

Youth Services Policy

BUREAU FOR CHILDREN AND FAMILIES

January 2021

Section 1 – Introduction and Overview	5
1.1 Introduction	5
1.2 Philosophical Principles	6
1.3 Mission & Purpose.....	7
1.4 Roles.....	7
1.5 Legal Basis	8
1.6 Definitions	8
1.7 Target Population	16
1.8 Youth Services Casework Process	16
Section 2 - Intake	17
2.1 Introduction	17
2.2 Statutory Requirements	17
2.3 Information Gathering.....	17
2.4 Screening Decision and Response Time.....	18
2.5 Mandatory Cases	19
<i>Referral from Juvenile Probation Officers.....</i>	<i>19</i>
<i>Pre-Petition Diversion Referrals</i>	<i>20</i>
<i>Referrals from Law Enforcement.....</i>	<i>20</i>
2.6 Duplicate Referrals	20
Section 3 – Family Engagement	21
3.1 Importance of Family Engagement in Youth Services	21
3.2 Referral for Family Assistance.....	21
3.3 Foster Care Candidacy	21
Section 4 – Initial Assessment.....	22
4.1 Introduction	22
4.2 Preparation	23
4.3 Initial Family Contact	23
<i>Notification of Parent and Child Rights</i>	<i>24</i>

4.4 Information Gathering	25
<i>The Family Together</i>	25
<i>The Caregivers</i>	25
<i>The Youth</i>	25
<i>Reports of Sexual Abuse</i>	26
4.5 The Family Advocacy and Support Tool	26
4.6 Safety Threats	26
<i>Assessing Safety</i>	26
<i>Immediate Safety Threats</i>	26
<i>Reporting</i>	27
<i>Impending Safety Threats</i>	27
4.7 Safety Planning	28
<i>Safety Analysis</i>	28
<i>The Safety Plan</i>	29
<i>Temporary Out-of-Home Living Arrangements</i>	29
<i>Filing a Petition</i>	30
<i>Court Ordered Placements</i>	30
4.8 Identifying Treatment Needs	30
<i>Non-paid community services</i>	30
<i>Uncooperative Caregivers and Youth</i>	31
Section 5 – Pre-Petition Diversion	31
5.1 Introduction	31
5.2 Statutory Requirements	31
5.3 Diversion Worker Procedures	32
5.4 Progress Review	33
5.5 Case Review	33
5.6 Child and Family Review Team (Pre-petition Review Team)	34
Section 6 – Case Planning for Foster Care Candidates	35
6.1 Introduction	35

<i>Purpose</i>	35
<i>Decisions</i>	35
6.2 The Case Plan	36
<i>Developing the Case Plan</i>	36
<i>Organizing and Prioritizing Identified Needs</i>	36
<i>Completing the Case Plan</i>	38
Section 7 – Case Plan Evaluation	39
7.1 Introduction	39
<i>Purposes</i>	39
<i>Decisions</i>	40
7.2 Case Plan Evaluation Review Protocol	40
Section 8 – Multidisciplinary Treatment Team	40
8.1 Introduction and Purpose	40
8.2 When an MDT is required	41
8.3 Treatment Team Membership	41
8.4 Initiating and Notifying of an MDT	42
8.5 Prior to the MDT	42
8.6 Conducting the Initial MDT	43
8.7 Recommendations to the Court	43
8.8 On-going MDTs and Court Submission	44
<i>Ongoing MDTs</i>	44
<i>Court Submission and Case Planning</i>	44
8.9 Combining the MDT with Other Review Requirements	45
8.10 Concluding the MDT Meeting	45
8.11 MDTs and Case Evaluation	46
Section 9 – Youth Services Court Case Plan	46
9.1 Introduction	46
9.2 Statutory Requirements	46

9.3 Information Used in Developing the Case Plan	46
9.4 Developing the Case Plan.....	47
<i>Placement</i>	47
<i>Planning</i>	47
<i>Education and Medical</i>	48
<i>Worker Contact</i>	48
9.5 Completing the Case Plan for Court Submission.....	49
<i>Submission of the Case Plan to the Court</i>	49
<i>Requesting a Hearing</i>	49
Section 10 – Youth Services Court Case Plan Review	49
10.1 Introduction.....	49
10.2 Statutory Requirements.....	49
10.3 Purposes	50
10.4 Decisions	50
10.5 Submission of the Revised Case Plan to the Court.....	50
Section 11 Nondiscrimination, Grievance Procedure & Due Process Standards, Reasonable Modification Policies, and confidentiality	51
11.1 Nondiscrimination	51
11.2 Non-Discriminatory Placement Protocol	52
11.3 Complaint Procedure and Due Process Standards	53
<i>A: Complaints Based on Disability or other Forms of Discrimination</i>	53
<i>Procedure</i>	53
<i>B: Grievances Regarding the Youth Services Worker or Casework Process</i>	55
11.4 Reasonable Modification Policy	55
<i>A: Purpose</i>	55
<i>B: Policy</i>	56
11.5 Limited English Proficiency	57
<i>PROCEDURES:</i>	58
Appendix A	60

Section 1 – Introduction and Overview

1.1 Introduction

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

Services is a specialized program which is part of a broader public system of services to children and families.

1.2 Philosophical Principles

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

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

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

All Youth Services interventions should be directed by helpfulness.

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

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

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

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

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

Effective intervention requires that Youth Services respond in a non-punitive noncritical manner and offer help in the least intrusive way possible. Children and families shall be treated with dignity and respect by the child welfare staff and all providers of service working with them. It is the Child Welfare System's responsibility to ensure the rights of children and families being served are protected. In doing so, Child Welfare Workers (including Youth Service Workers, Child Protective Workers, & any agency contracted by the DHHR) shall not assume all children in care are heterosexual, cis-gender or gender-conforming and will treat Lesbian, Gay, Bisexual, Transgender, Questioning, and Intersex (LGBTQI) Youth with respect and competence. They will also adhere to state and federal laws related to LGBTQI Youth.

All professionals in state and local child welfare systems have an obligation to understand and adhere to the federal laws that protect the families and children in the communities they serve. Decisions made by Child Welfare Workers, (including Youth Service Workers, Child Protective Service Workers, & any agency contracted by the DHHR) should be made without intentional or unintentional discrimination. This includes discriminating on the basis of age, race, color, sex, mental or physical disability, religious creed, national origin, sexual orientation, political beliefs and limited proficiency in speaking, reading, writing or understanding the English language.

Additionally, when necessary, children and families will have the right to auxiliary aids and language interpretation to ensure effective communication for individuals with hearing, vision, speech impairments, or Limited English Proficiency (LEP) at no additional costs. DHHR evaluates individuals on

a case by case basis to provide auxiliary aids and services as necessary to obtain effective communication. This would include but not be limited to:

- Services and devices such as qualified interpreters, assistive listening devices, note takers, and written materials for individuals with hearing impairments;
- And qualified readers, taped texts, and Brailled or large print materials for individuals with vision impairments.
- Access to language and interpretation services.

For more information on obtaining auxiliary aids, contact:

Center for Excellence in Disabilities (CED)
959 Hartman Run Road
Morgantown, WV 26505
Phone: 304-293-4692.
Toll Free: (888) 829-9426
TTY: (800) 518- 1448

For Language translation and interpretation services Youth Services may Contact:

911 Interpreters Inc.
1-855-670-2500
BCF Code: 25646

1.3 Mission & 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 BCF Department system; and to protect the community by controlling the behavior of youth involved with the Department. Through this purpose the BCF believes it will effectuate its mission to develop a proactive system which preserves safe and healthy families.

1.4 Roles

The Youth Service Worker has the following roles:

- Problem Identifier – The social worker gathers, studies, and analyzes information about the youth and the family. The worker also offers help to families in which needs are identified for the child(ren), 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 (MDT) develops a detailed plan that addresses the permanency needs of the child. The worker is responsible for ensuring that the services provided to the child and families are in coordination with the child’s identified permanency plan. In addition, the worker must also have a concurrent permanency plan for which services are coordinated in case the primary permanency plan no longer becomes appropriate.

The Youth Services Supervisor has the following roles:

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

1.5 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 Chapter 49 of the West Virginia Code does not contain the term Youth Services it is clear from the statutes that the BCF has a legal obligation to provide assistance to children and families involved with the Juvenile Justice System. The BCF 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 West Virginia 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 the CCWIS (go to FACTS, Help, Court/Legal, WV Code) or on the internet at www.legis.state.wv.us.

1.6 Definitions

This section contains a number of terms which are used frequently in Youth Services. The terms and definitions are taken from state statute or have been adopted by the Department as a part of the Youth Services program.

Abandonment: Means any conduct that demonstrates the settled purpose to forego the duties and parental responsibilities to a child.	W. Va. Code § 49-1-201
Adjudication: In juvenile proceedings, adjudication is when a Judge makes an official decision on if a juvenile has broken West Virginia Statute.	

<p>Adjudicatory hearing: A judicial process designed to make a judgment on the existence or nonexistence of any conditions alleged in the juvenile petition. At all adjudicatory hearings held under this article, all procedural rights afforded to adults in criminal proceedings shall be afforded the juvenile unless specifically provided otherwise in chapter 49 of the Code of West Virginia. At all adjudicatory hearings held under this article, the rules of evidence applicable in criminal cases apply, including the rule against written reports based upon hearsay.</p>	<p>W. Va. Code § 49-4-701(j) and (k)</p>
<p>Adult: Means a person who is at least 18 years of age.</p>	<p>W. Va. Code § 49-1-202</p>
<p>After-care Planning: Family-driven planning process designed to ensure success in living in the community. Planning should incorporate those elements necessary to transition from out-of-home care, or intensive community services, to the least restrictive means of sustainably meeting the child and family needs in their community.</p>	
<p>Age or Developmentally Appropriate: Means</p> <p>(A) activities or items that are generally accepted as suitable for children of the same chronological age or level of maturity or that are determined to be developmentally-appropriate for a child, based on the development of cognitive, emotional, physical, and behavioral capacities that are typical for an age or age group; and</p> <p>(B) in the case of a specific child, activities or items that are suitable for the child based on the developmental stages attained by the child with respect to the cognitive, emotional, physical, and behavioral capacities of the child.</p>	
<p>Bureau for Children and Families (BCF): is the DHHR agency responsible for the welfare of West Virginia Families and contains the Adult Protective Service (APS), Child Protective Services (CPS), and Youth Services (YS)</p>	
<p>Bureau of Juvenile Services (BJS): Means the division within the Division of Corrections and Rehabilitation.</p>	<p>W. Va. Code § 49-1-208</p>
<p>Case Plan: The Case Plan is a comprehensive document which directs the provision of all casework services including the services provided to the child and the family.</p>	
<p>Child welfare agency: Means any agency or facility maintained by the state or any county or municipality thereof, or any agency or facility maintained by an individual, firm, corporation, association or organization, public or private, to receive children for care and maintenance or for placement in residential care facilities, including, without limitation, private homes, or any facility that provides</p>	<p>W. Va. Code § 49-1-206</p>

<p>care for unmarried mothers and their children. A child welfare agency does not include juvenile detention facilities or juvenile correctional facilities operated by or under contract with the Bureau of Juvenile Services or any other facility operated by that division for the secure housing or holding of juveniles committed to the custody of the division.</p>	
<p>Community-based: Means a facility, program or service located near the child’s home or family and involving community participation in planning, operation, and evaluation and which may include, but is not limited to, medical, educational, vocational, social, and psychological guidance, training, special education, counseling, alcoholism/substance abuse treatment, and any other treatment or rehabilitation services.</p>	<p>W. Va. Code § 49-1-206</p>
<p>Comprehensive Assessment and Planning System (CAPS): CAPS is structured set of actions utilizing a standard uniform comprehensive assessment protocol resulting in an assessment report. The purpose of CAPS is to address the needs as well as the strengths of the children and their families including mental and physical condition, maturity and education level, home and family environment, rehabilitative needs and recommended services plan; to assure the first placement is the best placement for youth, reduce the number of moves for children, promote permanency for children, maximize the use of MDT, and individualize the case planning.</p>	<p>W. Va. Code § 49-4-406</p>
<p>Court: Means the circuit court of the county with jurisdiction of the case unless otherwise specifically provided.</p>	<p>W. Va. Code § 49-1-207</p>
<p>Court Appointed Special Advocate (CASA) Program: Means a community organization that screens, trains and supervises CASA volunteers to advocate for the best interests of children who are involved in abuse and neglect proceedings.</p>	<p>W. Va. Code § 49-1-207</p>
<p>Custody: The care, control and maintenance of a child which can be legally awarded by the court to an agency. Refers to the legal right to make decisions about children, including where they live. Parents have legal custody of their children unless they voluntarily give custody to someone else or a court takes this right away and gives it to someone else such as a relative or a child welfare agency. Whoever has legal custody can enroll the children in school, give permission for medical care, and give other legal consents.</p>	
<p>Comprehensive Child Welfare Information System (CCWIS): A large customized statewide computerized Case Management System for all Child Welfare and Adult Service Programs. This system is in compliance with Federal requirements for a Statewide Automated Child Welfare Information System.</p>	

<p>Department or State Department: Means the West Virginia Department of Health and Human Resources (DHHR) and its five Bureaus; Bureau for Children and Families (BCF), Bureau for Child Support Enforcement (BCSE), Bureau for Public Health (BPH), Bureau for Medical Services (BMS), and Bureau for Behavioral Health and Health Facilities (BHFF)</p>	<p>W. Va. Code § 49-1-208</p>
<p>Duplicate Referral: Means that more than one report has been received involving the same youth and incident.</p>	
<p>Emergency Shelter Care/ Residential Crisis Support: A form of short-term residential care for children which temporarily provides food, shelter, clothing and other necessary crisis intervention and stabilization services for children experiencing emotional, familial or behavioral crises.</p>	<p>Legislative Rule 78-3-3.79</p>
<p>Evidence-based practices: Means policies, procedures, programs and practices demonstrated by research to reliably produce reductions in the likelihood of reoffending.</p>	<p>W. Va. Code § 49-1-206</p>
<p>Family Advocacy Support Tool (FAST): An assessment tool used to understand the complex needs of families and to identify safety threats.</p>	
<p>Foster Care Candidate: A foster care candidate is a child, under the age of 21, who is at imminent risk of foster care entry or re-entry, and who:</p> <ul style="list-style-type: none"> a. has not been removed from their home and placed in foster care; or b. is not under the placement and care of the title IV-E agency and is residing with a relative or an individual with whom the child has an emotionally significant relationship characteristic of a family relationship (fictive kin); or c. has returned home on a trial home visit; or d. has returned from a foster care placement and is residing with their parent or a non-paid kinship relative caregiver; or e. has been adopted or is in a legal guardianship arrangement. 	
<p>Guardian: Means the person who exercises legal physical control, care or custody of a child.</p>	<p>W. Va. Code § 49-1-209</p>
<p>Immediate Safety Threat: Means an instance or situation in which the safety of a youth, their family, or their community is at immediate risk of severe harm. Immediate safety threats are observable and presently occurring.</p>	

<p>Impending Safety Threat: Means an instance or situation where the safety of a youth, their family, or their community is in jeopardy of harm in the near future.</p>	
<p>Incorrigible: A term associated with “status offender,” used to describe a juvenile who habitually and continually refuses to respond to the lawful supervision by his or her parents, guardian or legal custodian such that the juvenile's behavior substantially endangers the health, safety or welfare of the juvenile or any other person.</p>	
<p>Individualized Educational Plan (IEP): A federally mandated plan for educational support services and outcomes developed for students enrolled in special education programs.</p>	
<p>Intake: The Intake process consists of the documentation of information about the family, the reporter and the situation, and the supervisory steps to determine appropriate action with the family.</p>	
<p>Juvenile: Means any person who has not attained the age of 18 years of age or is a transitioning adult. Once a juvenile is transferred to a court with criminal jurisdiction (49-4-710) he or she shall remain a juvenile for the purposes of the applicability of chapter 49 of the Code of West Virginia.</p>	<p>W. Va. Code § 49-1-202</p>
<p>Juvenile Delinquent: Means a juvenile who has been adjudicated as one who commits an act which would be a crime under state law or a municipal ordinance if it were committed by an adult.</p>	<p>W. Va. Code § 49-1-202</p>
<p>Multidisciplinary Treatment Team (MDT): Means the juvenile, the juvenile’s case manager (BJS and/or DHHR), juvenile’s parent or parents, guardian or guardians or custodial relatives, juvenile’s attorney, prosecuting attorney, school official, domestic violence advocate, probation officer, or any other person or agency who may assist in providing recommendations for the particular needs of the juvenile and family.</p>	<p>W. Va. Code § 49-4-406</p>
<p>Needs Assessment: Means an evidenced-informed assessment which identifies the needs a child or family has, which, if left unaddressed, will likely increase the chance of reoccurring. The Bureau has chosen the FAST as its needs assessment.</p>	<p>W. Va. Code § 49-1-206</p>
<p>Non-secure facility: Means any public or private residential facility not characterized by construction fixtures designed to physically restrict the movements and activities of individuals held in lawful custody in that facility and which provides access to the surrounding community with supervision for juveniles.</p>	<p>W. Va. Code § 49-1-206</p>

<p>Pre-adjudicatory community supervision: Means supervision provided to a youth prior to adjudication, a period of supervision up to one year for an alleged status or delinquency offense.</p>	
<p>Quarterly Review: For each child who remains in foster care as a result of a juvenile proceeding or as a result of a child abuse and neglect proceeding, the circuit court with the assistance of the multidisciplinary treatment team shall conduct quarterly status reviews in order to determine the safety of the child, the continuing necessity for and appropriateness of the placement, the extent of compliance with the case plan, and the extent of progress which has been made toward alleviating or mitigating the causes necessitating placement in foster care, and to project a likely date by which the child may be returned to and safety maintained in the home or placed for adoption or legal guardianship. Quarterly status reviews shall commence three months after the entry of the placement order. The permanency hearing may be considered a quarterly status review.</p>	<p>W. Va. Code § 49-1-206</p>
<p>Reasonable and Prudent Parent standard: Means the standard characterized by careful and sensible parental decisions that maintain the health, safety, and best interests of a child while at the same time encouraging the emotional and developmental growth of the child, that a caregiver shall use when determining whether to allow a child in foster care under the responsibility of the State/Tribe to participate in extracurricular, enrichment, cultural, and social activities. In this context, ‘caregiver’ means a foster parent with whom a child in foster care has been placed or a designated official for a child care institution in which a child in foster care has been placed.</p>	<p>Administrative Rule: 78-2-3.35</p>
<p>Res gestae: Means a spontaneous declaration made by a person immediately after an event and before the person has had an opportunity to conjure a falsehood.</p>	
<p>Residential Services: Means child care which includes the provision of nighttime shelter and the personal discipline and supervision of a child by guardians, custodians or other persons or entities on a continuing or temporary basis. It may include care and/or treatment for transitioning adults. Residential services does not include or apply to any juvenile detention facility or juvenile correctional facility operated by the Bureau of Juvenile Services, created pursuant to this chapter, for the secure housing or holding of juveniles committed to its custody.</p>	<p>W. Va. Code § 49-1-207</p>
<p>Reunification: A process of reconnecting children in foster care (or substitute care) with their families. When children can be safely reunified, this goal should be achieved in a timely manner, but without increasing the chance of re-entry into placement.</p>	<p>W. Va. Code § 49-1-201</p>

<p>Runaway: A term associated with “status offender,” used to describe a juvenile who has left the care of his or her parents, guardian or custodian without the consent of that person or without good cause.</p>	<p>W. Va. Code § 49-1-206</p>
<p>Safety Plans: Temporary plans put in place to control or mitigate immediate and impending safety threats.</p>	
<p>Secretary: Means the Cabinet Secretary of the Department of health and Human Resources</p>	<p>W. Va. Code § 49-1-202</p>
<p>Secure facility: Means any public or private residential facility which includes construction fixtures designed to physically restrict the movements and activities of children or other individuals held in lawful custody in that facility.</p>	<p>W. Va. Code § 49-1-208</p>
<p>Traffics or Trafficking: Means to recruit, transport, transfer, harbor, receive, provide, obtain, isolate, maintain or entice an individual in furtherance of forced labor or sexual servitude.</p> <p>Trafficking Victim: Means an individual who is subjected to trafficking, regardless of whether a perpetrator is prosecuted or convicted.</p>	
<p>Staff-secure Facility: Means any public or private residential facility characterized by staff restrictions of the movements and activities of individuals held in lawful custody in that facility and which limits its residents’ access to the surrounding community, but is not characterized by construction fixtures designed to physically restrict the movements and activities of residents.</p>	
<p>Status offender: A juvenile who has been adjudicated as one:</p> <p>(A) Who habitually and continually refuses to respond to the lawful supervision by his or her parents, guardian or legal custodian such that the juvenile's behavior substantially endangers the health, safety or welfare of the juvenile or any other person (see also incorrigible);</p> <p>(B) Who has left the care of his or her parents, guardian or custodian without the consent of such person or without good cause (see also runaway); or</p> <p>(C) Who is habitually absent from school without good cause (see also truant).</p>	<p>W. Va. Code § 49-1-206</p>
<p>Standardized screener: Means a brief, validated non-diagnostic inventory or questionnaire designed to identify juveniles in need of further assessment for medical, substance abuse, emotional, psychological, behavioral, or educational issues, or other conditions.</p> <ul style="list-style-type: none"> • Within Division of Juvenile Justice including the Youth Report Centers, the Standardized Screener is the MAYSI-2. 	<p>W. Va. Code § 49-1-202</p>

<ul style="list-style-type: none"> • Within the Bureau for Children and Families the Standardized Screener is the FAST. 	
<p>Family Reunification Services: Means individual, group and family counseling, inpatient, residential or outpatient substance abuse treatment services, mental health services, assistance to address domestic violence, services designed to provide temporary child care and therapeutic services for families, including crisis nurseries and transportation to or from any such services, provided during fifteen of the most recent twenty-two months a child or juvenile has been in foster care, as determined by the earlier date of the first judicial finding that the child is subjected to abuse or neglect, or the date which is sixty days after the child or juvenile is removed from home.</p>	<p>W. Va. Code § 49-1-206</p>
<p>Transition Planning: A process by which supports and services necessary to ensure a smooth and seamless process of moving into or out of intensive supervision and/or foster care placement are identified and addressed in case planning.</p>	
<p>Transitioning Adult – Means an individual with a transfer plan to move to an adult setting who meets one of the following conditions: (1) Is 18 years of age but under 21 years of age, was in custody of the Department of Health and Human Resources upon reaching 18 years of age and committed an act of delinquency before reaching 18 years of age, remains under the jurisdiction of the juvenile court, and requires supervision and care to complete an education and or treatment program which was initiated prior to the 18th-birthday. (2) Is 18 years of age but under 21 years of age, was adjudicated abused, neglected, or in custody of the Department of Health and Human Resources upon reaching 18 years of age and enters into a contract with the Department of Health and Human Resources to continue in an educational, training, or treatment program which was initiated prior to the 18th birthday.</p>	<p>W. Va. Code § 49-1-202</p>
<p>Truancy diversion specialist means a school-based probation officer or truancy social worker within a school or schools who, among other responsibilities, identifies truants and the causes of the truant behavior, and assists in developing a plan to reduce the truant behavior prior to court involvement.</p>	<p>W. Va. Code § 49-1-202</p>
<p>Truancy: In the case of 10 total unexcused absences of a student during a school year, the attendance director or assistant shall make complaint against the parent, guardian or custodian before a magistrate of the county.</p>	<p>W. Va. Code § 49-1-206</p>
<p>Youth: a person who has not attained the age of 18 years. Youth may also be referred to as teens, young people or young adults.</p>	<p>W. Va. Code § 49-1-207</p>

1.7 Target Population

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

- The youth 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 is under the auspices of the juvenile justice system and has been referred to the BCF for services;
- The youth is an alleged delinquent who has been referred for services or placed in the temporary legal and/or physical custody of the Department as an alternative to detention; and,
- The youth has been adjudicated as a status offender for a truancy offense prior to turning eighteen and the court case has not been resolved and dismissed from the court's docket.

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

1.8 Youth Services Casework Process

The Youth Services casework process is based on an analytical model for problem solving. This includes an assessment of youth, family, and community safety throughout the life of the case, choosing among alternative treatment strategies and continuously evaluating the effectiveness of selected strategies. The process is based on several principles:

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

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

- Intake
- Referral acceptance, screen out and refer the family to appropriate resources if necessary
- Completion of the Family Advocacy Support Tool (FAST) on all accepted referrals
- Development of a case plan
- Service provision
- Case evaluation

- Case closure

Section 2 - Intake

2.1 Introduction

Intake is the process by which reports about youth who may require the attention of the Bureau for Children and Families (BCF) are made and the BCF determines whether the case will be opened for further assessment or “Screened Out” due to not meeting the requirements for intervention.

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

During the intake process if there is any indication of abuse and neglect a referral must be made to Centralized Intake at **1-800-352-6513**.

2.2 Statutory Requirements

W. Va. Code § 49-4-704(e) requires the circuit clerk or the Juvenile Probation Officer to notify the BCF, within two judicial days, whenever a petition alleging that a youth is a status offender or a juvenile delinquent is filed in circuit court.

W.Va. Code § 49-4-702 requires the BCF to assess and case plan for any youth referred by the prosecutor for informal resolution through the “pre-petition diversion” process.

Another form of petition may result from a domestic violence petition filed pursuant to W. Va. Code § 48-27-403 by or on behalf of the youth's parent, legal guardian or other person with whom the youth resides that results in the issuance of an emergency protective order naming the youth as the respondent shall be treated as a petition arising under W. Va. Code § 49-4-701, et seq., alleging the youth is a juvenile delinquent. The statutes do not specify the form that the notification must take. It is assumed that practice may vary from circuit to circuit.

2.3 Information Gathering

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.

When interviewing the referent, the Intake Worker will attempt to specifically gather information identified in the Comprehensive Child Welfare Information System (CCWIS.) This information includes:

- Reporter’s demographic and contact information, unless they choose to remain anonymous, and reasons for making a referral.
- Demographic information about the youth, the family, all members of the household and any absent parent; the caregiver’s last name will be identified as the case name.

- Determine other individuals, or collateral contacts, who may be able to contribute further information.
- Determine whether the referent is aware of previous involvement with Youth Services or Child Protective Services.

If the source of the referral is a petition from a Juvenile Probation Officer the notification date and hearing screens become mandatory. Referrals from Juvenile Probation Officers must be assigned immediately for assessment.

The Intake Worker must conduct a CCWIS records search for prior or current social service cases the youth and/or family may have been in or are currently involved. This will provide more information to support the Intake Worker's recommendation to accept the case for Youth Services or to screen out the referral.

2.4 Screening Decision and Response Time

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 regarding the referral. The actions to be taken may depend in part on who made the referral; for example, a prosecutor making a pre-petition diversion referral or a Juvenile Probation Officer referring a juvenile petition (See Section 2.5 Mandatory Cases).

The first step in the screening process is to determine if the information gathered at intake is enough to support the need for Youth Service involvement. If it is not, then the Youth Services supervisor may contact the referent personally or direct the Intake Worker to do so. Reasons for screening out a referral may include:

- Blatantly false report;
- The youth in question is 18 or older;
- Insufficient information to locate the family;
- The family does not live in West Virginia;
- The referral is not appropriate for Youth Services but appears to require Child Protective Services involvement only. These referrals must be made to Centralized Intake at **1-800-352-6513**;
- The youth is not within the target population.

If in the opinion of the worker the youth is not presenting a risk to themselves, their family or the community, then the worker may recommend to screen-out the referral and refer for services. Referrals may be made to a non-paid community service provider. An appropriate referral may also be made to a provider who accepts Medicaid or private insurance for behavioral/mental health needs.

If the report is a duplicate referral and the case is already being, or has been, appropriately addressed, then the worker must find and associate the referral to the current or closed case. A referral which contains new allegations or is similar to a previously assigned referral and meets the eligibility criteria for Youth Services, must be accepted and associated to the assigned referral.

If the Intake Worker recommends accepting the referral, the Intake Worker will need to find and associate any previous referrals or cases and determine how to dispose of the current referral. The Intake Worker may recommend to:

- Open a new case if the youth meets criteria for Youth Service involvement and there is no prior involvement with the BCF;
- Connect to an open case;
 - Youth Service cases will be assigned secondary to a CPS case.
- Connect to a closed case and reopen;
 - Reopening a closed CPS case requires the case type to be changed to Youth Services.
- Connect to a Screened-Out referral and open a case.

Finally, the Intake Worker will submit to the appropriate supervisor for approval. If the supervisor agrees with the recommendation the supervisor will approve and the case will be assigned for Initial Assessment with the appropriate response time.

Response time is the time a worker is given to make face-to-face contact with the youth and their family from the time the referral is received. Assigned Youth Service Intakes require face-to-face contact with the family to be made within 14 days of assignment for the completion of the Initial Assessment. However, when referrals are received in the form of a juvenile petition, the worker must immediately begin attempting to see the youth and family. This will enable the worker to complete the required assessments and the proposed individualized case plan prior to the court hearing.

2.5 Mandatory Cases

Certain situations require the BCF to accept a referral and open a case. These situations include:

- Notification of petitions alleging a youth is a status or delinquency offender and will be assigned to circuit court;
- Pre-Petition Diversion referrals consistent with W. Va. Code §49-4-702; and,
- Referrals from law enforcement requesting placement of the youth.

Referral from Juvenile Probation Officers

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

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

A JPO or other court official may call and request that a Youth Services Worker be present for a hearing in front of a magistrate or circuit court judge, including detention hearings. In these instances, the supervisor will direct the Youth Services Worker to attend the hearing even if no advance notice is given.

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

All situations are unique, however according to W. Va. Code § 49-4-714(b) following the adjudication of a delinquent youth, during the mandated dispositional proceeding, all parties are given an opportunity

to be heard. The Youth Service Worker, agency representatives or any other person who may assist in providing recommendations for the needs of the family and the youth shall be given an opportunity to be heard by the court. 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.

Pre-Petition Diversion Referrals

Before a juvenile petition is formally filed with the court, the court may refer the matter to a case worker, probation officer or truancy diversion specialist for preliminary inquiry to determine whether the matter can be resolved informally without the formal filing of a petition with the court.

Referrals received from prosecutors requesting a case be opened for Pre-Petition Diversion must be accepted and assigned.

Referrals from Law Enforcement

W. Va. Code § 49-4-705(b) allows a law-enforcement officer to take a youth into custody absent a court order under certain limited circumstances:

- grounds exist for the arrest of an adult in identical circumstances;
- emergency conditions exist which pose imminent danger to the health, safety and welfare of the youth;
- the youth is a runaway;
- the youth is a fugitive;
- the youth has been driving under the influence of any amount of alcohol; or
- the youth is a named respondent in an emergency domestic violence petition.

If one of these circumstances exist and it is believed that the circumstances present an immediate threat of serious bodily harm to the youth if released or no responsible adult can be found into whose custody the youth can be delivered, then the department must assist law enforcement with obtaining a temporary, emergency placement of the youth .

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

2.6 Duplicate Referrals

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

If the supervisor receives more than one referral from a concerned individual, or individuals, related to the same youth then the Youth Services Supervisor should consider the new information and decide whether it meets the eligibility criteria. The Youth Services Supervisor will decide whether to assign the case to a Youth Services Worker for follow up.

Section 3 – Family Engagement

3.1 Importance of Family Engagement in Youth Services

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

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

3.2 Referral for Family Assistance

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

3.3 Foster Care Candidacy

A foster care candidate is a child, under the age of 21, who is at imminent risk of foster care entry or re-entry, and who:

- a. has not been removed from their home and placed in foster care; or
- b. is not under the placement and care of the title IV-E agency and is residing with a relative or an individual with whom the child has an emotionally significant relationship characteristic of a family relationship (fictive kin); or
- c. has returned home on a trial home visit; or
- d. has returned from a foster care placement and is residing with their parent or a non-paid kinship relative caregiver; or
- e. has been adopted or is in a legal guardianship arrangement.

These child(ren) are considered at imminent risk of foster care entry, or re-entry, if at least one of the following conditions exist:

1. The child has been abused or neglected or has been identified as unsafe and without intervention is likely to be removed;
2. The child suffers a serious emotional, behavioral or mental disturbance and without intervention will be unable to reside in their home;
3. The child has committed a prosecutable offense in which the state has filed, or is considering filing, a juvenile petition and the planned out of home living arrangement is a foster care setting;
4. The child is a runaway or homeless youth;
5. The child is, or will be born, to a youth residing in foster care;
6. The child is an adopted child(ren) or in a legal guardianship arrangement which is at risk of disruption.

When a Youth Services Worker is working with a Foster Care Candidate, workers must develop a case plan and utilize preventative services designed to mitigate the problems identified through the assessment to prevent removal from the home or re-entry into foster care. The BCF has chosen to use the Youth Service Case Plan, described in Section 6, as the case plan for all children who have not been removed from their home and children who have returned from a foster care placement to their home or the home of an appropriate kin/relative.

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

Section 4 – Initial Assessment

4.1 Introduction

The Initial Assessment process occurs once a Youth Service referral has been accepted. The response time indicated at intake will inform the Youth Service Worker of the maximum amount of time the worker has to make face-to-face contact with the referred family. When a youth is exhibiting unsafe or illegal youth behaviors, a Youth Services Worker will be dispatched for prompt assessment within 14 days or sooner, depending on the nature of the allegations within the referral and/or any required court hearing timeframes.

Initial Assessment begins with the preparation phase and continues through the completion of the FAST assessment tool. The phases of Initial Assessment are:

- Preparation
- Initial Family Contact
- Information Collection
- Immediate Safety Threat Assessment

- Safety planning, if applicable; and,
- Completion of the Family Advocacy and Support Tool (FAST) within 15 days for court cases and 30 days for non-court cases.

The purpose of the Initial Assessment is to:

- inform caregivers of the allegation received regarding the youth's unsafe or illegal behaviors;
- conduct a structured, thorough information collection process that includes relevant family members;
- determine if illegal behavior has occurred, consistent with state statute; and,
- determine the necessary next steps to ensure youth, family, and community safety.

Anytime it is decided that a youth service referral for behavior must result in an initial assessment, the worker must ensure that they properly prepare for the visit. This will require information review and taking precautions to ensure the worker's safety.

4.2 Preparation

Initial contact with a family requires adequate preparation. The worker should review as much information as is available and reasonable given the required response time. Information may include past CPS/YS reports or known criminal history which can be obtained from the magistrate and circuit courts. Workers should contact the schools to check on school records for attendance and behaviors of youth. Workers should bring copies of the FAST interview guide and a blank safety plan. Workers should also develop a plan for initial family contact, which considers the youth's and family's privacy, safety, and the response times indicated. Workers should also:

- Identify whether any potential hazards to the worker's safety have been reported and develop a personal plan of safety.
- Determine if any immediate serious hazards reported could endanger the child(ren)'s life.
- Determine an appropriate place to interview the child(ren) and family which ensures privacy and considers the response time.

4.3 Initial Family Contact

The Youth Service Worker must make face-to-face contact with youth within the response times indicated at intake. A thorough interview requires the youth and family to feel comfortable enough to provide the necessary information.

Also important to the process is the order in which individuals are interviewed and timeliness of subsequent interviews. Youth Service Workers should make every effort to interview all family members the same day and collateral contacts as soon thereafter as is possible. The preferred order of interview is:

1. Parents and absent parents
2. Identified youth
3. Siblings

4. Other adults in the home
5. Collaterals

Youth Service Workers must always ensure to properly identify themselves as Youth Services Workers to all individuals to be interviewed and show a valid West Virginia State employment identification.

Youth Service Workers must also:

- Provide caregivers a verbal summary of the youth's reported behavior and briefly explain the Initial Assessment process.
- Request caregiver's permission to proceed with the interview.
- Ensure that parent's/caregivers and youth are notified of their rights and the notification is documented in the official case record.
- Ensure that each individual interviewed is afforded the ability to have their interviews private and without fear of reprisal from other individuals.
- Assess for Immediate Safety Threats at first contact with the family. This will also be required for every child at every visit during the life of a case. See section 4.6 for information on Immediate Safety Threats.

All families should be provided with the *A Parent's Guide to Working with Youth Service* booklet and an explanation of the booklet and its contents. The book contains two perforated cards which are to be filled out, signed by the parents, and documented in the official record.

Notification of Parent and Child Rights

Youth Service Workers must ensure that parents and youths who become involved with YS are afforded rights and protections, which includes the right to be informed about their case. This right to be informed must be balanced with the need to ensure information provided will not comprise a potential juvenile proceeding.

Rights that families must be informed of include:

- The right to be free from warrantless search and seizure.
- The right to be free from intrusion into one's home except upon lawful consent.
- The right to have information collected and maintained during a case held in confidence consistent with W. Va. Code §49-5-101(a).
- The right to be allowed access to one's personal file (W. Va. Code §49-5-101(b)).
- The right to appeal the exclusion or inclusion of a parent or youth from any service program and the right to request a grievance hearing about either the manner in which the parents and the youth are treated by agency personnel or any other concern related to the service programs of the agency.
- The right to refuse youth services intervention as well as the right to be advised of the consequences when individuals refuse said services.
- The right to be free from discrimination for reasons of age, race, color, sex, sexual orientation, mental or physical disability, religious creed, national origin or political belief.

- The right to auxiliary aids to individuals with disabilities, at no additional cost, where necessary to ensure effective communication with individuals with hearing, vision or speech impairments.
- The right to have language and translation services available.
- The right to be informed of complaints or allegations made against an individual.
- The right to be informed of the findings of the Youth Services' Initial Assessment
- The right to be made aware of all actions taken regarding the family throughout the life of the case and the reasons for such action.

4.4 Information Gathering

The BCF utilizes a myriad of information to determine the needs of the family. The worker must review available records such as school records, Bureau records history, and other completed assessments which the family has participated. When gathering information, the Youth Service Worker should engage the entire family to better understand and solve the problems which have brought them to the attention of Youth Services. Once all interviews, observations, and information reviews are complete, the worker will complete the FAST assessment and document the results on the FAST score sheet.

The Family Together

When gathering information on a youth and their family, it is critical to examine aspects of where the family lives, the resources available to them, and the relationship dynamics of those who reside or have contact with those who reside in the household. Financial stressors, concerns with the home environment, and interpersonal relationship dynamics can be root problems to the issues which have brought the family into contact with the Department. Addressing these concerns can help the family achieve the goal of no longer requiring the intervention of Youth Services. For example, a family struggling with finances may benefit from a referral to Family Assistance for TANF or a family residing in a dilapidated home may benefit from a referral to HUD. See section 3.2 for more information on Family Assistance.

The Caregivers

Information gathered regarding the household caregivers can be essential to determining the root causes of a youth's behavior or reason for youth services intervention. It is also important when monitoring for abuse and neglect or other safety threats. When assessing the caregivers in the household, workers should be mindful of the level of supervision they provide, their knowledge of a youth's needs, and their ability/skills to provide proper parenting. A referral to counseling, or other services may help remove the needs of a family or alleviate strains that are contributing to the problem. If a Youth Services Worker believes they have identified abuse and neglect the worker must follow the protocols outlined in section 4.6.

The Youth

There are several important areas that must be assessed when gathering information on the youth(s) residing in a household. How a youth is doing in school, the relationship with their family and peers/partners, their mental and physical health, and their personal history are all factors that can contribute to the actions or behaviors that have led to Youth Services involvement.

Reports of Sexual Abuse

Disclosure of sexual abuse can be particularly difficult for a youth. This is due to the fear that their abuser may harm them, they will not be believed, or they will be separated from their family. If during the course of assessment or interviews, a youth reveals to the worker an instance of previously undocumented or ongoing sexual abuse, then the worker will allow the youth to continue to speak and gather the information. A worker's reaction influences how the youth deals with the trauma of being abused so it's critical that a worker remain calm and present an appearance of understanding. Once the interview is completed and prior to the worker leaving the home or scene of interview, they must notify their supervisor and make a referral to Centralized Intake. See Reporting in Section 4.6 for more information.

4.5 The Family Advocacy and Support Tool

The Family Advocacy and Support Tool (FAST) is a communications tool designed to understand the complex needs of families. The FAST focuses on the entire family and identifies each member's unique needs and potential strengths. The purpose of the FAST is to identify safety threats and treatment needs which may exist within families, and support families in meeting needs and reducing safety threats and support effective interventions. The FAST tool is designed to be continuously modified based on new information learned throughout the life of the case. The FAST should be revisited and updated regularly as other assessments are completed and to reflect the current status of the case. The FAST tool will be utilized to assess youth and their families who are referred to the BCF.

The FAST must be used in all cases involving Youth Services, including the assessment requirements of juvenile Multidisciplinary Treatment Team meeting, and in the case planning process. The FAST must be completed within 15 days of initial contact for cases with court involvement and within 30 days of non-court cases. The FAST Assessment guide is essential to this process and will help ensure all required areas of assessment have been thoroughly completed.

4.6 Safety Threats

Assessing Safety

Monitoring for the safety of not only the youth service client, but all of the children in a home is a primary function of Youth Services. This is done through the identification of Immediate and Impending Safety Threats. A Youth Service Worker must understand the difference between safety threats which are extremely dangerous and happening now, known as **Immediate Safety Threats**, and safety threats that are not happening now but have potential to be harmful in the future, known as **Impending Safety Threats**. Safety Threats must be monitored for during the entire life of a case and can become evident at any time. If a Youth Service Worker encounters a safety threat perpetrated by a parent or caregiver the Youth Service Worker must contact their supervisor for assistance in dispatching a Child Protective Services Worker.

Immediate Safety Threats

Immediate Safety Threats are instances where the safety of a child or children in the home is at immediate risk of severe harm. These safety threats are significant, clearly observable, presently

occurring, and require no guesswork as its status of being a dangerous situation. Immediate Safety Threats may be caused by the actions or inactions of a parent or guardian, or the living environment. When a Youth Service Worker encounters these situations, action must be taken immediately and appropriate steps must be taken to remove or prevent the threat prior to the worker leaving the situation.

If it is determined that Immediate Safety Threat(s) exist, then the Youth Services Worker shall promptly contact their supervisor for guidance and the possible dispatch of a Child Protective Services Worker. The accurate identification of an Immediate Safety Threats will require a referral to Child Protective Services (CPS).

An Immediate Safety Threat tool is available to aid in the identification of these threats and can provide guidance on which instances arise to the level of an Immediate Safety Threat.

Reporting

The Youth Service Worker will be required to report all allegations of potential abuse and neglect, to the Centralized Intake Unit. The completed FAST, along with any other assessment tools, pertinent information and documents which may have been attained during the assessment process, shall be provided to the Child Protective Services Worker. In situations when it has been determined that both Child Protective and Youth Service interventions are warranted, the child protective case will take primary responsibility for case management and youth services shall be assigned secondary responsibility but will continue to complete the FAST. CPS and YS will work in tandem to ensure the needs of the family are met. **In no circumstances should it be considered acceptable to maintain two open cases, within the WV CCWIS system, on the same family.** If this inadvertently occurs, the worker must notify their supervisor.

Impending Safety Threats

Instances where the safety of a youth, their family or a community is in jeopardy of harm or is likely to be a threat in the future, but this threat is not occurring now is known as an **Impending Safety Threat**. Impending Safety Threats will require action, intervention, and a safety plan, but there is often time for the worker to return to their office and discuss with their supervisor. Impending Safety Threats may be perpetrated by a caregiver, the living environment, or a youth in the home. The FAST tool indicates areas of possible safety threats through a "Safety Item" indication next to the item in the FAST manual. Safety Threats in the living environment or that are perpetrated by a caregiver which rate as a "2" will require the worker to discuss with their supervisor whether a referral to CPS should be made and appropriate next steps, which includes the necessity of a Safety Plan. Those which rate a "3" will require a referral to CPS and staffing with their supervisor for an appropriate response.

Any safety threats identified will require a brief justification on the FAST score sheet indicating the supporting evidence that the threat exists.

4.7 Safety Planning

Safety Analysis

Safety Analysis and Planning must be completed on all cases where safety threats have been identified. The Safety Analysis determines the level of Youth Services intrusiveness with families in order to manage safety threats and assure safety. Safety Analysis results in the development and implementation of sufficient Safety Plans to manage the identified safety threats. The appropriate Safety Plan must be deployed the same day the safety threats were identified.

If the answer is “No” to any of the Safety Analysis questions listed below, then the determination is that an in-home Safety Plan cannot sufficiently control safety threats and assure safety. Any “No” response indicates the need to temporarily remove the youth from the home. This may be achieved through the use of an FC-4, or Voluntary Placement Agreement (VPA), if the safety threats are not caused by a caregivers actions or failure to act to protect the youth , and the caregivers agree to the placement; or through a removal petition sought through the court system.

If the answer to all the following questions are “Yes”, then the worker can proceed with implementing an in-home Safety Plan.

The Safety Analysis Questions:

1. Are the caregivers and youth willing to have an in-home Safety Plan developed and implemented, and have demonstrated that they will cooperate with all identified safety service providers?
2. Is the home environment calm and consistent enough for an in-home Safety Plan to be implemented and for safety service providers to be in the home safely?
3. Are safety services available at a sufficient level and to the degree necessary in order to manage the way in which impending safety threats are manifested in the home?
4. Is an in-home Safety Plan and the use of in-home safety services sufficient enough to manage safety threats without the results of scheduled professional evaluations?
5. Do the caregivers have a residence in which to implement an in-home safety plan?

During the Safety Analysis and Safety Planning process, it is necessary for the Youth Service Worker to meet with the family. This meeting should occur the same day safety threats are identified unless there are extenuating circumstances. The following must occur during the meeting:

- The worker must thoroughly explain the safety decision and safety threat(s) which must be addressed in order to appropriately plan for safety;
- Discuss with the caregiver and youth, separately and privately, their concerns, answer their questions, and allow them to be an intricate part of the Safety Planning process;
- Engage the family in exploring safety resources and Safety Planning options;
- Identify absent parents and their locations/contact information;
- Meet with both formal and informal safety resources (extended family, friends, etc.) if appropriate to assist in safety planning;
- Complete the Safety Analysis and Safety Planning process and deploy the appropriate safety plan; and,
- Explain the purpose of ongoing Youth Services.

The Safety Plan

A Safety Plan is a plan developed to address the issues and situations that pose a threat to a youth, their family, or the community. This plan must consider each threat that has been identified and specifically address how these threats will be controlled. This process should involve the family as this will help them understand why a situation is threatening and dangerous. While there is a Safety Plan form that must be completed and signed by the worker, a supervisor, and the caregiver (if a caregiver is available), there is no 'cookie cutter' approach for a Safety Plan. Each plan should be individualized and meet the specific circumstance and/or behavior that is posing a risk.

Appropriate Safety Plans are designed to neutralize the identified safety threat(s) through the use of safety resources such as service providers and extended family. Safety Plans are not designed to treat the underlying conditions which cause the safety threats to exist so services should be limited to those which ensure safety, not provide treatment. Safety Resources must be given concrete tasks to deliver which assist in or in itself provide safety. Generally speaking, Safety Plans created by a Youth Service Worker will be to control the behaviors of a youth(s) that are causing safety threats to themselves, their family or the community. If the Immediate or Impending Safety Threat is caused by the actions or inactions of a caregiver, or are environmental, then CPS intervention may be required. If CPS intervention is required the Safety Plan will be created by CPS with assistance and input from the Youth Services Worker. If not, then the worker will work with their supervisor to develop an appropriate Safety Plan.

Temporary Out-of-Home Living Arrangements

In order to provide the parents and youth 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 youth then the family may wish to choose this option.

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

This placement option is voluntary on the part of the parents and does not involve a transfer of custody to the Department. This placement and the reasoning behind it must be indicated on the Safety Plan and a visitation schedule established.

In some instances, it may be advisable to place the youth in Emergency Shelter Care for a period of time until the home situation is calm enough for the implementation of an In-Home Safety Plan. If such a placement becomes necessary, then the family can enter into a Voluntary Placement Agreement (VPA). In completing the VPA, the worker and the family must carefully consider the responsibilities of the caretakers during the time the agreement is in place including the time limits for the agreement and the conditions under which it can be ended. Within 90 days of signing a Voluntary Placement Agreement and receipt of physical custody of the youth, the Department shall file with the court a petition for review of the placement, stating the youth's situation and the circumstance that gives rise to the voluntary placement. Refer to Foster Care Policy for more information on VPAs.

It may be helpful to use a Voluntary Placement Agreement until a FAST assessment can be completed, and a Safety Plan implemented, if applicable.

Filing a Petition

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

Court Ordered Placements

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

When a youth is ordered into the custody of the Department for temporary placement in a residential treatment facility, the worker must consider other applicable statutory requirements, in addition to those which are found in Foster Care Policy, while the youth is in this placement setting. Please refer to policy section(s) 9 and 10 for more information.

4.8 Identifying Treatment Needs

The goal of Youth Services is to ensure that a youth and their family is safe and able to function without the assistance of Youth Services or Child Protective Services. For this to occur, the worker must identify the treatment that best meets the needs of the family in the least restrictive way possible. Information gathered during interviews, observations, and through the completion of the FAST assessment will help identify these needs.

The FAST assessment will identify treatment needs the family requires. Items where the youth(s) and family score a '2' or a '3' indicate that action or immediate action is needed and show the need for treatment or intervention while scores of '0' or '1' may require monitoring, no action, or potentially indicate a strength. Each item provides "anchors" or descriptions which will aid in identifying the most appropriate score to assign the item being rated. (Refer to the FAST manual for more on scoring the FAST).

Families may present with many needs which can seem overwhelming to families and workers alike when thinking about addressing them on a case plan. Evaluating the impact needs have on each other and being able to cluster or prioritize needs is an important step in the process and will be discussed further in Section 6 Case Planning.

Any needs identified will require a brief justification on the FAST score sheet indicating the supporting evidence that the need exists.

Non-paid community services

Some identified needs in which the youth is not presenting a risk to themselves or others can be met through a referral to non-paid community providers. These services, as well as providers who accept

Medicaid or private insurance for behavioral and mental health needs, can be used at no financial burden to the family in need of treatment.

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

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

Uncooperative Caregivers and Youth

A Youth Services Worker may encounter a family or youth that are uncooperative with a safety plan or case plan. Situations in which child safety is at risk, or situations which statutorily require the family's involvement with the Department, will require the worker to take the necessary steps to resolve the issue. In situations where this occurs, a worker may require additional support from CPS, Law Enforcement, or they may seek court intervention through a petition or valid court order requiring participation with the case plan. This includes uncooperative caregivers who needs have been assessed and determined to be a contributing factor the youth's behavior.

Section 5 – Pre-Petition Diversion

5.1 Introduction

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

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

5.2 Statutory Requirements

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

5.3 Diversion Worker Procedures

Referrals from county prosecutors for a youth to be referred to a diversion program may not be screened out and must be accepted for assessment. County offices which receive referrals for diversion from the prosecutor's office shall send to Centralized Intake for input. If a prosecutor submits a referral to the local office, the local office will be required to record the information on the "Diversion Referral" form, located on the DHHR intranet site under "Youth Service Resources", and email the referral to Centralized Intake at WVCI@wv.gov.

A local supervisor or worker must complete a record check for past or current open cases and link cases as appropriate. The local supervisor will assign case to a worker or worker must then proceed to recommend that the case be opened and submit to the supervisor for approval. Once the case is opened the worker must enter the Diversion service in the service log of the case. (See Diversion Desk Guide for step-by-step instructions.) Next, the worker should make initial contact with the family as soon as possible in order to schedule interviews with the family members. The worker will be expected to make face-to-face contact with the family within 15 days. Within 30 days the worker must:

- Interview all relevant family members, probing for information related to the reasons the youth is at-risk for involvement with the judicial system;
 - Relevant family members may include family members who do not live in the youth's primary residence but play a significant role in the youth's life;
 - Biological parents, stepparents (if applicable), and siblings of appropriate developmental age that have a relationship with the referred youth must be interviewed;
- Interview relevant collateral(s) such as Probation Officers, school personal or other individuals who are preview to the youth's situation;
- Complete the FAST assessment;
- Return to the family to discuss the results of the FAST and discuss case planning. The worker should engage the family to address any of their concerns;
- Develop the diversion plan using the Case Planning process described in Section 6;
 - Case planning should include services for the youth, and family (as appropriate);
 - The worker may request an order from the court to enforce involvement by the youth or family with the case plan*

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

Once the plan is complete the worker will need to obtain the signatures of the parents, the youth, the worker and the worker's supervisor. These signatures acknowledge that the identified youth, and his/her family, have been referred for preventative services and have agreed to the outlined goals. The worker must obtain the signatures of the family on the case plan indicating they understand that their child is a foster care candidate and is at risk of placement into foster care. The worker must provide a copy of the completed case plan to the family and any providers which are referred to for services. Additionally, the worker will need to:

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

Finally, the worker will need to upload the completed FAST assessment and signed Case Plan to the CCWIS filing cabinet.

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

5.4 Progress Review

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

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

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

5.5 Case Review

Every 90 days the worker will be required to complete a case plan review, consistent with already established policies and procedures. This will allow for the worker to review the completed FAST assessment to further determine progress and make score adjustments as needed. There is no pre-

determined case length for diversion cases but should not be closed prior to a formal case review being completed and cases lasting longer than 6 months should be considered the exception. Case plan reviews will help the worker to determine when sufficient progress has been made that a family's case may be closed. (Please refer to sections 6 & 7 of the Youth Services policy for information on how to complete a case plan review.)

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

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

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

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

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

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

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

- Renegotiate a new case plan;
- Refer the matter to Child Protective Services; or,

Note: The worker must discuss the case and problems in the case with a Child Protective Services Supervisor, or social services coordinator, prior to the meeting time to determine if this would be an appropriate action.

- File a petition.

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

If the recommendation is to file a petition, the worker will need to complete a court report which will include a description of the issues which lead to involvement with the BCF, needs and any strengths that have been identified through the FAST, services the family has received, and the date and outcomes of the Child and Family team(s), or “pre-petition review team”.

Section 6 – Case Planning for Foster Care Candidates

6.1 Introduction

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

Purpose

The primary purposes of the case plan are:

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

Decisions

The decisions that must be made during case planning are:

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

6.2 The Case Plan

The information to complete the Case Plan is based on the information gathered and prioritized needs which were determined during the completion of the FAST.

The Case Plan consists of the following items:

- The names and Dates of Birth of the household members;
- The reason or reasons that the Department is involved with the family;
- A description of each family member's needs;
- A listing of the goals in priority for the members of the family;
- Progress made in addressing the goals; and,
- Information about the services to be provided including the provider type, the specific service or services that the provider will deliver, the start date of the services, and the estimated completion date.

Developing the Case Plan

In completing the Case Plan the worker will meet with all family members as a group to discuss the information to be entered into the plan. Items scored as a 2s or 3s on the completed FAST assessment, must be organized and prioritized to be addressed within the plan.

Organizing and Prioritizing Identified Needs

Families may present with a myriad of needs. Often these needs are interrelated and addressing one need may effectuate positive change among other needs. Needs may be organized into three categories of needs: Considerations, Target Needs, and Anticipated Outcomes.

Considerations

These needs are items scored 2 or 3 that should inform or guide your service delivery. These needs can often be thought of as things that cannot change, such as a developmental disability or being a witness to school, family or community violence. Considerations, also known as background needs, should guide the intervention strategy.

Target Needs

Target Needs are items scored 2 or 3 which should be the focus of treatment. Effective intervention in these areas create change. Items such as mental health and substance use, if treated will likely result in improvements in other areas.

Anticipated Outcome

These are needs that likely do not need treatment because they will change once a target need has been met.

Organizing needs into these three categories will help focus treatment in the most appropriate areas and help families understand where the priority of treatment lies. This should be done prior to visiting the family to develop the case plan.

In facilitating a discussion to develop 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, and resolving the factors resulting in any Safety Threats that may have been identified and the results of any referred assessments.

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

2. *Family Needs and Potential Strengths*

Identifying family needs on the FAST and properly justifying the scores helps to engage families in meaningful discussion about what must change. It provides a wholistic view of the family and enables families to address underlying problems before they reach an unmanageable level.

While individual or family strengths are not identified on the FAST assessment, scores of zero (0) may indicate a potential strength. 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 while also being used to meet the needs of the family.

3. *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 and the family's needs. The goals should be in order of priority with the most important first, then the second most important, and so forth.

The goals should be as specific as possible and written in behavioral terms which will facilitate evaluating whether they are being achieved.

The goals should be realistic and limited in number. Realistic goals are 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.

4. *Services* and Prevention

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 or organizations that do not charge a fee; agencies or individuals approved to deliver Socially Necessary Services; by informal providers such as extended family members or friends; other formal providers such as therapists, psychiatrists, or medical doctors; and, by the worker who will periodically meet with them to help 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. Each formal service identified must be identified on the case plan prior to initiating the referral. Informal services may begin at any time but must be identified on the case plan once developed.

5. Worker Contact

The worker must meet with the family and the youth at least once every 30 days from the initiation of the Case 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.

Contact with the family should be meaningful. To achieve meaningful contact, the worker must review case or other available family information prior to the contact. At each contact the worker must ensure that each youth or youth in the home is safe and that their needs are being met. The worker will also ensure that discussions and exchanges with the family focus on pertinent issues and that the family is involved in case decisions.

6. Foster Care Candidacy

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

The parent(s) and caregiver(s) in the home must sign the Case Plan, acknowledging that they understand that should the family not be able to comply with the case plan and meet the goals laid out in it, their child(ren) may be removed from the home. See section 3.3 for more details about Foster Care Candidates.

Completing the Case Plan

After the terms of the case plan have been agree upon, the worker will:

- Enter the plan details onto the Case Plan;
- Indicate which child is the primary Youth Service client and whether the youth is a pregnant or parenting youth in the appropriate area;
- Make referrals for the formal services listed on the case plan and enter into the service log in the CCWIS system;
- Obtain the family's signature on the plan and provide them a copy of the plan; and,
- Upload the signed case plan to the CCWIS.

When obtaining the signatures of the family it is important the worker read the statements to the parents and youth. If a family chooses to disagree or not sign with either statement the worker must indicate that on the plan and enter a contact into the CCWIS system thoroughly explaining the family's refusal to sign and efforts the worker undertook to address the family's concerns.

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

Section 7 – Case Plan Evaluation

7.1 Introduction

Case plan evaluation is a continuing part of the casework process. The dynamic nature of Youth Services necessitates ongoing review. The case 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 case plan review is a decision-making point in the casework process. It is not simply a time set for updating CCWIS or summarizing contacts. The decision to close a case and disengage Youth Services is reached during the case plan review. The FAST assessment must be revisited and score adjustments made to reflect areas of need which have either escalated or deescalated.

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

Special consideration and guidance will be given by the supervisor so as to be in compliance with the Adoption and Safe Families Act, a petition must be filed or joined by the state as defined in W. Va. Code §49-4-605 to Terminate the Parental Rights of a youth who has been in foster care or the custody of the Department for 15 of the most recent 22 months or document compelling reasons not to terminate parental rights. W. Va. Code §49-4-605 also requires the pursuit of termination of parental rights if a parent, whose youth has been removed from the parent's care, custody, and control by an order of removal, voluntarily fails to have contact with or fails to attempt to have contact with the youth for a period of 18 consecutive months. Termination of Parental Rights is not required to be sought if a parent's failure to contact the youth is due to being incarcerated, being in a medical or drug treatment or recovery facility, being on active military duty, or other compelling reasons. Additional instructions on Termination of Parental Rights for youth may be found in [Foster Care Policy](#) and the [West Virginia Rules of Juvenile Procedure, Rule 44](#). Youth Service Workers must consult with their supervisors and continuously monitor timeframes when a case meets the above criteria. Youth Service Workers and their supervisors may need to seek the assistance of a CPS Supervisor in the appropriate method of pursuing termination with the court and ensuring that parents who may potentially have their rights terminated will receive due process.

Purposes

The primary purposes of the case plan review are:

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

Decisions

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

- Is the plan adequate, or do changes need to be made?
- Are services being provided as planned and effectively addressing the family's needs?
- Is progress being made toward the achievement of the goals established in the case plan?
- Is the functioning of the family members changing?
- Should the case be closed?

7.2 Case Plan Evaluation Review Protocol

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

In completing the case plan review the worker will:

- Obtain written or verbal input from service providers regarding progress on goals and client involvement in services.
- Meet with all family members to formally review the case plan and evaluate progress towards goal achievement. The FAST should be revisited to determine if score adjustments can be made. This can also help to illustrate progress to the family.
- The Youth Services Worker will thoroughly explain that should the family not be able to comply with the case plan and meet the goals laid out in it, their child(ren) may be removed from the home.
- Review each goal which was scheduled to be worked on during the period and review the Progress Evaluation tool in order to determine progress.
- Review the Youth Services Safety Plan, if one is present for the case, to ensure that the family's safety is still being met and safety resources are still available and committed to the plan.
- Document the evaluation of the case activity relative to the case plan for the previous 90-day period.
- Discuss with the family and decide whether the case plan should continue as is, be modified or the case should be closed.
- Obtain the signatures of the family and the worker's supervisor. Document the summary of case activity for the previous 90 day period in the CCWIS system and upload the new case plan.

Section 8 – Multidisciplinary Treatment Team

8.1 Introduction and Purpose

A Multidisciplinary Treatment Team (MDT) is a group of individuals, from different disciplines, who work together with the youth and family to develop a case 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 youth and family's participation is vital throughout the process. Any person or professional who may contribute to the team's efforts to assist the family and youth must be notified and invited to

participate in the MDT, but extra attention must be placed on encouraging the youth and family to participate in the MDT process.

W. Va. Code §49-4-401, requires the Department to establish a multidisciplinary screening, advisory and planning system.

The purpose of the multidisciplinary system is to:

- a) Provide “a system for evaluation of and coordinated service delivery for children who may be victims of abuse or neglect and children undergoing certain status offense and delinquency proceedings”;
- b) “Assist courts in facilitating permanency planning, following the initiation of judicial proceedings, to recommend alternatives and to coordinate evaluations and in-community services”; and,
- c) Ensure “children are safe from abuse and neglect and to coordinate investigations of alleged child abuse offenses and competent criminal prosecution of offenders to ensure that safety, as deemed appropriate by the prosecuting attorney.”

8.2 When an MDT is required

W.Va. Code § 49-4-406(a) requires that a multidisciplinary treatment team must be convened whenever: A youth has been adjudicated as a status offender in accordance with W. Va. Code § 49-4-711; or, when a youth has been adjudicated as a delinquent or has received a pre-adjudicatory period of improvement in accordance with W. Va. Code § 49-4-708 and the court or other party moves the Department to convene such meeting; or, when it is likely that an adjudicated delinquent will be placed in the Department’s custody or placed in an out-of-home placement or commitment to a mental health facility for examination and diagnosis at the Department’s expense in accordance with W. Va. Code § 49-4-714.

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

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

8.3 Treatment Team Membership

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

As provided for in W. Va. Code §49-4-406 the members shall include:

- The juvenile;
- The juvenile’s case manager with the Department of Health and Human Resources and/or with the Bureau of Juvenile Services;
- The juvenile’s parent(s)/guardian(s), or custodial relatives;

- The juvenile’s attorney;
- Any attorney representing any member of the treatment team;
- The prosecuting attorney or his or her designee;
- An appropriate school official;
- A treatment or service provider with training and clinical experience coordinating behavior or mental health treatment; and,
- “Any other person or agency representative who may assist in providing recommendations for the particular needs of the youth and family, including domestic violence service providers”. (W. Va. Code 49-4-406(d)(2)(I))
- In delinquency proceedings, the probation officer shall be a member of a treatment team.

It is also necessary to notify and invite:

- Adult Service staff for all youth age 17 years or older, who meet the eligibility criteria for Substitute Decision Maker services, as defined in Substitute Decision Maker policy section 2, to plan for continued adult support if necessary.
- Home finding staff when placement options for the youth are being discussed.

8.4 Initiating and Notifying of an MDT

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

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

Notification may be provided by telephone, fax, or through the U.S. mail. All members should receive a follow up letter of the notification if originally provided by telephone or fax. An MDT notification form can be found in the CCWIS System.

8.5 Prior to the MDT

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

- The information gathered through the interview process for the FAST
- The recommendations which may have come from triggered assessments or a completed CAPS assessment; and,
- Collateral contacts with doctors, school, counselors, or any person that may have useful information to convey (some of which will require consents to receive this information).

Due to emergent circumstances, it will not always be possible to obtain all this information. The goal of the case worker should always be to obtain this information for the MDT, to be provided at subsequent meetings when necessary.

8.6 Conducting the Initial MDT

In conducting the MDT, the worker will be responsible for:

- Chairing the MDT and facilitating the discussion of the case.
- Reminding the members that if a juvenile respondent admits the underlying allegations of the case during the multidisciplinary treatment planning process, his or her statements shall not be used in any juvenile or criminal proceedings against the youth, except for perjury or false swearing.
- Distributing records and collecting and destroying copies after the meeting.
- Assuring all members understand the rules of confidentiality and sign the confidentiality statement.
- Preparing recommendations of the team for presentation to the court including the Youth Case Plan, or Initial Case Plan.
 - Recommendations should be guided by input from the family, information obtained through the completion of the FAST assessment, and recommendations which may come from the results of other assessments.

8.7 Recommendations to the Court

W.Va. Code § 49-4-406(d)(3) requires that an MDT report be made to the court prior to the disposition. As part of this report, W.Va. Code § 49-4-724 requires it to include the results of a standardized assessment. The FAST will serve the purpose for this assessment. The results of the FAST should be discussed with the MDT, as well as the results from any other completed assessment. The MDT report advises the court as to the types of services the team has determined are needed and the type of placement, if any, which will best serve the needs of the youth. The results of the standardized needs assessment should aid in guiding these decisions and recommendations. The court must also review the individualized case plan for the youth and family, developed by the MDT, to determine if implementation of the plan is in the youth's best interest.

If the MDT cannot agree on a plan or the court determines not to adopt the MDT's recommendations the court is required to schedule or hold within ten days of such determination, and prior to the entry of an order placing the youth 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 case plan.

If the MDT is not in agreement on a plan for the youth or if the court does not adopt the MDT's recommended case plan, then the court can hold a hearing to consider evidence from the MDT about their plan. The Regional Attorney General must 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 case plan was not adopted.

8.8 On-going MDTs and Court Submission

Ongoing MDTs

Each completed MDT should be immediately documented in CCWIS in the "MDT" tab under the "Courts" section.

MDTs that occur after 15 months, and continuing for each meeting after that, for a youth who is in foster care or who have been removed from their parent's care, then the Youth Service Worker will review the time frames of foster placement and frequency of contact with the parents to determine if the department needs to file a petition of terminate parental rights per requirements of W.Va. Code § 49-4-605. More information on the requirements and exemptions can be found in section 7.1 of this policy.

For each transitioning adult (see Youth Services policy Section 1 for definition) who remains in foster care, the court shall conduct status review hearings once every 90 days until permanency is achieved. For each youth or transitioning adult who continues to remain in foster care, the circuit court shall conduct a permanency hearing no later than 12 months after the date the youth or transitioning adult is considered to have entered foster care, and at least once every 12 months thereafter until permanency is achieved. For purposes of permanency planning for transitioning adults, the circuit court shall make factual findings and conclusions of law as to whether the Department made reasonable efforts to finalize a permanency plan to prepare a transitioning adult for emancipation or independence or another approved permanency option such as, but not limited to, adoption or legal guardianship pursuant to the West Virginia Guardianship and Conservatorship Act. Additional direction on permanency planning can be found in Foster Care Policy.

Any person authorized to convene a multidisciplinary team meeting may seek and receive an order of the circuit court setting such meeting and directing attendance. Members of the multidisciplinary team may participate in team meetings by telephone or video conferencing.

Court Submission and 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 an MDT.
- The worker assigned to the case will schedule the initial meeting of the MDT and complete the FAST prior to the MDT. If the worker is not already actively working the case prior to adjudication, the worker will need to complete a thorough interview of the youth and the family prior to the completion of the assessments.
- After the MDT meeting the worker will be responsible for documenting the results in CCWIS 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.

8.9 Combining the MDT with Other Review Requirements

There are requirements both in state statute and in federal regulations requiring the regular review of youths 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:

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

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

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

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

8.10 Concluding the MDT Meeting

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

In concluding the MDT the following actions will be completed:

- The 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. The 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 worker is responsible for collecting all copies of assessments or other documents concerning the youth and family that were shared with the members of the MDT. These copies must be properly destroyed to ensure the confidentiality of the youth and family.
- The worker will schedule the next MDT meeting prior to the conclusion of the meeting. (The meeting must be held within 90 days.)
- The worker will develop the revised Youth Services Case Plan utilizing the information presented at the MDT.

8.11 MDTs and Case Evaluation

The worker will continuously evaluate the status of the case and present their findings at MDTs and by notifying MDT members of updates or changes to the case. This will include any new information obtained in the previous 90 days or since the last MDT meeting.

If considering case closure, then revisit the scores of the FAST to determine if scores have reduced to the degree that services are no longer warranted, or community services can continue to meet the youth and family's needs. If the youth and youth's family have made significant progress and social service involvement no longer appears necessary, then the worker will need to present to the MDT how the revisited FAST scores justify this recommendation. Furthermore, if the youth is receiving residential services and is within 60 days of discharge, then the worker will provide the MDT with a plan for after-care services. See Foster Care Policy for more information on after-care planning.

Section 9 – Youth Services Court Case Plan

9.1 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 youths 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.

9.2 Statutory Requirements

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.

9.3 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 Safety Plan if one has been implemented;
- The results of the FAST assessment, or other completed assessments, if completed;
- Department case records if the youth and/or the youth'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.

9.4 Developing the Case Plan

After the MDT meeting, the worker will complete the case plan. For cases which the youth has not been removed from the home, the worker will utilize the case planning process described in Section 6 and will propose the case plan to the MDT for consideration and approval. For youth removed from the home, the worker will utilize the Youth Service Family and Child Case Plan located in the CCWIS system to meet all applicable federal and state requirements for foster children. Once a youth returns from out of home placement the worker must return to utilizing the case plan found in Section 6. The categories and the information which should be considered for the Case Plan include the following:

- Client Information;
- Family Needs and Services;
- Removal, Placement and Planning, if necessary; and,
- If the youth has been removed from his home then the worker and the MDT must address the circumstance surrounding the removal and whether reasonable efforts were made to prevent removal.

Placement

If the youth has been removed from their home prior to the MDT or the MDT is considering recommending removal, then the worker and team members must review and utilize the results of the FAST to determine if the youth's needs can be met in the community. If the team finds that the youth's needs cannot be addressed in the community, then the team must:

- Consider if a foster home will be able to meet the needs of the youth.
- Consider the type of facility where the youth is placed or the type of facility the MDT is recommending.
- Consider whether the placement is in close proximity to the youth's community.
- Consider whether the placement is least restrictive in light of the youth's needs and behaviors.
- Consider why the placement is in the best interests of the youth.
- Consider whether the recommended visitation plan is appropriate.
- Consider how the placement will assure the safety of the youth.
- Consider whether the parents/caregiver can contribute to the cost of placement.

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

Planning

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

- Goals of the individual family members related to their identified needs;
- Specific services that will be provided to the youth and the family as determined needed by information obtained through the completion of the FAST;
- Frequency and duration of services for the youth and the youth's family;
- Tasks that the worker or the family will be expected to perform as a part of the case plan;

- Permanency plan if the youth is out-of-home or the MDT is recommending placement; and,
- Concurrent plan for the youth.

After these discussions, the worker and team members should determine an agreed upon recommendation. Preference of the child must be taken into consideration when placement is necessary. Additionally, any relatives and fictive kin who have been identified through diligent search must be notified of the need for a youth's placement and should be used as a placement resource if willing and appropriate. For more information on placement preferences and diligent relative searches see section 2.4.2 'Kinship/Relative Placement and Relative Foster/Adoptive Family' of West Virginia Foster Care Policy.

Education and Medical

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

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

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

Worker Contact

At a minimum the worker must have monthly contact with the family and the youth. The frequency could be greater depending on the needs of the family and the youth and the services they will be receiving. Regardless of placement, the youth must be afforded the opportunity to speak privately with their worker during monthly contacts. If a court order or treatment plan require the youth to be accompanied or monitored at all times, the worker must staff the situation with their supervisor to determine appropriate action.

During the Youth Services Worker's monthly contact with youths placed in a residential treatment facility, the worker must ensure that the youth's treatment plan include a plan to transition the youth back into the community and evaluate its progress. The transition process is to begin immediately upon entry into the facility and conclude no more than 90 days from the time of placement.

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

9.5 Completing the Case Plan for Court Submission

In order to complete the case plan the worker will need to enter/describe certain components of 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.

Submission of the Case Plan to the Court

After the case plan has been completed the worker should send a copy of the plan and a copy of the FAST assessment report to the Circuit Court which has jurisdiction over the case.

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 is required to schedule and hold within ten days of such determination, and prior to the entry of an order placing the youth 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.

Requesting a Hearing

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

Section 10 – Youth Services Court Case Plan Review

10.1 Introduction

Case plan review is a continuing part of the Youth Services casework process as outlined in Section 7. It is a specific activity in which the worker and the family and MDT members, when youth are court involved, 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 CCWIS 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.

10.2 Statutory Requirements

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

W. Va. Code § 49-4-711(4) reads: “If the allegations in a petition alleging that a juvenile is a status offender are admitted or sustained by clear and convincing proof, the court shall refer the juvenile to the Department of Health and Human Resources for services ... and order the department to report back

to the court with regard to the juvenile's progress at least every ninety days or until the court ... dismisses the case from its docket. In a judicial circuit operating its own truancy program, a circuit judge may in lieu of referring truant juveniles to the department, order that the juveniles be supervised by his or her probation office."

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

W.Va. Code § 49-4-605 requires that 90-day reviews that occur on the 15th month, and continuing each review hearing after that, for youth who are in foster care or have been removed from their parent's care will require the Youth Service Worker to evaluate time frames associated with the duration that youth has been in foster care and/or frequency of contact with the parents from whose care they have been removed. See section 7.1 for further details regarding the need for review at these time frames.

10.3 Purposes

The primary purposes of the case review are:

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

10.4 Decisions

The decisions that must be made during case review are:

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

10.5 Submission of the Revised Case Plan to the Court

After the revised case plan has been completed the worker should send a copy of the plan to the Circuit Court which has jurisdiction over the case. The worker should send a letter with the plan informing the

Court that the MDT has met and the case plan has been revised. In addition, the worker should request that the Court notify the worker of the next scheduled judicial review on the case.

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

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

The important points are that the MDT meets at least every 90 days and the court reviews the results of the meetings at least quarterly. When cases are recommended for closure, the worker must submit the FAST assessment with the case plan for the courts review.

Section 11 Nondiscrimination, Grievance Procedure & Due Process Standards, Reasonable Modification Policies, and confidentiality

11.1 Nondiscrimination

As a recipient of Federal financial assistance, the Bureau for Children and Families (BCF) does not exclude, deny benefits to, or otherwise discriminate against any person on the ground of race, color, national origin, disability, age, sex, sexual orientation, gender identity, religion or creed in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by BCF directly or through a contractor or any other entity with which BCF arranges to carry out its programs and activities.

This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964 (nondiscrimination on the basis of race, color, national origin) ("Title VI"), Section 504 of the Rehabilitation Act of 1973 (nondiscrimination on the basis of disability) ("Section 504"), the Age Discrimination Act of 1975 (nondiscrimination on the basis of age) ("Age Act"), regulations of the U.S. Department of Health and Human Services issued pursuant to these three statutes at Title 45 Code of Federal Regulations Parts 80, 84, and 91.

The Bureau for Children and Families shall not retaliate against, intimidate, threaten, coerce, or discriminate against any individual for the purpose of interfering with any right or privilege secured by Title VI, Section 504 or the Age Act, or because she or he has made a complaint, testified, assisted, or participated in any manner in an investigation, proceeding, or hearing.

In addition, BCF will make all reasonable modifications to policies and programs to ensure that people with disabilities have an equal opportunity to enjoy all BCF programs, services, and activities. For example, individuals with service animals are welcomed in Department of Health and Human Resources, BCF, offices even where pets are generally prohibited.

In case of questions, or to request an auxiliary aid or service for effective communication, or a modification of policies or procedures to participate in a BCF program, service, or activity, please contact:

Children and Adult Services
Section 504/ADA Coordinator
350 Capitol St. Rm 691
Charleston, WV 25301
(304) 558-7980

11.2 Non-Discriminatory Placement Protocol

The Department ensures that all parties involved in child welfare programs have equal opportunities. All potential placement providers for children and youth, are afforded equal opportunities, free from discrimination and protected under the [American's with Disabilities Act](#) (ADA). The Department will not deny a potential placement provider the benefit of its services, programs, or activities due to a disability.

Under the American's with Disabilities Act it defines a person with a disability as:

“An individual with a disability is defined by the ADA as a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment.”

The ADA does not specifically name all the impairments that are covered. The ADA does not allow a person to be discriminated against due to a disability in employment, state and local government activities, public transportation accommodations, telecommunication relay services, fair housing, air carrier access, voting accessibility or education. Examples of disabilities include physical disabilities which require auxiliary aides and mental health issues. Those persons with substance use disorders, including opioid use disorder, currently participating in a treatment option such as Medication Assisted Treatment (MAT), are also covered by the ADA. Participation in a MAT program is not considered the illegal use of drugs. Qualifying MAT programs are defined in [W. Va. Code §16-5Y-1](#), *et seq.* The ADA also addresses the civil rights of institutionalized people and architectural barriers that impact people with disabilities.

When making diligent efforts to locate and secure appropriate placement for foster children and youths, a worker cannot discriminate against a potential placement based upon a person with a disability according to the American's with Disabilities Act (ADA) Title II. The Department shall determine if the potential placement for the child represents a direct threat to the safety of the child. Safety threat decisions will be based on assessment of the individual and the needs of the child, as the safety of the child always remains at the forefront of the determination of the best interest of a child, when placing a child in anyone's home. This determination cannot be based on generalizations or stereotypes of individuals.

If a provider protected under the ADA is identified as an appropriate and best interest placement for a foster child they may, at some point, require services specific to their disability in order to preserve the placement. In such situations, consideration for services must be given if it is in the best interest of the

child to preserve the placement. Any specific auxiliary aids or services should be determined by the child welfare worker at no cost to the provider and should be considered on a case by case basis.

11.3 Complaint Procedure and Due Process Standards

A: Complaints Based on Disability or other Forms of Discrimination

It is the policy of the West Virginia Department of Health and Human Resources (DHHR), not to discriminate on the basis of on the basis of race, color, national origin, disability, age, sex, sexual orientation, gender identity, religion, or creed. DHHR has adopted an internal complaint procedure providing for prompt, equitable resolution of complaints alleging discrimination. Laws and Regulations, 28 C.F.R. Part 35 and 45 C.F.R. Part 84, may be examined by visiting <https://www.ada.gov/reg3a.html>. Additional laws and regulations protecting individuals from discrimination in child welfare programs and activities may be examined by visiting the U.S Department of Health and Human Services website at <https://www.hhs.gov/civil-rights/for-individuals/special-topics/adoption/index.html>.

Any person who believes someone has been subjected to discrimination on the basis of race, color, national origin, disability, age, sex, sexual orientation, gender identity, religion, or creed may file a complaint under this procedure. It is against the law for the Bureau for Children and Families, including employees, contracted providers or other BCF representative, to retaliate in any way against anyone who files a complaint or cooperates in the investigation of a complaint.

Procedure

Complaints due to alleged discriminatory actions must be submitted to the Department of Health and Human Resources, Equal Employment Opportunity (EEO)/Civil Rights Officer within sixty (60) calendar days of the date the person filing the complaint becomes aware of the alleged discriminatory action.

The complainant may make a complaint in person, by telephone, by mail, or by email. To file the complaint, by mail or email ,a Civil Rights Discrimination Complaint Form, IG-CR-3 (See Appendix A) must be completed and mailed or emailed to the West Virginia Department of Health and Human Resources, Office of Human Resources Management, EEO/Civil Rights Officer, One Davis Square, Suite 400, Charleston, WV 25301 or email at DHHRCivilRights@WV.Gov. If the complainant requires assistance completing the IG-CR-3 form, they may request assistance from the department. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought. The complainant may also contact the WV DHHR, EEO/Civil Rights Officer, for more information.

West Virginia Department of Health and Human Resources
Office of Human Resource Management
EEO/Civil Rights Officer
(304) 558-3313 (voice)
(304) 558-6051 (fax)
DHHRCivilRights@WV.Gov (email)

The EEO/Civil Rights Officer shall conduct an investigation of the complaint. This investigation may be informal, but it must be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. The EEO/Civil Rights Officer will maintain the files and records of Bureau for Children and Families relating to such complaints. To the extent possible, and in accordance with applicable law, the EEO/Civil Rights Officer will take appropriate steps to preserve the confidentiality of files and records relating to complaints and will share them only with those who have a need to know.

The EEO/Civil Rights Officer shall issue a written decision on the complaint, based on the preponderance of the evidence, no later than thirty (30) calendar days after its filing, including a notice to complainant of his or her right to pursue further administrative or legal remedies. If the EEO/Civil Rights Officer documents exigent circumstances requiring additional time to issue a decision, the EEO/Civil Rights Officer will notify the complainant and advise them of his or her right to pursue further administrative or legal remedies at that time while the decision is pending. The person filing the complaint may appeal the decision of the EEO/Civil Rights Officer by writing to the Director of Human Resources within fifteen (15) calendar days of receiving the EEO/Civil Rights Officer's decision. The Director of Human Resources shall issue a written decision in response to the appeal no later than thirty (30) calendar days after its filing.

The person filing the complaint retains the right to file a grievance with the U.S. Department of Health and Human Services, Office for Civil Rights, regardless of the decision made by the West Virginia Department of Health and Human Resources.

The availability and use of this procedure does not prevent a person from pursuing other legal or administrative remedies, including filing a complaint of discrimination on the basis of race, color, national origin, disability, age, sex, sexual orientation, gender identity, religion or creed in court or with the US Department of Health and Human Services, Office for Civil Rights. A person can file a complaint of discrimination electronically through the Office for Civil Rights Complaint portal at: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf> or by mail or by phone at:

U.S. Department of Health & Human Services
Office for Civil Rights
200 Independence Ave., S.W.
Room 509F HHH Bldg.
Washington, D.C. 20201
800-368-1019 (voice) 800-537-7697 (TDD)
OCRComplaint@hhs.gov

For complaints to the Office for Civil Rights, complaint forms are available at: <https://www.hhs.gov/ocr/complaints/index.html>. Complaints shall be filed within one hundred and eighty (180) calendar days of the date of the alleged discrimination.

The Bureau for Children and Families will make appropriate arrangements to ensure that individuals with disabilities and individuals with Limited English Proficiency are provided auxiliary aids and services or language assistance services, respectively, if needed, to participate in this process. Such arrangements may include, but are not limited to, providing qualified interpreters, providing recorded material for

individuals with low vision, or assuring a barrier-free location for the proceedings. The EEO/Civil Rights Officer will be responsible for such arrangements.

B: Grievances Regarding the Youth Services Worker or Casework Process

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

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

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

The supervisor will:

- Review all reports, records and documentation relevant to the situation.
- Determine whether all actions taken were within the boundaries of the law, policies and guidelines for practice.
- Meet with the client.
- If the problem cannot be resolved, provide the client with the form "Client and Provider Hearing Request", SS-28.
- Assist the client with completing the SS-28, if requested.
- Submit the 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 Subpart B or see W.Va. Code §29A-5-1.

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

11.4 Reasonable Modification Policy

A: Purpose

In accordance with the requirements of Section 504 of the Rehabilitation Act of 1973 (Section 504) and Title II of the Americans with Disabilities Act of 1990 (ADA), the Bureau for Children and Families shall not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs, or activities. The BCF shall make reasonable modifications in Youth Services program policies, practices, or procedures when the modifications are necessary to avoid discrimination on the basis of disability, unless BCF can demonstrate that making the modifications would fundamentally alter the nature of the service, program, or activity.

B: Policy

DHHR is prohibited from establishing policies and practices that categorically limit or exclude qualified individuals with disabilities from participating in the BCF Youth Services program.

The Bureau for Children and Families will not exclude any individual with a disability from the full and equal enjoyment of its services, programs, or activities, unless the individual poses a direct threat to the health or safety of themselves or others, that cannot be mitigated by reasonable modifications of policies, practices or procedures, or by the provision of auxiliary aids or services.

The Bureau for Children and Families is prohibited from making Youth Services program application and retention decisions based on unfounded stereotypes about what individuals with disabilities can do, or how much assistance they may require. The BCF will conduct individualized assessments of qualified individuals with disabilities before making Youth Services application and retention decisions.

The Bureau for Children and Families may ask for information necessary to determine whether an applicant or participant who has requested a reasonable modification has a disability-related need for the modification, when the individual's disability and need for the modification are not readily apparent or known. BCF will confidentially maintain the medical records or other health information of Youth Services program applicants and participants.

The Bureau for Children and Families upon request, will make reasonable modifications for qualified Youth Service, program applicants or participants with disabilities unless BCF can demonstrate that making the modifications would fundamentally alter the nature of the service, program, or activity. Individuals do not need to reference Section 504 or Title II or use terms of art such as “reasonable modification” in order to make a request. Further, BCF staff are obligated to offer such reasonable accommodations upon the identification of a qualifying disability or to an individual with Limited English Proficiency.

BCF must consider, on a case-by-case basis, individual requests for reasonable modifications in its Youth Services program, including, but not limited to, requests for substitute caregivers, respite caregivers, more frequent support from a case worker, additional classroom and/or online training, mentorship with an experienced foster/adoptive parent, note takers, and other auxiliary aids and services. When auxiliary aids or language interpretation services to ensure effective communication for individuals with hearing, vision, speech impairments, or Limited English Proficiency (LEP) are needed, they shall be provided to the participant at no additional costs. DHHR evaluates individuals on a case by case basis to provide auxiliary aids and services as necessary to obtain effective communication. This would include but not be limited to:

- Services and devices such as qualified interpreters, assistive listening devices, note takers, and written materials for individuals with hearing impairments.
- And qualified readers, taped texts, and Brailled or large print materials for individuals with vision impairments.
- Access to language and interpretation services.

For more information on obtaining auxiliary aids, contact:

Center for Excellence in Disabilities (CED)
959 Hartman Run Road
Morgantown, WV 26505
Phone: 304-293-4692.
Toll Free: (888) 829-9426
TTY: (800) 518- 1448

For language translation and interpretation services Youth Services may Contact 911 Interpreters or the Section 504/ADA Coordinator (see also section 11.5 Limited English Proficiency). To contact 911 Interpreters, utilize the information below:

911 Interpreters Inc.
1-855-670-2500
BCF Code: 25646

When requesting language translation services directly through 911 Interpreters, staff must report the accommodation to the Section 504/ADA Coordinator by completing the *Reasonable Accommodation Reporting Form*.

The Bureau for Children and Families will not place a surcharge on a particular qualified individual with a disability or any group of qualified individuals with disabilities to cover the cost of measures, such as the provision of auxiliary aids and services or program accessibility, that are necessary to provide nondiscriminatory treatment required by Title II of the ADA and Section 504.

To address any violations of this Reasonable Modification Policy, consult the Bureau for Children and Families Grievance Procedure. To request reasonable modifications, or if you have questions, please contact:

Children and Adult Services
Section 504/ADA Coordinator
350 Capitol St. Rm 691
Charleston, WV 25301
(304) 558-7980
DHRCivilRights@WV.Gov (email)

Staff who make reasonable accommodations for an individual must be reported to the Section 504/ADA Coordinator utilizing the *Reasonable Accommodation Reporting Form*.

11.5 Limited English Proficiency

The Bureau for Children and Families (BCF) will take reasonable steps to ensure that persons with Limited English Proficiency (LEP) have meaningful access and an equal opportunity to participate in our services, activities, programs and other benefits. The policy of BCF is to ensure meaningful communication with LEP clients and their authorized representatives involving their case. The policy also provides for

communication of information contained in vital documents, including but not limited to, information release consents, service plans, etc. All interpreters, translators and other aids needed to comply with this policy shall be provided without cost to the person being served, and clients and their families will be informed of the availability of such assistance free of charge. Language assistance will be provided through use of contracted vendors, technology, or telephonic interpretation services. All staff will be provided notice of this policy and procedure, and staff that may have direct contact with LEP individuals will be trained in the effective use of an interpreter and the effective use of technology including telephonic interpretation services. The Bureau for Children and Families will conduct a regular review of the language access needs of our population, as well as update and monitor the implementation of this policy and these procedures, as necessary.

PROCEDURES:

1. IDENTIFYING LEP PERSONS AND THEIR LANGUAGE

The Bureau for Children and Families will promptly identify the language and communication needs of the LEP person. If necessary, staff will use a language identification card (or "I speak cards," available online at www.lep.gov) or posters to determine the language. In addition, when records are kept of past interactions with clients or family members, the language used to communicate with the LEP person will be included as part of the record.

2. OBTAINING A QUALIFIED INTEPRETER

911 Interpreters Inc. has agreed to provide qualified interpreter services. The agency's telephone number is 1-855-670-2500 (BCF Code: 25646). Interpretation services are available 24 hours a day. Some LEP persons may prefer or request to use a family member or friend as an interpreter. However, family members or friends of the LEP person will not be used as interpreters unless specifically requested by that individual and **after** the LEP person has understood that an offer of an interpreter at no charge to the person has been made by the facility. Such an offer and the response will be documented in the person's file. If the LEP person chooses to use a family member or friend as an interpreter, issues of competency of interpretation, confidentiality, privacy, and conflict of interest will be considered. If the family member or friend is not competent or appropriate for any of these reasons, BCF will provide qualified interpreter services to the LEP person free of charge. Children and other clients will **not** be used to interpret, in order to ensure confidentiality of information and accurate communication.

3. PROVIDING WRITTEN TRANSLATIONS

When translation of vital documents is needed, BCF will submit documents for translation to 911 Translators Inc. or the Section 504/ADA Coordinator. BCF will generally provide language services in accordance with the following guidelines:

- (a) BCF will provide written translations of vital documents for each eligible LEP language group that constitutes five percent or 1,000, whichever is less, of the population of persons eligible to be served or likely to be affected or encountered. Translation of other documents, if needed, can be provided orally; or

(b) If there are fewer than 50 persons in a language group that reaches the five percent threshold in (a), BCF will not translate vital written materials but will provide written notice in the primary language of the LEP language group of the right to receive competent oral interpretation of those written materials, free of cost.

Additionally, when making a determination as to what languages services will provided, BCF may consider the following factors: (1) the number and or proportion of LEP persons eligible to be served or likely to be encountered by the program or grantee; (2) the frequency with which LEP individuals come in contact with the program; (3) the nature and importance of the program, activity, or service provided by the program to people's lives; and (4) the resources available to the grantee/recipient and costs.

Documents being submitted for translation will be in final, approved form with updated and accurate information. Staff who utilize 911 Translators must report the utilization using the *Reasonable Modification Reporting Form* to the Section 504/ADA Coordinator.

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4. PROVIDING NOTICE TO LEP PERSONS

The Bureau for Children and Families will inform LEP persons of the availability of language assistance, free of charge, by providing written notice in languages LEP persons will understand. At a minimum, notices and signs will be posted and provided in DHHR office lobbies and waiting areas. Notification will also be provided through one or more of the following: outreach documents and program brochures.

5. MONITORING LANGUAGE NEEDS AND IMPLEMENTATION

On an ongoing basis, BCF will assess changes in demographics, types of services or other needs that may require reevaluation of this policy and its procedures. In addition, BCF will regularly assess the efficacy of these procedures, including but not limited to mechanisms for securing interpreter services, equipment used for the delivery of language assistance, complaints filed by LEP persons, feedback from clients and community organizations, etc.

Appendix A

DHHR Civil Rights Complaint Form



West Virginia Department of Health and Human Resources Civil Rights Discrimination Complaint Form

Complainant First Name		Complainant Last Name	
Home Phone <i>(include area code)</i>		Work Phone <i>(include area code)</i>	
Street Address		City	
State	Zip Code	Email <i>(if available)</i>	

Is this complaint being completed by someone other than the complainant? Yes No

If yes, please provide your information below:

First Name	Last Name	Telephone Number <i>(include area code)</i>
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The complainant feels they have been discriminated against on the basis of:

- Race/Color/National Origin
 Religion/Creed
 Sexual Orientation/Gender Identity
 Disability
 Age
 Sex

Other *(please specify):*

Who or what bureau within the West Virginia Department of Health and Human Resources is believed to have been discriminatory?

Name/Bureau/Office		
Street Address	City	County
Zip Code	Telephone	

Date(s) discriminatory action is believed to have occurred:

Which program(s) is the complainant alleging the discriminatory action took place in?

- Child Welfare *(includes CPS, Youth Services, Foster Care, Adoption, Homefinding, and Legal Guardianship)*
 Adult Welfare *(includes APS, Guardianship, Health Care Surrogate, Residential Services Request to Receive and Request to Provide)*
 Low Income Energy Assistance Program (LIEAP)
 Temporary Assistance for Needy Families (TANF)
 School Clothing Voucher
 Indigent Burial

Complaints involving the Supplemental Nutrition Assistance Program (SNAP) must be sent directly to the U.S. Department of Agriculture. See below for more information.

Describe briefly what happened. How and why does the complainant believe they have been discriminated against? What is the relief or remedy sought by the complainant?

(Attach additional pages as needed.)

Please sign and date this form. If submitting by email, you may type your name and date. Your email will represent your signature.

Signature	Date (mm/dd/yyyy)
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The West Virginia Department of Health and Human Resources shall not retaliate against, intimidate, threaten, coerce, or discriminate against any individual for the purpose of interfering with any right or privilege secured by Title VI, Section 504 or the Age Act, or because she or he has made a complaint, testified, assisted, or participated in any manner in an investigation, proceeding, or hearing.

EEO/Civil Rights Officer shall conduct an investigation of the complaint. This investigation may be informal, but it must be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. EEO/Civil Rights Officer will maintain the files and records of DHHR relating to such grievances. The EEO/Civil Rights Officer shall issue a written decision on the complaint no later than thirty (30) calendar days after its filing, unless the Coordinator documents exigent circumstances requiring additional time to issue a decision. To submit this complaint or request additional information, please contact:

West Virginia Department of Health and Human Resources
Office of Human Resource Management
EEO/Civil Rights Officer
(304) 558-3313 (voice)
(304) 558-6051 (fax)
DHHRCivilRights@WV.Gov (email)

The person filing the grievance retains the right to file a grievance with the U.S. Department of Health and Human Services, Office for Civil Rights, regardless of the decision made by the West Virginia Department of Health and Human Resources. The availability and use of this grievance procedure does not prevent a person from filing a private lawsuit in Federal court or a complaint of discrimination on the basis of being a member of a protected class, with the:

U.S. Department of Health & Human Services
200 Independence Ave., S.W.
Room 509F HHS Bldg.
Washington, D.C. 20201
800-368-1019 (voice)
202-619-3818 (fax)
800-537-7697 (TDD)
OCRComplaint@hhs.gov (email)

The complaint form may be found at <https://www.hhs.gov/ocr/complaints/index.html>

For SNAP complaints, please contact the U.S. Department of Agriculture.

The USDA Program Discrimination Complaint Form, can be found online at: <https://www.ocio.usda.gov/document/ad-3027>, or at any USDA office. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form by mail, email, or fax to:

*U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW Washington, D.C. 20250-9410
(202) 690-7442 (fax)
(866) 632-9992 (telephone)
program.intake@usda.gov (email)*

