TN Department of Children's Services

Manual for Youth Development Center Residential Case Managers

Office of Juvenile Justice

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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.

Focus on Permanency

Community reentry planning begins when a youth enters DCS custody and includes ongoing collaboration with youth, family, residential staff, Family Service Worker and community providers who team and engage in the successful reintegration of the youth into the community. The CFT drives permanency by providing opportunities for youth to practice new skills in their home environment through off campus visits and passes. To facilitate permanent change, problem-solving strategies are built upon the strengths and resources unique to each family. Building a relationship with the family and supporting the Juvenile Service Worker (JSW) is the first step in creating collaborative relationships and assessing family strengths and resiliencies. Ensuring that parents are informed of and involved in safety, permanency, well-being, and case progress discussions to promote achievement of case goals. Concerted efforts are made to accommodate the parent(s) schedule so they can actively participate in the decision making process. RCM's should see themselves in partnership with the family, instead of dictating what needs to be done. Family members and youth are encouraged to have a meaningful voice in the planning and decision-making process. Particular attention is paid to the wants and desires of youth when identifying the action steps and goals of the treatment plan. Engagement is also critical for fathers and non-custodial parents inviting them to all Child and Family Team Meetings, and keeping them informed of the child's safety, permanency, and well-being. Communicate a belief in family strengths and open, collaborative decision-making in permanency planning. Plans include risk-reduction activities that increase protective factors, decrease the potential for future delinquent activity, and improve community safety. The overall expected result is for youth to achieve a safe, permanent, living situation in a timely manner.

Engaging Families

The RCM and Child and Family Team (CFT) work together to enhance social supports, build community connections, and develop a written plan for the successful reentry of youth back into the home and community. It is important to elicit the family's feelings and concerns throughout the case-planning

process and engage in a collaborative decision-making process regarding outcomes, goals, and tasks with family members, their networks, other supports and providers. The first step to engaging families is making contact with the parent/guardian within the first 48 hours of the youth's admittance into the YDC. The Residential Case Manager (RCM) does the following when engaging families:

a) Contact both the mother and father by phone regardless of who is identified as the primary guardian. Advise them of the youth's safe arrival and provide them with the information below. Only exceptions would be if parental rights are terminated, the parent is deceased, or he/she has requested not to be contacted. If the primary guardian is not a biological parent, all three individuals are contacted and kept informed:

   - 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;
   - Begin to gather pertinent information about the family such as family strengths, needs, supports, trauma, etc.;
   - Give the parent the assigned RCM's telephone number, email address and share what days and hours he/she works;

b) Ensures the Classification Child and Family Team Meeting (CFTM) is scheduled with the Juvenile Service Worker (JSW) based on the parent's availability by obtaining a date and time that is convenient;
   - Prior to any CFTM, contacts all members of the team by telephone at least seven (7) days prior to the meeting or by mail in writing at least ten (10) days prior to any non-emergency meeting;
   - Coordinates with the JSW to ensure formal CFTMs occur (see the DCS ***Child and Family Team Meeting Guide*** for specific requirements). Formal meetings should not occur without the participation of the parent and every effort must be made to allow participation.
   - 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. See the DCS ***Child and Family Team Meeting Guide*** for additional information.

c) Assists the youth, family and JSW with the completion of the Transitional Survey in TFACTS.

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. During the Classification Period, assessments of the youth's physical and mental health, alcohol and drug use, educational/vocation background, social skills, behaviors, and family functioning and dynamics are completed. The RCM ensures all documents are completed with the youth as outlined in DCS Policy ***18.4, Intake and Orientation at a Youth Development Center*** and in ***Protocol: Orientation at a Youth Development Center***. The RCM contacts the JSW via telephone to discuss the case, follow-up on any information gathered, requests any needed information, and provides JSW with RCM's contact information. The JSW is responsible for completing two assessments, the Child and Adolescent Needs

and Strengths (CANS) which includes a community risk assessment and the Ansell Casey Life Skills Assessment (CLSA). The results of these are incorporated into the additional information gathered at the YDC. For more information regarding the Classification Period, refer to DCS Policy ***18.24-DOE, Information for Individual Classification***.

Throughout the life of the case, various assessments are utilized for the identification of the youth's needs and strengths, for plan development and to help with tracking and adjustment.

This list is not inclusive of all possible assessment tools.

a) CANS - ***CANS Case Protocol***
b) Casey Life Skills Assessment (CLSA)
c) Psychological assessment, if applicable – DCS Policy ***20.10 Psychological and Education Assessment of Youth in Juvenile Justice Facilities***
d) Any educational assessment, if applicable - DCS Policy ***20.10 Psychological and Education Assessment of Youth in Juvenile Justice Facilities***
e) Alcohol and Drug Assessment, if needed
f) ***CS-1104, Columbia Suicide Severity Rating Scale***
g) ***CS-0946, Assessment, Checklist and Protocol for Behavior and Risk Victimization for Youth Development Centers***
h) Career Assessment
i) ***CS-1074 Recreation and Religious Preference***
j) How I Think Survey (HIT)
k) ***CS-1085 ART Overall Functioning Scale (Pre & Post)***
l) EPSDT Medical and Dental; Vision/Hearing Testing

Results of assessments conducted after the Classification CFTM are added to the Individual Program Plan (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 JSW is not able to complete the CLSA before the youth arrives at the YDC, the RCM assists the JSW with obtaining information so the assessment can still be entered into the computer by the JSW within the classification period.

Treatment Planning and Teamwork

The RCM is the leader of the youth's CFT at the YDC. The RCM along with the JSW are responsible for reviewing information received from assessments to develop the IPP and permanency plan. IPP and Permanency Plans must be time-limited, goal-oriented and specific about the action steps to be taken by DCS, service providers, children/youth, and families toward meeting the outcomes on the plan. These treatment plans meet the youth's needs and helps lead him to permanency. RCM's attend Utilization Reviews to evaluate the youth's progress and to determine if a release or step down to a lower level of

care is warranted. See DCS Policies ***18.22-DOE, Development of Individual Program Plan/Individual Education Plan (IPP/IEP)*** and ***16.31, Permanency Planning for Children/Youth in the Department of Children's Services Custody*** (for specific details).

I. The RCM takes into consideration age of youth, developmental level, gender, gender identity, sexual orientation, language, religion, race, ethnicity, cultural background, and characteristics of the communities where the youth will be residing. The RCM is responsible for the following duties:

a) Teams with the youth, parents, mental health therapist, teachers, nurses, youth service worker and JSW to implement and monitor the IPP and Permanency Plan;
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) Reviews the youth's case file, including TFACTS, every thirty (30 days);
d) Addresses negative behaviors and identifies patterns of behavior displayed by the youth through communication with youth while utilizing the team to reinforce positive change;
e) Submits required documents to the Student Trust Fund representatives weekly;
f) Leads group discussions as required and ensure groups start and end at their designated time;
g) Submits ART rosters as required;
h) Explores and incorporates the youth's goals, desires and career options into his reintegration and aftercare plan;
i) Schedules and facilitates video conferencing with, family and JSWs;
j) Attends court hearings and prepares progress review summaries; and
k) Notifies parents and JSWs, within 24 hours, when major incidents occur or restrictive behavior management (physical, mechanical, seclusion) is used and document the notification into TFACTS.

II. The RCM meets individually with all assigned youth every other week, a minimum of two times a month, to provide case management services. In each session, the case management topics listed below is addressed, ensuring all information is covered within the month. Sessions can be conducted in any order as long as they are occurring every other week. The following is a guide that describes the content of each session AND outlines what to include in TFACTS documentation and monthly reviews.

Session One:

a) Discuss the youth's feelings of **safety**. Note: Talk to the youth in a private setting (within security boundaries)
- General safety within facility and around staff;
- Feelings of safety around other youth – ex. bullying, intimidation, fighting incidents; and
- PREA issues.

b) Discuss the youth's **well-being** needs (physical and mental health needs, education, program adjustment, and independent living):
- How youth feels he is doing in these areas;

- What needs or questions the youth may have;
- Information needing to be shared about these areas; and
- Action steps (if any).

c) Discuss the youth's **treatment** program:
- IPP needs/strengths statements and action steps including status, progress, continued focus;
- Groups (ART/TOPS/IL) including the status, progress/problems, continued focus. Discuss the use of skills with specific behavior incidents /give assignments;
- Participation in Volunteer Programs and off campus activities (if applicable);
- Behavior to include level advancement and Youth Commitment Reduction Credits (if applicable); and
- Any concerns or questions – youth's input/ideas.

d) Discuss **services** youth is receiving (A & D, sex offender, therapy, medication, etc.):
- How effective the youth feels the services are (any needs not being met /addressed);
- Concerns, questions or adjustments needing to be made; and
- Action steps (ex. RCM will speak with therapist, etc.).

e) Discuss **phone calls** placed by the youth this month (Verify those called are on the ***Approved Contact List, CS-0111*** & document on ***CS-0327, Youth Telephone Log***):
- Who the youth called; and
- Details of the conversation such as how are things at home, how family members are doing, etc.

f) Discuss **visits** youth had with his family this month (Verify those who visited are on form CS-0111)
- How many visits and who attended? (siblings, grandparents, etc.) and
- Have youth describe how the visits went.

Session Two:

a) Provide **independent living skills** training based on identified needs from the CLSA
- Use an evidence based curriculum (such as Casey Life Skills Manual);
- Address communication skills, pro-social skills, budgeting, money management, employment and job skills, personal care, housing, college research, insurance; and
- Identify public transportation in the youth's home community and provide information on how to access it.

b) Ensure orderly **transition planning** for Reentry/Aftercare begins the day of youth's arrival:
- Involve the youth and family in developing the plan for transition and aftercare;
- Build on strengths of the youth and family to promote continued progress;
- Prior to release, make sure the youth is admitted to suitable programs and services; appointments are made with service providers and that positive connections are in place to support the youth;
- Identify unmet needs & develop a plan of how to meet these needs upon reentry; and
- If applicable, ensures the team identifies an in-home provider and have the provider attend meetings, if possible, especially the Release CFTM.

c) Assists with the development of the Transitional Survey in TFACTS:

- Include action steps/supports which reflect youth's unique ambitions/personal goals;
- Identification of where and with whom the youth will live once released;
- Explore family relationships to include strengths and challenges;
- Recreational activities, peer groups and support networks; and
- Identification of medical and mental health providers (to include support groups)

d) Help youth **obtain/compile essential** documents for their Personal Portfolio as required in the ***Case Closure Protocol***:
   - These essential documents are to assist the youth in achieving successful reintegration
   - Collection begins at youth admittance
   - Youth exits facility with personal portfolio

e) Verify youth is receiving appropriate **education/ employment opportunities** and assistance:
   - If still in school, identify what school the youth will be attending when he returns to the community;
   - College preparation is occurring for graduates and youth approaching graduation (Identification of colleges specific to youth's interests and assistance with enrollment);
   - Employability skills are being provided to youth who are at least 16 years of age;
   - Identify age appropriate employment opportunities and assist the youth in obtaining and completing the necessary job applications and paperwork; and
   - Action steps (ex. RCM will speak with principal, work coordinator, etc.)

Documentation

All information is required to be documented on the appropriate screens in TFACTS within the timeframe set by DCS Policy ***31.14, Documentation of TFACTS Case Recordings*** unless otherwise specified below. If the RCM's day off prevents the contact from occurring within the timeframes listed below, tasks are accomplished the first day the RCM returns to work. If the RCM is on vacation/leave, the RCM assigned to cover, makes the required contacts and explains they are filling in for the assigned worker. If the vacation/ leave timeframe is over 72 hours, the Supervisor is responsible for the requirements below.

Completed Activity	TFACTS Entry Timeframe	TFACTS Screen	Contact Type

Case Management Sessions	Twice a Month	Case Recordings	RCM/Child Face to Face Contact
Weekly Youth Telephone Calls (placed/received)	Monthly	Case Recordings	YDC Youth Telephone Call
Custodial Parents/Guardian Contact ***(Document all attempts)***	Monthly	Case Recordings	RCM/Parent contact
Non-Custodial Parent ***(Document all attempts)***	Quarterly	Case Recordings	RCM/Parent contact
RCM call to Parent/Guardian for incident debriefing	Within 24 Hours	Case Recordings	RCM/Parent contact
JSW contact (If contact is via email, include efforts made to reach JSW via phone or in person)	Monthly	Person Home Page	Collateral Contact
Face to Face Visits between Youth & Parent/Guardian	Monthly	Case Recordings	Parent/Child Visit
Face to Face Visits between Youth & Siblings	Monthly	Case Recordings	Sibling Visit
Face to Face Visits between Youth & Other Family	Monthly	Case Recordings	Child Visit with Other Family Member/Kin
YDC Group Sessions (A.R.T.)	Weekly	Evidence Based Program (EBP) Service Sessions	ART – Aggression Replacement Training/Add Specific Sub-Type
Teen Outreach Program (TOP)	Weekly	EBP Service Sessions	Social Skills
Independent Living Skills	Twice a Month	EBP Service Sessions	LST – Life Skills Training
CFTMs Classification/Quarterly/As Needed (Need Statements, Strengths, Action Steps)	Monthly	Person Home Page	CFTM (appropriate Type – Placement Stability, JJ Program Transfer, JJ Classification, JJ Release to Aftercare, JJ Discharge/Exit custody, etc.)
Monthly IPP Review	Monthly	Case Recordings	Case Summary
Sentence Reduction Credits	Monthly	Delinquency Information	Determinate Commitment
Other significant information (i.e. obtaining a State ID card, Graduation, registering for selective service, etc.)	Within 7 days	Case Recordings	Notation
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.	Monthly	Case Recordings	Case Summary