

**Idaho Department of
Juvenile Corrections
Institutional
Policy/Procedure**

NUMBER
401

REVISED
07/29/13

REVIEWED
12/12/11

FORMERLY
401.00

EFFECTIVE
12/03/01

PAGES
11

SUBJECT: CASE MANAGEMENT FOR JUVENILES

APPROVAL: 
SHARON HARRIGFELD, DIRECTOR

CATEGORY: CLINICAL SERVICES

Policy

The purpose of this policy is to establish clear guidelines and expectations of case management practices for juveniles in the custody of Idaho Department of Juvenile Corrections (IDJC). Service plans developed as a result of the O&A process should maximize the use of available resources and should build upon the strengths of the juvenile, family, and community to create the best possible conditions for successful reintegration.

Case management is the process and tools that IDJC uses to gather and document the information necessary to make informed case decisions. All case management practices within IDJC are built upon collaboration, communication, continuity, and accountability. The primary goal of the IDJC case management system must be continuity of care and case planning from pre-commitment through reintegration and aftercare. Education, also, is a vital component of case management and preparing a juvenile for reintegration. For this reason, education plans and progress will be shared with stakeholders as part of treatment reporting.

Each juvenile offender committed to the custody of IDJC will have a written plan for services that specifically describes release expectations, treatment goals, and treatment strategies, which are designed to reduce risks and return the juvenile back to their community. Also included, is documentation of a plan to assist in reintegration efforts for return to the community.

Case management within IDJC will reflect the use of evidence-based practices and the principles of continuous quality improvement. It will emphasize comprehensive reintegration, victim restoration, and family involvement. Case planning within IDJC will be structured using the criminogenic risk areas of the YLS/CMI (Youth Level of Service/Case Management Inventory) and will reflect the balanced approach as required by the Juvenile Corrections Act.

It is therefore the policy of IDJC that case management will be carried out by a treatment team, including a Juvenile Services Coordinator (JSC), Facility Case Manager, Juvenile Probation Officer (JPO) and the family as well as other key case stakeholders, as warranted. Together the JSC and the Facility Case Manager will oversee the treatment process throughout the period of confinement. The Facility Case Manager will oversee and report treatment progress, while coordination of reintegration services is the responsibility of the JSC.

Operating Procedure

I. Pre-commitment Screenings

- A. In compliance with Rule 19 (Standards for Commitment to Juvenile Corrections) IDJC will participate in Pre-Commitment Screening staffings as set up by the Juvenile Probation Officer.
 - 1. IDJC staff will complete sections 1 and 2 of the Pre-Screen /Juvenile Services Coordinator Summary (IJOS form DJC-155).
 - 2. Upon completion, the form is electronically saved as Pre-Screen Report to the Data Center in the Juvenile Records folder, Pre-Screening subfolder. This should be completed within three (3) work days after the pre-screening is held.
 - 3. This form will remain in the folder 12 months upon which time it will be deleted. If the juvenile is committed within those 12 months, the report will be moved to the juvenile's Juvenile Record. Each District Office Specialist 2 (OS2) will implement a tracking method and delete reports when the retention period is reached, if juvenile is not committed.

II. Juvenile Services Coordinator Summary

- A. IDJC will receive community information from the Juvenile Probation Officer. The district file manager reviews community information for completeness and ensures the JSC promptly receives a copy.

If community information is incomplete, the JSC will work with the JPO to obtain missing information. If difficulties persist the Clinical Supervisor will assist in obtaining the information.
- B. The JSC will review and ensure that an accurate and updated YLS/CMI has been completed within the last six months and is available for any juvenile committed to IDJC custody. If none exists or it is not accurate and updated, the JSC will complete a new YLS/CMI. The JSC will ensure that an electronic copy of the YLS/CMI is available in Juvenile Records.
- C. The JSC will contact the family and complete sections 3-7 of the Pre-Screen/Juvenile Services Coordinator Summary (DJC-155) form within ten work days of a juvenile's commitment to IDJC. The JSC will ensure they keep the juvenile's strengths in mind when developing the release plan. The JSC will submit the completed JSC Summary to the Clinical Supervisor, who will approve and sign within three work days. Prior to sending the form for approval the form will go to the District OS2 for proofreading. The JSC will ensure that once reviewed and signed by the Clinical Supervisor, the report is placed in the Case Management file and saved in Juvenile Records under the name JSC Summary. The O&A Clinician will be notified when the JSC Summary is completed and available in Juvenile Records.
- D. The JSC will ensure that the juvenile is held accountable to victims and that victim's desires are known and responded to.

1. Upon commitment, the District OS2 will mail a Victim Participation Notification (DJC-098) to victims listed on the Persons to be Notified form (DJC-177) with a self-addressed, prepaid return envelope to IDJC Headquarters. If victim information is not listed on the Persons to be Notified form, the JSC will contact the Community Victim Coordinator/representative or Juvenile Probation Officer to obtain the victim information.
 2. If completed by the victim, the Victim Participation Notification will be processed by the Project Manager at Headquarters, who will forward a copy to the JSC and the appropriate Victim Program Coordinator.
 3. The JSC will review the Victim Participation Notification and forward it to the District OS2, who will file it in the Case Management and Juvenile Records file.
 4. The JSC will record any victim information, including the level of involvement the victim desires on the Juvenile Services Coordinator Summary under "Special Needs" in section 7.
- E. The JSC will make a second contact, preferably in person, with the family to complete a family assessment, specifically looking at the strengths the family has. This visit will be used to develop rapport with the family, engage them in the process of their juvenile's treatment, and help in preparing the family for the juvenile's return to the community.

The JSC will complete the Family Assessment/Family Engagement Questionnaire (FEQ, IJOS DJC-248) within 30 calendar days of a juvenile being committed to IDJC custody. This form will be saved in Juvenile Records and electronically forwarded to the Facility Case Manager once the juvenile is placed in program.

III. Service Implementation Planning

- A. The Facility Case Manager will gather information to develop the Service Implementation Plan (SIP, IJOS form DJC-156) with input from the community treatment team within thirty (30) calendar days of arrival into the program.

The Facility Case Manager will incorporate the FEQ information into the development of the SIP.

1. The Facility Case Manager will access SIP form in IJOS. The release expectations and treatment goals are copied as written in the Observation and Assessment (O&A) Evaluation and the SIP treatment strategies are added, ensuring that strengths are incorporated into the writing of the treatment strategies.
2. The Facility Case Manager will review the reintegration plan as developed in the O&A Evaluation and will either copy it or update the plan onto the SIP.
3. The Facility Case Manager will submit the completed SIP to the Unit Manager/Program Manager for review and signature. The Facility Case

Manager must ensure there is sufficient time for the review and proofreading process to occur prior to the report due date.

4. SIP must be proofread, filed electronically in Juvenile Records, and then distributed by the OS2 to the juvenile's corresponding Judge, Juvenile Probation Officer, Prosecuting Attorney, Attorney for juvenile, Judge's Court Clerk, Parent/Guardian, and juvenile no later than five work days upon receipt. A copy of the Student Learning Plan provided by education staff will be attached.
- B. SIPs developed by Contract Providers are sent to the assigned JSC. Upon receiving the SIP, the JSC will ensure the District OS2 generates a cover letter (DJC-158). The report and cover letter is then electronically filed in Juvenile Records and distributed by the OS2 to the juvenile's corresponding Judge, Juvenile Probation Officer, Prosecuting Attorney, Attorney for juvenile, Judge's Court Clerk, and Parent/Guardian, no later than five work days upon receipt.
- C. If a juvenile will be in staging with a contract facility for 30 calendar days or more, continued case management will follow as outlined in the Staging Juveniles policy.

IV. Staffings

- A. If a juvenile is placed in a regional facility, the Facility Case Manager is responsible for coordinating monthly staffings and documenting the staffings in IJOS. When developing and/or reviewing reintegration plans/aftercare placement during the staffing, it is critical that the plan, tasks, and dates assigned are documented clearly.

The JSC must participate in staffings at least every 60 days and whenever possible throughout placement. When the juvenile is in the reintegration phase of treatment, staffings may occur more frequently. The JSC will participate in all reintegration staffings to actively ensure the reintegration planning is implemented. It is important that JSCs carefully review the monthly staffing note and the month's progress report if they miss the monthly staffing.

- B. It is the Facility Case Manager's responsibility to notify the JSC when a juvenile has reached the reintegration phase and more focused planning for reintegration will begin. The JSC is responsible for the coordination of reintegration services. The Facility Case Manager is responsible for adequately documenting the progress made towards coordination of reintegration services in the Progress Report. At any point in the juvenile's treatment, any changes or other developments in the reintegration plans are to be discussed with the JSC.
- C. If a juvenile is placed with a contract provider the JSC is responsible for coordinating monthly staffings and documenting the staffing in IJOS. When developing and/or reviewing reintegration plans/aftercare placement during the staffing, it is critical that the plan, tasks, and dates assigned are documented clearly.

- D. Staffings may include the JSC, JPO, juvenile, Clinician, Group Leader parent/guardian, and any other party deemed necessary by the Facility Case Manager or JSC (e.g., medical staff, education staff, rehabilitation technician staff).
1. Attorneys or other concerned parties are otherwise not permitted to attend staffings; however, they may share their input with either the JPO or JSC prior to the staffing. Information received from legal counsel or other concerned parties may be introduced during the staffing by the JPO or JSC at their professional discretion.
- E. A staffing will be held every 30 days or more frequently as deemed necessary by the community or facility treatment team. Topics of discussion should always have a strength-based discussion and include:
1. Progress update on goals
 2. Medical/Psychiatric information (within and adhering to federal confidentiality guidelines)
 3. Educational/Vocational update
 4. Family/Guardian involvement
 5. Restitution owed
 6. Community service hours information
 7. Progress Assessment/Reclassification
 8. Next month's objectives
 9. Reintegration plans
 10. Date for next review meeting (staffing)
- F. If additional services are identified and needed while in placement, which can not be provided within the facility, this should be discussed during the staffing. If recommended, the JSC will follow the Referral for External Clinical Services Policy and Procedure to obtain the services.

If additional services are identified and needed while in placement, which can be provided within the facility but fall outside the scope of normal programming, this should be discussed during the staffing. If recommended, the Facility Case Manager will follow the Referral for Internal Clinical Services Policy and Procedure to obtain the services.

V. Progress Reports

- A. At regional facilities, the Facility Case Manager will complete a Progress Report on form DJC-157 every other month due on program entry date anniversary. The Facility Case Manager must ensure there is sufficient time for the review and proofreading process to occur prior to the report due date.
1. The Facility Case Manager will access form DJC-157 in IJOS. The release expectations and treatment goals are copied as written in the SIP and progress to date recorded incorporating focus on the strengths.
 2. The Facility Case Manager will review the reintegration plan in section 4 of the Progress Report and will update (upon consultation with the treatment team) the plan and document assigned tasks on the form.

3. If new information becomes available that identifies a new risk area or special need, additional treatment goals and release expectations will be written. The additional treatment goals and release expectations must be documented in the SIP Changes section (section 5) of the next/upcoming Progress Report and then placed under the appropriate heading in the Treatment Goals/Criminogenic Needs Detail/Release Expectations section (section 3) in subsequent Progress Reports.
 4. The Facility Case Manager will submit the completed Progress Report (form DJC-157) to the Unit Manager/Program Manager for review and approval to be indicated with their signature.
 5. Prior to distribution, the Progress Report will have been proofread and filed electronically in Juvenile Records by the OS2. Reports must be distributed by the OS2 to the juvenile's corresponding Judge, Juvenile Probation Officer, Prosecuting Attorney, Attorney for Juvenile, Judge's Court Clerk, Parent/Guardian, and Juvenile no later than five work days upon receipt. A copy of the Education Progress Report provided by education staff will be attached.
 6. A Final Progress Report (either a Transfer Progress Report or Release Progress Report) must be completed two weeks prior to a juvenile's scheduled transfer or release date. In addition to the Unit Manager/Program Manager and Facility Case Manager signatures, the juvenile and the JSC must also review and sign the Final Progress Report.
 - a. Individual placement contracts for services continuing after residential care (transfer or step-down) will not be initiated without a current progress report.
- B. For juveniles placed at a Contract Provider the Progress Reports are completed by the Contract Provider Facility Case Manager and are sent to the JSC as outlined in IDAPA rules for Contract Providers.

Upon receiving the Progress Report the JSC will forward it to the District OS2 who will generate a cover letter (DJC-189). The report and cover letter is then electronically filed and distributed by the OS2 to the juvenile's corresponding Judge, Juvenile Probation Officer, Prosecuting Attorney, Attorney for juvenile, Judge's Court Clerk, and Parent/Guardian, no later than five work days upon receipt.

- VI. The Progress Assessment/Reclassification will be completed once the juvenile has been in placement four (4) months and every 60 days thereafter by either the Facility Case Manager or the JSC. Refer to Initial Custody Level Assessment and Progress Assessment/Reclassification policy and procedure.
- VII. Community Passes for Contract Providers and Regional Facilities may, and in most cases will, be planned for during reintegration. When planning for the home or

community pass, refer to the Parent or Guardian Supervised Community Pass policy or the IDAPA rules for contract providers.

If the juvenile was committed by the District Court, prior authorization must be obtained from the court, as outlined in Juveniles Committed by a District Court Policy and Procedure. IDJC Legal Services, including the Legal Assistant, are the only staff approved to contact the District Court or the District Court clerks. Refer any incoming communication from the District Court or the District Court clerks to IDJC Legal Assistant.

VIII. Custody Review Board

Upon reaching age 19, a juvenile will be released from IDJC custody unless the juvenile is referred to and personally appears before the Custody Review Board (CRB) and the board recommends for the juvenile to remain in IDJC custody. Refer to Custody Review Board policy for CRB process information.

IX. Reintegration Planning

A. During the case management process a juvenile's progress will either lead to a transfer or release.

1. Once the juvenile has progressed to the reintegration phase of treatment, the full treatment team will refine and formalize the specific plans in the areas of living arrangements, education, vocational, family, and aftercare services. In each of these areas there must be specific tasks and a responsible party with specific dates for completion.
2. If there are no tasks assigned it should be clearly stated why or how this area has been completed. Do not leave any area blank.
3. Although the entire treatment team will work together on all these tasks; it is the JSC's responsibility to ensure that all reintegration tasks are coordinated and implemented.
4. Progress on reintegration tasks must be continually documented in contact notes by the JSC and updated on the progress report by the Facility Case Manager as outlined above. The JSC must work closely with the Facility Case Manager to keep them informed of what is occurring to ensure the accuracy of progress reporting.

B. Decision to transfer or release should be based on risk reduction as evidenced by completion of release expectations and treatment goals documented by the treatment team in previous reports and PA/R scores.

1. If the reintegration planning leads to release; the team will follow the Release of Juveniles from State Custody Policy and Procedure and if it leads to transfer, the team will follow the Transfer of Juveniles in Department Custody Policy and Procedure.

2. If the decision is made to transfer, it is critical that all current progress be recorded and up to date. The receiving facility will either use this report to develop a new SIP or continue to follow and further implement the reintegration plan, as outlined below.
 - a. For juveniles who transfer for continued treatment, other than reintegration, the receiving Facility Case Manager will create a SIP using the previous release expectations and treatment goals to write new strategies that address the remaining immediate risk areas. Risk areas that have been ongoing or are completed do not need to have new strategies developed. If a new strategy is not developed, a statement of how this area has been addressed needs to be included. This explanation should be clearly documented by the discharging program in the transfer Progress Report.
 - b. If new information becomes available that identifies a new risk area or special need, additional treatment goals and release expectations will be written. The additional treatment goals and release expectations must be documented in the SIP Changes section (section 5) of the next/upcoming Progress Report. In subsequent Progress Reports this information will be placed under the appropriate heading in the Treatment Goals/Criminogenic Needs Detail/Release Expectations section (section 3) of the report.
 - c. If transferring to a reintegration services provider, the ongoing needs must be documented in the Reintegration Plan Detail section (section 4) of the Progress Report. Reintegration service providers will not create strategies to address treatment goals but will focus on implementing the reintegration plan.
 - d. If while placed in a reintegration service provider an additional treatment need is identified, the treatment team must approve any goals or strategies developed to address the risk or need. The approval must be documented in IJOS contact notes. This may also result in a change in the contracted services.

X. IDJC staff representation at court hearing

Participation in court hearings by IDJC staff is required at times. The specified staff member(s) representing the case at the court hearings can vary from case-to-case, and depending on the type of hearing being held, and as directed by the legal department.

- A. For juveniles in Contract Providers, the JSC is the person most likely to participate in the court hearing.
- B. For juveniles in regional facilities, the Facility Case Manager is the most likely staff member to participate either in person or by telephone, if permitted.

- C. There may be times, due to distance or other logistical factors, that the treatment team would request that the JSC represent IDJC at court hearings for juveniles in regional facilities.

XI. Problem Solving within the Community Treatment Team

- A. Differences of professional opinion about case management for juveniles should be resolved at the lowest possible organizational level, with mutual professional respect and always with a balance of the interests of the victims, juvenile, community, IDJC, and the parents of the juvenile. This makes it extremely important that Facility Case Managers and JSCs keep their supervisors well informed throughout the problem-solving process.

1. When all attempts to resolve case management differences occur within the community treatment team without resolution; a request for a problem solving meeting is made to the Clinical Supervisor from the region the juvenile was committed and the Unit Manager/Program Manager, and the Clinical Supervisor at the facility.
2. During the problem solving meeting the case will be discussed and the differences of opinion presented. This meeting should include the Facility Case Manager, JSC, Unit Manager/Program Manager, and Clinical Supervisor(s). Those present at the problem solving meeting will work towards the goal of coming to a consensus, with the Clinical Supervisor from the region where the juvenile was committed having the authority to make the final decision.
3. If this decision is not acceptable to the community treatment team a further request for problem solving meeting will be made. This meeting will include the Superintendent from the region the juvenile was committed, the Superintendent at the facility, and may involve the Community, Operations, Programs & Services (COPS) Administrator if requested by the Superintendent(s).
4. If this decision is still not acceptable to the community treatment team, a further request for problem solving will be made to the IDJC Director for ultimate decision making.
5. It is required that those who have responsibility to make decisions are present at the problem solving meeting, although it does not require a face-to-face meeting.

- B. At the conclusion of any problem solving meeting, the decision maker will notify the Facility Case Manager of the decision made within 2 business days. The Facility Case Manager will immediately notify the community treatment team of the decision and should not wait for the next scheduled staffing. If a community treatment team member is not in agreement with the decision and wishes to continue through the problem solving steps; the Facility Case Manager will pass on this request as outlined above and further problem solving will occur. The

Facility Case Manager will document all problem solving discussions and decisions in IJOS contact notes.

- C. At whatever point resolution is reached; all IDJC staff are expected to act in support of the decision.
- D. Matters of significant public interest will be referred to the Director. The Director may become involved at any level of problem solving, at their discretion.

XII. Critical incidents impacting case management

In the course of case management, if a critical incident occurs as defined in policy Reporting of Critical Incidents, it is important that notification procedures be followed as directed by that policy.

XIII. Quality Improvement for case management

A. PbS (Performance-based Standards) youth record review

1. It is the responsibility of all IDJC staff involved in case management to understand their responsibility, if any, in completing their portion of the youth record review form.
2. Each region will develop region-specific practices for completion of the form.
3. Each region has a PbS Site Coordinator who will direct the specific practices for data collection.
4. All questions in the aftercare section of the PbS youth record review are completed by the JSC.

B. Each Clinical Supervisor and/or manager overseeing the IDJC Case Management process is responsible for ensuring that the case management practices and reports follow this policy and are of the highest quality. Each Clinical Supervisor or manager must create a written plan that specifically describes the processes, procedures, and tools that will be used to regularly review and ensure that the case management process and reports meet IDJC expectations. Each supervisor/manager has quality control responsibilities to ensure:

1. An audit is completed following the written plan that has been developed by each supervisor;
2. All audits are thorough, accurate, and well documented;
3. Appropriate corrective action plans are developed and tracked; and
4. The results of these audits are shared with their supervisor and the Quality Improvement Director.

C. Signatures for approval

1. The Clinical Supervisor, Unit Manager/Program Manager, as applicable, will confirm that they have read, approved, and agree with the contents and the structure of the respective report(s) with their signature.
2. Electronic signature(s) (e-signature) are a tool that IDJC has authorized to use in order to expedite the signing of certain forms. Refer to policy Designation of Authority and use of Electronic Signatures.

Reference:

Amended I.J.R 19

IDAPA 05.01.01 Rules for Contract Providers

Glossary of Terms and Acronyms (Case Management File, Clinical Supervisor, Community Treatment Team, Contract Provider, Facility Case Manager, Facility Treatment Team, Juvenile Services Coordinator (JSC), Monthly Staffing/Progress Note, Observation and Assessment Evaluation, Pre-Screen/Juvenile Services Coordinator Summary, Progress Report, Regional Facility, Reintegration Planning, Service Implementation Plan (SIP), Staffings, Superintendent, Unit Manager/Program Manager, Victim Coordinator, YLS/CMI)

Related Policies:

Control, Maintenance, and Movement of Case Management Files

Designation of Authority and Use of Electronic Signatures

Documentation of Incidents

Initial Custody Level Assessment and Progress Assessment/Reclassification

Juveniles Committed by a District Court

Observation and Assessment Evaluations

Referral for External Clinical Services

Referral for Internal Clinical Services

Referrals for the Placement of Juveniles

Release of Juveniles from State Custody

Reporting of Critical Incidents

Staging of Juveniles

Transfer of Juveniles in Department Custody

Use of Physiological Measurement Tools in Assessment and Treatment of Juveniles

Related Forms:

Check-off Sheet for Committed Juveniles (DJC-171)

CRB Referral and Eligibility Form (DJC-110)

Custody Review Board Document Checklist (DJC-026)

Juvenile Services Coordinator Summary (DJC-155 IJOS)

Missing Community Paperwork JSC Letter to JPO (DJC-217)

Notice of Contract Provider Service Implementation Plan (DJC-158 IJOS)

Notice of Contract Provider Progress Report (DJC-189 IJOS)

Progress Report (DJC-157 IJOS)

Observation & Assessment Evaluation (DJC-250 IJOS)

Service Implementation Plan (DJC-156 IJOS)