Manual for Youth Development Center Residential Case Managers

Office of Juvenile Justice

Tennessee Department of Children’s Services | YDC Procedures | July 2016
# Table of Contents

- Introduction 2
- Initial Intake 2
- Assessment 3
- Service Planning and Teamwork 4
- Treatment Program Responsibilities 5
- Other Residential Case Manager Duties 5
- Reentry and Aftercare 5
- Documentation 6
Introduction
Case management for delinquent youth is a means for offering support and direction toward rehabilitation and independence through communication, education, assessment, advocacy, service identification and facilitation, while providing a continuum of services.

General responsibilities include completing and evaluating assessments, essential communication skills, service planning, maintaining confidentiality, quality documentation, and following policies and procedures related to the youth records and the facility. This manual outlines key expectations for the Residential Case Manager (RCM) although an RCM may have other responsibilities not specifically included in this manual.

Initial Intake

Within 24 Hours (excluding weekends and holidays) of youth's arrival at the Youth Development Center (YDC) the Residential Case Manager (RCM):

a) Reviews the initial referral information
b) Meets with the youth face to face to assess adjustment at the facility, personal interests, educational goals and family dynamics;
c) Ensures initial required forms CS-0176, Orientation Checklist for Youth in Youth Development Centers, CS-0946, Assessment, Checklist and Protocol for Behavior and Risk Victimization for Youth Development Centers, are completed;
d) Ensures the youth has a copy of the Youth Handbook;
e) Ensures the name and contact of the RCM is sent to the Family Service Worker (FSW).
f) Allows the youth to call the parents to let them know they arrived safely.

Within 48 Hours (excluding weekends and holidays) the RCM:

a) Calls the parent/guardian to:
   • Let the parent/guardian them know that the youth arrived safely;
   • Confirm contact information including email and home address as well as an alternate means of contact;
   • Explain information about the program, visitation, telephone call procedures;
   • Obtain a date and time for the Classification Child and Family Team Meeting (CFTM) that is convenient for the parent;
   • Begin to gather pertinent information about the family such as family strengths, needs, supports, trauma, etc.;
   • Give the parent his/her telephone number, email address and share what days and hours they work;
   • If the mother is the primary contact, the youth's father is also contacted and the information above is shared with him as well. (Both parents must be contacted).
b) Completes the following tasks within 48 Hours:
   • Has youth sign form CS-0939, Youth Acknowledgement and Notification of Prison Rape Elimination Act (PREA);
   • Meets with the youth again to begin the review and explains the Youth Handbook and YDC treatment program;
• Assists the youth in the initial completion of form, **CS-1042, Youth and Family Community Reintegration Planning Form**;
• Contacts the FSW via telephone to discuss the case and follow-up on any information gathered and requests any needed information;
• Ensures the Classification CFTM is scheduled with the FSW based on the parent’s availability;
• Makes a notation in the youth’s family case in TFACTS to document the assigned RCM and the dorm the student is placed in; and
• Sends out notices for the Classification CFTM.

See DCS Policy 31.7, **Child and Family Team Process** for additional information.

### Assessment

Assessment is an ongoing process of collecting and evaluating information needed to make decisions in a timely responsive manner that includes attention to age, developmental level, gender and gender identity, language, race, ethnicity, immigration status, religion, sexual orientation, and trauma history. Prior to the Classification CFTM, the RCM gathers and utilizes the following assessments in the development of the Individual Program Plan (IPP).

See DCS Policy **11.1, Assessment Process and Tools**.

This list is not inclusive of all possible assessment tools.

a) CANS - **CANS Protocol**

b) Casey Life Skills Assessment

c) Family Functional Assessment (FFA), (ongoing) **Protocol for Family Functional Assessment Process**

d) Psychological assessment, if applicable – DCS Policy **11.5 Psychological and Education Assessment of Youth in DCS Facilities**

e) Any educational assessment, if applicable - DCS Policy **11.5 Psychological and Education Assessment of Youth in DCS Facilities**

f) Alcohol and Drug Assessment, if needed
g) Reason for Living Inventory for Adolescents (RFL-A)
h) Youth Pediatric Symptom Checklist 17

i) **CS-0946, Assessment, Checklist and Protocol for Behavior and Risk Victimization for Youth Development Centers**

j) Career Assessment

k) Recreational Preferences Checklist

l) How I Think Survey (HIT)

m) EPSDT Medical and Dental; Vision/Hearing Testing

n) Personality Test (MACI)

Results of assessment conducted after the Classification CFTM are added to the IPP per policy requirements. The RCM documents in the Classification Summary required assessments that were not
received from the region with the exception of the CLSA. If the FSW is not able to complete the CLSA before the youth arrives at the YDC, the RCM makes sure the youth completes it and the assessments are entered at the YDC.

**Service Planning and Teamwork**

The RCM is the Treatment Team Leader as well as the lead of the youth's Child and Family Team at the YDC. The RCM is responsible for reviewing information received from the Classification CFTM Report and assessments to develop the IPP (see the *Classification and Individual Program Plan Manual* for specific details). Desired outcomes and actions steps identified in the Permanency Plan are incorporated into the IPP (see DCS Policy 16.31, *Permanency Planning for Children/Youth in the Department of Children’s Services Custody*).

The IPP meets the youth's needs and helps lead them to permanency.

The RCM:

a) Teams the youth, parents and treatment team to monitor implementation of the IPP such as mental health therapist, teachers, nurses, Youth Service Worker, etc.

b) Discusses any existing barriers to parent and youth having face to face visits with the team and work on a plan to ensure visits occur;

c) Monitors youth's progress daily;

d) Meets with the youth individually at least once a week;

e) Completes a Monthly IPP Review

f) Conducts a Quarterly CFTM to review the IPP for status of existing goals and the need to end and/or add new goals.

g) Makes contact with both parents/guardians (face to face or telephone) at least twice a month.

h) Speaks with the FSW at least one time per month in addition to any regular meetings.

i) Prior to any CFTM, contacts all members of the team by telephone at least 7 days prior to the meeting or by mail at least 10 days prior to any non-emergency meeting;

j) Coordinates with the FSW to ensure formal CFTMs occur (see the *Child and Family Team Meeting Protocol* for specific requirements). Formal meetings should not occur without the participation of the parent and every effort must be made to allow participation.

k) If a parent is unable to attend or participate in the meeting, efforts to ensure the parent's participation is documented and the RCM makes contact with the parent within three working days after the meeting occurs to review the outcome of the meeting.

l) Reviews the youth's case file, including TFACTS, every thirty (30 days);

m) Gathers information as needed for the file.
Treatment Program Responsibilities

The RCM coordinates and tracks the youth progress in the treatment program to include:

a) Meet with the youth each week to review progress in the program and monitor criteria for level advancement;

b) Address negative behaviors and identify patterns of behavior displayed by the students through communication with the student;

c) Teams to reinforce positive change;

d) Submit required documents to the Student Trust Fund representatives weekly;

e) Ensure group counseling sessions are completed daily during the timeframes allotted;

f) Lead group discussions as required and ensure groups start and end at their designated time;

g) All ART and Independent Living Life Skills sessions are documented in TFACTS weekly;

h) Rosters are submitted as required;

i) Individual Counseling Sessions are conducted with all assigned students and documented weekly into TFACTS.

j) The student's goals, desires and career options are explored and incorporated into the student's aftercare plan.

k) Place daily or weekly calls for all assigned students and document into TFACTS and on form, **CS-0327, Youth Telephone Log**. Schedule and facilitate video conferencing with students, family and FSW's.

l) Plan, schedule and attend incentives for assigned dorm. In addition, attend and help supervise Graduation, Volunteer Programs, and other departmental/facility incentives to show support for the students and staff.

Other Residential Case Manager Duties

Attends court hearings and prepares progress review summaries;

a) Notifies parents, within 24 hours, when restrictive behavior management (physical, mechanical, seclusion) is used and document occurrences into TFACTS;

b) Notifies parents/family and FSW of major incidents within 24 hours and documents in TFACTS case recordings.

Reentry and Aftercare

To ensure an orderly transition, planning for Reentry/Aftercare begins as soon as the youth arrives at the YDC. The RCM assists the youth in the development of his personal portfolio and completes form **CS-1043, Personal Portfolio Checklist**, to ensure the youth has obtained needed documents such as a State Identification Card, Social Security Card, a birth certificate, a resume, a list of known relatives and involved parties, and medical and educational records. During YDC Classification, form **CS-1042, Youth**
and Family Community Reintegration Planning is started. The RCM reviews this form with the youth and family during the Quarterly Child and Family Team Meeting (CFTM). A copy of the form is given to the youth to utilize after release and can be placed in the youth's portfolio notebook. Throughout the history of the youth's placement in the YDC, the RCM coordinates with the FSW to develop individual aftercare plans that are inclusive of the Permanency Plan and IPP and relevant to reentry, including as appropriate:

a) Living arrangements and family relationships upon release;
b) Recreational activities and support networks in the community;
c) Contact with identified resources, including medical and mental health needs, refer the youth for services and provide the youth and family with contact person's name. If possible, set the youth's first appointment prior to the youth's return to the community;
d) Identify what school the youth is returning to and participate as needed in the enrollment process;
e) Identify higher educational institutions specific to the youth’s interests and assist them in enrolling;
f) Identify age appropriate employment opportunities and assist the youth in obtaining and completing the necessary job applications and paperwork;
g) Identify public transportation and provide information on how to access it;
h) If applicable, identify in-home provider and have the provider attend meetings, if possible, especially the Release CFTM;
i) Upon release from the facility, the RCM provides the youth with his or her contact information so they may contact them for assistance in the future.
j) During the youth’s 30 day trial home visit, the RCM calls the FSW and the youth to see how he is adjusting back in the community.

**Documentation**

Unless other requirements are specified in policy for documentation, all information is required to be documented on the appropriate screens in TFACTS within thirty (30) days from the date of the contact or occurrence.
<table>
<thead>
<tr>
<th>Type of Contact</th>
<th>Enter where in TFACTS</th>
<th>Enter as Contact Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Face to Face with Youth – must be documented once per week</td>
<td>Case Recordings</td>
<td>CM/Child Face to Face Contact</td>
</tr>
<tr>
<td>Parent/Guardian and Youth Face to Face contact</td>
<td>Case Recordings</td>
<td>Parent/Child Visit Face to Face</td>
</tr>
<tr>
<td>Telephone calls the youth makes/receives</td>
<td>Case Recordings</td>
<td>YDC Youth Telephone Call</td>
</tr>
<tr>
<td>YDC Group Sessions (A.R.T.)</td>
<td>Case Recordings</td>
<td>YDC Group Sessions</td>
</tr>
<tr>
<td>FSW contact</td>
<td>Case Recordings</td>
<td>Collateral Contact</td>
</tr>
<tr>
<td>RCM call to Parent/Guardian for incident debriefing</td>
<td>Case Recordings</td>
<td>Parental Contact</td>
</tr>
<tr>
<td>Classification/IPP Development CFTM</td>
<td>CFTM Module</td>
<td>JJ-Classification and Individual Program Plan</td>
</tr>
<tr>
<td>Entering IPP to TFACTS</td>
<td>IPP Module</td>
<td>n/a</td>
</tr>
<tr>
<td>Monthly IPP Review</td>
<td>Case Recordings</td>
<td>Case summary</td>
</tr>
<tr>
<td>Quarterly IPP CFTM</td>
<td>CFTM Module</td>
<td>Quarterly IPP Review</td>
</tr>
<tr>
<td>Special Called CFTM</td>
<td>CFTM Module</td>
<td>Special Called</td>
</tr>
<tr>
<td>Step Down/Release/Discharge CFTM</td>
<td>CFTM Module</td>
<td>JJ Program Transfer (Step-down), JJ-Release to Aftercare (Release) or JJ-Discharge/Exit Custody (Discharge)</td>
</tr>
<tr>
<td>Step-Down: Leaving YDC for lower level of care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Release: Release from YDC program to home for Aftercare</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discharge: Discharge from YDC and DCS custody (usually determinate cases)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sentence Reduction Credits, if applicable</td>
<td>Case Recordings</td>
<td>Case Summary</td>
</tr>
<tr>
<td>Other significant information (i.e. obtaining a State ID card, Graduation,</td>
<td>Case Recordings</td>
<td>Case Summary or Notation</td>
</tr>
<tr>
<td>registering for selective service, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case Closure Entry Summary to include information about when the youth left the facility, where they went, with whom, summary of the case and any next steps.</td>
<td>Case Recordings</td>
<td>Case Summary</td>
</tr>
</tbody>
</table>

If the case manager’s day off prevents the contact from occurring within this timeframe, it is accomplished the first day after returning to work. If the case manager is on vacation, the case manager assigned to cover, makes the initial contact and explains they are filling in for the assigned worker. If the timeframe is over 72 hours, the Supervisor is responsible for the above.