at what age? How often do you smoke marijuana?
- Where do you get marijuana? (Friends, family, etc.)
Have you ever bought/sold it?
- How much money a week/month do you spend on marijuana?
- Have you ever taken/snorted pills to get high? Beginning at what age? What kind? (list frequency of use, include over-the-counter "speed" or diet pills)
 - Valium
 - Xanax
 - Klonopin
 - OxyCotin
 - Percocet/Percodan
 - Darvicet
 - Loricet/Loritab
 - Ecstasy
- Where do you get pills? (Friends, family, etc.) Have you ever bought/sold them?
- How much money a week/month do you spend on pills?
- Have you ever used any other drugs? How often? Beginning at what age?
 - Hallucinogenic mushrooms
 - Cocaine
 - Crack
 - Heroin
 - LSD
 - PCP
 - Crystal Meth (crank)
 - Methadone

- Where do you get drugs? (Friends, family, etc.) Have you ever bought/sold them?
- How much money a week/month do you spend on drugs?
- Have you ever huffed gasoline, paint, glue, air freshener, etc? Beginning at what age?
How often?
- What is your drug of choice and why?

Mental Health History

- Have you ever been in an inpatient mental health, psychiatric, or substance abuse treatment center?
Explain.
- Have you ever been to a hospital, (such as BAR-H, River Park, Highland)? Tell me more about that.
- Have you ever participated in counseling in your school or community before? Tell me some more about that.
- Do you or have you every taken any medications (name them and duration on each)?
Do you feel they help?
- Have you ever displayed any of the following behaviors? If so, tell me more about it.
 - Suicidal thought/acts
 - Cruelty to animals
 - Fire setting
 - Destruction of Property
- Have you ever experienced any visual or auditory hallucinations?
- Do you ever get angry, happy or sad for no reason?
- Would you consider your mental health to be normal?
- What type of counseling or treatment do you feel you need?

WV OLDER YOUTH TRANSITION PLAN

YOUTH & CAREGIVER INFORMATION		
Youth Name:	D/O/B:	GENDER:
Actively Involved Parent/Guardian/Caregiver Name:		Relationship:
Contact Route:	Phone:	Email:
Address:		

CURRENT CUSTODY SOURCE INFORMATION		<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
Worker:	County:		
Phone/Extension:	Worker email:		
Check Youth's Current Custody Status:			
<input type="checkbox"/> DHHR Permanent Custody or <input type="checkbox"/> DHHR Temporary Custody &: <input type="checkbox"/> CPS or <input type="checkbox"/> Youth Services <input type="checkbox"/> DJS & <input type="checkbox"/> History of DHHR custody or <input type="checkbox"/> No history of DHHR custody <input type="checkbox"/> FC-18			

COURT INFORMATION			
Judge:	County:	Adjudication Status:	
Guardian Ad Litem:	Phone:	Email:	Address:
Attorney:	Phone:	Email:	Address:
Probation Status	<input type="checkbox"/> Active	<input type="checkbox"/> Monitoring	<input type="checkbox"/> History
Probation Officer:	County:	Phone:	Email:

CURRENT OUT-OF-HOME CARE LIVING ENVIRONMENT		<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
Family/Kinship:			
Address:			
Out-of-Home Care:	<input type="checkbox"/> Foster Care	<input type="checkbox"/> Residential (circle level): I, II, III	<input type="checkbox"/> Shelter <input type="checkbox"/> PRTF <input type="checkbox"/> DJS
Provider Agency:	Address:		
Primary Staff Name:	Position/Credentials:		
Phone:	Email:		

MODIFY PARTICIPATION (youth ages 17+ pursuing post-secondary education)			
Current Modify Status:	<input type="checkbox"/> Active	<input type="checkbox"/> Referred/Pending	<input type="checkbox"/> Applied & Denied <input type="checkbox"/> Not addressed
Modify Program Specialist Name:	Phone:	Email:	

DHHR Specific Status Checks			
Tribal Membership Eligible	<input type="checkbox"/> N/A	<input type="checkbox"/> Completed	<input type="checkbox"/> Referred/Pending
NYTD Survey (at age 17 years)	<input type="checkbox"/> N/A	<input type="checkbox"/> Completed	<input type="checkbox"/> Referred/Pending
Advanced Directives (17 yrs & 3 months)	<input type="checkbox"/> N/A	<input type="checkbox"/> Completed	<input type="checkbox"/> Referred/Pending
Credit History Check (16 yrs & annual)	<input type="checkbox"/> N/A	<input type="checkbox"/> Completed/Date:	<input type="checkbox"/> Referred/Pending
<input type="checkbox"/> <i>Negative Credit History Check Finding & Referred for further action</i>			

MISC.				
SSI Eligibility:	<input type="checkbox"/> N/A	<input type="checkbox"/> Active	<input type="checkbox"/> Referred/Pending	<input type="checkbox"/> Not Addressed
Title 19 Waiver Eligibility	<input type="checkbox"/> N/A	<input type="checkbox"/> Active	<input type="checkbox"/> Referred/Pending	<input type="checkbox"/> Not Addressed
Adult Protective Services	<input type="checkbox"/> N/A	<input type="checkbox"/> Active	<input type="checkbox"/> Referred/Pending	<input type="checkbox"/> Not Addressed

CURRENT ACADEMIC SETTING

Not attending/not pursuing Academic Plan

■ **PRE-GRADE 12 LEVEL** or NA Youth is in Middle School

Public High School Safe School Sentence Alternative Learning School

On-Grounds School On-Grounds Other: Home Schooled

Youth's Verified Grade Level:

Anticipated completion date (mth/yr):

■ **ADULT HIGH SCHOOL EQUIVALENCY SETTING** or NA

Anticipated completion date (month/year):

■ **POST-SECONDARY SETTING** or NA

University Community College Business College

Vocational Program Other Certification Program

Anticipated completion date (mth/yr):

■ **CURRENTLY ACCESSING:** or NA

FAFSA Yes No If No, Is application needed?

ETV Funds Yes No If No, Is application needed?

■ **ACADEMIC STRENGTHS**

■ On Track to Earn: Diploma High School Equivalency Option Program High School Equivalency

Modified Diploma Certification Degree Other:

■ Describe: Youth understands the value of & is invested in completing his/her academic plan

■ Youth's ability to access needed academic support, self-advocacy, etc.

■ Academic Achievements to Date: describe diploma, certification, etc.

■ **ACADEMIC NEEDS**

Credit Recovery Tutoring 504 Plan

IEP (Individual Education Plan) Referral Needed and/or Modification of Existing Plan

S.A.T (Student Assistance Team referral needed or active)

Other:

■ **TRANSITION NEEDS**

GOAL	STEPS/TIMELINE	RESPONSIBLE PERSON	STATUS/UPDATE

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LIFE SKILLS ATTAINMENT

CASEY LIFE SKILLS (CLS) ASSESSMENT / CLS Report ***

- CLS Completed & Date of Last Assessment
- CLS In Progress & Anticipated Date of completion:
- Needs CLS assessment

- CLS Learning Plan has been developed & is in process:
- Needs CLS Learning Plan

DEMONSTRATED KNOWLEDGE IN CLSA

<i>Daily Living</i>	<input type="checkbox"/> Achieved <input type="checkbox"/> Continue	<i>Work/Study Life</i>	<input type="checkbox"/> Achieved <input type="checkbox"/> Continue
<i>Self Care</i>	<input type="checkbox"/> Achieved <input type="checkbox"/> Continue	<i>Career/Education Planning</i>	<input type="checkbox"/> Achieved <input type="checkbox"/> Continue
<i>Relationship/Communication</i>	<input type="checkbox"/> Achieved <input type="checkbox"/> Continue	<i>Looking Forward</i>	<input type="checkbox"/> Achieved <input type="checkbox"/> Continue
<i>Housing/Money Management</i>	<input type="checkbox"/> Achieved <input type="checkbox"/> Continue		

EXPERIENTIAL OPPORTUNITIES

Youth has participated in Life Skills Opportunities/Workshops in the following:

Food Handler’s Card: completed needs

HANDS-ON SKILLS:

- Laundry skilled needs strengthening minimal
- Meal Preparation skilled needs strengthening minimal
- Grocery Shopping skilled needs strengthening minimal
- Home Safety skilled needs strengthening minimal
- Kitchen Safety skilled needs strengthening minimal
- Other: skilled needs strengthening minimal

GOAL	STEPS/TIMELINE	RESPONSIBLE PERSON	STATUS/UPDATE

*****Attach: CLS & the CLS Learning Plan*****

CAREER/EMPLOYMENT

CURRENT EMPLOYMENT STATUS* or NA**

- Not employed Actively Job Searching Disabled/Unable to Work
Full Time Part Time (hours per week:)

Start Date of current employment:

Employment Site:

Position:

Pay Rate:

EMPLOYMENT/EMPLOYMENT PREP NEEDS

- | | | | |
|-------------------------|------------------------------------|--------------------------------|------------------------------|
| Interest Inventory | <input type="checkbox"/> completed | <input type="checkbox"/> needs | <input type="checkbox"/> N/A |
| Resume* | <input type="checkbox"/> completed | <input type="checkbox"/> needs | <input type="checkbox"/> N/A |
| References | <input type="checkbox"/> completed | <input type="checkbox"/> needs | <input type="checkbox"/> N/A |
| Job Shadowing | <input type="checkbox"/> completed | <input type="checkbox"/> needs | <input type="checkbox"/> N/A |
| Mock Interview | <input type="checkbox"/> completed | <input type="checkbox"/> needs | <input type="checkbox"/> N/A |
| Sample Job Applications | <input type="checkbox"/> completed | <input type="checkbox"/> needs | <input type="checkbox"/> N/A |
| Job/Career Fair | <input type="checkbox"/> completed | <input type="checkbox"/> needs | <input type="checkbox"/> N/A |
| Interviewing Outfit(s) | <input type="checkbox"/> has | <input type="checkbox"/> needs | <input type="checkbox"/> N/A |

LINKAGES

- | | | | |
|---------------------|------------------------------------|---|------------------------------|
| HRDF | <input type="checkbox"/> connected | <input type="checkbox"/> needs connection | <input type="checkbox"/> N/A |
| DRS | <input type="checkbox"/> connected | <input type="checkbox"/> needs connection | <input type="checkbox"/> N/A |
| Employment Services | <input type="checkbox"/> connected | <input type="checkbox"/> needs connection | <input type="checkbox"/> N/A |
| Other: Disabled | <input type="checkbox"/> connected | <input type="checkbox"/> needs connection | <input type="checkbox"/> N/A |
| Other: | | <input type="checkbox"/> needs connection | <input type="checkbox"/> N/A |

EMPLOYMENT SKILLS:

SPECIAL CERTIFICATIONS:

TRANSPORTATION NEEDS:

SHORT TERM EMPLOYMENT GOAL(S):

LONG TERM EMPLOYMENT GOAL(S):

GOAL	STEPS/TIMELINE	RESONSIBLE PERSON	STATUS/UPDATE

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*****Attach current Resume & Detailed Past Work History List including reason for leaving*****

FINANCE & MONEY MANAGEMENT

BANK ACCOUNT STATUS

- | | | | |
|--------------------------------|------------------------------|--------------------------------|------------------------------|
| Savings Account in own name*: | <input type="checkbox"/> has | <input type="checkbox"/> needs | <input type="checkbox"/> N/A |
| Checking account in own name*: | <input type="checkbox"/> has | <input type="checkbox"/> needs | <input type="checkbox"/> N/A |
| CD/Money Market account* | <input type="checkbox"/> has | <input type="checkbox"/> needs | <input type="checkbox"/> N/A |
| ATM/Debit Card | <input type="checkbox"/> has | <input type="checkbox"/> needs | <input type="checkbox"/> N/A |
| Direct Deposit | <input type="checkbox"/> has | <input type="checkbox"/> needs | <input type="checkbox"/> N/A |
| Online Banking | <input type="checkbox"/> has | <input type="checkbox"/> needs | <input type="checkbox"/> N/A |
| Other: IDA | <input type="checkbox"/> has | <input type="checkbox"/> needs | <input type="checkbox"/> N/A |
| Other: | | | |

*Name(s) of Financial Institution(s): _____

REGULAR SOURCE OF INCOME

- Survivors Benefits (Amount)
- Other (List, Describe & Amount)

FINANCIAL LITERACY Youth has demonstrated money management skills:

<i>Saving/Investing</i>	<input type="checkbox"/> Achieved <input type="checkbox"/> Continue		<i>Balancing/Reconciliation</i>	<input type="checkbox"/> Achieved <input type="checkbox"/> Continue
<i>Lending/Financing</i>	<input type="checkbox"/> Achieved <input type="checkbox"/> Continue		<i>Receives/Reviews Statements</i>	<input type="checkbox"/> Achieved <input type="checkbox"/> Continue
<i>Bill Paying</i>	<input type="checkbox"/> Achieved <input type="checkbox"/> Continue		<i>W-2</i>	<input type="checkbox"/> Achieved <input type="checkbox"/> Continue
<i>Budgeting</i>	<input type="checkbox"/> Achieved <input type="checkbox"/> Continue		<i>Paying/Filing Taxes</i>	<input type="checkbox"/> Achieved <input type="checkbox"/> Continue
<i>Understanding Leases</i>	<input type="checkbox"/> Achieved <input type="checkbox"/> Continue		<i>Finance Contract Terms</i>	<input type="checkbox"/> Achieved <input type="checkbox"/> Continue
<i>Accessing Personal Credit History Check/Reports</i>	<input type="checkbox"/> Achieved <input type="checkbox"/> Continue		<i>Understanding Insurance/Co-Pay</i>	<input type="checkbox"/> Achieved <input type="checkbox"/> Continue

RESOURCE LINKAGE (inform/educate as needed)

- SNAP TANF WIC H.U.D

GOAL	STEPS/TIMELINE	RESONSIBLE PERSON	STATUS/UPDATE

Type: Connection Plan
 Type: Connection Plan
 Type: Connection Plan

GOAL	STEPS/TIMELINE	RESPONSIBLE PERSON	STATUS/UPDATE

COMMUNITY, CULTURE & SOCIAL LIFE

ACTIVE COMMUNITY CONNECTIONS (please choose & identify)

- Volunteerism:
- Spiritual Support:
- Activities:
- Social Groups:
- Extra-Curricular:
- Membership:

COMMUNITY OPPORTUNITIES

Youth has identified he/she wants to pursue:

- Volunteerism – identify:
- Spiritual Support – identify:
- Activities – identify:
- Social Groups – identify:
- Extra-Curricular – identify:
- Membership – identify:

CULTURAL CONNECTIONS

Youth has identified he/she wants to pursue:

- Ethnic Heritage

PEER CIRCLE

- Youth has established healthy friendships
- Youth has limited peer support

PEER CONTACT(S)

Name & Contact Route:

Name & Contact Route:

Name & Contact Route:

GOAL	STEPS/TIMELINE	RESPONSIBLE PERSON	STATUS/UPDATE

GLOSSARY OF TERMS & Linkages

MODIFY = Formerly known as the WV Chafee Community Support Services

NYTD = National Youth Transitioning Data base Survey that is required to be administered by the WV DHHR BCF Staff person at designated intervals starting when the youth is 17+

Readily at Hand Checklist = A listing of critical documents for youth ages 16+. Access via: www.itsmymove.org

ETV = Educational Training Vouchers. In 2000, the West Virginia Legislature enacted a law called HB-4784. It allows eligible youth in foster care to receive free tuition if attending a West Virginia public college or university.

FAFSA = Free Application for Student Aide. Access via: www.fafsa.ed.gov/

504 Plan = The 504 Plan is a plan developed to ensure that a child who has a disability identified under the law and is attending an elementary or secondary educational institution receives accommodations that will ensure their academic success and access to the learning environment. Access via: wvde.state.wv.us/

Casey Life Skills (CLS) = Free online life skills assessment. Access via: www.caseylifeskills.org

HRDF = Human Resource Development Foundation. HRDF offers innovative approaches to development in economic, education and social areas of service. Access via: <http://hrdfportal.org/web>

WV Division of Rehabilitation Services (DRS) = The West Virginia Division of Rehabilitation Services (DRS) helps people with disabilities establish and reach their vocational goals. Access via: www.wvdrs.org

PRTF = Psychiatric Residential Treatment Facility

Permanency PACT = For more information access via: www.fosterclub.org

OIS Timeframes

1. Intake
 - a. Resident intake – Must be initiated immediately, or as soon as staffing problems allow but within one (1) hour of the offender’s arrival. Quick-booking of offenders in not permitted.
 - 1) Security intake must be completed within four (4) hours of the offender’s arrival at the facility.
 - 2) Treatment and medical intakes must be completed within three (3) calendar days.
 - 3) Personal Property – Completed during intake
 - 4) Transfers (DJS Residential facilities to DJS Residential facilities only): (Receiving Facility) – Intake is initiated within one (1) hour of the offender’s arrival. For transfers you must confirm the transfer movement to bring them into your facility. (*Offenders **cannot** be transferred between a non-residential facility and a residential facility. The offender must be released in OIS by the current facility and a new intake done by the next facility.*)
 - b. Non-residential intake – Immediately, or as soon as staffing problems allow but within one (1) business day. Must be completed within three (3) business days.
2. Orders, Charges, or Alerts not entered upon intake are to be entered into OIS within four (4) hours of receipt.
3. Offender Type, Booking Subtype, Booking Sentence Date and Booking Sentence Type needs to be updated within two (2) hours of change.
4. Transfers: (Sending Facility) – Entered in OIS within one (1) hour of the offender’s departure or within one (1) hour of getting notification that the offender is transferring from the sending facility.
5. Releases (Discharges) – Within one (1) hour of the offender’s release from DJS custody.
6. Any Bed Assignment change must be entered within an hour of the change.
7. Offender Movements

- a. Offender movements must be entered (or cancelled) the same day as the order was received or the appointment was made (or cancelled).
 - b. Offender movements, not resulting in a transfer or discharge, that have been completed must be finalized in OIS within two (2) hours.
8. Phase level changes must be updated daily.
9. Formal resident counts must be documented under Shift Logs within one (1) hour of the completed count.
10. Incident Reports are written immediately upon learning of an incident that requires a written narrative, or, if that is not feasible, before the end of the shift. However, the initial report needs to be completed with sufficient time to allow any subsequent reports to be entered before the end of that shift.
11. Visits
 - a. NCIC checks of perspective visitors must be completed within two (2) business days of receipt of the visitor's request form.
 - b. All scheduled offender visits must be entered in OIS within two (2) hours of receipt of notification. *If the NCIC check has not been completed for any visitor the information must be entered into OIS under Interactions.*
 - c. All offender visits must be marked as a No Show, Refused, Cancelled or Completed by the end of the shift.
12. Medical - alerts and medications should be completed within four (4) hours of the resident's paper intake or by end of shift.
 - a. Medical Chart Notes
 - 1) Community hospital stay date and time entered within twenty-four (24) hours of admission.
 - 2) Return from community hospital stay within twenty-four (24) hours of return.

- 3) Medical consultation including Protocols, Chronic Care, Scheduled appointments, Use of Force, Suicide Screenings within forty-eight (48) hours of consultation.
- 4) Within two (2) calendar days of release the required forms must be scanned and uploaded to OIS.
- 5) Medical Tests
 - A. Information within forty-eight (48) hours of test.
 - B. Medical test results within forty-eight (48) hours of results received.

b. Medications

- 1) New medications entered within four (4) hours of receipt or by end of shift.
- 2) Termination of medication with four (4) hours (or by end of shift) of determining that the offender will no longer be taking the medications.
- 3) Medication refusal within two (2) hours of refusal or by end of shift.

13. Policy References

- a. Grievances – refer to Policy 334.00
- b. Disciplinary – refer to Policy 330.00
- c. Specialized Housing – refer to Policy 332.00
- d. Patrols and Inspections – refer to Policy 303.00
- e. LS-CMI and YLS-CMI – refer to Policy 500.03

14. All accompanying documentation must be scanned and uploaded within seventy-two (72) hours of receipt or completion.