MISSISSIPPI DEPARTMENT OF HUMAN SERVICES DIVISION OF YOUTH SERVICES



DESKTOP GUIDE TO EFFECTIVE CASE MANAGEMENT PRACTICE

FOR USE BY COMMUNITY SERVICES STAFF

REVISED November 1, 2019

FOREWORD

This Desktop guide is the official guide for the Mississippi Department of Human Services, Division of Youth Services, Community Services Section. It provides Youth Services Counselors with the tools to perform their duties and serve their clients with knowledge and professionalism. Ideas and forms have come from Regional Directors, Counselors, and Clerical Staff from around the state. Without their help, the development and updating of this Guide would not be possible. This Guide will be updated as needed.

This Guide contains the policies and administrative regulations intended to implement policy, and certain reference or "exhibit" documents that relate to policies and/or regulations. Policy development in a modern, forward looking agency is a dynamic and ongoing process. New problems, issues, and needs give rise to a continuing need to develop new policies, or revise existing ones. This is why the agency employs a loose leaf format for this Guide. Each person holding a copy of this Guide should make a diligent effort to keep it up-to-date as new policies, regulations, and exhibits are distributed.

How to Use This Guide

The Division of Youth Services, Community Services Section, operates under policies established by the Mississippi Department of Human Services, the state legislature, and applicable federal laws, regulations and procedures. The agency develops the policies and the Youth Services Counselors implement them through specific rules and regulations. The agency then reviews and appraises the effects of its policies and makes revisions as needed.

In the interest of harmony, efficiency, uniformity of interpretation, coordination of effort, and in fairness to all concerned, the agency makes this Guide available to all who are affected by its policies.

The Guide is organized according to tabbed numerical sections. The system provides and efficient means of finding agency policies, administrative rules, and other documents. All contents of this guide are reproducible for DYS staff. There are 12 sections, each numbered as follows:

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INTRODUCTION

- Mission Statement
- Vision Statement
- Code of Ethics

Division of Youth Services Mission Statement

The mission of DYS is to provide leadership for change within the Mississippi Juvenile Justice System to promote change for youth, family units, and communities. It operates by creating legitimate alternative pathways to adulthood through equal access to services that are least intrusive, culturally sensitive, and consistent with the highest professional standards.

Division of Youth Services Vision Statement

Our vision of DYS is that every child experience success in caring families and nurturing communities that cherish children and teach them to value family and community. Our vision is guided by the fact that decisions and actions which affect children today, determine their quality of our life tomorrow.

Issued: December 15, 2011

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES CODE OF ETHICS

The Mississippi Department of Human Services (MDHS) has adopted as policy a Code of Ethics. This Code of Ethics is intended to serve as a guide to everyday conduct of MDHS employees and to provide a basis for making judgments about ethical action. Any violation of this Code may be grounds for dismissal from employment with the MDHS.

Any report of retaliation directed towards an employee as a result of any action by the employee to report a violation of the MDHS ethics policy will be investigated fully. If substantiated, the retaliating party will be dealt with in accordance with current State Personnel Board rules and regulations as well as current MDHS regulations.

MDHS expects of its employees unfailing honesty, respect for the dignity and individuality of human beings and a commitment to professional and compassionate service. To this end, all MDHS employees will subscribe to the following principles concerning professional relationships with clients, colleagues, other professionals, and the public:

- * MDHS employees are strictly prohibited from engaging in any sexual overtures or sexual contacts with clients of MDHS. Any violation will result in prosecution to the fullest extent under the laws of the State of Mississippi.
- * MDHS employees will respect and protect the civil and legal rights of all clients' welfare and with no purpose of personal gain.
- * MDHS employees will conduct their relationships with colleagues in such a manner as to promote mutual respect within the profession and the improvement of the profession's quality of service.
- * MDHS employees will respect the importance of all elements of human services and will cultivate a professional cooperation with each segment.

ALL MDHS employees will subscribe to the following principles concerning professional conduct and practices:

- * MDHS employees will not use their official position to secure privileges or advantages for themselves.
- * MDHS employees will not, in their official capacity, act in any matter in which they have personal interest that could in the least degree impair their objectivity.

HISTORY OF JUVENILE JUSTICE

- Mississippi Juvenile Justice
- Overview of the Mississippi Courts
- Legal Terms of Youth Courts in Mississippi
- Key Players and Their Professional Roles

HISTORY

The history of juvenile justice has traveled a long complicated journey to where it is today. In its earliest stages, children were said to be subject to the same practice and punishments as adults. From an historical perspective, the concept of having a separate legal framework for juvenile delinquents is relatively new.

Throughout history, children as young as 7 years old who were accused of wrongdoing were imprisoned with adults. In the early nineteenth century, the idea of reforming youth delinquents took root in the United States and the House of Refuge in New York, which opened in 1824, was the first juvenile home of reform in the United States. This was the first attempt to house juvenile delinquents in a separate facility and other states would soon follow suit. In 1899, Cook County, in the State of Illinois, established the first juvenile court. Within 30 years, virtually all of the states had established juvenile courts.

MISSISSIPPI JUVENILE JUSTICE

In Mississippi, as in other states, the justice system for youthful delinquents operates under a different set of laws from those governing the adult correctional system. MISS CODE ANN. 43-21-105(d) (1972) defines a child or youth as a person who has not reached his eighteenth birthday. The courts classify delinquents under the age of eighteen based on type of offense committed and on the individual's age at the time he or she committed the offense.

Historical Dates:

- **1916-** Columbia Training School at Columbia, MS was established for wayward children both male and female.
- 1916- The Mississippi State Legislature established the Mississippi Industrial and Training Schools. The courts then had the means of institutional disposition for Juvenile matter other than adult jails. The Act did not create special court for children.
- 1922- Amended 1916 Act-later to be incorporated into Sections 67-5721 of Hemmingway's.
- 1927- Hemmingway's 1927 Code-established a minimum age of (7) for commitment to the Industrial Training School. Hemmingway's Mississippi Code, Section 5708 (1927).
- 1940- The second Youth Court Act was passed. The Act created a new Court. The Act prohibited the criminal prosecution of any child under the age of 14, and an order to prosecute a child less than 18, and order to effect had to be entered by the Juvenile Court. The Act was subjected to several tests. In each case the Act prevailed.
- 1942- Juvenile Court Act, Mississippi Code Annotated 7193 (1942).
- **1942** Efforts between the Mississippi State Federation of Colored Women's Club, Inc. and the Legislature resulted in the creation of Oakley Training School.
- **1943** Oakley actually opened as the Negro Juvenile Reformatory on 1,200-acre site, south of Jackson, MS.
- 1944- 1st Mississippi Children's Code Commission
- 1946- 2nd Mississippi Children's Code Commission. The purpose of this commission was to study (1) the conditions in the state affecting children; (2) the operation and facilities of various agencies and institutions charged with the care, control, protection, and rehabilitation of juveniles; and (3) the laws pertaining to and affecting children. This commission is also said to have led to the drafting of the 1946 Youth Court Act.

1946- The Mississippi Legislature enacted a new Youth Court Act and repealed the Act of 1940. The proceedings were to be civil: "No proceedings by the Court shall be a criminal proceeding, but shall be entirely of a civil nature. The exclusive and original jurisdiction was placed in the Youth Court divisions of the Chancery or County Court. This Act was subjected to tests.

1955- Special Interstate Conference held in New York City took final action, approving the Interstate Compact on Juveniles.

*1964- Family Court established

1964-Family Court Established-Any court having a total population of more than one hundred thousand according to the 1960 census, and having a total assessed valuation in excess of sixty thousand, and in which a federal military base encampment is located, and having employed, assigned, or otherwise associated therewith not less than ten thousand personnel together with their families. And is also bordering on the Gulf of Mexico wherein thousands of men, women, and children together with their families, are residents, either permanently, or as seasonal or temporary resident.

1966-"Battered Child" Status 7185-02 (1966)

1968-Actual operations of the Columbia and Oakley Training Schools were combined under one administration.

1971-Community Services were created to provide staff to work with children and their families in local courts and communities.

1973-The Agency's name changed from Mississippi Training schools to Mississippi Department of Youth Services.

1974-Congress passes JJDPA and CAPTA

*1975-Youth Court Divisions of the Municipal Court-A city with a population in excess of twelve thousand if the governing authorities of the city adopt a resolution to that effect. Provided, however, that subsection (1) shall not apply in any class 1 county in which U.S. Highway 78 intersects U.S. Highway 45. And subsection (2) hereof shall not apply in any county bordering on the Alabama line traversed by the Tombigbee River and in which is situated a senior institution of higher learning.

1975-Mental and Sexual Abuse Act.

*1975-Creation of Municipal Youth Court-Pearl.

1975- (1967-1975) Application of Gault, In re Winship, and Breed (U.S. Supreme Court) Due process in juvenile cases.

1976- National Advisory Committee finding on juvenile arrests.

1977-Morgan vs. Sproat class action was brought behalf of students at a State institution for delinquent boys, challenging conditions of confinement at the institution.

1979-Revised Youth Court Act. The Mississippi Youth Court Law of 1979.

1986-All 50 states, including U.S. territories, ratified Interstate Compact.

1989-Reorganization-MDYS incorporated into new DHS as the Office of Youth Services.

1992-August 1992, Office of Youth Services was elevated to division status.

1997- Congress passes ASFA

2008- Miss. Code. Ann. 43-21-201 (3) An attorney appointed to represents a delinquent child shall be required to complete annual juvenile justice training that is approved by the Mississippi Judicial College and the Mississippi Commission on Continuing Legal Education shall determine the amount of juvenile justice training and continuing education required to fulfill the requirement of this subsection.

2008- Miss. Code Ann. 43-21-121(3), -(4) The guardian ad litem has the responsibility to fully protect the interest of the child.

2009- Uniform Rules of Youth Court Procedures (U.R.Y.C.P.)

2013- Mississippi Code 43-21-103 Construction and Purpose, It is public policy of this state that the parents of each child shall be primarily responsible for the care, support, education and welfare of such children: however, when it is necessary that a child be removed from the control of such child's parents, the youth court shall secure proper care for such child.

2016- Miss. Code 93-15-115 Involuntary termination or when child in care and custody or under the supervision of the Department of Human services pursuant to youth court proceedings and reasonable efforts for reunification are required: standard of proof.

When reasonable efforts for reunification are required for a child who is in the custody of, or under the supervision of, the Department of Human Services pursuant to youth court proceedings, the court hearing a petition under this chapter may terminate the parental rights of a parent if, after conducting an evidentiary, the court finds by clear and convincing evidence that:

(a) The child has been adjudicated abused or neglected; (b) The child has been in the custody of care of, or under the supervision of, the Department of Human Services for at least six (6) months, and, in that time periods, the Department of Human Services has developed a service plan for the reunification of the parent and the child; and (c) A permanency hearing, or a permanency review hearing, has been conducted pursuant to the Uniform Rules of Youth Court Practice and the court has found that the Department of Human Services, or a licensed child caring agency under its supervision, had made reasonable efforts over a reasonable period to diligently assist the parent in complying with the service plan but the parent has failed to substantially comply with the terms and conditions of the plan and that reunification with the abusive or neglectful parent is not in the best interest of the child, ;and (d) Termination of the parent's parental rights is appropriate because further contacts between the parent and the child are not desirable toward a obtaining a satisfactory permanency outcome based on one or more of the factors set out in Section 93-15-121.

2016 Miss Code 93-15-117 Involuntary termination or when child in care and custody or under the supervision of the Department of Human services pursuant to youth court proceedings and reasonable efforts for reunification are required: standard of proof.

When reasonable efforts for reunification are not required, a court hearing a petition under this chapter may terminate the parental rights of a parent if, after conducting an evidentiary, the court finds by clear and convincing evidence that:

The child has been adjudicated abused or neglected; (b) The child has been in the custody of care of, or under the supervision of, the Department of Human Services for at least sixty (60) days, and the Department of Human Services is not required to a make reasonable efforts for the reunification of the parent and the child pursuant to Section 43-21-603 (7)(c) of the Mississippi Youth Court Act has developed a service plan for the reunification of the parent and the child; and (c) A permanency hearing, or a permanency review hearing, has been conducted pursuant to the Uniform Rules of Youth Court Practice and the court has found that reunification with the abusive or neglected parent is not in the best interest of the child; and (d) Termination of the parent's parental rights is appropriate because further contacts between the parent and the child are not desirable toward a obtaining a satisfactory permanency outcome based on one or more of the following grounds:

- (i) The basis for bypassing the reasonable efforts for reunification of the parent and child under Section 43-21-603 (7) is established by clear and convincing evidence; or
- (ii) Any ground listed in Section 93-15-121 is established by clear and convincing evidence.
- 93-15-119 Involuntary termination in chancery court for reasons of abandonment, desertion, or parental unfitness to raise the childe: standard of proof(1) A chancery court hearing a petition

under this chapter may terminate the parental rights of a parent when, after conducting an evidentiary hearing, the court finds by clear and convincing evidence:

- (a) That the parent had engaged in conduct constituting abandonment or desertion of the child or is mentally, morally or otherwise unfit to raise the child. The court shall inquire as to the military status of any absent parent. Proof that a parent is mentally, morally, or otherwise unfit to raise the child shall be established by showing past or present conduct of the parent that demonstrates a substantial risk of compromising or endangering the child's safety and welfare; and
- (b) That termination of the parent's parental rights is appropriate because future contracts between the parent and child are not desirable toward obtaining a satisfactory permanency outcome based on one or more of the factors set out in section 93-105-121.
- (2) An allegation of desertion may be fully rebutted by proof that the parent, in accordance with the parent's means an knowledge of the mother's pregnancy of the child's birth, either:
- (a) Provided financial support, including, but not limited to, the payment of consistent support to the mother during her pregnancy, contributions to the payment of the medical expenses of the pregnancy and birth, and contributions of consistent support of the child after birth; frequently and consistently visited the child after birth; and is now willing and able to assume legal and physical care of the child; or
- (b) Was willing to provide financial support and to make visitations with the child, but reasonable attempts to do so were thwarted by the mother or her agents, and that the parent is now willing and able to assume legal and physical care of the child.

Rule 7 Federal Laws and Regulations-

- (a) Federal laws requiring compliance. These rules require compliance with federal laws and regulations which impact funding for cases within the jurisdiction of the youth court. Failure to comply results in the loss of federal monies crucial in achieving the best interests of the child and the interest of justice.
- (1) Juvenile Justice and Delinquency Prevention Act of 1974
- (2) Juvenile Justice and Delinquency Amendments of 1988
- (3) Juvenile Justice and Delinquency Prevention Act f 2002
- (4) Adoption and Safe Families Act of 1997

2007-Columbia Training School Closed July 1, 2007

- (5) Title IV-E of the Social security Act 2008
- (6) Indian Child Welfare Act f 1978
- (b) Federal regulations requiring compliance. These rules require compliance with federal regulation which impact funding for cases within the jurisdiction of the youth court, including:
- (1) 28 C.F.R. Code 31.303 (2008)
- (2) 28 C.F.R. Code 31. 304 (2008)
- (3) 28 C.F.R. Code 1355, -1356 (2008)
- 2011 Oakley Training School name changed to Oakley Youth Development Center

2016 Mississippi Legislature separated Mississippi Department of Human Services, Division of Family and children services and made it its own independent agency called Mississippi Department of Child Protection Services.

2016 Parent representation.

§ 43-21-201. Right to counsel

- (1) Each party shall have the right to be represented by counsel at all stages of the proceedings including, but not limited to, detention, adjudicatory and disposition hearings and parole or probation revocation proceedings. In delinquency matters the court shall appoint legal defense counsel who is not also a guardian ad litem for the same child. If the party is a child, the child shall be represented by counsel at all critical stages: detention, adjudicatory and disposition hearings; parole or probation revocation proceedings; and post-disposition matters. If indigent, the child shall have the right to have counsel appointed for him by the youth court.
- (2) When a party first appears before the youth court, the judge shall ascertain whether he is represented by counsel and, if not, inform him of his rights including his right to counsel. If the court determines that a parent or guardian who is a party in an abuse, neglect or termination of parental rights proceeding is indigent, the youth court judge may appoint counsel to represent the indigent parent or guardian in the proceeding.
- (3) An attorney appointed to represent a delinquent child shall be required to complete annual juvenile justice training that is approved by the Mississippi Office of State Public Defender and the Mississippi Commission on Continuing Legal Education. An attorney appointed to represent a parent or guardian in an abuse, neglect or termination of parental rights proceeding shall be required to complete annual training that is approved by the Office of State Public Defender and the Mississippi Commission on Continuing Legal Education. The Mississippi Office of State Public Defender and the Mississippi Commission on Continuing Legal Education shall determine the amount of juvenile justice training and continuing education required to fulfill the requirements of this subsection. The State Public Defender shall maintain a roll of attorneys who

have complied with the training requirements and shall enforce the provisions of this subsection. Should an attorney fail to complete the annual training requirement or fail to attend the required training within six (6) months of being appointed to a youth court case, the attorney shall be disqualified to serve and the youth court shall immediately terminate the representation and appoint another attorney. Attorneys appointed by a youth court to five (5) or fewer cases a year are exempt from the requirements of this subsection.

- (4) The child's attorney shall owe the same duties of undivided loyalty, confidentiality and competent representation to the child or minor as is due an adult client pursuant to the Mississippi Rules of Professional Conduct.
- (5) An attorney shall enter his appearance on behalf of a party in the proceeding by filing a written notice of appearance with the youth court, by filing a pleading, notice or motion signed by counsel or by appearing in open court and advising the youth court that he is representing a party. After counsel has entered his appearance, he shall be served with copies of all subsequent pleadings, motions and notices required to be served on the party he represents. An attorney who has entered his appearance shall not be permitted to withdraw from the case until a timely appeal, if any, has been decided, except by leave of the court then exercising jurisdiction of the cause after notice of his intended withdrawal is served by him on the party he represents.

§ 99-18-13. Staffing, personnel and office expenses; indigent representation

- (1) The State Defender is hereby empowered to pay and disburse salaries, employment benefits and charges relating to employment of division staff and to establish their salaries and expenses of the office; to incur and pay travel expenses of staff necessary for the performance of the duties of the office; to rent or lease on such terms as he may think proper such office space as is necessary in the City of Jackson to accommodate the staff; to enter into and perform contracts and to purchase such necessary office supplies and equipment as may be needed for the proper administration of said offices within the funds appropriated for such purpose; and to incur and pay such other expenses as are appropriate and customary to the operation of the office.

 (2) The State Defender may provide representation to parents or guardians who have been
- determined by the youth court judge to be indigent and in need of representation in an abuse, neglect or termination of parental rights proceeding or appeal therefrom. Representation may be provided by staff or contract counsel including, but not limited to, by contract with legal services organizations.

OVERVIEW OF THE MISSISSIPPI COURTS

Chancery Courts have jurisdiction over disputes in matters involving equity; domestic matters including adoptions, custody disputes and divorces; guardianships; sanity hearings; wills; and challenges to constitutionality of state laws. Land records are filed in Chancery Court.

Chancery Courts have jurisdiction over juvenile matters in counties which have no County Court. The chancellor may appoint a lawyer in private practice to sit as a youth court referee to hear juvenile matters such as delinquency, abuse and neglect.

Trials are typically heard by a chancellor without a jury, although state law allows parties to request a jury in Chancery Court.

There are 20 Chancery Court districts and 49 Chancery Court judges. The number of chancery judges per district ranges from one to four. Chancery Court judges are selected in non-partisan elections to serve four-year terms.

Circuit Courts hear felony criminal prosecutions and civil lawsuits. Circuit Courts hear appeals from County, Justice and Municipal courts and from administrative boards and commissions such as the Workers' Compensation Commission and the Mississippi Department of Employment Security.

There are 22 Circuit Court districts and 53 Circuit Court judges. The number of Circuit Judges per district ranges from one to four. Circuit Court judges are selected in non-partisan elections to serve four-year terms.

Trials are heard with a 12-member jury and usually one or two alternate jurors. A judge may preside without a jury if the dispute is a question of law rather than fact.

County Courts have exclusive jurisdiction over eminent domain proceedings and juvenile matters, among other things. In counties which have a County Court, a County Court judge also serves as the Youth Court judge. County Courts share jurisdiction with Circuit and Chancery Courts in some civil matters. The jurisdictional limit of County Courts is up to \$200,000. County Courts may handle non-capital felony cases transferred from Circuit Court. County Court judges may issue search warrants, set bond and preside over preliminary hearings. County Courts have concurrent jurisdiction with Justice Courts in all matters, civil and criminal.

Mississippi has 21 County Courts and 30 County Court judges. Counties which have a County Court include Adams, Bolivar, Coahoma, Desoto, Forrest, Harrison, Hinds, Jackson, Jones, Lamar, Lauderdale, Lee, Leflore, Lowndes, Madison, Pearl River, Pike, Rankin, Warren, Washington and Yazoo. County Court judges serve four-year terms. Elections are non-partisan.

The Court of Appeals hears cases assigned by the Supreme Court. The Court of Appeals is an error correction court. It hears and decides appeals on issues in which the law is already settled, but the facts are in dispute. The Supreme Court may review Court of Appeals decisions. If the Supreme Court declines review, the decision of the Court of Appeals stands.

The Mississippi Legislature created the Court of Appeals to speed appeals and relieve a backlog of cases before the Supreme Court. The Court of Appeals began hearing cases in 1995.

Ten Court of Appeals judges are elected from five districts. Non-partisan elections are staggered so that not all positions are up for election at one time. Court of Appeals judges serve eight-year terms. Court of Appeals judges hear cases from all over the state.

Drug Courts are special courts which address crimes committed by persons addicted to drugs or alcohol. Drug courts seek to rehabilitate drug-using offenders through drug treatment and intense supervision with drug testing and frequent court appearances. Drug courts offer the incentive of a chance to remain out of jail and be employed, and the sanction of a jail sentence if participants fail to remain drug-free and in compliance with all program requirements. As of October 2011, 42 Drug Courts were in operation in Mississippi.

Justice Courts have jurisdiction over small claims civil cases involving amounts of \$3,500 or less, misdemeanor criminal cases and any traffic offense that occurs outside a municipality. Justice Court judges may conduct bond hearings and preliminary hearings in felony criminal cases and may issue search warrants. There are 82 Justice Courts with 197 judges. Justice Court judges are the only Mississippi judges elected in partisan races. They serve four-year terms.

Municipal courts have jurisdiction over misdemeanor crimes, municipal ordinances and city traffic violations. Municipal judges may conduct initial appearances in which defendants are advised of the charges being filed, as well as bond hearings and preliminary hearings. There are 226 Municipal Courts. Most municipalities have one municipal judge, although a few jurisdictions have several. Most municipal judges are appointed by governing bodies of municipalities. Terms of office vary.

Supreme Court of Mississippi has a two-tier appellate court system that reviews decisions of law and fact made by the trial courts. The Mississippi Supreme Court is the court of last resort among state courts. Decisions of the Chancery, Circuit and County Courts and of the Court of Appeals may be appealed to the Supreme Court.

Appeals which go directly to the Supreme Court include annexations, bond issues, constitutionality challenges, death penalty cases, disciplinary matters involving attorneys and

judges, election contests, certified questions from federal court, utility rates, cases of first impression and issues of broad public interest.

Nine Supreme Court justices are elected from three districts. Non-partisan elections are staggered so that not all positions are up for election at once. Supreme Court justices serve eight-year terms.

Each Supreme Court justice participates in deciding appeals from the entire state. Decisions are by a majority vote of the court.

The Youth Courts deal with matters involving abuse and neglect of juveniles, as well as offenses committed by juveniles. Young people who have not reached the age of 18 may be subject to the Youth Court, although there are some exceptions. Some offenses which would be treated as crimes if committed by adults are known as delinquent acts when they involve juveniles.

In the 21 counties which have a County Court, those judges also serve as Youth Court judges. In counties which do not have a County Court, the Chancery Judge may hear Youth Court matters, or the Chancery Judge may appoint a lawyer to act in a judicial capacity as Youth Court Referee.

LEGAL TERMS THAT MAY BE USED IN YOUTH COURTS IN MISSISSIPPI

Abandonment- A parent's or custodian's act of leaving a child without adequate care, supervision, support, or parental contact for an excessive period of time; an expressed or implied intention to sever the parent-child relationship and avoid the obligations arising from the relationship.

Adjudication- A hearing to determine whether a child is a delinquent child, a child in need of supervision; in Youth Court, admitting to an offense is synonymous with pleading guilty.

Affidavit- A written statement of facts signed under penalty of perjury, often before a court clerk or a notary public, who administers the oath to the signing party, who is called the affiant, or declarant.

Allegation- A charge or claim of fact set forth in a petition o other pleading, which is proven true or false at an adjudicatory hearing.

Appeal- Appellate Court-A court having jurisdiction or appeal and review; not a "trial court". In Mississippi, Youth Court cases are appealed to the Mississippi Supreme Court.

Bailiff- A court attendant, whose duties are to keep order in a courtroom, typically employed by the court itself, or the local sheriff department.

Bench Warrant- Process issued by the court itself, or "from the bench", for the attachment or arrest of a person.

Burden of Proof- The duty to establish a claim or allegation by admissible and credible evidence at the time of the hearing. This is usually the duty of the state; it is up to the state to prove its case with respect to a minor parent.

Certification-Generally used to refer to the process of transferring a minor's case from the Youth Court to the adult court for trial.

Chambers-Private office or room of a judge.

Chancellor- Judge of the Chancery Court, who may oversee Youth Court in some counties.

Chancery Court- The court of equity in Mississippi, also having jurisdiction over property matters, divorce and alimony, probate, minor's business, matters dealing with persons of unsound mind (civil commitments), and similar issues.

Child- Synonymous with "youth" Each means a person who has not reached his eighteenth birthday. A child who has not reached his eighteenth birthday and is on active duty for a branch of the armed services, or is married, is not considered a "child" or "youth".

Child Abuse- Traditionally, any physical mistreatment of a child, as opposed to neglect or negligent care. However, the term is increasing being used to cover any physical or mental injury, sexual abuse, negligent treatment, or maltreatment of a child.

Child in Need of Special Care- A child with any mental or physical illness that cannot be treated with dispositional alternatives ordinarily available to the Youth Court,

Child in Need of Supervision- a child who has reached his seventh birthday and is in need of treatment or rehabilitation because the child:

- a) Is habitually disobedient of reasonable and lawful commands of his or her parents, guardian, or custodian and is ungovernable; or
- b) While being required to attend school, willfully, and habitually violates the t=rules
- c) Runs away from home without good cause; or
- d) Has committed a delinquent act or acts

Child Neglect-Failure by a parent or custodian to render appropriate care to a child; an act of omission by the person legally responsible for a child's care which threatens the child's well-being. Failure to provide a child with suitable food, shelter, clothing, hygiene, medical care, or personal supervision.

Common Law- Law developed as result of judicial decision, rather than by legislative enactments.

Competency- In the law of evidence, the presence of those characteristics which render a witness legally fit and qualified to give testimony.

Complainant-Synonymous with "plaintiff".

Complaint- The initiating pleading in a criminal or civil case, filed by the moving party and setting out the cause of action.

Confidentiality-Consists of a set of rules that limits access or places restrictions on particular information.

Contempt of Court- Any act calculated to embarrass, hinder, or obstruct the court in the administration of justice, or calculated to lessen its authority or dignity. Contempt are of two kinds; direct and indirect. Direct contempt are those committed in the immediate presence of the court: indirect is the term chiefly used with reference to the failure or refusal to obey a lawful order.

Corpus Delicti- The body (material substance) upon which a crime has been committed, e.g., the corpse of a murdered man, the charred remains of a burned house (arson).

Court- Any Youth Court created under Mississippi Youth Court Law or any Chancery Court when hearing, pursuant to section 93-11-65 of the Mississippi Code, a change of abuse or neglect of a child that first arises in the course of custody of maintenance action.

Court Reporter- A person who transcribes by shorthand or steno-graphically takes down testimony during a court proceeding.

Cross Examination- The questioning of a witness in a trial, by the party opposed to one who produced the witness.

Custodian- Any person having the present care or custody of a child, whether such a person be a parent or otherwise.

Custody- The physical possession of the child by any person.

Delinquency (general) - The commission of an illegal act by a juvenile. Increasingly used to refer only to those acts which would be crimes if committed by an adult, but state law varies in their definitions.

Delinquent Act (Mississippi) - Any act, which if committed by an adult, is designated a crime under state or federal law, or municipal or county ordinance other than offenses punishable by life imprisonment or death. A delinquent act includes escape from lawful detention and violations of the Uniform Controlled Substances Law and violent behavior.

Delinquent Child- A child who has reached his tenth birthday, and who has committed a delinquent act.

Dependency-Property speaking, a situation where a child is dependent upon another for financial support, but widely used to describe child neglect or child abuse cases/ Though the term is something of a misnomer when thus applied, it is used in the law in a number of states.

Deposition- The testimony of a witness not taken in open court, but taken elsewhere, often in an attorney's office.

Designee- Any person that the judge appoints to perform a duty which law requires to be done by a judge or his designee. The judge may not appoint a person who is involved in law enforcement to be his designee.

Detention- The care of children in physically restrictive facilities.

Detention Hearing- A judicial hearing, which is held within 48 business of a minor's detainment, to determine the interim custody pending the filing of a petition and an adjudication of the petition.

Direct Examination- The first interrogation of a witness by the party on whose behalf he is called.

Discovery- A proceeding whereby one party to an action may be informed as to facts known by other parties or witnesses.

Dismissal without Prejudice- Permits the plaintiff to sue again on the same cause of action, or allows a criminal charge to be brought forth again.

Dismissal with Prejudice- Bars the right to bring or maintain an action on the same claim or charge.

Disposition- The order of a Youth Court to determine what is to be done with a minor already adjudged to be within the court's jurisdiction. Analogous to sentencing in a criminal case (adult court).

Diversion- Procedures for handling relatively minor juvenile problems informally, without referral to the Youth Court.

Due Process- The constitutionally guaranteed right of persons to be treated by the law with a fundamental fairness. In Youth Court, these include the right to adequate notice in advance of the hearing, the right to counsel, the right to confront and cross-examine witnesses, the right to refuse to give self-incriminating testimony, and the right to have allegations of conduct that would be criminal if committed by an adult by proven by a reasonable doubt.

Educational Neglect-Neglect in providing the child with an education as required by law.

Embezzlement- The fraudulent appropriation by a person ti his own use or benefit of property or money entrusted to him by another.

Entrapment- The act of officers or agents of the government in inducing a person to commit a crime not contemplated by him or her, for the purpose of instating a criminal prosecution against them.

Evidence- Generally, any sort of proof put forth during a trial for the purpose of influencing the outcome.

Ex Parte- By or for one party, with the other side absent or unrepresented. This typically refers to a court order that is made without a hearing being held with both parties present.

Ex Post Facto- After the fact: An act or fact occurring after some previous act or fact.

Exhibit- A paper, document, or other article produced and exhibited to court during a trial or hearing.

Expungement- The destruction or sealing of records of minors or adults, after the passage of a specified period of time or when the person reaches a specified age and has not committed another offense. Sometimes provided for by statute and sometimes ordered by the court under its inherent powers.

Extradition-The surrender of one state to another of an individual accused of or convicted of and offense outside its own territory, and within the territorial jurisdiction of another.

Felony-A serious crime, generally punishable by imprisonment in a state and federal prison, or death.

Fifth Amendment - The Fifth Amendment to the U.S. Constitution, guaranteeing that a person cannot be compelled to present self-incriminating testimony in court proceeding. It is also known as the right to remain silent.

Forgery- The false making or material altering, with intent to defraud, or any writing, which, if genuine, might be the foundation of legal liability.

Fraud- An intentional perversion of truth. Deceitful practice or device resorted to with intent to deprive another of property or other right, or in some manner to do him injury.

Guardian- A court appointed guardian of the person of a child.

Guardian Ad Litem- An adult person appointed by the court to represent a Child's interests in a particular judicial proceeding. Required by the federal Child Abuse Prevention and treatment Act in every child abuse or neglect case which results in a judicial proceeding, if any state is to qualify for federal funds under the Act.

Habeas Corpus- "You have the body". An extraordinary writ ordering a public officer holding a person in confinement to bring the person before the court for release. Used to secure the release form custody of minors or adults being illegally held.

Hearing- A trial or other proceeding before a judicial officer-judge, referee, commissioner, master, magistrate, or chancellor depending on the local jurisdiction.

Hearsay- Evidence not proceeding from the personal knowledge of the witness.

Hostile Witness- A witness who is subject to cross examination by the party who called him or her to testify, because of his or her evident antagonism toward that party as exhibited in the direct examination.

Inadmissible- That which, under established rules of evidence, cannot be admitted or received.

Incest- The crime of sexual intercourse between a male and female who are closely related that they would not legally be allowed to marry.

Indeterminate Sentence- An indeterminate of sentence of "not less than" and "not more than" so many years. The exact term to be served to being afterwards determined by parole authorities within the minimum and maximum limits set by the court or statute.

Injunction- A mandatory prohibitive writ issued by a court.

In Loco Parentis- "In the place of the parent". Refers to the actions of a guardian, custodian, or other person acting in the parent's place and stead.

Jurisdiction- The power of a particular court to hear cases involving certain categories of persons or allegations. A geographical area subject to a particular law or court.

Leading Question- One which instructs a witness how to answer or puts into his or her mouth words to be echoed back: One which suggests to the witness the answered desired. Prohibited on direct examination.

Malicious Prosecution- An act instituted with intention of injuring the defendant and without probable cause, and which terminates in favor of the person prosecuted.

Master- An officer of the court, usually an attorney, appointed for the purpose of taking testimony and making a report to the court. Could also refer to attorney appointed to substitute for a judge, while the judge is on vacation.

Material Evidence- Such as is relevant and goes to the substantial issues in dispute.

Miranda Rule- From the 1966 U.S Supreme Court Case Miranda v. Arizona. The rule that confessions are inadmissible at trial if law enforcement does not advise the subject of certain rights before questioning him or her. The right of which must be advised include:

- a) The right to remain silent and answer and questions;
- b) The right to know that anything he or she may says can and will be used against him or her in a court of a law;
- c) The right to consult with an attorney and to have an attorney present during questioning;
- d) The right to have counsel appointed at public expense, prior to any questioning if the subject cannot afford questioning.

Misdemeanor- Offense less serious than a felony, usually punishable by a fine or incarceration in a city or county jail not more than one year.

Murder- The unlawful killing of a human being by another with malice aforethought either expressed or implied.

Nolo Contendre- "No contest". A pleading, usually be defendants in a criminal case, which literally means "I will not contest it".

Notice to Produce- In practice, a notice in writing requiring the opposite party to produce a certain described paper document at trial.

Objection Evidence- Evidence of what the witness thinks, believes, or infers in regard to fact in dispute, as distinguished from personal knowledge of the facts.

Parens Patriae- "The father of his country". From English law, the legal doctrine under which the Crown assumed the protection of certain minors, orphans and other persons in need of protection. Though not wholly accurate, the phrase is sometimes used to express the benevolent and rehabilitative philosophy of the Youth Court.

Parole-Are cases supervised after release from a state juvenile institution.

Petition- A civil pleading filed to initiate a matter in Youth Court, setting forth the alleged grounds for the court to take jurisdiction of the case and asking the court to do so and intervene.

Plaintiff- A person who brings an action: The party who complains or sues in a personal action and is so named, on the record.

Post Disposition Review Hearing- Reconvened disposition hearing set for review or when a youth violates his probation or parole.

Preliminary Order of Custody- A judge or his designee any authorize the temporary custody of a child taken into custody for a period of no longer than forty-eight hours (48), excluding

Saturdays, Sundays, and statutory state holidays, if the judge or his designee finds there are grounds to issue said custody orders.

Preponderance of Evidence- Greatest weight of evidence, or evidence which is more credible and convincing to the mind, not necessarily the greater number of witnesses.

Primae Facia- "On the first appearance". Evidence, which on its face make out the necessary elements of the allegation, and which will suffice to establish that allegation as true until its contradicted and overcome by other evidence.

Privileged Communications- Confidential communications to certain persons that are protected by law against forced disclosure. Privileged communications cannot be disclosed in court over the objection of the holder of the privilege (usually the patient, client, etc.).

Probation- A disposition which allows, a youth under the court's jurisdiction, to remain in his/her community under the supervision of a Youth Services Counselor, under certain terms and conditions set forth by the court.

Prosecutor- One who instigates the prosecution upon which an accused is arrested, or who brings an accusation against the party whom he suspects to be guilty.

Protective Custody- In child abuse and neglect cases, the emergency removal of a child form his or her home, when the child would be in imminent danger if allowed to remain in the home.

Reasonable Doubt- An accused person in entitled to acquittal id, in the minds of other jury, his guilt has not been proved beyond a "reasonable doubt". Not being sure of a criminal defendant's guilt to a moral certainty.

Rebuttal- The introduction of rebutting evidence: the showing that statements of witnesses as to what occurred is not true.

Remand- "To send back". Multiple meanings to include:

- a) To send (a prisoner or accused person) back into custody, as to await trial or further investigation.
- b) To send back to a lower court for additional proceedings.
- c) The order to transfer a minor to adult court for trial, or an adult court's order sending a minor to the Youth Court.
- d) Return a referral to the file and take no further action.

Referee- A person to whom a cause pending in court to take testimony, hears the parties, and report thereon to the court. An officer exercising judicial powers and is an arm of the court for a specific purpose.

Robbery- The taking or stealing of the property of another with force or fear of force.

Rule of Court- An order made by a court having competent jurisdiction.

Shelter- Care of children in physically nonrestrictive facilities.

Sheriff- The top law enforcement officer of a county, chosen by popular election. Duties include patrolling unincorporated county areas and contract cities, aiding and protecting criminal and civil courts, serving processes, summoning juries, and executing judgments.

Stare Decisis- The doctrine that, when a court has once laid down a principle of law as applicable to a certain set of facts, it will adhere to that principle and apply it to future cases where the facts are substantially the same.

Status Offense- The term refers to conduct subject to adjudication that would not be a crime if committed by an adult (e.g. truancy, runaway, incorrigible and minor in possession of alcohol). The behavior is only an offense because of the minor's status as a minor.

Statute- A law enacted by a state legislature or the U.S. Congress.

Stipulation- An agreement between attorneys in a case, entered into court, allowing a certain fact to be established into evidence without the necessity for further proof.

Subpoena- A process to cause a witness to appear and give testimony before a court or magistrate.

Subpoena Duce Tecum- A process by which the court commands a witness to produce certain documents or records in a trial.

Summons- A writ directing the sheriff or other officer to notify the named person that an action has been commenced against him or her in court and he or she is required to appear on the day named, and answer the complaint in such action. In some states, a citation issued by a law enforcement officer for a traffic violation or other minor offense is known as a summons.

Temporary Restraining Officer- An injunction granted by the court without notice to the opposing party, or with short notice, to prevent immediate and irreparable injury loss or damage to the party requesting the injunction. It is ordinarily granted only for a short period of time, until a full hearing can be held to determine whether a preliminary or permanent injunction should be granted.

Termination of Parental Rights- A judicial proceeding freeing a child from all custody and control by a parent or parents, so that the child can be adopted by others.

Testimony- Evidence given by a competent witness, under oath.

Tort- A civil matter: an injury or wrong committed either with or without force, to the person or property of another.

Transcript- The official record of proceeding in a trial or hearing.

Transfer- The sending of a case from Youth Court to adult court, usually after a transfer hearing.

Venue- The particular county, city, or geographical area in which the court with jurisdiction may hear and determine a case. In some high profile cases, a change of venue is requested and granted, usually due to pretrial publicity that may affect the jury pool.

Warrant- Legal document issued by a judge authorizing the search of a place and seizure of specified items found there (search warrant), or the arrest and detention of a specified person (arrest warrant).

Willful- A "willful" act is one done intentionally, without justifiable cause, ass distinguished form an act done carelessness or inadvertently.

Witness- One who testifies to what he or she has seen, heard, or otherwise observed.

Writ- An order issuing from a court requiring the performance of a specified act, or giving authority and commission to have it done.

Youth- Synonymous with "child". Each means a person who has not reached his eighteenth birthday. A child who has not reached his eighteenth birthday and is on active duty for a branch of the armed services, or is married, is not considered a "child" or "youth".

Youth Court- The Youth Court Division.

Key Players in the Juvenile Justice System

- Bailiff Court attendant whose duties are to keep order in the courtroom.
- Chancellor A judge who oversees a specific district, usually encompassing several counties, or portions of several counties. A chancellor has jurisdiction over disputes of equity, domestic matters (divorces, custody matters, adoptions), civil mental health commitments, and challenges to the constitutionality of state law. In counties with no County Court, the chancellor has jurisdiction over Youth Court cases, for which the chancellor typically appoints a referee.
- Court Administrator An officer of the judicial system who performs administrative and clerical duties essential to the proper operation of the court. This may include setting a court docket and preparing court orders, as well as other duties assigned by the court.
- Court Reporter A person who records testimony by various methods to include short hand, recording devices, or stenographic machines, and transcribes testimony.
- **Defense Attorney** An attorney, whether appointed or retained, that represents and advocates for expressed interests of a child accused of delinquency or a status offense throughout Youth Court proceedings.
- **Designee** Any person a judge appoints to perform a duty required of a judge, such as authorizing the detainment of youth. An employee of the Mississippi Department of Human Services or law enforcement may not act as a designee.
- **Guardian Ad Litem** An adult person appointed by the court to represent the best interests of a child in a particular hearing. The GAL is not an adversary party.
- Intake Officer A person appointed by the judge to perform certain duties within the Youth Court, such as obtaining information pertaining to any juvenile who has charges filed against them.
- **Juvenile Delinquent** A person under 18 found to have committed an offense that, if committed by an adult, would be a criminal offense.
- **Plaintiff** A person who brings action, one who signs an affidavit (charges) against another.

- **Prosecutor** An attorney who represents the state in delinquency and status offense proceedings, and who has the burden of proving the allegations against an accused child.
- Referee A person, usually an attorney, appointed by the Chancellor to hear Youth Court cases.
- School Attendance Officer A person who is employed by the Mississippi Department of Education to enforce the Mississippi State Compulsory School Attendance Law (37-13-91 Miss, Code of 1972).
- School Resource Officer Qualified law enforcement officers [who] teach elementary, middle/junior high school and high school students on the principles of good citizenship and community responsibility (as described by the Mississippi Association of School Resource Officers). SRO's are responsible for school campus safety and security.
- Special Master An officer of the court, usually an attorney, appointed for the purpose of overseeing certain court cases.
- Status Offender A person found to have committed an offense that would not be a criminal offense if committed by an adult.
- Youth Services Counselor A professional that works with delinquent and status offending youth, to provide counselling, supervision, and appropriate referrals to facilitate a positive transition to adulthood.
- Youth Court Judge A person who is an attorney that presides over Youth Court proceedings. Typically, an elected County Court Judge who also is responsible for Youth Court.

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YOUTH COURT INTAKE PROCESS

- Due Process/Constitutional Rights
- Intake Order
- Intake Notice
- Handouts for Clients
- Detention Process

DUE PROCESS AND CONSTITUTIONAL RIGHTS

The youths we work with should be afforded due process and their constitutional rights should be protected at every step of the process. Such are discussed in the 5th and 14th amendments to the constitution, as well as the Mississippi State Constitution.

5th Amendment

No person shall be held to answer for a capital, or otherwise infamous crime, unless on presentment or indictment of a Grand Jury, except in cases arising in the land or naval forces, or in the Militia, when in actual service in time of War or public danger; nor shall any person be subject to the same offense to be twice put in jeopardy of life or limb; nor shall be compelled in any criminal case to be a witness against himself, nor be deprived of life, liberty, or property, without due process of law, nor shall private property be taken for private use without just compensation.

14th Amendment

Section 1. All persons born or naturalized in the United States, and subject to the jurisdiction thereof, are citizens of the United States and of the Sate wherein they reside. No State shall make or enforce any law which shall abridge the privileges or immunities of citizens of the United States; nor shall any State deprive and person of life, liberty, or property, without due process of law; nor deny to any person within its jurisdiction the equal protection of the laws.

Mississippi Constitution Article 3, Section 14

No person shall be deprived of life, liberty, or property, except by due process of law.

Various court cases have affirmed that youths are entitled to the same protections under the constitution as are adults. While youth court clients are not entitled to a trial by jury, they are entitled to a timely notice of a hearing. If detained, a youth must have a detention hearing within 48 hours, excluding weekends and holidays. In any case, they are entitled to know the charges against them, to be given an opportunity to confront accusers and present evidence on their own behalf, and enjoy the same presumption of innocence as adults. They also are afforded the right against self-incrimination. While a Youth Services Counselor may advocate for a client, each youth appearing in court is entitled to be represented by competent counsel, who is charged with upholding the rights endowed to the youthful clients appearing in Youth Court.

JUVENILE COURT INTAKE

Intake is one of the most crucial processing points in the Juvenile Justice System. It is at this stage that the decision is made to process the case formally through the court system or to recommend that the case be dismissed or handled informally.

The first step in the Intake process is the receipt of the referring document. This document differs from county to county, but usually contains the same information - the offense(s) with which the youth has been charged. Referrals are received from different sources including law enforcement, schools, parents and individuals. Upon receipt of the referring document, the counselor performing the Intake duties should review the document for legal sufficiency. The counselor determines whether the alleged conduct took place within the court's geographical jurisdiction, whether the conduct falls within the court's subject matter of jurisdiction, and that the youth is not older than the youth court's upper age of jurisdiction.

If the alleged misconduct meets all jurisdictional requirements, the Intake Counselor then schedules an Intake Interview with the youth and his/her parents or guardians. Contact should be made as soon as possible after the receipt of the referral, ideally within five working days.

Due Process

The Intake Interview has two main purposes: To obtain information from the youth and parents, and to supply information to the youth and parents about the offense with which he/she has been charged.

During the Intake Interview, the Intake Counselor should:

- Explain to the youth and parents/guardians that a complaint has been made and explain the allegations of the complaint;
- Explain the function of the Intake process and the dispositional alternatives of the Intake Counselor;
- Explain that they have a right to remain silent and to have an attorney present;
- Determine if the youth and/or parents/guardians desire a court hearing; and,
- Gather additional information as needed.

The Youth Services Counselor uses the information received during the Intake Interview in conjunction with other information received from schools, law enforcement, complainants,

etc. to make a recommendation as to how the referral should be processed. In making this recommendation, the Intake Counselor should consider the following:

- The seriousness of the alleged offense determined by the extent of harm to the victim or the degree of danger or threat imposed;
- The circumstances surrounding the offense. The juvenile's role in the offense;
- The nature and number of the juvenile's prior contacts with the court and the dispositions of those contacts;
- The juvenile's age and maturity;
- The availability of appropriate treatment or services within or outside the juvenile justice system;
- If the parties have requested a formal hearing or if the youth has denied involvement;
- What the court policy is for handling that particular offense;
- Recommendations of the referring agency, victim or counselor.

After these factors have been considered, the Intake Counselor shall recommend to the youth court one of the following:

- That the youth court take no action;
- That an informal adjustment be made;
- That a petition be filed.

The Judge or Referee must approve or disapprove the recommendation from Intake before progressing to the next step. It is recommended that the Judge pre-select categories of cases that would generally be acceptable to be handled formally or informally. This will save time in processing if the Intake Counselor can proceed with certain cases without waiting for formal approval.

MYCIDS stands for Mississippi Youth Court Information Delivery System. MYCIDS is a system for the real time management of the activities of the Mississippi Youth Court System.

- It is a web-based application that provides support for the intake of youths into the
 court system, scheduling of youth cases, management of court dockets, tracking of
 custody situations, necessary document generation and also provides a base dataset
 for statistical reporting purposes.
- MYCIDS closely monitors the scheduling activities to make sure that the youth is treated according to the law.
- The system is designed to support the Youth Court staff in the decision making process by providing rapid access and visibility to information shared in a common information repository.

INTAKE ORDER

IN	THE YOUTH COURT OF	CO	UNTY, MISSISSIPPI
IN THE INTI , A MINOR (1	EREST OF: DOB: XX/XX/XXXX)		MYCIDS#
	<u>INTAKI</u>	E ORDER	
Youth Court In (MINORS NA the purview of	DAY, THIS CAUSE, came before take Unit which upon conducting ME) is a/an Delinquent Child or a the Mississippi Youth Court Act wing Intake Recommendations to	g a preliminary a Child in Need and within the	investigation asserted that of Supervision coming within
Offense Date	Reason For Referral		Intake Recommendation
10/14/2012	MALICIOUS MISCHIEF in vio 17-67 of the Mississippi Code of	•	BRING FORWARD
listed herein ar	ourt having reviewed the intake rend being fully advised of the premADJUDGE as follows:		
<u>Referral</u>		Intake Order	
	MISCHIEF in violation of §97- lississippi Code of 1972	FORMAL PET	TTION ORDERED
SO OF	RDERED AND ADJUDGED thi	s the 27th day o	of January 2016.
	_		
	Jo	hn Smith, Judg	e

INTAKE NOTICE

Youth Service Counselor

Letter to Child's Parent (s)
CHILD'S NAME
PARENT'S NAME
STREET
CITY, STATE ZIP
Dear PARENT OF CHILD:
This letter is to inform you and your child that an intake meeting has been set for TIME on MONTH AND DAY in my office which is located on Street,, Mississippi.
The purpose of this meeting is to discuss a complaint filed with the County Youth Court by a private party or legal authority for the charge (s) of (PUT CHARGE (S))
It will be necessary for at least one parent and the minor child to be present for the session. If you choose, you may have legal counsel present during the meeting, but this is not a requirement. If you fail to appear for the intake, a formal hearing will be scheduled before the County Youth Court concerning the above charge/charges.
If you cannot attend this session or have any questions, please call me at 123-4567.
Sincerely,

SCRIPT FOR COUNSELORS FOR THE INTERVIEWING PROCESS

Part I

Good morning, my name is ______. I am the Youth Services Counselor for (Name of County Youth Court). Any time this office gets a report from the police officials, school officials, or the community, we call parent (s) and child in the office to discuss the incident. In this office, you have the right to remain silent; however, your right to remain silent is optional. I need to speak to you about the incident because not only do I make recommendations to judge, I also make recommendations on behalf of the State if and when the incident comes to court. As the letter says, you have the right to an attorney; however, it is not mandatory today.

Part II

If you choose to have a private attorney, please have the attorney to contact the Court Personnel to file an Entry of Appearance. If you cannot afford an attorney, we have an attorney that can speak with you prior to court. Since you are under the age of eighteen (18), the things we talk about are private and confidential.

Script for Probation Violation Process

You have the right to an attorney, but it is not mandatory for this meeting. This meeting is to discuss you (minor) not following the conditions of your probation. You (minor) was placed on probation by the judge on (Insert month, date, and year). At that time, the judge explained the conditions of your probation and I, the counselor, you (minor), parent and legal guardian signed the agreement of the conditions of probation. It appears that the conditions of your probation have not been followed; therefore, I the counselor have the right to ask the court that a Violation of Probation Petition be filed. You (minor) and parent/legal guardian will be notified, in writing of this court hearing. If the judge finds that you (minor) has violated your conditions of probation, the judge might impose other conditions that will help you to better obey the rules. The counselor's recommendations will be based on the Graduated Sanctions Policy.

DIVISION OF YOUTH SERVICES ROLE OF A YOUTH SERVICES COUNSELOR

A Youth Services Counselor works with youth on informal probation, formal probation, and parole and works with their families.

A counselor's job is to:

- Learn about you by talking with you and your family, and getting information from other places, like school.
- Make recommendations to the court, if needed, about how we can best help you.
- Help you succeed on probation or parole. This may include referring you to other people or agencies that can help you.
- Listen to you so we can help you succeed.
- Meet with you on the days that you and the counselor agree to.
- Be sure you understand the rules, or conditions, you have to follow for informal probation, formal probation, or parole.
- Help you follow those rules, and check and make sure you are following those rules.
- Give drug tests sometimes.
- Check your grades and attendance.
- Take action if you are not following the rules, which might mean having to see a judge.
- Close your case when you have successfully completed informal probation, formal probation, or parole.



STATE OF MISSISSIPPI Phil Bryant, Governor DEPARTMENT OF HUMAN SERVICES John Davis Executive Director

DIVISION OF YOUTH SERVICES

Information about the Formal Probation Contract and Parole Agreement.

Formal Probation Contract:

A contract between the youth and the court that says what a youth must do on probation as ordered by a judge. It may include special conditions ordered by the judge.

Parole Agreement:

A contract between the youth and the court that says what a youth must do on parole after being released from the Oakley Youth Development Center.

Information about Probation or Parole Violations

- You are expected to follow all the conditions and rules of the Probation Contract and/or Parole Agreement.
- If you violate a rule or condition, your counselor may ask you to do something extra, such as community service, or change your curfew time, or require that you go before a judge for a violation hearing. If that happens, you will receive papers letting you know when to come to court.
- At any court hearing, you will have the right to an attorney, who will give you advice, represent you, and help tell the judge your side.
- If the judge decides that you violated your Probation Contract or Parole Agreement, the judge may require you to follow new rules, make your probation longer, or order you to detention. The judge could also order you to the Oakley Youth Development Center.

DETENTION PROCESS

By law, a youth may be taken into custody if apprehended during the commission of an offense. According to Section 43-21-303 of the Mississippi Code, a youth may be taken into custody by law enforcement without a custody order if:

- 1. Grounds exist for the arrest of an adult in an identical situation
- 2. Law enforcement has probable cause to believe that custody is necessary, and;
- 3. Law enforcement can find no reasonable alternative to detention.

Detainment of all youths must first be approved by a judge or referee. A judge/referee may appoint one or more persons to be their designee, with the authority to make detention decisions on behalf of the judge/referee. No employee of the Department of Human Services, or member of law enforcement, may act as a designee. Several counties in 2019 are piloting a risk assessment tool to help guide whether or not a youth should be detained, known as the Mississippi Youth Detention Risk Assessment Instrument (MYDRAI). No youth who is accused of technical violations of probation should be detained without first being afforded due process.

Should a warrant, or Preliminary Order of Custody, be issued against a youth, the youth may be detained without further consultation with a judge/referee. These are sometimes referred to as "pick up orders."

Once a youth is detained, he or she must have a Detention Hearing within 48 hours, excluding weekends and holidays. This includes youths for which there was a Preliminary Order of Custody. At the detention hearing, the judge/referee will decide if the youth will be released, pending further proceedings, or remain in detention. Alternatives to detention may include:

- Release to parents with no conditions
- House arrest, with or without GPS monitoring
- GPS monitoring
- · Release for inpatient or outpatient treatment

If, after a detention hearing, the judge/referee orders the youth to remain in detention pending further proceedings, there must be an Adjudicatory Hearing within 21 days of the youth's detainment. This is commonly known as the "21 day rule." Should a youth be ordered detained for a period of more than 45 days as dispositional option, the youth must have a Review Hearing at 45 days.

It is incumbent upon Youth Services Counselors to be aware of these various timelines to help ensure that they are followed. While court personnel, such as administers, defense attorneys, as well as detention center staff, are responsible for keeping track of time lines of detainment, a Youth Services Counselor is no less responsible for ensuring that time lines are followed for cases which they have been assigned.

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CASE MANAGEMENT

- Social Side/Legal Side
- Documentation
- Case Notes/Form
- Juvenile Data Sheet
- Offense Sheet
- Informal Case Supervision Plan
- Individual Statement of Goals
- Social History (Short Form-Informal Cases only)
- Social History Interview Form
- Social Summary (Sample)

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES DIVISION OF YOUTH SERVICES			
Subject:	Policy Number:		
Community Services Counselor Files	48		
Number of Pages:	Section:		
2	XIV		
Attachments:	Related Standards & References:		
A. Counselor File Order			
Effective Date:	Approved:		
October 1, 2019	June Mauro		
	James Maccarone, Director		

I. POLICY

It is the policy of the Mississippi Department of Human Services, Division of Youth Services that a Community Services Section Youth Services Counselor File be established. The use and content of all Youth Services Counselor Files shall include the youth's right to privacy, secure placement and preservation, and ensure confidentiality mandated by law.

II. DEFINITIONS

As used in this policy and procedures the following definitions apply:

A. Counselor File – The official record maintained by the Community Services Section for each youth referred to a Youth Services Counselor that documents program service delivery and holds related case documents.

III. PROCEDURE

- A. Each Counselor File should be labeled with the youth's name, date of birth, and MYCIDS number.
- B. The clerical staff member assigned to assist the Youth Services Counselor will be responsible for creating and maintaining the file. In the event of a clerical vacancy, other staff may be designated to perform these duties, to include the assigned Youth Services Counselor.
- C. The Counselor File shall adhere to a specific format and order, as outlined on Attachment A, Counselor File Order.
- D. Each Counselor File shall be maintained in a Division of Youth Services (DYS) approved standardized folder, a letter size file consisting of four (4) sections with a fastener for

SUBJECT	POLICY	PAGE
Community Services Counselor Files	48	2 of 2

each section, with each section separated and denoted by section number according to Attachment A. In the event of a section being at capacity, a second file may be created. In that case, the first file shall be labeled Volume 1 on the top outside of the file, and the second file shall be labeled Volume 2, and so on.

E. Counselor File Entries:

- 1. All entries (i.e. case notes) in the Counselor File shall be dated and identify the individual making the entry. Case notes shall be made within one (1) business day of the contact, or upon return to the DYS office holding the file.
- 2. All received documents or records shall be placed in the Counselor File within two (2) business days and shall be filed in descending chronologic order, as specified in Attachment A.

F. Security

- 1. All Counselor Files shall be maintained and secured to ensure a youth's right to privacy.
- 2. Both active and inactive files shall be stored in locked metal cabinets, or in a locked holding area, such as a closet or storage room.
- 3. Counselor files shall be retained and may only be destroyed by the appropriate means as specified by the Youth Court Act, Mississippi Code of 1972 Annotated, Section 43-21-265.

G. Confidentiality

- 1. All Counselor Files shall remain confidential.
- 2. All Counselor Files shall be safeguarded from unauthorized and improper disclosure.
- 3. Access to Counselor files shall be limited to persons that have both a "right to know" and a "need to know," and can demonstrate that access to such information is necessary for juvenile justice purposes.
- 4. All information stored or managed by computerization, to include MYCIDS or an electronic case management system, shall be treated as confidential as well.
- 5. A copy of all Release of Information consent forms, originating inside or outside of the DYS shall be maintained in the Counselor File.

COMMUNITY SERVICES SECTION COUNSELOR FILE ORDER

(Sections will be filed in descending chronological order; forms shall be placed as listed)

Section I. Case Notes

A. Case Notes, to include notes printed from MYCIDS

Section II. Legal Materials

- A. Personal Data Sheet (Face Sheet)
- B. Statistical Data Sheet
- C. Offense Sheet
- D. Informal Agreement/Probation Contract/Parole Agreement
- E. Court Order(s)
- F. Petition
- H. Police Report(s)
- I. Miscellaneous Documents (appointment notices, letters, correspondence, etc.)

Section III. Oakley Packet Materials (not included in other sections)

- A. Youth Interview Form
- B. Parent Interview Form
- C. Admission Form
- D. Risk Level Determination Sheet
- E. Visitation Form
- F. Medical Form
- G. MDHS Change of Custody Form
- H. Miscellaneous Correspondence

Section IV. Social Materials

- A. Case Plan
- B. SAVRY Score Sheet
- C. Social History
- D. Consent to Release Information Form(s)
- E. School Records (Grades/Attendance Records)
- F. Individualized Educational Plan
- G. Medical/Psychological/Treatment Reports
- H. Miscellaneous Documents (Letters, correspondence, etc.)

DOCUMENTATION

Documentation is one of the most essential tasks of a Youth Services Counselor. Documentation is the first line of defense for a counselor. The youth's file should always be updated. If a counselor **FAILS** to **DOCUMENT** in the file, it did not happen. The file should always be in such order that anyone should be able to look at the file and know what is currently going on with the youth. It is imperative that all forms required for the file be completed in its entirety and in a timely manner. The Youth Services Counselor should always write legibly. All forms relating to the youth should contain accurate information and be updated as information changes if needed. These forms include the following: juvenile personal data sheet (face sheet), offense sheet, and statistical data form.

It is important that Youth Services Counselor document pertinent and accurate information about the youth in the case notes. Case notes can be completed on the Record of Contacts and Case Notes Form. If a Youth Services Counselor wishes to complete the note in MYCIDS, it is necessary that the case note be placed in the file in a timely manner. The counselor should document all contacts with the youth and/or family. Examples of contact includes, but is not limited to, office visits, school contacts, home visits, detention visits, Oakley visits, placements and referrals, and telephone calls. Case notes should be recorded in each youth's file as the contact occurs. Case notes should be in complete sentences and no abbreviations should be used. Case entries should be specific to the youth's behavior as well as the counselor's effort to implement the case plan. This documentation should note if the youth is making progress or not. It should also indicate if the counselor is making progress in helping the youth meet the goals of probation contact or the parole agreement. Case notes should be initialed or signed at the end of the note to indicate who made the note. Overall, all records should be kept by date and be of sufficient detail that the case could easily be followed by another counselor unfamiliar with the youth.

Mississippi Department of Human Services Division of Youth Services Case Notes

Client		Counselor
Date	Type of Contact	Notes

MDHS – DIVISION OF YOUTH SERVICES JUVENILE PERSONAL DATA SHEET

COUNTY:	CO#	DATE FORM COMPLETED);
NAME:			_SSN:
ADDRESS: House #	Street		
House #	Street	City St	ate Zip
PHONE:	DOB:		SEX:
HEIGHT: SCHOOL/EMPLOYMENT IN	WEIGHT: EYE COLOR:	HAIR COLO	OR:
IS CHILD EMPLOYED? YOR		IF SO WHERE	
S CHILD IN SCHOOL? YOU			
CURRENT GRADE:			IRREGULAR SPEC. ED GE
	GRADE LEVEL? YOR N		
FAMILY INFORMATION	GRADE LEVEL? I OR N	GRADE FAILED;	
CHILD LIVING WITH:		RELATI	ONSHIP:
NATURAL MOTHER:			DOB:
			CELL:
OCCUPATION/EMPLOYER:			PHONE:
NATURAL FATHER:			•
			CELL:
OCCUPATION/EMPLOYER:			PHONE:
			PHONE:
			CELL:
OCCUPATION/EMPLOYER:		,	PHONE:
SIBLINGS:	dryl dr	- DDDDGG	
NAME	SEX/AGE	ADDRESS	GRADE/EMPLOYMENT
			
			
MEDICAL/PSYCHOLOGICA	I. INFORMATION		
	S:		
A CONTRACTOR INCIDENT	NUMBER:		

OFFENSE SHEET

CHILD'S NAME:		DOB:			
EVEL OF SUPERVISION:					
COUNSELOR:					
DATE OF OFFENSE	TYPE OF OFFENSE	DATE OF DISPOSITION	DISPOSITION		
			· · · · · · · · · · · · · · · · · · ·		

RISK ASSESSMENT

It is the policy of the Mississippi Department of Human Services, Division of Youth Services to use the Structure Assessment of Violence Risk in Youth (SAVRY). The SAVRY is a validated risk assessment tool. The SAVRY is an evidence-based assessment designed to assist professionals in making judgement about a youth's risk for future general re-offending and violence and for identifying a youth's need for case planning. This assessment comprises 24 risk/need items that were identified from a review of existing research on adolescent development and on delinquency and aggression in youth. Six protective factors are included in the SAVRY that also have been identified by current research as potentially mitigating the risk of future violence and delinquent activity. The SAVRY utilizes a structured professional judgment method of assessment. The individual completing the assessment rates the youth on a number of evidencebased factors and then considers all the information to make to final judgment that the youth has relatively low, moderate, or high risk for future violence and/or general recidivism. Youth Services Counselors should only administer the SAVRY after completion of formal training in use of the instrument, which is two consecutive eight hour days. The Youth Services Counselor will have the original Green SAVRY form (bubble sheet) in all formal case files.

CASE PLANNING

Formal Case Planning

After completing the SAVRY, a case plan must be developed outlining services for a youth based on his/her risk and need. The results of the SAVRY should be used in developing the case supervision plan for formal cases only. This plan should be geared toward outcomes that provide a safer community reparation to the victim, which produces a better equipped and more responsible juvenile. The case plan should be clear and able to articulate individualize goals to be assumed by the youth and his/her family in the areas of community protection, accountability, and competency development. The case plan also outlines the conditions and restrictions of the youth's probation contract or parole agreement. These goals should be mutually agreed upon by the Youth Services Counselor, the youth, and his/her parents or guardian. It is very important that the goals are concrete and attainable for the youth. The case plan is considered a living document and should outline when a youth completes a goal and starts a new one if applicable; or when no progress is being made and the services have to be revamped to meet the need of the youth and his or her family. At no time, should a case plan be created based solely on the opinion of the Youth Services Counselor only.

The Youth Services Counselor shall refer a youth to a maxim of three services at an single time to address up to three of the need areas that represent the most problematic SAVRY domains on the youth's supervision plan (this is not a minimum; if there are not 3 services from which the youth will benefit, no services or fewer services should be assigned.) It is very important that the services matched the need of the youth.

Informal Case Planning

A case plan is also developed for informal cases, but it is not as in-depth as the case plan for formal cases. Informal case planning <u>does not</u> use the results of a risk assessment tool such as the SAVRY. This plan is developed based on the information gathered from the youth and the parent and/or guardian as it relates to the informal offense(s). The goals for informal case planning should also be agreed upon by the Youth Services Counselor, the youth and the parent and/or guardian.

SOCIAL HISTORY

The social history provide in depth information about the youth. In order to complete a detailed social history, information should be gathered from multiple sources. These sources should include but are not limited to: the youth, the parent and/or guardian, prior probation and/or delinquency history, psychological test results or discharge summaries from mental health facilities, school personnel, and social worker (if applicable). When gathering information from these sources, it is important to make sure the information is accurate and from credible sources. The social history should be consistent with the risk assessment tool (SAVRY for formal cases) and the case plan. Because the SAVRY assessment addresses many areas, the Instruction Guide for the Social History was developed to serve as a guide for needed information. The social history should be detailed and provide a clear picture of the youth. The social history should not include any specific SAVRY item ratings or over-emphasis on historical risk factors. It should include a recommendation at the end to provide a summary of why a youth may be a specific risk level. Once the risk level is identified, it should be defended with supporting information from the social history itself. The Instruction Guide for Social History follows on the next page as well as an example.

Instruction Guide for Social History

Presenting Problem/Referral

- What is the most recent offense/referral that is bringing the youth to court?
- Was the youth detained for this offense/referral?
- State the adjudication and disposition date and outcomes if applicable.

Prior Referral/Charges

- List the past offense/referral and past self-reported information. Provide dates for past offenses.
- Was the youth adjudicated on past offense(s) and what was the outcome? Provide dates for adjudication of the past offense if applicable.

Background/Family Information

- Biological parents and/or guardian's name, age, race, education, occupation, and number of siblings.
- Are the biological parents married?
- Youth is closest to which parent? And/or sibling?
- Parent's reaction to or attitude about the child's behavior.
- How do parents discipline and provide consequences?
- Is there appropriate supervision?
- How does the youth react to the discipline and consequences?
- Does the parent provide support to youth?
- Are the parents willing to be involvement in services to address the youth's need areas?
- How long has the family lived in the community?
- Is the community a high crime area?
- Does the youth attend church? Name of church? And is the youth involved in any church groups and/or functions?
- Has DHS ever been involved in the family? If so, please be detailed regarding if the child was removed from the home and at what age and for how long?
- Has the youth ever been sexually abuse? Please be detailed if possible.

Child's Personal History

Attitudes/Level of Sophistication

- What is the youth's attitude about present and past offense/referral?
- How does the youth view authority figures?
- How does the youth feel about getting help if needed and/or if recommended?
- What is the youth's emotional appearance? Is he or she affectionate, isolated, demanding, and/or hostile?

School Information

• What grade is the youth in? Is the youth in the correct grade? If not, what grade did the youth fail?

- Is the youth in regular or special classes? Does the youth have a SPED ruling?
- What are the average grades of the youth?
- Does the youth attend school regularly?
- Does the youth participate in any extra-curricular activities?
- Does the youth have any educational goals?
- What is the youth's behavior in the school setting? This should include fighting, class room disruption, suspensions (both in and out of school), and parent teacher conference.

Alcohol/Drug History

- Age of first alcohol and/or drug usage
- What is the drug of choice? Who is the youth with when using drugs and/or alcohol?
- Past drug treatment, if any

Community/Peers/Leisure Activities

- What is the youth's relationship with peers? A leader? A follower? An instigator?
- How much time does the youth spend with peers?
- Are the peers involved in positive or negative activities? (example: organized sports, church groups, gangs, and/or delinquent activity)
- Does the community have crime issues?
- Does the youth have a job?

Mental Health/Medical/Developmental

- Does the youth have any mental, medical, and/or developmental issues?
- Does the youth have any current or past injuries, surgeries, and/or diseases?
- Is the youth taking any medication? For what? And how long?
- Is the youth currently under a physician's care for medical and/or mental health needs?
- Past hospitalizations? Where? When? And how long?
- Has the youth ever attempted suicide and/or made any self-harm gestures Additional Information/Goals
 - This area would cover any information that has not been covered in other areas.

Recommendation

The Structured Assessment of Violence Risk in Youth (SAVRY) was used to assist in estimating the risk of future offending for this youth. *Youth's name* presents at a *low*, moderate, or high risk for reoffending. Then include all information from the SAVRY assessment to support the SAVRY risk level.

It is the recommendation of this counselor that youth's name......

CASE SUPERVISION PLAN (INFORMAL CASES ONLY)

NAME:	_ CHILD NUMBER:
DATE PLAN CREATION:	COUNSELOR:
PROBATION BEGINNING DATE:	ENDING DATE:
REVIEW: #1#2	#3
ADDITIONAL REVIEW:	
PROBLEM#():	
OBJECTIVE GOAL:	
PROBLEM#():	
OBJECTIVE GOAL:	
COUNSELOR PLAN:	
FOLLOW UP:	
PROBLEM#():	
OBJECTIVE GOAL:	
COUNSELOR PLAN:	
FOLLOW UP:	
	.

INDIVIDUAL STATEMENT OF GOALS

SHORT TERM GOALS:	
1.	
2.	
1	
3.	
LONG TERM GOALS:	
1	
2.	
3.	_
What do you like most about yourself?	
What would you change about yourself if you could?	
Give three words that you fell best describe you:	
Counselor Comments:	

SOCIAL HISTORY (INFORMAL CASES ONLY) SHORT FORM

1.	(Youth's Name) uild's Personal and Family History
1.	ild's Personal and Family History
1.	
	What is the current family structure?
2.	How is the child behaving at home?
3.	Are there problems that the parents feel need to be addressed?
4.	Are both the parents and child willing to attend counseling?
	Are there or has there been any known use of alcohol or drug usage?
	If yes, please explain:
En	vironmental Factors
15.U. 1	Does the shild like his/her home?
1. 2	Does the child like his/her home? Does the child have his/her own room? What type of home do you live in? Urban or Rural?
3	What type of home do you live in? Urban or Bural?
4.	What is the proximity to recreational facilities?
•••	what is the productive to recreational facilities.
Fai	mily and Peer Group Relations
1.	What is the present family relationship?
2.	Does the child have chores or responsibilities in the home?
~.	If yes, what are these?
3.	Does the child have a curfew? If yes, what time?
4.	Does child have friends? Do parents approve of these friends?
	hool
	Does the child attend school regularly? If no, why not?
2.	What are the average grades? Is the child in Specia
	Education, GED, or Vocational Training?
You	uth Court Recommendations
Pre	esent Charges:
Rec	commendation:

SOCIAL HISTORY INTERVIEW FORM

Today's Date:		You	th Services	Counselor:		
Court:						
				ON OF YOUTH		
Name:				Case Number:		
Address:	·					
Home Phone:				Cell Phone:		
Home Phone: DOB: Race: Caucasian	Age: _		Gender:	Male:	Female:	
Ethnicity: His	Africa spanic	n American ₋ Non-His	Hispanic panic	Other	nAsıan	_ Other
		REASO	NS FOR HE	EARING		
Offense(s)						
	····			/ Not Applicable		
Date of Adjudication	if annlicabl		•			
Date of Adjudication,	п аррпсаві	.c				
	Adjı	idication: C	HINS / Deli	nquent / Not Applic	able	
Date of Dispositions						
Date of Disposition:				_		
	 -					
		<u>FAM</u>	ILY HIST	<u> </u>		
Housing and Neighbo	orhood:					
Neighborhood:	Upper Eco	nomic / Mide	dle Class / Lo	ow Economic		
Crime Rate:	High / Mod	derate / Low				
Type of Residence:	House / Ap	partment / Tra	ailer / Other:			
	Does vouth	enting: N	rown room?	Yes / No If no, sha	ares with:	
How many years/mont	ths has the	family reside	ed at this resi	dence?	arcs with	
How many times has t Person(s) Residing in	Home:	Number of p	people residii	ng in residence?		
Current Caregivers:						
Father's Name:			De	OB:	Age:	
Father's Name: Marital Status: Legal	ly Married	Separa	ited Co	ommon-Law W	idow/Widower	Single
Last Grade/Degree Co	mpleted:_	<u> </u>				
Employment:						
Employer:Occupation:				Length of time on	current ioh:	
				_	·	
Criminal History:	1 CS / NO	II yes, gi		y dates/disposition:		_
April 1, 2018	3	Policy 43A	Social History	ory Interview Form	Attachment	A

History of mental illness or disa	ability: Yes/No	If yes, what/how long?	
History of drug/alcohol abuse:	Yes / No If yes	s, what/how long/treatment in	nterventions?
Notable history of criminal hist	tory/mental illnes	s/drug abuse in extended fa	amily/paternal side:
Mother's Name: Marital Status: Legally Marr Last Grade/Degree Completed:	iedSeparated_	DOB:Wido	Age:Single
Employment: Employer: Occupation:		T 4 02	
Occupation:		Length of time on	current job:
Criminal History: Yes / No	If yes, give of	ffense(s)/dates/disposition:	
History of mental illness or disa	ability: Yes/No	If yes, what/how long:	
History of drug/alcohol abuse:	Yes / No If yes	s, what/how long/treatment in	nterventions:
Notable history of criminal hist	tory/mental illnes	s/drug abuse in extended fa	amily/maternal side:
		<u>Y ENVIRONMENT</u>	
What do you think are the good t	hings about your	family life?	
What are some bad things about	your family life?_		
How does the child behave at hor	me?		
How does the child respond when	n told to do somet		
What types of punishments are us spanking, taking away cell phone			
How does the child respond?			
What types of rewards are used in games, pizza etc)			
How does the child respond?			
A 11 1 2010	1	Dalian 42	A 441 A
April 1, 2018	İ.,	Policy 43	Attachment A

Has your child ever witnessed physical or verbal attacks in his/her home or family? Yes / No If yes, please explain:		
Birth: Natural Child / Adopted Child Any complications: Yes / No Normal early development: Yes Is youth a parent? Yes / No If ye Does the youth have a history of y	CHILD'S HISTORY Full Term Pregnancy: Yes / No If pren If yes, describe: / No If no, explain: es, what is the age of the child: iolent and/or aggressive behavior (including the behavior?:	nature, by how much: g threats w/weapon)?
Does the youth have a history of o Number of prior incidents where t	he youth harmed someone or threatened har ther delinquent behavior? Yes / No he youth has done other delinquent things (a and the age it started:	e.g., stealing, breaking into
Has youth ever been evaluated by Year of evaluation:		ntrist? Yes / No
Has youth ever attended outpatient Currently receiving outpatient treat Has youth ever received a psychia	t mental health treatment? Yes / No	,
Youth currently enrolled in school Grade: Attendance: Regular / Youth proof If not attending school, why? If not enrolled in school, last school Has youth ever failed or been retailed or been retailed by youth have discipline problems. If yes, problems referred to school	Classes: Regular / Special Education of the second strength of the s	Grade:
Yes / No Completed: Yes / No Substance Abuse:	If yes, when?	
Youth's Drug use: Regular / C Drug(s) of choice: April 1, 2018	Occasional / Experimental only / Suspected / Policy 43	Attachment A

Age of first drug usage:Youth's Alcohol use: Regular / Occasional / Experimental only / Suspected / No use
Alcoholic beverage(s) of choice: Age of first alcoholic drink: Does your child have a problem with drugs or alcohol? Yes / No
Has your child had substance abuse treatment in the past? Yes / No If yes, how did he/she do in the treatment?
Did he/ she attend all the sessions? Did the counselors note progress?
Number of substance abuse residential treatment facilities: Name of facility(s):
Number of times in substance abuse outpatient treatment: Name of facility(s) and/or program(s):
Abuse/Neglect: Is/has youth been physically abused: Yes / No If yes, age of first physical abuse: If yes, please explain (who was the abuser, frequency):
Was the alleged physical abuse reported to DHS: Yes / No
Is/has youth been sexually abused: Yes / No If yes, please explain, including age and other important information? (who was the abuser, frequency):
Was the alleged sexual abuse reported to DHS? Yes / No Was the youth ever involved in counseling to address any abuse? Yes / No Has the youth been seriously neglected (e.g., abandoned by a parent, lacking food or clothes)? Yes / No If yes, age neglect started: Please explain:
Child Welfare Involvement: Is child DHS/Family & Children Services currently involved with your child? Yes / No Has a child welfare agency ever been involved with your child? Yes / No Date of first investigation for child welfare: / / Number of previous investigations for child welfare: Has your child ever been placed out of the home for the child's welfare? Yes / No If yes, age of first placement:
Youth Employment: Is youth currently employed: Yes / No Type of work:
Does youth have any other income: Yes / No If yes, what source: Have there been any problems with employers currently or in the past? (fired, suspended) Yes / No If yes, please explain:
PEER RELATIONSHIPS

Policy 43

Attachment A

April 1, 2018

Does your child go to friends' houses Does your child have a best friend? feel about this particular friend?	Yes / No	If so whom?	If yes, hov	v do you
How does the child get along with frie	ends? What	types of things does your c	hild do with his/l	ner friends?
What kinds of friends does your child drugs, they don't go to school, they are				
Do you see your child's friends as pos As far as you know, has your child ev Yes / No If yes, please explain, when did this o	er been sig	nificantly teased, picked on		
As far as you know, has your child but If yes, please explain:				
Do you see your child as a leader, folloos your child associate with street If yes, Gang "set" youth identifies with Have you ever seen your child be reje	gang meml	pers? Yes/No		- / NI
If so please explain:	ected by his	or ner peers on a consistent	t basis:	/es / No
If yes, what was the youngest age of a lift yes, please explain separations, inc Has youth ever been in a residential to If yes, where/dates:	reatment fa		ty? Yes/No	
If the current home situation becomes	s unhealthy		child could live v	vith? (list
	<u>LEISUR</u>	<u>PE ACTIVITIES:</u>		
Does youth participate in any organiz If yes, what do they do? (church, spo	zed activitie rts, after so	es outside of school? School programs, etc.)	Yes / No	
Does youth have any hobbies or spec If yes, what do they do?	ial interest			
How does youth spend most of his/ho	er free time	?		
	<u>PERSON</u>	NALITY TRAITS:		
Does your child have problems with probation, etc) Yes / No If yes,	any particu please expl	llar authority figure(s)? (par ain:	ents, teachers, bo	osses,
April 1, 2018		Policy 43	Attachm	ent A

What are some areas in your child's life that may cause them stress? (being bullied, not getting along with friends, bad grades, poor self-image) Does your child ever seem to feel guilty when he/she does something bad? Yes / No If yes, please explain with examples: Does your child ever show signs of understanding how others are feeling when they are upset? Yes / No If yes, please explain with examples: Does your child get angry easily? Yes / No If yes, please explain with examples: To your knowledge, has your child ever threatened someone? Yes / No If yes, please explain: How does your child feel about rules and laws? Does your child tend to blame others for his/her actions or misbehaviors? Yes / No If yes, please explain: Does your child tend to attack people or lose his/her temper when others do or say something that is harmless or innocent? Yes / No If yes, please explain: Is your child impulsive, that is, does he/she tend to do troublesome things or make bad decisions without thinking ahead or considering the consequences? Yes / No If yes, please explain: Does your child tend to live his/her life recklessly? (i.e., do they engage in risky or dangerous behaviors) Yes / No If yes or no, please explain: Does your child understand and appreciate the need for treatment and help for their difficulties? Yes / No If yes or no, please explain: SUPPORTS: Are there any reliable adults in your child's life who he/she can turn to for support and help? Yes / No If yes or no, please explain: Does your child turn to adults for help in times of stress or need? Yes / No If so whom? If yes or no, please explain:	How does your child deal with stress? (e.g., temper tantrum, withdraw, use drugs or alcohol, skip school)
If yes, please explain with examples: Does your child ever show signs of understanding how others are feeling when they are upset? Yes / No If yes, please explain with examples: Does your child get angry easily? Yes / No If yes, please explain with examples: To your knowledge, has your child ever threatened someone? Yes / No If yes, please explain: How does your child feel about rules and laws? Does your child tend to blame others for his/her actions or misbehaviors? Yes / No If yes, please explain: Does your child tend to attack people or lose his/her temper when others do or say something that is harmless or innocent? Yes / No If yes, please explain: Is your child impulsive, that is, does he/she tend to do troublesome things or make bad decisions without thinking ahead or considering the consequences? Yes / No If yes, please explain: How does your child tend to live his/her life recklessly? (i.e., do they engage in risky or dangerous behaviors) Yes / No If yes, please explain: Does your child understand and appreciate the need for treatment and help for their difficulties? Yes / No If yes or no, please explain: Is your child motivated to accept help and work to get better? Yes / No If yes or no, please explain: SUPPORTS: Are there any reliable adults in your child's life who he/she can turn to for support and help? Yes / No If yes or no, please explain: Does your child turn to adults for help in times of stress or need? Yes / No If so whom?	What are some areas in your child's life that may cause them stress? (being bullied, not getting along with friends, bad grades, poor self-image)
Yes / No If yes, please explain with examples: Does your child get angry easily? Yes / No	Does your child ever seem to feel guilty when he/she does something bad? Yes / No If yes, please explain with examples:
To your knowledge, has your child ever threatened someone? Yes / No If yes, please explain: How does your child feel about rules and laws? Does your child tend to blame others for his/her actions or misbehaviors? Yes / No If yes, please explain: Does your child tend to attack people or lose his/her temper when others do or say something that is harmless or innocent? Yes / No If yes, please explain: Is your child impulsive, that is, does he/she tend to do troublesome things or make bad decisions without thinking ahead or considering the consequences? Yes / No If yes, please explain: How does your child resolve conflicts with others? Does your child tend to live his/her life recklessly? (i.e., do they engage in risky or dangerous behaviors) Yes / No If yes, please explain: Does your child understand and appreciate the need for treatment and help for their difficulties? Yes / No If yes or no, please explain: Is your child motivated to accept help and work to get better? Yes / No If yes or no, please explain: SUPPORTS: Are there any reliable adults in your child's life who he/she can turn to for support and help? Yes / No If yes or no, please explain: Does your child turn to adults for help in times of stress or need? Yes / No If so whom?	Yes / No If yes, please explain with examples:
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harmless or innocent? Yes / No	Does your child tend to blame others for his/her actions or misbehaviors? Yes / No
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Yes / No If yes or no, please explain: Does your child turn to adults for help in times of stress or need? Yes / No If so whom?	<u>SUPPORTS:</u>
	70
What are your child's strengths?	What are your child's strengths?

Policy 43

Attachment A

April 1, 2018

Jonathan Barber

_hild's Previous History with Court

Jonathan first appeared in the Youth Court in April 2007 for running away from home. He was placed back in the care of grandmother and she was told to get him counseling. Jonathan returned to Youth Court again in November 2011 for burglary of a dwelling. He was ordered to attend AOP, placed on house arrest, and ordered to pay restitution. Jonathan was charged with burglary of a dwelling and petit larceny in March 2012 while he was on house arrest. He was ordered to Specialized Treatment and remained there for 7 months. He was charged with burglary of a dwelling and domestic assault in April 2015. Jonathan was recently charged with Grand Larceny and Aggravated Assault in June 2015.

Child's Personal History

Jonathan's father, John Barber, was recently released from jail and drug rehabilitation. Jonathan's father has been incarcerated for many years. Jonathan's mother, Brandy Barber is deceased. Jonathan's grandmother, Billy Sue Jones has had custody of him since he was 7 years old. Mrs. Jones tried to return Jonathan to his mother but she was murdered when Jonathan was 7 years old. Before his mother passed away, she lived with his father until he was placed in jail. After Jonathan's father was incarcerated, Jonathan's mother moved in with Jonathan's paternal uncle until he was also placed in jail. Jonathan's mother then moved in with Jonathan's paternal grandfather. The paternal grandfather shot his mother and then killed himself.

Jonathan was adopted by his grandmother prior to his mother was killed. The grandmother states that he has been aggressive and threatening recently. He has had two other prior delinquent charges. Jonathan started his delinquent behavior was he was 13 years old. He has been charged with three counts of burglary of a dwelling and one charge of petit larceny since he was 13 years old. Jonathan was charged with running away at 9 years of age. The first count of petit larceny involved him stealing a cell phone. He was placed on house arrest, ordered to attend AOP, and pay restitution. The second count of burglary of a dwelling involved Jonathan breaking into a neighbor's house and stole a drawer full of underwear while he was on house arrest. He was then placed in specialized treatment for 7 months. In April 2015, Jonathan was charged with burglary of a dwelling after he broke into a neighbor's home and stole an Ipad and a laptop. The laptop was never recovered. He was also charged with domestic assault after he attacked his grandmother. In June 2015, Jonathan was charged with grand larceny after he stole his grandmother's car and wrecked it. He was also charged with aggravated assault after he crushed up Paxil pills and put them in his grandmother's coffee.

Jonathan does not have any serious illnesses however he does have a serious injury. His jaw was broken in May 2015 while in Youth Detention Center. He is currently talking Vyvance and Risperdal. He was last evaluated by a psychologist in 2013. Jonathan was evaluated for placement in Specialized Treatment. He has been diagnosed with ADD, impulsive disorder, and mood disorder. Jonathan is currently receiving mental health treatment from Millcreek in Batesville, MS and has been since February 2015. He has received outpatient mental health treatment and he has received a psychiatric hospitalization in Specialized Treatment. 'e returned home from Specialized Treatment in February 2015 which was his second time. Jonathan was committed by his grandmother through Chancery commitment.

Jonathan was receiving his education through Millcreek but he was released from the program due to missed days in May 2015. He was in the 9th grade and he is in special education classes. He has never failed a grade or been held back. Jonathan attends school regularly. He was suspended last week from school after he it student and busted his nose. Jonathan's grandmother suspects that he uses drugs after she found two crack pipes in her home. She states that he has never used alcohol. Jonathan's grandmother does not think that he has a problem with drugs or alcohol. He has never been to any substance abuse treatment programs or facilities.

Jonathan's grandmother stated that he has been physically abused when he was 7 years old. His parents physically abused him and possible sexual abuse but it has never been proven. Jonathan recently admitted that his paternal uncle sexual abused him. The Department of Human Services was not notified of the abuse. At the age of 7, Jonathan's uncle attempted to sexual assault him. The Department of Human Services is not currently involved with Jonathan. No child welfare agency has ever been involved with him. Jonathan does not have a job but he receives Social Security payments because his mother is deceased. He also receives Social Security Disability for his mental illnesses.

Jonathan's grandmother states that he does have friends. He has a best friend named Alex. Jonathan enjoys going to the mall, out to eat, talking on the phone, and playing video games with his friends. Jonathan's grandmother thinks that his friends are both positive and negative influences on him. He has been significantly picked on by his peers as well. This mainly happened while he was at Specialized Treatment as stated by the grandmother. It was found that boys ejaculated on him while in Youth Detention Center. He has bullied other children. He recently busted the nose of a child at school. Jonathan's grandmother sees him a follower. He does not associate with any gang members, but tells his grandmother he wants to hang with his "niggers." 'anathan's grandmother says that other children think he is strange.

Jonathan's grandmother states that they have started attending church. His only hobbies are his phone and going fishing. Jonathan's grandmother states that he spends most of his time on the phone. He does not like being told what to do. Jonathan handles stress by throwing temper tantrums. His grandmother states that he does feel remorse when he does something bad. He is very apologetic and affectionate after his outbursts. Jonathan does not show signs of understanding how others feel when they are upset. He gets angry easily. Jonathan threatened his grandmother last night with a knife and stated that they would both be better off if he blew their heads off. He does not feel like rules or laws apply to him. He tends to blame others for his mistakes. Jonathan is impulsive and he has been diagnosed with impulse disorder. He resolves conflict with others with anger. Jonathan's grandmother says that Jonathan lives his life recklessly. He is currently trying to hang out with drug users. Jonathan does not understand or appreciate his need for treatment or help with his difficulties. His grandmother says that he only wants to do what he wants to do.

Family Relationship

Jonathan was separated from his parents when he was 7 years old. He was allowed to live with his mother briefly, but she was not in any condition to raise him. Jonathan does not have any place else to go if this living arrangement does not work out. His mother is deceased. His father just recently got out of jail and drug rehab. Jonathan's father and paternal uncle were both charged with sexual crimes against children. After Jonathan's father was put in jail, his mother moved in with the paternal uncle whom she had a relationship

th. When he was also put in jail, she moved in with the paternal grandfather. She also had a relationship with Jonathan's paternal grandfather while she was living with him. Jonathan's mother was killed by his

paternal grandfather before he killed himself. Jonathan has a brother that is 15 years old that is living with an aunt in Oxford, MS that also has drugs in the home.

Jonathan's maternal grandmother, Billy Sue Jones has had custody of him since he was 7 years old. The "andmother states that he has a problem with authority figures especially herself. Jonathan has a problem with his grandmother trying to correct his behavior. Jonathan's grandmother states that he does not have reliable adults besides her to depend on. He does not turn to any adults when he needs help. The grandmother was unable to list any of Jonathan's strengths.

Environmental Issues

Jonathan lives in a low crime rate area. Jonathan's grandmother owns the home that they live in. It has 3 bedrooms. He has his own room. The grandmother has lived in this home for 18 years. There are only 2 people living in the residence. Jonathan's grandmother says that they live in a rural neighborhood where there aren't many people. He spends most of his time on his cell phone or fishing in the pond behind their home.

School Information

Jonathan was in the 9th grade and received his education through Millcreek in Batesville, MS but he was released from the program due to his days missed. He is taking Special Education classes. He attends class regularly and has never been held back. He was suspended in April 2015 for hitting a student and busting his nose. Jonathan is not currently enrolled in school as of June 2015.

Additional Information

In June 2015, Jonathan tried to commit suicide while in Cook County Detention Center. He took off his snirt and twisted it around his neck. He then proceeded to put his head in the toilet. Jonathan was placed in a suicide gown and the water in his cell was shut off. He was moved to a holding cell where he then repeatedly hit his head against the cell door. A helmet was placed on his head to prevent him from hurting himself along with handcuffs so he could not remove the helmet.

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FORMAL PROBATION CONTRACT/INFORMAL AND PAROLE AGREEMENTS

- Informal Probation Policy and Agreement
- Formal Probation Policy and Contract
- Parole Policy and Agreement
- Parole Interview
- Parental Interview

MISSISSIPPI DEPARTMENT	OF HUMAN SERVICES
DIVISION OF YOUTH SERVI	ICES
Subject: INFORMAL ADJUSTMENT	Policy Number: 39
Number of Pages:	Section:
7	xiv
Attachments: A. Informal Adjustment Agreement	Related Standards & References:
Effective Date:	Approved:
October 15, 2017	α
Reviewed November 1, 2018	Jan VIlliam
Revised March 1, 2019	James Maccarone, Director
	/

I. POLICY

It is the policy of Mississippi Department of Human Services, Division of Youth Services that any juvenile who has entered an Informal Adjustment Agreement will be supervised by the Community Services section, Youth Services Counselor for a period of up to six (6) months.

II. **DEFINITIONS**

As used in this policy and procedure, the following definitions apply:

<u>Informal Adjustment Agreement:</u> A written agreement between the Community Services section, Youth Services Counselor, the youth and his/her parent(s), guardian(s) or custodian(s) that is in effect for up to six (6) months and outlines the terms and conditions of the Informal Adjustment. Entering an Informal Adjustment Agreement is completely voluntary, it is not an admission of wrongdoing, and it does not constitute an adjudication of delinquency.

III. ROLE OF YOUTH SERVICES COUNSELOR FOR INFORMAL PROBATION

The role of the Youth Services Counselor consists of the following duties and responsibilities:

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- Gives counsel and advice, referral to agencies that provide benefits, guidance or services with consent of the youth and parent(s), guardian(s) or custodian(s).
- Interviews youths and makes other necessary contacts.
- Confers with supervisor when the youth displays symptoms of serious mental illness that have not been addressed through treatment.
- Facilitates enrolling youth in individual and group counseling for troubled youths and/or youths in the juvenile justice system.
- Prepares and maintains files, documentation, legal documents, and various reports.
- Monitors youth's behavior and progress during the informal adjustment period.
- Provides access to supervision, leadership, and programs for troubled youths and/or youths in the juvenile justice system.
- Initiates correspondence to the student and families.
- Develops and maintains relations with the court and the community.
- Responsible for matching locally available services and supports with identified needs.
- Performs related or similar duties as required or assigned by the agency.

IV. PROCEDURE

A. Required Explanations at Initial Meeting

The Community Services section, Youth Services Counselor is to discuss the Informal Adjustment Agreement in detail, including special conditions with the youth and parent(s), guardian(s) or custodian(s) at the initial informal adjustment meeting. The Youth Services Counselor will explain the counselor's role, the informal adjustment process and the youth's rights using youth friendly language.

The Youth Services Counselor will explain to the youth and parent(s), guardian(s) or custodian(s) the following using youth friendly language suitable for children's developmental stage, age, education and cognitive abilities. The Youth Services Counselor will review the information in the Informal Adjustment Agreement with the youth and the youth's parent(s), guardian(s) or custodian(s) and explain that:

• The purpose of the informal adjustment conference is to explain the opportunity for the youth to have the charges against him/her resolved without

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formal court involvement, to explain the requirements of an informal adjustment, to make sure the youth and family understand their rights, to learn about the circumstances that may have contributed to the youth's current charges, and to reach an agreement about the steps the youth and family must take in order to resolve the charges without formal court involvement.

- Information has been received that appears to place the youth under the court's jurisdiction.
- The youth has a right to be represented by counsel in the informal process or that the process can proceed without the presence of an attorney. The youth has a right to have counsel appointed, and if the youth, parent(s), guardian(s) or custodian(s) wishes to have counsel present, the conference can be scheduled for another time when counsel is available.
- The informal process is voluntary; participants may withdraw from the informal adjustment at any time.
- If the child and his parents, guardian or custodian agree to participate in an informal adjustment process, a delinquency petition will not be filed. The defense of a failure to provide a speedy trail is waived and a petition may be filed if the informal adjustment process is unsuccessfully terminated.
- The Community Services section, Youth Services Counselor will monitor youth on Informal Adjustment Agreement up to six (6) months with face to face visits at least every two months.
- The Community Services section, Youth Services Counselor will review the youth's compliance with the conditions of the Informal Adjustment Agreement at each visit. The Youth Services Counselor will communicate to the youth and parent/guardian/custodian an assessment of the youth's compliance.
- The Informal Adjustment Process can be terminated in the following three ways: satisfactory, unsatisfactory or the court can close the case at any time.

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- The Community Services section, Youth Services Counselor will terminate
 the Informal Adjustment Agreement as being completed satisfactorily if all
 terms and conditions are successfully completed.
- If the youth fails to follow the rules of the Informal Adjustment Agreement, the Community Services section, Youth Services Counselor has an option to continue working with the youth on the Informal Adjustment Agreement if compliance with and completion of the Informal Adjustment Agreement is attainable, and the youth is willing to make earnest efforts to do so. In the event that said compliance and completion is unattainable, then the Youth Services Counselor may recommend that the case be terminated as an unsatisfactory completion of the Informal Adjustment Agreement.
- The Informal Adjustment Agreement conditions will be based on what is in the youth's best interest and safety of the community derived from all background information.
- The potential consequences if the Informal Adjustment Agreement is not followed will be explained to the youth and parent(s), guardian(s) or custodian(s). Said consequences can range from increasing face to face meetings, an apology letter to earlier curfew to recommending that the Informal Adjustment Agreement be terminated.

The Community Services section, Youth Services Counselor must explain to the youth, parent(s), guardian(s) or custodian(s) that the following could cause termination of the Informal Adjustment Agreement; if the youth, parent(s), guardian(s) or custodian(s):

- Fail to participate in the informal adjustment process
- Request that the Judge hears the case
- Miss scheduled meetings without a good excuse.

During the initial visit, the Community Services section, Youth Services Counselor will inquire about and try to recognize any disability that the youth or family may have which would impact their ability to understand the informal adjustment agreement and the roles and responsibilities of the Youth Services Counselor, the youth, and youth's parents. The Community Services section, Youth Services

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Counselor will make reasonable modifications to practices and procedures for such disabilities, limited literacy or other limitations.

B. Specific Requirements in the Informal Adjustment Agreement

The Informal Adjustment Agreement must include language that describes the means for satisfying school attendance requirements. The special conditions will specify the actions that the youth must undertake and any deadlines for compliance. Specifically, it will be outlined in the Informal Adjustment Agreement any places that the youth is not allowed to visit.

The Informal Adjustment Agreement will further outline any victims or other people identified by the court that the youth must not contact, talk to or send messages to by mail, phone, email, text messaging or through internet, through other people or any other way. If the youth has been suspended or expelled, the Community Services section, Youth Services Counselor will make clear what the youth's options are for compliance with school attendance requirements.

C. Confirming Youths' Understanding of the Informal Adjustment Agreement

The Community Services section, Youth Services Counselor will explain each provision in the Informal Adjustment Agreement to the youth, and the Community Services section, Youth Services Counselor will ask the youth to explain each provision in his or her own words. Once it is clear the youth understands each provision, the Community Services section, Youth Services Counselor will ask the youth to initial in the first space by the provision if he or she understands. The Community Services section, Youth Services Counselor will initial in the second space to indicate that he or she confirms that the youth showed understanding of the provision.

D. Informal Adjustment Unsatisfactory Release Process

If the Informal Adjustment Agreement is recommended by the Community Services section, Youth Services Counselor for termination due to the youth's unsatisfactory completion, it must be evidenced by the failure of the youth to complete or abide by any of the conditions stated in the Informal Adjustment Agreement. It must be further evidenced by the youth expressing or showing that he or she is unwilling to abide by the condition or work toward completion.

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The Youth Services Counselor may refer a failed Informal Adjustment to the prosecutor utilizing protocol for their respective county. Also, the prosecutor may file a formal petition. The court may in its discretion choose to continue the Informal Adjustment Agreement and/or extend the Informal Adjustment Agreement period, or order that the case be closed.

The Community Services section, Youth Services Counselor must explain to the youth, parent(s), guardian(s) or custodian(s) that the following could cause termination of the Informal Adjustment Agreement; if the youth, parent(s), guardian(s) or custodian(s):

- Fail to participate in the informal adjustment process
- Request that the Judge hears the case
- Miss scheduled meetings without a good excuse.

E. Monitoring and Supervision

The Community Services section, Youth Services Counselor will monitor and supervise the youth for up to six months (unless the informal adjustment period is extended) by follow up telephone or office visits according to Policy 41 Case Contact Standards.

The Informal Adjustment Agreement may be extended up to an additional six-month period if the youth has not complied with the original requirements of the Informal Adjustment Agreement. To obtain the extension, the Youth Services Counselor must send the case to intake for a recommendation to be made to a judge to extend the case. Said extension is to be requested when the Youth Services Counselor has observed that the youth has not made earnest efforts to comply with the terms and conditions of the Informal Adjustment Agreement, or when the youth has not completed all the requirements but has made earnest efforts to get done.

F. Case Closure

The Community Services section, Youth Services Counselor will terminate the Informal Adjustment Agreement as being completed satisfactorily if all terms and conditions are successfully completed. The Community Services section, Youth Services Counselor will terminate the Informal Adjustment Agreement as unsatisfactory if any of the terms or conditions are not completed and the Youth

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Services Counselor has determined, according to the criteria outlined above, that the youth will not be offered an extension. The Informal Adjustment Agreement can be terminated without beginning a formal case in court.

Upon completion of the Informal Adjustment Agreement, the Community Services section, Youth Services Counselor will sign and date the Informal Adjustment Agreement, indicating that the youth has met the terms of his or her Informal Adjustment Agreement and provide a copy of the signed Agreement to the youth and his or her parent, guardian or custodian.

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IN THE IN	TEREST OF	, A M	IINOR	MYCIDS#:_	
(DOB:		Dock	et #:		
		INFORMAL AGREE	<u>MENT</u>		
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4	I understan	d that I do not have to pa	articipate	e if I do not wa	ant to.
8		, guardian or custodiar . If we stop participating			
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		п			
I, Youth Serv	uncices Counselor for	derstand that I have enter months. To comp	ed into a lete my	an Informal Ag Informal Agre	greement with the eement, I must:
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2	Live with			, my parents	custodians, or
		neir rules. I must make si			
		s and have their permiss			B
Octo	ober 15, 2017	Policy 39 Inform	al Agre	ement	Attachment A

3.	Follow curfew and be home and stay there. Sunday through Thursday nights from p.m. until a.m. and Friday and Saturday nights from p.m. until a.m.		
4.	Notify my Youth Services Counselors within twenty-four hours of any change in phone number, address, residence or school.		
5.	Attend school every day while school is in session, unless I have an excuse accepted by the school district. If I am suspended or expelled, I must attend an educational program approved by the Mississippi Department of Education or an alternative program approved by the court or my Youth Services Counselor. I understand that I must follow all rules of the school.		
6.	Not use any alcohol or drugs, except those that a doctor or dentist prescribes for me.		
7.	Give a urine sample to test for drugs or alcohol whenever asked to do so.		
8.	Not break any laws.		
9.	Stay away from the following places:		
10.	Not contact, talk to or send messages by mail, phone, email, text messaging, or through the internet, through other people or by any other way with the following persons: (Victims and other people identified by the court or my Youth Services Counselor)		
11.	Not carry any guns, knives, or other weapons.		
12.	Meet and cooperate fully with my Youth Services Counselor,		
13.	Attend and complete the following programs:		
	Name Place		

Policy 39 Informal Agreement

Attachment A

October 15, 2017

	hours of community service by working a	at a site approved by
15Obey the fo	following conditions, rules or restrictions:	
Closing of the Informal Agreeme	III. ent can happen:	
1If my pare	nt, guardian or custodian and I have done wha	t we agreed to do.
	uth Services Counselor decides that continuin ommunity's best interest.	ng this agreement will
	or	
3If my You of the informal pr	uth Services Counselor decides that I have recerocess.	eived all the benefits
	or	
a. Will not particb. Request that the	ent, guardian, custodian or I: cipate in the informal process; or the Judge hears the case; or and meetings without a good excuse.	
we have a duty to act in good f violations to the Youth Service bringing our child for drug or a	's parent(s), custodian(s) or guardian(s) faith in seeing to it that our child obeys these ces Counselor within twenty-four (24) hour alcohol testing, if required by the Youth Servicure to do so may result in further action being court.	rules and must report rs. Our duty includes ices Counselor, and to
MOTHER	DATE	
FATHER	DATE	
GUARDIAN/CUSTODIAN	DATE	
October 15, 2017	Policy 39 Informal Agreement	Attachment A

YOUTH	DATE
ATTORNEY	DATE
I have reviewed this Informal Agreement withsatisfied that he or she understands the requirement fulfill its terms.	and am ts and has made a voluntary decision to agree to
YOUTH SERVICES COUNSELOR	DATE
THIS IS TO ACKNOWLEDGE THAT THE OBEEN COMPLETED AND THE ABOVE YOU	JTH IS RELEASED FROM THE INFORMAL
AGREEMENT WITH THE YOUTH SERVICES	
AGREEMENT WITH THE YOUTH SERVICES (

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES DIVISION OF YOUTH SERVICES			
Subject: PROBATION	Policy Number: 40		
Number of Pages: 5	Section: XIV		
Attachments: A. Probation Contract	Related Standards & References:		
Effective Date: April 1, 2018 Reviewed March 1, 2019	Approved: Approved: Approved: According to the second s		

I. POLICY

It is the policy of Mississippi Department of Human Services, Division of Youth Services that any juvenile adjudicated "delinquent" or adjudicated "child in need of supervision" who is placed on probation status will be supervised by the Community Services section, Youth Services Counselor for a period of time specified by the Judge.

Any youth adjudicated "delinquent" or "child in need of supervision" who is placed on probation by the Youth Court under Miss. Code 43-21-605, along with his or her parent(s) or guardian(s), will enter into a probation contract with the Community Services section of the Mississippi Department of Human Services, Division of Youth Services.

II. **DEFINITIONS**

As used in this policy and procedure, the following definitions apply:

<u>Probation:</u> A disposition which allows a youth under the court's jurisdiction to remain in his/her community under the supervision of a youth services counselor, under certain terms and conditions set forth by the court.

<u>Delinquent Child</u>: means a child who has reached his tenth birthday and who has committed a delinquent act.

<u>Child in Need of Supervision</u>: A child who has reached his seventh birthday and is in need of treatment or rehabilitation because the child:

i. Is habitually disobedient of reasonable and lawful commands of his parent, guardian or custodian and is ungovernable; or

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- ii. While being required to attend school, willfully and habitually violates the rules thereof or willfully and habitually absents himself therefrom; or
- iii. Runs away from home without good cause; or
- iv. Has committed a delinquent act or acts.

III. ROLE OF YOUTH SERVICES COUNSELOR

The role of the Youth Services Counselor consists of the following duties and responsibilities:

- Provides social histories and dispositional recommendations to the court, interviews youths and makes other necessary contacts.
- Confers with supervisor when the youth displays symptoms of serious mental illness that have not been addressed through treatment.
- Facilitates enrolling youth in individual and group counseling for troubled youths and or youths in the juvenile justice system.
- Prepares and maintains files, documentation, legal documents, and various reports.
- Reports on youth's behavior and progress while under probation supervision and provides counseling and support to aid in youths' rehabilitation.
- Provides access to supervision, leadership, and programs for troubled youths and/or youths in the juvenile justice system.
- Initiates correspondence to the youth and families and to the courts.
- Develops and maintains relations with the court and the community.
- Serves as a witness in court, providing testimony that describes facts in clear, neutral fashion.
- Responsible for matching locally available services and supports with identified criminogenic needs.
- Performs related or similar duties as required or assigned by the agency.

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IV. PROCEDURE

A. Required Explanations at Initial Meeting

The Community Services section, Youth Services Counselor is to discuss the probation contract in detail including special conditions with the youth and parent(s) or guardian(s) at the initial probation meeting. The Youth Services Counselor will explain to the youth and parent or guardian the following using youth friendly language suitable for children's developmental stage, age, education and cognitive abilities:

- If the youth fails to follow the rules of the court's order that the Youth Services Counselor will be responsible to report the violation to the court.
- If the youth comes back to court charged with a violation, the youth has a right to challenge the charge and has a right to be represented by counsel.
- During the Revocation Hearing, the Youth Services Counselor will be making a recommendation on how the case should be resolved or the consequences to be given.
- The recommendation will be based on what is in the youth's best interest and safety of the community, as derived from all background information.
- The potential consequences to the youth if probation is violated. Said consequences can range from an apology letter to earlier curfew to electronic monitoring to detention.
- How often he or she is expected to report for probation conferences.

During the initial visit, the Youth Services Counselor will inquire about and try to recognize any disability that the youth or family may have which would impact their ability to understand the probation contract and the roles and responsibilities of the Youth Services Counselor, the youth, and youth's parents. The Youth Services Counselor will make reasonable modifications to practices and procedures for such disabilities, limited literacy or other limitations.

B. Explanation and Review of the Probation Contract

The probation contract must include any special conditions of the youth's probation. The special conditions will specify the actions that the youth must undertake and any deadlines for compliance. Specifically, it will state in the probation contract any places that the youth is not allowed to visit. The contract will further name any victims or other people identified by the court that the youth must not contact, talk to

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or send messages to by mail, phone, email, text messaging or through internet, through other people or any other way.

The probation contract must include language that explains the means to satisfy school attendance requirements if the youth has been suspended or expelled. The Youth Services Counselor will make sure that the youth, parent and guardian understand the options available for educational programs and alternative programs approved by the court.

The Youth Services Counselor will explain each provision in the probation contract to the youth, and the Youth Services Counselor will ask the youth to explain each provision in his or her own words. Once it is clear the youth understands each provision, the Youth Services Counselor will ask the youth to initial in the first space by the provision if he or she understands. The Youth Services Counselor will initial in the second space to indicate that he or she confirms that the youth understood.

C. Probation Violation and Revocation Process

In determining when to complete a violation complaint questionnaire, request a custody order for detention, and/or file a request for Post Dispositional Review Hearing to revoke probation, Youth Services Counselors must be guided by the factors explained and outlined in Graduated Responses Policy 42. Before filing any of these requests, Youth Services Counselors must first try all appropriate less restrictive responses. The court's prosecuting attorney will determine whether to file a Petition to Revoke and schedule a Revocation Hearing unless otherwise specified by the Judge. The Youth Services Counselor's recommendation to the court for disposition, should the court determine that there has been a violation of probation, will also be guided by Graduated Responses Policy 42. Youth Services Counselors may not recommend detention or other incarceration for violations that are not detainable offenses unless all alternatives have been exhausted.

D. Monitoring and Supervision

The Community Services section, Youth Services Counselor will monitor and supervise the youth by follow-up telephone or office visits according to Policy 41 Case Contact Standards.

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E. Case Closure

The Community Services section, Youth Services Counselor will draft and file a motion to close a case if all terms and conditions are successfully completed. If the case is closed satisfactorily, the Youth Services Counselor will attach all supporting documentation to show proof of completion. The Youth Services Counselor will continue to monitor the case until the judge signs the motion to close. After the Judge signs the motion, the Youth Services Counselor will notify the youth and parent or guardian that the case has been closed. Upon completion of probation, the Youth Services Counselor will, with the court's permission, sign and date the probation contract indicating that the youth has met the terms of his or her probation and provide a copy of the signed contract to the youth and parent or guardian.

PAROLE AGREEMENT

		nderstand that I have been placed	
			ices, Division of Youth Services
While on	parole I will live wit	C h	ounty Youth Services Counselor, my parent, guardian or
	at the following addi		, my parent, guardian or
Custodian	at the following addi	C33.	
	(1		
	(physical address)		
I understa	nd that I must:		
1.			Services Counselor, hours not including weekends and th Development Center Campus.
	The first scheduled a	appointment is:	
	Date of Appointmen	t Time Plac	ee of Appointment
2.	Come to meetings with the Youth Services Counselor, court staff, or appointed volunteers as part of parole.		
3.	my parents or guard	ians know where I am at all time d on house arrest, my Youth Ser	ans or guardians. Make sure that s and have their permission to leave vices Counselor will explain the
4.	fromp.m. untia.m.	curfew and be home and stay the la.m. and Friday and Saturo	re. Sunday through Thursday nights day nights fromp.m. until
5.		my Youth Services Counselor aber, address, residence or school	within twenty-four hours of any l.
6.	Counselor. Not lea	ave the State without the per	mission of the Youth Services
7.	accepted by the scho educational program	ol district. If I am suspended or e approved by the Mississippi De	
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	Not use any alcohol or drugs, except those that a doctor or dentist bes for me.			
9. ${\text{as part of }}$		drugs and alcohol whenever asked to do so		
10	Not break any laws.			
		blaces:		
	Not carry any guns, knives, or			
13	Obey the following rules and/o	or restrictions placed on me by the Court:		
REVOCATION AN	ND CONTEMPT:			
charged with violate be charged with Co	ing the conditions of my parole a ntempt of Court. I understand the	I may be brought back to the Court. I can be and face possible revocation of my parole or nat I can challenge a Revocation of Parole or enge, I have the right to be represented by an		
understand if I do n		ned to me the rules of my parole. I ay be extended past six months, or further		
	Student:			
	Witness: Date:			
us the above agreer out the rules of pare	ardian or custodian of the above rement and we agree to cooperate v	named child have read or someone has read to with the Counselor and our child in carrying		
Witness:	Witness: Date:			
	edge that the conditions as stated is released			
Youth Services Co MDHS Division of		Date:		
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MISSISSIPPI DEPARTMENT OF HUMAN SERVICES **DIVISION OF YOUTH SERVICES** Subject: Policy Number: **PAROLE** 26 Number of Pages: Section: 6 XIV Attachments: Related Standards & References: A. Parole Agreement Effective Date: Approved: Revised September 1, 2018 Reviewed March 1, 2019 James Maccarone, Director

I. POLICY

It is the policy of Mississippi Department of Human Services, Division of Youth Services that any juvenile paroled from Oakley Youth Development Center will be placed on parole and supervised by the Community Services Section, Youth Services Counselor for a period of six months unless otherwise specified by the Judge.

Any youth paroled from Oakley Youth Development Center, as specified in Miss. Code 43-21-605, will enter into a parole agreement with the Community Services Section of the Mississippi Department of Human Services, Division of Youth Services.

II. **DEFINITIONS**

As used in this policy and procedure, the following definitions apply:

<u>Parole</u> – A period of time when a Youth who has been released from the MDHS/DYS institution is supervised by the Community Services Section, Youth Services Counselor in his or her community of residence.

III. ROLE OF YOUTH SERVICES COUNSELOR FOR PAROLE

The role of the Community Services Section, Youth Services Counselor consists of the following duties and responsibilities:

 Prepares social histories, interviews youths, and makes other necessary contacts.

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- Confers with supervisor when the youth displays symptoms of serious mental illness.
- Facilitates enrolling youth in individual and group counseling for troubled youths and or youths in the juvenile justice system.
- Prepares and maintains files, documentation, legal documents, and various reports.
- Provides oversight and monitoring of youth on supervision and provides counseling and support to aid in youths' rehabilitation.
- Provides access to supervision, leadership, and programs for troubled youths and/or youths in the juvenile justice system.
- Initiates correspondence to the student and families and to the courts.
- Develops and maintains relations with the court and the community.
- Serves as a witness in court, providing testimony that describes facts in clear, neutral fashion.
- Makes appropriate youth specific recommendations for disposition.
- Responsible for matching locally available services and supports with identified criminogenic needs.
- Performs related or similar duties as required or assigned by the agency.

IV. PROCEDURE

A. Pre-Parole Requirements

The following requirements must be met when a youth is paroled:

- Institution provides parole date to the Community Services section, Youth Services Counselor at least ten (10) days prior to the youth's parole date. Notification of the date may be made in less than ten (10) days if there is a need to manage population limitations.
- The Community Services section, Youth Services Counselor prepares the parole agreement. Once the Community Services section, Youth Services Counselor has reviewed the parole agreement with the youth's parent or guardian and obtained a parent or guardian signature, the parole agreement is sent to the MDHS/DYS Institution by the Community Services section, Youth Services Counselor. If a parent or guardian refuses to sign the agreement, a note shall be made on the form and witnessed by the Community Services section, Youth

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- Services Counselor will notify the court of the parent or guardian's decision not to sign the agreement. The refusal to sign will not delay the parole process. Once received, a designated Oakley Youth Development Center staff will review the terms and conditions of the parole agreement with the youth and obtain the youth' signature. Once the youth is paroled, a designated Oakley Youth Development Center staff will send the signed parole agreement back to the Community Services Section, Youth Services Counselor.
- The Community Services Section, Youth Services Counselor will
 communicate with the Transitional Coordinator to ensure that all appropriate
 needs of the youth are addressed prior to the youth being paroled from the
 Oakley Youth Development Center.
- The Community Services Section, Youth Services Counselor will conduct a service and treatment planning meeting for any youth paroled on psychotropic drugs with the A-Team in accordance with A-Team Policy 36.
- Transportation home from Oakley Youth Development Center is coordinated or arranged by the Institution Section, Youth Services Counselor, the Community Services Section, Youth Services Counselor and the parent or guardian of the youth.

Once the youth is paroled, the initial meeting will be conducted by the Community Services Section, Youth Services Counselor within forty-eight (48) hours, excluding holidays and weekends, of the youth being paroled from Oakley. The Community Services Section, Youth Services Counselor will complete a parental and child interview at the initial parole meeting. A parole tracking form will be completed monthly on all regularly paroled youth from Oakley until their eighteenth birthday, whether the youth is currently on parole or not. The Community Services Section, Youth Services Counselor must inform youth and families at the close of parole that they may continue to call and check in for the agency's own recordkeeping purposes, and that youth and their families are asked to cooperate.

B. Required Explanations at Initial Meeting

The Community Services Section, Youth Services Counselor will discuss the parole agreement in detail including any special conditions with the youth and parent(s) or guardian(s) at the initial parole meeting. Explanations must include any specific programs or requirements for fulfilling the mandatory school attendance requirement.

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The Community Services Section, Youth Services Counselor will explain the counselor's role, the parole process and youths' rights using youth friendly language.

During the initial visit, the Community Services Section, Youth Services Counselor will inquire about and try to recognize any disability that the youth or family may have which would impact their ability to understand. The Community Services Section, Youth Services Counselor will make reasonable modifications to practices and procedures for such disabilities, limited literacy or other limitations.

The Community Services Section, Youth Services Counselor will explain to the youth and parent or guardian the following using youth friendly language suitable for children's developmental stage, age, education and cognitive abilities:

- If the youth fails to follow the rules of parole agreement, the Community Services Section, Youth Services Counselor will be responsible for reporting the violation to the court.
- If the youth comes back to court charged with a violation, the youth has a right to challenge the charge and has a right to be represented by counsel.
- During the Revocation Hearing, the Community Services Section, Youth Services Counselor will make a recommendation on how the case should be resolved and the consequences to be given.
- The recommendation will be based on what is in the youth's best interest and safety of the community, as derived from all background information. (See section D)
- The potential consequences to youth and parents, guardians or custodians can range from an apology letter, to earlier curfew, to electronic monitoring, to detention, to a new placement.
- How often he or she is expected to report for parole conferences.

C. Explanation and Review of the Parole Agreement

The parole agreement must include any special conditions of the youth's parole, including any requirements to attend a particular education program while a youth is suspended or expelled. The special conditions will specify the actions that the youth must undertake and any deadlines for compliance. Specifically, it will be outlined in the parole agreement any places that the youth is not allowed to visit. The contract will further outline any victims or other people identified by the court that the youth

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must not contact, talk to or send messages by mail, phone, email, text messaging or through internet, through other people or any other way.

A designated Oakley Youth Development Center staff will explain each provision in the parole agreement to the youth, and ask the youth to explain each provision in his or her own words. The designated Oakley Youth Development Center staff will obtain the youth's signature on the parole agreement.

Upon the first meeting with the youth after parole, the Community Services Section, Youth Services Counselor will again review the parole agreement with the youth line for line, have the youth repeat back the meaning. Once it is clear that the youth understands each provision, the Community Services Section, Youth Services Counselor will ask the youth to initial in the first space by the provision, and the counselor will initial in the second space.

D. Parole Violation and Revocation Process

In determining when to complete a Violation Complaint Questionnaire, request a custody order for detention, and/or file a request for a petition to revoke parole, the Community Services Section, Youth Services Counselors must be guided by the factors explained and outlined in Graduated Responses Policy 42. Before filing any of these requests, the Community Services Section, Youth Services Counselors must first try all appropriate less restrictive responses. The court's prosecuting attorney will determine whether to file a Petition to Revoke and schedule a Revocation Hearing unless otherwise specified by the Judge. The Community Services section, Youth Services Counselor's recommendation to the court for disposition, should the court determine that there has been a violation of probation, will also be guided by Graduated Responses Policy 42. The Community Services Section, Youth Services Counselors may not recommend detention or other incarceration for violations that are not detainable offenses unless all alternatives have been exhausted.

E. Monitoring and Supervision

The Community Services Section, Youth Services Counselor will monitor and supervise the youth for six months by follow-up telephone or office visits according to Policy 41 Case Contact Standards.

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F. Case Closure

The Community Services Section, Youth Services Counselor will draft and file a motion to close a case if all terms and conditions are successfully completed. If the case is closed satisfactorily, the Community Services Section, Youth Services Counselor will attach all supporting documentation to show proof of completion. The Community Services Section, Youth Services Counselor will continue to monitor the case until the judge signs the motion to close. After the Judge signs the motion to close, the Community Services Section, Youth Services Counselor will notify the youth and parent or guardian that the case has been closed. Upon completion of parole, the Community Services Section, Youth Services Counselor will, with the court's permission, sign and date the parole agreement indicating that the youth has met the terms of his or her parole and provide a copy of the signed parole agreement to the youth and parent, guardian, or custodian.

	IN	THE YOUTH	I COURT OF	COU	NTY, MISSISSIPPI
IN THE INTEREST OF			MYCIDS	#:	
		, A MI)	NOR		
(DOB:)		Docket #:	
			PROBATION	CONTRACT	
I,		ur	nderstand that I hav	e been placed o	on probation by the
		County Y	Youth Court for	mont	on probation by the as. To complete my probation, I
must:					
	1.	Co	ome to Court when	told to do so.	
	2.		ome to meetings wi unteers as part of p		ervices Counselor, court staff, or
	3.	know where I	am at all times and se arrest, my Youtl	l have their per	, my parents, custodians, or re that my parents or guardians mission to leave home. If I am nselor will explain the rules for
	4 Follow curfew and be home and stay there. Sunday through Thursda nights from p.m. untila.m. and Friday and Saturday nights from p.m. untila.m.				
	5.	5 Notify my Youth Services Counselor within twenty-four (24) hours of any change in phone number, address, residence or school.			
	6.	Counselor.	ot leave the State	without the pe	rmission of my Youth Services
	7.	excuse accept attend an educ Education or a	ed by the school di cational program a	strict. If I am sopproved by the ram approved b	ol is in session, unless I have an uspended or expelled, I must Mississippi Department of by the court. I understand that I
	8.		ot use any alcohol scribes for me.	or drugs, excep	ot those that a doctor
	9.	so as part of p	•	to test for drugs	s or alcohol whenever asked to do
	10	No	ot break any laws.		
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Stay away from the following places:		
messaging, through program, through o	social media, through any in ther people, or by any other	nternet or smart phone based way with the following persons:
Not carr	y any guns, knives, or other	weapons.
Meet an	d cooperate fully with my Ye	outh Services
Counselor,	. The next schedu	uled appointment is:
Date of Appointment	Time	Place of Appointment
Attend	and complete the following p	programs:
<u>Name</u>		Place
approved by the co	urt or Youth Services Couns	selor.
Payment shall be m follows:	ade through the Court Clerk	c's Office as
Court:		
	Not contemessaging, through program, through of (Victims and other particular in the contemporation of Appointment and Counselor,Attend a second of AppointmentAttend a second of AppointmentAttend a second of Appointment approved by the contemporate of Attend a second of Appointment approved by the contemporate of Attend a second of Appointment approved by the contemporate of Attend a second of Appointment approved by the contemporate of Attend a second	Not contact, talk to, or send message messaging, through social media, through any in program, through other people, or by any other (Victims and other people identified by the courselor,

REVOCATION AND CONTEMPT:

If I do not follow the Court's Orders or the rules in the Probation Contract, I may be brought back to the Court. I can be charged with violating the conditions of my probation and face possible revocation of my probation or be charged with Contempt of Court. I understand that I can challenge a Revocation of Probation or Contempt of Court charge and that during that challenge, I have the right to be represented by an attorney.

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1		

ACKNOWLEDGMENT:	
we have a duty to act in good faith in seein probation contract and that we must repot twenty-four (24) hours. Our duty includes by	rent(s), custodian(s) or guardian(s), we understand that g to it that our child follows the Court's Orders and this ort violations to the Youth Services Counselor within oringing our child for drug or alcohol testing, if required ng the costs of any tests. Failure to do so may result in
YOUTH	DATE
MOTHER	DATE
FATHER	DATE
GUARDIAN/CUSTODIAN	DATE
JUDGE (optional)	DATE
YOUTH SERVICES COUNSELOR	DATE
I RECEIVED A COPY OF THIS SIGNED	CONTRACT ON DATE
YOUTH	
COMPLETED AND THE ABOVE YOUT	E CONDITIONS AS STATED ABOVE HAVE BEEN H IS RELEASED FROM PROBATION WITH THE TY YOUTH COURT.
DATE	YOUTH SERVICES COUNSELOR

		·
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PAROLE INTERVIEW

Child's N	Name:	DOB:	
Counselo	or:	Date of Interview:	
Campus:		Date of Parole:	
1.	Are you glad to be home? Yes	No; Please explain why.	
2.	What are your plans now that yo	ou are home from OYDC?	
3.		YDC (Good and/or Bad).	
4.	What did you learn at the OYDC?		
5.	Are you interested in any programs	? (Job Corp., youth challenge, etc.)	
6. 7.	Were the terms of your parole agre Is there anything else you need to s	ement discussed with you? Yes	No
Sionatu		Date	

PARENTAL INTERVIEW

1.	Ex	plain ai	ny complair	nts you	r child	had ab	out t								-
2.	Di con	d you v	isit your ch I you during	ild at t	he Tra	ining O	YDO		es			yes ex	plair	ı anyt	- - hing that
3.			e explain an	y chan	ge you	ı have s	seen i	in you	r child s	since hi	s/her rele	ease fro	om th	e OY	_
4.	Is		anything	else	you	want	to	say	about	your		stay	at		- OYDC? - -
			ture:												_
				· · · · · · · · · · · · · · · · · · ·						· · ·			.		

DISPOSITIONAL PLANNING

- Case Plan Policy
- Case Supervision Plan
- SMART Goals

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES DIVISION OF YOUTH SERVICES				
Subject: Case Supervision Plan	Policy Number:			
Number of Pages:	Section:			
4	XIV			
Attachments: A. Case Supervision Plan	Related Standards & References:			
Effective Date: April 1, 2018 Revised December 1, 2018	Approved: Docusigned by: James Maccarone 20316EF5186B4A2 James Maccarone, Director			

POLICY

It is the policy of Mississippi Department of Human Services, Division of Youth Services to utilize a Case Supervision Plan to encourage and support youth to comply with the terms of youth's probation and parole and meet established goals during the course of youth's supervision.

The Youth Services Counselors will provide incentives to encourage positive behavior for attainment of goals set forth in the youth's Case Supervision Plan. Youth Services Counselors will identify and may impose sanctions in an effort to discourage undesirable behaviors that will prevent the youth from attaining his or her established goals.

DEFINITIONS

- A. Case Supervision Plan: A plan that Youth Services Counselors utilize with youth and families to facilitate youth in meeting established goals while on probation or parole.
- **B.** Incentive: An award provided to youth for meeting established goals as a way of helping them develop positive skills and/or given in the area where a youth is struggling to be effective.

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- C. Probation: A disposition which allows a youth under the court's jurisdiction to remain in his/her community under the supervision of a Youth Services Counselor, under certain terms and conditions set forth by the court.
- D. Risk/Needs Assessment: The assessment instrument and process used to classify youth and to determine risk, placement, and level of supervision. The Risk/Needs assessment is used to ensure that youth are served in the least restrictive placement appropriate to the identified risk and needs. The assessment is periodically used to reassess the youth to determine changes in risk and needs. There are three levels of risks to re-offend: Low Risk, Moderate Risk, and High Risk.
- E. Sanction: A measure imposed for a violation(s) of probation or parole conditions.
- F. Violation: An act of non-compliance with a condition of probation/parole.

PURPOSE

A Case Supervision Plan will be utilized to assist Youth Services Counselors with developing a formalized written plan after the disposition of each case and, and shall be updated as the status of the case changes. The Case Supervision Plan should be reviewed every 90 days. Results of the current assessment instrument, the Structured Assessment of Violence Risk in Youth (SAVRY) shall be utilized to develop the Case Supervision Plan. However, it should be noted that a SAVRY assessment is not required for Child in Need of Supervision (CHINS) cases, or other status offenses. In such cases, the Youth Service Counselor shall denote "N/A" in the "Date SAVRY Completed" section of the case supervision plan.

For youth who are adjudicated delinquent and adjudicated CHINS, positive reinforcement, incentives and rewards will be used to reinforce progress. In addition, graduated sanctions will be applied to adjudicated youth when problems occur. (See Policy 42 Attachment B) The Youth Services Counselor will use consequences related to the offense and graduated sanctions for adjudicated youth only as a progressive response to technical violations and misconduct for adjudicated youth.

PROCEDURE

Utilizing the areas of need determined by the SAVRY, the Youth Services Counselor shall identify an objective goal for the youth to complete during the period of supervision. The Youth Services Counselors shall identify the service provider (if any) and the type of service to be rendered that will allow the youth to complete said objective goal. Further, the Youth Services Counselor shall document the referral type utilized, which entails how the referral was made. Finally, the Youth Services Counselor shall document the activities or action steps to be taken. Activities or action steps may include to attend anger management counseling regularly, attend outpatient alcohol and drug counseling, attend tutoring twice a week, and a myriad of other measurable activities or action steps.

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After the risk and needs assessment is completed, the Youth Services Counselor develops a case plan with the youth and family. The goal is to help the family advocate for the child and to use community resources effectively in order for them to better address current and future needs. The case plan should build on the youth's strengths and target interventions of those risk and need factors that are most clearly related to the likelihood of the youth reoffending.

Youth Services Counselors will meet with the youth and family members to collaborate and identify goals that youth can work toward in the community. This shall include cases for which a risk assessment is not required (e.g. CHINS cases). Youth Services Counselors will explain and document these goals in youths' Case Supervision Plan. Youth Services Counselors shall identify potential incentives the youth can earn if the youth fulfills action steps and completes the agreed-upon objective goals, in consultation with the youth and the youth's parents or guardian. The Youth Services Counselor shall also identify potential sanctions the youth may receive for violations of probation. Any proposed changes to the conditions or term of probation must be preapproved by the judge/referee, either with a standing agreement, or on a case by case basis, depending on the wishes of the judge/referee.

The Youth Services Counselor will review and discuss the Case Supervision Plan with the youth and parents prior to its implementation. The Youth Services Counselor shall obtain signatures from the youth and a parent when the Case Supervision Plan is developed, as well as the youth's attorney, if available. When there is a disagreement between the parties involved in the case plan, the Youth Services Counselor will consult with his/her supervisor.

The Case Supervision Plan shall clearly state the goals and activities and/or action steps to meet the outcomes. Objective goals of a case plan shall be specific, measurable, attainable, realistic, and time limited.

The Case Supervision Plan is to be completed after the disposition of each formal case and upon parole from the Oakley Youth Development Center. It shall be updated as the status of the case changes. The Case Supervision Plan should be reviewed every 90 days. Results of the SAVRY also must be utilized to develop the Case Supervision Plan for delinquency cases. This involves consideration of risk/need factors where the youth was rated low, moderate or high. The service matrix should be used to identify proper services based on these risk/need factors. The Youth Services Counselor may specify up to a maximum of three services at any single time to address up to three of the need areas that represent the youth's most problematic SAVRY domains (this is not a minimum; if there are not three services from which the youth will benefit, no services or fewer services should be assigned).

The Youth Services Counselor shall consider the family's circumstances in making referrals, and not establish unrealistic expectations by over referring. The youth's level of risk and need in those areas shall be considered in the assignment of services. High need and high risk youth should generally receive intensive services, as indicated and whenever possible. Low risk youth often do not require services. If a reassessment indicates needs have changed (e.g., some initially high risk needs have improved or new need areas have appeared), the case supervision plan shall be modified accordingly (e.g., once a particular service is completed and that need has been addressed, a referral to a new service to address a different need area may be made).

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A variety of available community support systems, such as families, schools, employers, service providers and informal supports must be involved in providing services and effective supervision of youth in the community. The Youth Services Counselor will help the family identify strengths, competencies and the resources available to them from youth's community.

The Youth Services Counselor will monitor and evaluate the progress of the youth on the case plan objectives. The Youth Services Counselor may adjust the case plan based on changes in the youth's family's situation and behavior. Action steps may be added after the initial Case Supervision Plan is created, based on need, making it a dynamic document. The case plan may also be modified as needed. Formal review of the case plan will occur every 90 days and as needed, and shall be documented in case notes.

Youth Services Counselors will document progress and administer graduated incentives for fulfilling action steps listed on the Case Supervision Plan, and shall administer a graduated incentive when the youth achieves an objective goal. Incentives for fulfilling an action step need not be predetermined, but may be at the Youth Services Counselor's discretion based on available incentives, tangible or intangible. Such incentives may include praise, a certificate of completion, increasing curfew to a later time, etc. When an incentive is given for fulfilling an action step, the type of incentive will be noted on the Case Supervision Plan, as well as the date the incentive was received by the youth.

The incentive for achieving an objective goal shall be predetermined when preparing the Case Supervision Plan. The incentive for achieving an objective goal should be more substantial than for completing an action step. Possible incentives for completing an objective goal may include a football, going out for a special dinner with family, a gift certificate, movie tickets, reducing the term of probation, etc. Incentives should be based on locally available options. Once an incentive is given to the youth for achieving a goal, the date the incentive was received shall be noted on the Case Supervision Plan.

When the youth successfully completes the terms and conditions of the youth's probation or parole, the Youth Services Counselor will recommend that the case be closed, judicially if required by their court. If the recommendation is approved, the youth's case will be closed and the probation or parole end date shall be noted on the Case Supervision Plan and on the Probation Contract or Parole Agreement, per related policies. If the designated person doesn't approve the discharge, the case will remain open until permission for closure is granted, or the youth reaches his or her 20th birthday. Until such time as the case is closed, the situation will be reassessed and the Case Supervision Plan may be revised to address other continued need areas, if any.

of Supervision Plan Creation SAVRY Completed:		□ N/A	if CHINS case	;		
me:		DOB:				
nder: MaleFemale_	Race: Black	White_	Hispanic	Asian	Other(Specify)	
uth Services Counselor:				· · · · · · · · · · · · · · · · · · ·	5 10. ""	
bation/Parole Start Date:			Prob	ation/Parole	End Date:	
Incentives: This should fulfilling action steps and						
Potential incentives ident	tified with youth:]	Date:		
Potential incentives identi	tified with family:	Date:				
Sanctions: Sanctions are	to be imposed for prob	pation/paro	le violations	only.		
Potential sanctions identi	fied with youth:]	Date:		
Potential sanctions identi				Date: Date:		
	fied with family:				A SAFER CONTRACTOR OF THE PARTY	
Potential sanctions identi	fied with family:					
Potential sanctions identi	fied with family:				eived:	
Potential sanctions identi Risk/ Criminogenic Nec	fied with family:			Date:	eived:	

Activity/ Action Step:	<u> </u>
1.	Start Date:
	End Date:
Incentive for completion:	Date received:
Activity/ Action Step:	
2.	Start Date:
	End Date:
Incentive for completion:	Date received:
Activity/ Action Step:	
3.	Start Date:
<i>5.</i>	End Date:
Incentive for completion:	Date received:
Risk/ Criminogenic Need Area 2.	
Objective Goal:	0.300.4701
Incentive for Completion of Goal:	Date received
Service Provider:	
Service Type:	
Referral Type:	
Activity/ Action Step:	
1.	Start Date:
	End Date:
Incentive for completion:	Date received
A adiated A adian Stans	
Activity/ Action Step:	Start Date:
	End Date:
T	
Incentive for completion:	Date received:
	l l

Activity/ Action Step:	
3.	Start Date: End Date:
Incentive for completion:	Date received:
Risk/ Criminogenic Need Area 3.	
Objective Goal:	
Incentive for Completion of Goal:	Date received:
Service Provider:	
Service Type:	
Referral Type:	
Activity/ Action Step:	
1.	Start Date: End Date:
Incentive for completion:	Date received:
Activity/ Action Step:	
2.	Start Date: End Date:
Incentive for completion:	Date received:
Activity/ Action Step:	
3.	Start Date: End Date:
Incentive for completion:	Date received:
Signatures:	Date:
YSC	
Youth	
Parent	

SMART GOALS

SPECIFIC
MEASURABLE
ATTAINABLE
REALISTIC
TIME-LIMITED

GRADUATED RESPONSES

- Graduated Responses Policy
- Violation Complaint Questionnaire
- Graduated Sanctions Matrix
- Graduated Incentive Matrix
- Implementation of Graduated Responses
- Using Graduated Responses for Youth on Probation

Subject: Graduated Responses	Policy Number: 42	
Number of Pages: 12	Section: XIV	
Attachments: A. Violation Complaint Questionnaire B. Graduated Sanctions Matrix C. Graduated Incentive Matrix	Related Standards & References:	
Effective Date: Revised April 15, 2018 Revised November 1, 2018 Reviewed March 1, 2019	Approved: Approved: James Maccarone, Director	

I. POLICY:

The Mississippi Department of Human Services, Division of Youth Services will guide the behavior of youth in the community using a system of graduated responses, including both sanctions and incentives. Youth Services Counselors will apply swift, certain, and appropriate sanctions to youth who violate the terms of their probation. Sanctions will correspond with the severity of the violation and the youth's risk level. Youth Services Counselors will provide incentives to encourage and support positive behavior and attainment of short-term and long-term goals set forth in youths' Case Supervision Plans.

II. PURPOSE:

A system of graduated responses gives Youth Services Counselors a wide array of tools to direct the behavior of youth receiving community supervision. Responses will be based upon the youth's level of supervision (which is based on the criminogenic risks and needs of the youth) and the seriousness of the violation or the type of positive behavior. Graduated responses will be tailored to the individual youth's circumstances.

III. **DEFINITIONS**:

A. Case Supervision Plan: A plan that Youth Services Counselors utilize with youth and families to facilitate youth in meeting established goals while on probation or parole.

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- B. Custody Order: A legal document issued by a judge or designee authorizing the detention of a youth. The court must be given probable cause to believe that the warrant/custody order is necessary before it issues a warrant/custody order.
- C. Graduated Response: A system of sanctions and incentives implemented by Youth Services Counselors (YSCs). Depending on the jurisdiction, the YSC will consult with the Youth Court judge and/or the youth's parent before making use of some incentives or sanctions in accordance with the juvenile's behavior while on probation, supervision, or pre-dispositional orders.
- D. Incentive: An award provided to youth for meeting short or long term goals as a way of helping them develop positive skills and/or given in the area where a youth is struggling to be effective.
- E. Mississippi Youth Court Information Delivery (MYCIDS) System: MYCIDS is a system for the real time management of the activities of the Mississippi Youth Court System. It is a web-based application that provides support for the intake of youths into the court system, scheduling of youth cases, management of court dockets, tracking of custody situations, necessary document generation and also provides a base dataset for statistical reporting purposes.
- F. **Probation:** A disposition which allows a youth under the court's jurisdiction to remain in his/her community under the supervision of a Youth Services Counselor, under certain terms and conditions set forth by the court.
- G. Risk/Needs Assessment: The assessment instrument and process used to classify youth and to determine risk, placement, and level of supervision. The Risk/Needs assessment is used to ensure that youth are served in the least restrictive placement appropriate to the identified risks and needs. The assessment is periodically used to reassess the youth to determine changes in risk and needs. There are three levels of risks to re-offend: Low Risk, Moderate Risk, and High Risk.
- H. Revocation Hearing/Post Dispositional Review Hearing: A hearing for noncompliance with a condition of probation/parole or placement. Post Dispositional Review Hearing is the term used in the Mississippi Youth Court Information Delivery System (MYCIDS).
- I. Sanction: A measure imposed for a violation(s) of probation or parole conditions.
- J. Violation: An act of non-compliance with a condition of probation/parole.
- K. Violation Complaint Questionnaire: A written statement of the violation of the probation or parole. (See Attachment A)

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IV. PROCEDURES:

A. Development of Local Incentives and Sanctions Grids

- 1. Youth Services Counselors, in consultation with the judges and referees in the jurisdiction(s) where the counselors are assigned, shall develop local incentives and sanctions grids and procedures for their use, taking into consideration available local resources. They should partner with local stakeholders, inasmuch as possible, to develop incentives.
- 2. These grids will provide guidance for the appropriate use of graduated sanctions for youth alleged to have committed technical violations of probation (not new crimes). The incentives grids will provide guidance for the use of incentives when youth exhibit positive behaviors while on probation or parole.
- 3. The local procedures will include, but not be limited to:
 - Standards guiding the return of youth to court; and
 - A systematic, progressive, and measurable incentives and sanctions system, based on the templates included in this policy.

B. General Guidelines for Youth on Probation/Parole

- The Youth Services Counselor will administer the Structured Assessment of Violence Risk in Youth (SAVRY), the Risk/Needs Assessment that has been adopted by DYS. The Risk/Needs assessment will assist in determining the youth's risk level as low, moderate, or high. This information shall be used for the purpose of guiding supervision and for determining the appropriate level of graduated responses as provided in this policy.
- 2. If a youth on probation or parole is alleged to have violated the terms of probation or parole, the Youth Services Counselor shall complete (or see that a witness completes) a Violation Complaint Questionnaire (See Attachment A) that documents the youth's violation(s) and sanction(s) in instances where judges require a return to court and in instances where the Youth Services Counselor has exhausted all available sanctions provided in the jurisdiction's sanctions grid that allow for safety of the public and the child. The Violation Complaint Questionnaire will be used as the basis for a request for Revocation and/or Post Dispositional Review.
- 3. The Youth Services Counselor may request a Custody Order for detention due to a probation violation only when the Counselor has exhausted all available sanctions provided in the jurisdiction's sanctions grid that allow for safety of the public and the child and when, as required by MS Code Sec. 43-21-301:
 - i.) A child is endangered or any person would be endangered by the child; or
 - ii) To ensure the child's attendance in court at such time as attendance is required; or
 - iii) When a parent, guardian or custodian is not available to provide for the care and supervision of the child; and there is no reasonable alternative to custody.

Note: The Youth Court Judge/Referee has the ultimate authority of his or her court.

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C. Implementing Graduated Incentives

- 1. To encourage and support youth to comply with the terms of their community supervision and meet their goals established in their Case Supervision Plans (See Policy 44 with attachment), Youth Services Counselors will provide youth Graduated Incentives (See Attachment C).
- 2. Youth Services counselors will meet with the youth and family members to identify short-and long-terms goals that youth can work toward in the community.
- 3. Youth Services Counselors will explain and document these goals in youths' Case Supervision Plans. Counselors will also identify incentives the youth can earn if the youth completes the agreed-upon goals, in consultation with the youth and the youth's parent or guardian.
- 4. Youth Services Counselors will document progress and administer Graduated Incentives for incremental progress and when youth achieve these goals.

D. Violations, Request for Detention and/or Post Dispositional Review Hearing

- 1. When determining the seriousness of a violation, there are three levels of severity used:
 - Minor Probation Violations
 - Moderate Probation Violations
 - Serious Probation Violations
- 2. The Youth Services Counselor shall choose a sanction from the box on the grid that corresponds with the youth's SAVRY risk level and the severity of the violation. The "Violations by Severity" chart defines the level of severity of many common probation violations. In order to determine the level of severity of a violation not listed in the "Violations by Severity" chart, the Youth Services Counselor shall look for a comparable violation in the chart. If there is no comparable violation, the Youth Services Counselor shall consider the following factors in assessing the severity of the probation violation:
 - The nature of the youth's violation, offense and history
 - When aspects of the violation behavior are similar to the youth's offense history, the violation is MODERATE. When the violation behavior is clearly the same as the underlying and/or past history, the violation is SERIOUS.
 - Victim impact
 - Contact with the victim should be considered either a MODERATE
 Violation for indirect contact, or a HIGH violation for direct contact, especially if the victim felt intimidated or threatened.
 - Community impact/safety

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- Frequency and/or duration of violations
- Overall Compliance with court-ordered conditions of probation
- 3. When the determination is made to refer the youth to the Youth Court for detention and/or post disposition review hearing as provided in Section IV(B) above, the following steps must be taken:
 - The Youth Services Counselor will complete a violation complaint questionnaire (See Attachment A), or
 - The Youth Services Counselor will ask the parent, guardian, and/or any other officers of the court to submit a violation complaint questionnaire with the court.
- 4. The prosecutor will make the final decision as to whether a petition to revoke probation or parole will be filed.
- 5. If the petition to revoke is filed, the Youth Services Counselor shall take the following steps after considering the circumstances surrounding the violation:
 - The Youth Services Counselor will complete a social summary report with recommended sanctions for the disposition.
 - The recommendation of the Youth Services Counselor shall be guided by the youth's level of supervision and the severity of the violations, following the local probation violation sanctions grid (See Attachment B).
 - Youth Services Counselors may submit oral recommendations to the court, instead of written recommendations, in situations such as when the youth and the youth's family fail to meet with the Youth Services Counselor prior to court, or the judge proceeds forward with disposition when it was not scheduled and set on the docket in advance.

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Overview of Implementing Graduated Responses

Process for Implementing Graduated Incentives

Encourage and Support Youth Step 1

- Meet with youth and family members
- Identify short and long term goals.



Step 2

 Explain and document goals in Case Supervision Plan



Step 3

Identify Graduated Incentives for specific accomplishments/ youth parents approval



Step 4

- Document progress
- Administer Graduated Incentives when youth achieve goals

Process for Implementing Graduated Sanctions

Determine the Seriousness of Violation Step 1

Level of Violation Seriousness

- Minor
- Moderate
- Serious



Step 2

Identify Risk to Re-Offend From Risk/Needs Assessment

- Low Risk
- Moderate Risk
- High Risk



Step 3

 Determine appropriate graduated sanction based on Step 1 and Step 2



Step 4

- Document violations/sanctions
- Complete Risk Re-Assessment, if needed



Violation occurs again

Yes



Nο

Case Supervision Plan is appropriate

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E. Documentation

- The Youth Services Counselor shall document each Graduated Response in the Mississippi Youth Court Information Delivery System (MYCIDS) and in the youth's case notes within 3 business days.
- 2. The Youth Services Counselor shall notify the youth and parent/guardian of the response and duration of the response.
- 3. The Youth Services Counselor shall record incentives in the youth's Case Supervision Plan (See Policy 44 with attachment).

F. Staff Training

- The Regional Director shall train Youth Services Counselors on the graduated response policy which includes both the sanctions and incentives. The Training Committee shall incorporate graduated responses into the Core Training Curriculum.
- 2. The Youth Services Counselor will follow this policy and local court procedures related to implementing this policy.
- 3. The Regional Director will conduct periodic reviews of case files to monitor the implementation and appropriateness of the use of graduated sanctions and incentives.
- 4. Failure of a Youth Services Counselor to implement graduated responses appropriately must be immediately addressed by Regional Director.
- 6. LOCAL OPERATING PROCEDURES REQUIRED: Yes
- 7. THIS POLICY WILL BE USED BY ALL MISSISSIPPI DEPARMENT OF HUMAN SERVICES YOUTH SERVICES COUNSELORS

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100 42 Graduated Responses Attachment A	November 1, 2018	Policy 42 Graduated Responses	Attachment A
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MYCIDS UCID NUMBER:	LOCAL CAUSE NUMBER:
	VIOLATION COMPLAINT QUESTIONNAIRE
NAME OF COMPLAINAN	Γ:
ADDRESS:	
	TIONSHIP TO YOUTH:
1. NAME OF YOUTH	R THE QUESTIONS BELOW TO THE BEST OF YOUR KNOWLEDGE: I: DDRESS INCLUDING CITY AND ZIP CODE:
	NUMBER:
HOME MOTHER'S C	ELL
FATHER'S CE	LL
LEGAL GUAR	RDIAN'S CELL
4. YOUTH'S PAREN	T/ LEGAL GUARDIAN NAMES:
5. REASON(S) FOR (
J. REASON(S) FOR	

- 6. DATE VIOLATION/ OFFENSE OCCURRED: _____
- 7. LOCATION OF VIOLATION/OFFENSE:
- 8. FREQUENCY OF VIOLATION (S): __
- 9. WAS THERE INJURY TO ANYONE? YES _____ or NO _____(Please check one)
 - a. WAS THERE ANY PROPERTY DAMAGE? YES _____ or NO ____ (Please check one)
 - b. IF SO, AMOUNT OF RESTITUTION REQUESTED_____

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10.	DID THE VIOLATION IMPACT THE COMMUNITY? YES or NO (Please check one) IF SO PLEASE EXPLAIN HOW?		
11. I I	S THE YOUTH IN COMPLIANCE WITH CONDITIONS? YES OR NO (PLEASE CHECK ONE) F NO, PLEASE EXPLAIN:		
C	HAVE YOU HAD CONTACT WITH THE ABOVE NAMED YOUTH AND/ OR PARENTS SINCE THE DFFENSE/VIOLATION? YES or NO (Please check one) If so, did they cooperate with you?		
7	DO YOU HAVE ANY SUGGESTIONS OR IDEAS FOR THE COURT ABOUT WHAT YOU BELIEVE WOULD BE THE BEST DECISION TO MAKE FOR THIS YOUTH? YESNO(Please check one) IF YES, WHAT ARE YOUR SUGGESTIONS:		
	a		
	b c		
	HAVE READ THE ABOVE COMPLAINT, ANSWERED ALL THE QUESTIONS TRUTHFULLY TO THE BEST OF MY ABILITY.		
	SIGNATURE OF COMPLAINANT		
	WITNESS SIGNATURE		
	DATE OF COMPLAINT		

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November 1, 2018	Policy 42 Graduated Responses	Attachment B

DYS Graduated Sanctions/Options Template (Attachment B) This template is to be used as a guide, or as an example, for development of a local Graduated Sanctions grid.

	Graduated Sanctions grid. LEVEL OF VIOLATION SEVERITY		
	Minor	Moderate	Serious
TOA	-Anger Management -Apology Letter -Bring proof of grades and school attendance -Complete writing assignment -Encourage extracurricular activities -Family Counseling -Mental Health Counseling/Outpatient Treatment -Meutoring -Open family communication -Phone Call Follow-up with parent -Tutoring services -Verbal Warning	-Anger Management -Apology Letter -Bring proof of grades and school attendance -Complete writing assignment -Encourage extracurricular activities -Family Counseling -Increase face to face contact with YSC -Mental Health Counseling /In-patient or Outpatient Treatment -Mentoring -Open family communication -Phone Call Follow-up with parent -Seek community based programs -Tutoring services	-Anger Management -Apology Letter -Assign youth community service hours -Bring proof of grades and school attendance -Encourage extraourticular activities -Family Counseling -Request to File for Post Dispositional Review Hearing -Increase face to face contact with YSC -Mentoring -Mental Health Counseling/ In-patient or Outpatient Treatme -Open family communication -Request GPS Monitoring -Place youth on house arrest for one weekend -Request Custody Order -Restrict activities -Seek community based programs -Send noncompliance letter to youth and parent -Tutoring services
Moderate	-Anger Management -Apology Letter -Bring proof of grades and school attendance -Complete writing assignment -Encourage extracurricular activities -Family Counseling -Mental Health Counseling/Outpatient Treatment -Mentoring -Seek community based programs -Open family communication -Phone Call Follow-up with parent -Tutoring services -Verbal Warning	-Anger Management -Apology Letter -Assign youth community services hours -Bring proof of grades and school attendance -Complete writing assignment -Request Drug Court -Encourage extracurricular activities -Family Counseling -Increase face to face contact with YSC -Mental Health Counseling /In-patient or Outpatient Treatment -Mentoring -Request to Modify GPS Monitoring -Open family communication -Place youth on House Arrest for one weekend -Request GPS Monitoring -Phone Call Follow-up with parent -Residential Treatment -Seek community based programs -Set earlier curfew for youth -Tutoring services	-Anger Management -Apology Letter -Assign youth community service hours -Bring proof of grades and school attendance -Request Drug Court -Encourage extracurricular activities -Family Counseling -Request to File for Post Dispositional Review Hearing -Increase face to face contact with YSC -Make up missed appointments -Mentoring -Mental Health Counseling/ In-patient or Outpatient Treatme -Request to Modify GPS Monitoring -Open family communication -Request GPS Monitoring -Place youth on house arrest for one weekend -Request Custody Order -Restrict activities -Seek community based programs -Send noncompliance letter to youth and parent -Tutoring services
Pig	-Anger Management -Apology Letter -Bring proof of grades and school attendance -Complete writing assignment -Encourage extracurricular activities -Family Counseling -Increase face to face contact with YSC -Mental Health Counseling/Outpatient Treatment -Mentoring -Seek community based programs -Open family communication -Phone Call Follow-up with parent -Tutoring services -Verbal Warming	-Anger Management -Apology Letter -Assign youth community services hours -Bring proof of grades and school attendance -Complete writing assignment -Request Drug Count -Encourage extracurricular activities -Family Counseling -Increase face to face contact with YSC -Make up missed appointments -Mental Health Counseling /In-patient or Outpatient Treatment -Mentoring -Request to Modify GPS Monitoring -Open family communication -Place youth on House Arrest for one weekend -Request GPS Monitoring -Phone Call Follow-up with parent -Residential Treatment -Request Custody Order -Seek community based programs -Send noncompliance letter to youth and parents -Set earlier curfew for youth -Tutoring services	-Anger Management -Apology Letter -Assign youth community service hours -Bring proof of grades and school attendance -Request Drug Court -Encourage extracurricular activities -Family Counseling -Request to File for Post Dispositional Review Hearing -Request to File for Post Dispositional Review Hearing -Request File Petition -Increase face to face contact with YSC -Make up missed appointments -Mentoring -Mental Health Counseling/ In-patient or Outpatient Treatmental Health Counseling/ In-patient or Outpatient Treatmental Health Counseling/ Particular Communication -Request to Modify GPS Monitoring -Open family communication -Request GPS Monitoring -Place youth on house arrest for one weekend -Request Custody Order -Restrict activities -Seek community based programs -Send noncompliance letter to youth and parent -Tutoring services

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DYS Graduated Sanctions Matrix/Options – Violations by Severity (Attachment B Continued) (Please refer to Chart below to assist with determining the Level of Severity of an alleged probation violation.)

Minor	Moderate	Serious
School behavior issues (e.g., one to two behavior referrals per month at school) * Not complying with rules at home Not attending school (one to five unexcused absences in one calendar year) Missing one or two scheduled appointments (e.g., counseling, mentoring, tutoring) in one month Missing one scheduled appointments with YSC in one month Returning home past curfew (but not away overnight) once or twice a week	School behavior issues (e.g., three to five behavior referrals per month at school) * Not attending school (six to eleven unexcused absences in one calendar year) Missing three or four scheduled appointments (e.g., counseling, mentoring, tutoring) in one month Missing two scheduled appointments with YSC in one month Returning home past curfew (but not away overnight) more than twice in one week Failing to charge GPS device when notified by electronic monitoring Testing positive for any drug Refusing to submit and/or tampering with a drug test	 School behavior issues (e.g. six or more behavior referrals per month at school) * Missing five or more appointments (e.g., counseling, mentoring, tutoring) in one month Missing three scheduled appointments with YSC in one month Violating curfew at home (away overnight) Intentionally damaging or tampering with GPS device Allowing GPS device to expire Associating with gangs or gang members (established by credible evidence) Possessing a weapon (established by credible evidence)

^{*}The Youth Services Counselors shall not recommend detention as a sanction for school related violations.

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November 1, 2018	Policy 42 Graduated Responses	Attachment C
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DYS Graduated Incentives Matrix (Attachment C)

	LEVEL OF ACHIEVEMENT		
	SHORT TERM GOALS	LONG TERM GOALS	
LIOW	-Discontinue electronic monitoring * -Encourage and positive recognition -Extend curfew -Formal recognition by judge -Individual acknowledgement and recognition suggested by parents and/or school officials -Positive letter sent home from YSC -Privileges suggested by youth and/or parent -Reduce level of supervision and reporting requirements * -Reduction of community service work hours -Review electronic monitoring, if applicable * -Support parent's permission to allow overnight visits -Support parent's permission to participate in recreational activities -Verbal Praise to youth and parent	- Certificate of achievement - Discontinue electronic monitoring * - Eacourage and positive recognition - Extend carfew - Formal recognition by judge - Individual acknowledgement and recognition suggested by parents and/or school officials - Positive letter sent home from YSC - Privileges suggested by youth and/or parent - Reduce appointment/phone calls with YSC - Reduce frequency of drug testing - Reduce level of supervision and reporting requirements * - Reduction of community service work hours - Review electronic monitoring, if applicable * - Support parent's permission to allow overnight visits * - Support parent's permission to participate in recreational activities - Verbal Praise to youth and parent	
YOUNTHINGER CENTAGO SEAVEN	Discontinue electronic monitoring Encourage and positive recognition Extend curfew Formal recognition by judge Individual acknowledgement and recognition suggested by parents and/or school officials Positive letter sent home from YSC Privileges suggested by youth and/or parent Reduce level of supervision and reporting requirements Reduce level of supervision and reporting requirements Review electronic monitoring, if applicable Review electronic monitoring, if applicable Support parent's permission to allow overnight visits Support parent's permission to participate in recreational activities Verbal Praise to youth and parent	- Certificate of achievement - Discontinue electronic monitoring * - Encourage and positive recognition - Extend curiew - Formal recognition by judge - Individual acknowledgement and recognition suggested by parents and/or school officials - Positive letter sent home from YSC - Privileges suggested by youth and/or parent - Reduce appointment/phone calls with YSC - Reduce frequency of drug testing - Reduce level of supervision and reporting requirements * - Reduction of community work service hours - Review electronic monitoring, if applicable * - Support parent's permission to allow overnight visits * - Support parent's permission to participate in recreational activities - Verbal Praise to youth and parent	
Will the state of	-Discontinue electronic monitoring -Encourage and positive recognition -Extend curiew -Formal recognition by judge -Individual acknowledgement and recognition suggested by parents and/or school officials -Positive letter sent home from YSC -Privileges suggested by youth and/or parent -Reduce level of supervision and reporting requirements * -Reduction of community service work hours -Review electronic monitoring, if applicable * -Support parent's permission to allow overnight visits -Support parent's permission to participate in recreational activities -Verbal Praise to youth and parent	- Certificate of achievement - Discontinue electronic monitoring " - Excourage and positive recognition - Extend carfew - Extend carfew - Extend carfew - Extend carfew - Formal recognition by judge - Individual acknowledgement and recognition suggested by parents and/or school officials - Positive letter sent home from YSC - Privileges suggested by youth and/or parent - Reduce appointments/phone calls with YSC - Reduce frequency of drug testing - Reduce level of supervision and reporting requirements " - Reduction of community work service hours - Review electronic monitoring, if applicable " - Support parent's permission to allow overnight visits - Support parent's permission to participate in recreational activities - Verbal Praise to youth and parent	

Note: The Youth Court Judge/Referee will approve incentive(s) with an asterisk (*).

Short Term Goals are easily attainable and can be accomplished quickly over a short period of time. Goals should be realistic and measurable. Examples: attending school daily for a week, following the rules at home daily, decreasing angry outbursts to no more than once per week, meeting curfew daily, and meeting referral appointments.

Long Term Goals can be attained over a long period of time that provides a desirable outcome. Goals should be realistic and measurable. Examples: graduating high school, getting a GED, obtaining a job, completing a court required service, and remaining drug free.

Implementation of Graduated Response

Step-by-Step Job Aid for Graduated Response

The implementation of Graduated Response shall begin by developing local options that determine how much latitude Youth Service Counselors will have in altering conditions of probation as a sanction or reward. Youth Services Counselors (YSC) and/or Regional Directors shall meet with county Judges/Referees to determine these guidelines. Once these guidelines are determined, the YSC will develop local DYS Graduated Incentives Matrix (Attachment C) and DYS Graduated Sanctions/Options (Attachment B). The Judge or Referee has the ultimate authority in his or her court.

Process for Implementing Graduated Incentives

- **Step 1.** Graduated Response Incentives begin with a meeting of the YSC and the youth and family. At this time, short and long-term goals are identified.
- **Step 2.** The goals will be explained to the youth and family and documented in the Case Supervision Plan (Attachment D).
- **Step 3.** In consultation with the youth and parent/guardian, the YSC will identify incentives (Attachment C) that can be earned if the youth completes the agreed upon goals.
- **Step 4.** The YSC will document progress and administer Graduated Incentives for incremental progress and when youth achieves these goals.

Example Short-Term Goal: Johnny is placed on formal probation for six months for possession of marijuana. He is a Moderate risk to re-offend (SAVRY). Following disposition, Johnny and his mother meet with the YSC and identify his short- and long-term goals. Johnny's short-term goal is to meet curfew each day for two weeks. His incentive is to earn an extra hour past curfew on Saturday nights. Johnny accomplishes his goal of meeting curfew and with his mother's approval, his counselor awards him the additional hour past curfew for the coming weekend. At the follow-up appointment, the YSC documents the incentive and encourages Johnny to continue achieving this goal for future curfew extensions.

Example Long-Term Goal: Johnny's long-term goal is to remain drug free. His incentive is to obtain his driver's license by the end of the six month probation. Johnny's mother approves this goal. Johnny meets regularly with his YSC and is given random drug screens along with counseling, encouragement and support. Each time Johnny passes a drug screen, he receives encouragement and further motivation to complete his goal. At the end of his six-month probationary period, Johnny has remained drug free and his mother allows Johnny to get his driver's license. The YSC documents the incentive and Johnny successfully completes probation and achieves his goal.

Process for Implementing Graduated Sanctions

When a youth placed on formal probation violates the terms of probation, a Graduated Sanction can be implemented. The process to determine the Graduated Sanction is as follows:

Step 1. Determine the seriousness of the violation (minor, moderate, or serious) by referring to the DYS Graduated Sanctions Matrix/Options – Violations by Severity (Attachment B Continued). If there is no comparable violation, the YSC will determine severity based on youth's violation, offense and history or victim impact.

Implementation of Graduated Response

- **Step 2.** Identify the risk to re-offend (low risk, moderate risk, or high risk) from the Risk/Needs Assessment (SAVRY).
- **Step 3.** Determine the appropriate Graduated Sanction based on Violation Seriousness (Step 1) and Risk/Needs (Step 2).
- Step 4. Document the violations/sanctions and complete Risk Re-Assessment, if needed.
 - 1. If the Graduated Sanction **does not** require a detention and/or post-disposition review hearing, the YSC, along with the parent, implements the sanction. The YSC documents the sanction in the Case Supervision Plan (Attachment D) and provides encouragement and support to motivate the youth from committing future violations.
 - 2. If the Graduated Sanction **does** require a detention and/or post-disposition review hearing based on the Violations by Severity Matrix (Attachment B) and the Sanctions Options (Attachment B), the YSC will complete a Violation Complaint Questionnaire (Attachment A), or the YSC will ask the parent/guardian and/or any other officers of the court to submit a Violation Complaint Questionnaire. The prosecutor will make the final decision as to whether a petition to revoke probation will be filed. If the petition to revoke is filed, the YSC shall, after considering the circumstances surrounding the violation, take the following steps:
 - Complete a social summary report with recommended sanctions for disposition (complete SAVRY re-assessment if needed)
 - o The recommendation shall be guided by the level of supervision and severity of the violation (Attachment B)
 - Make oral recommendation if completion of written recommendation was not possible
- Step 5. If the violation does not occur again, continue with the Case Supervision Plan.
- **Step 6.** If the violation occurs again, return to Step 1 of the process and repeat each step.

Example of Minor Violation: Johnny was placed on 6 months formal probation for possessing marijuana. He is a moderate risk to re-offend (SAVRY). Johnny has a short-term goal of meeting curfew nightly for two weeks. Johnny, his mother and YSC have agreed that an appropriate sanction for failing to meet curfew will result in a verbal warning. Johnny comes home 30 minutes late one time. He does not receive his incentive of an extended curfew and receives a verbal warning at his scheduled appointment with his YSC. Johnny corrects the behavior and receives the incentive for the remainder of his probation. The Case Supervision Plan (Attachment D) is appropriate and no probation violation is filed.

Example of Moderate Violation: Johnny was placed on 6 months formal probation for possessing marijuana. He is a moderate risk to re-offend (SAVRY). Johnny has a long-term goal of staying drug free. He and his parent have agreed that if he violates this goal, he will attend an alcohol and drug education course. Johnny has failed one random drug screen. His violation is moderate according to the Violations by Severity Matrix (Attachment B). Johnny enrolls in the course and continues to remain drug free. His YSC documents his progress, provides encouragement and support and continues his random drugs screens. Johnny successfully reaches his goal of remaining drug free. He attends the alcohol and drug course and successfully

Implementation of Graduated Response

completes his probation. The Case Supervision Plan (Attachment D) is appropriate and no probation violation is filed.

Example of Severe Violation: Johnny was placed on 6 months formal probation for possessing marijuana. He is a moderate risk to re-offend (SAVRY). He has a short-term goal of meeting curfew nightly and a long-term goal of remaining drug free. Johnny and his mother have agreed that violating curfew and/or using drugs could result in a return to court. Johnny leaves home without permission and stays away from home all weekend. When he returns home he appears intoxicated and fails a drug screen for both marijuana and cocaine. The YSC completes a Violation Complaint Questionnaire (Attachment A) reporting the violations and requests a detention hearing. At the hearing, the YSC recommends a petition to revoke probation be filed based on the severity of the violation (Attachment B). The prosecutor files the petition. The YSC completes a re-assessment (SAVRY) and Johnny's risk level rises to High due to noncompliance with his court ordered probation and continued drug use. A new recommendation is completed by the YSC recommending Johnny complete an In-Patient Alcohol and Drug Program. A new Case Supervision Plan (Attachment D) will be initiated with new Graduated Incentives and Sanctions.

Graduated Response Incentives Fundraising and Donations

Youth are no different than adults when it comes to motivation. While we are each motivated by different means (money, attention, affection, material items, etc.) we each need something to look forward to if we want a successful result.

Begin by getting to know the youth, find their interests and passions. This will give you an idea of who to contact and what businesses might provide an incentive that meets the needs of a particular youth. I have been successful by partnering with resources in my communities. In order to do this, you should visit local business owners, stakeholders such as law enforcement, community leaders, political leaders, and faith based groups. Introduce yourself and educate your community on the services we provide at DYS. Be positive when explaining our Graduated Response Incentives program and let the community know how their assistance can enhance the lives of youth who are potentially our future leaders and business owners.

Most national chain restaurants, as well as many local businesses and private citizens are also willing to donate to a good cause, and give back to their community. We can also give these individuals and organizations a tax deduction which will further motivate them to provide incentives for the youth.

Coordinate activities with your local Mental Health Teen Initiative Program (TIP) or Adolescent Opportunity Program (AOP), and Boys and Girls Club. Upcoming events include: Mock Court, Teen-OP (emphasis on character and employment), Teen-OP (emphasis on Leadership), Order Your Own (many of our youth have never ordered from a menu- this is local event that allows youth to get dressed up, go out to dinner, and order their own meals), just to name a few.

Seek out grant based organizations. Each grant based organization has to show proof that they serve the community or municipality. These monies are abundant and have to go somewhere. What better place than our youth. My local partners are Boy's and Girl's Club, Tobacco Free Coalition, American Lung Association, Northeast Mississippi Community College, Caterpillar,-(Girls in Manufacturing grant), and ACCO North America.

Material incentives such as movie tickets, meal vouchers, coupons, gift cards, clothes, shoes, personal items, driver license manuals, GED preparatory books provide individual motivation and incentive to encourage and support positive behavior. What is the value of a pair of shoes, if that youth decides to forgo continued drug use? What a small cost with such a huge gain.

Privilege incentives such as group activities with the TIP/AOP program, civic groups, or even a cookout for the youth, provides a sense of accomplishment and positive peer reinforcement. Again, the cost of some burgers and chips is small in comparison to the overall success of our youth.

When talking to some counselors and stakeholders, there has been negativity regarding incentivizing youth who have committed delinquent acts. If you encounter this, remind them that the incentives are only rewarded when earned. The youth has to be encouraged to succeed and we are the best first option to ensure this happens once a youth is in the court system. And remember, our positivity promotes others positive response.

Accounting for Donations for Graduated Response Incentives

When fundraising or seeking donations for Graduated Response incentives, you may be asked to provide proof of donation for a company or individuals tax return. Please follow the procedure below to receive the proof of donation.

After receiving the item(s) or cash donation, send an email to <u>Robbie.Stewart@mdhs.ms.gov</u>. Include the name and address of the company or individual, the item(s) received, and the total cash value (if known). Charlene will draft an acknowledgement and thank you letter that will be signed by Mr. Maccarone, thanking them for their donation and listing what was donated. This will serve as proof of donation for tax purposes. Do the same for cash donations.

To provide account of the donation, keep a monthly tally of the balance and what is spent, what items are used for incentive, and the cost per item. Keep all receipts on file. Keep this separate for each cash donation.

If money is deposited into a county account, they, the county, will need to do this or follow their protocols for donations.

USING GRADUATED RESPONSES FOR YOUTH ON PROBATION

Division of Youth Services

Goals for Today

- Learn about the benefits of standardizing the approach to positive and negative behaviors of youth on probation
- Identify lessons from research on effective ways of changing behavior
- Learn how to use our new sanctions and incentives system and apply it to our cases
- Practice how to explain graduated responses to youth, family members, and juvenile justice stakeholders



○ Richard Ross

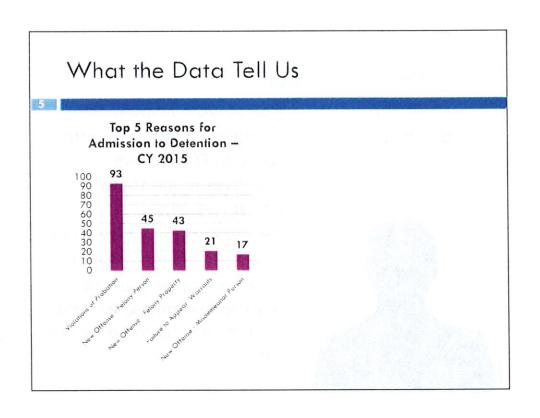
Why Now?

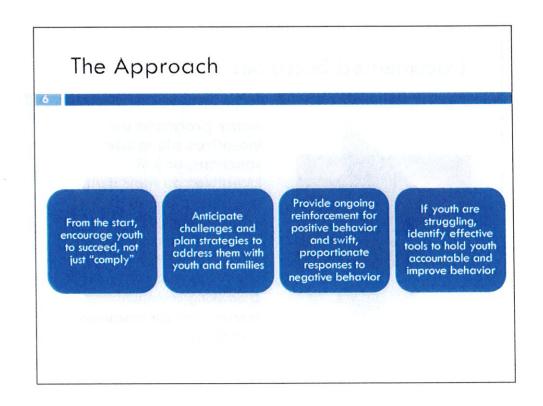
Graduated Responses provides incentives to encourage and support positive behavior and attainment of goals. It also provides sanctions for probation violations that correspond with the severity of the violation and youth's risk level.

What Are "Graduated Responses?"

Hold youth accountable for misconduct using a wide array of sanctions, but also provide incentives to youth for making progress toward short- and long-term positive goals











But . . .

- Not all staff respond to violations in the same way
- Some staff don't use incentives to the same degree as others
- Responses may not be quick enough to change behavior
- When we refer youth to court for violations, we lose much of our control over the case

Documented Successes





- Many programs use incentives alongside sanctions, or just incentives on their own, to achieve better results
- Positive Behavior Interventions and Supports (PBIS) in schools
- Adult drug courts
- Smoking cessation
- Many juvenile probation departments

What Are the Benefits?

- 9
- Higher successful probation completion rates and lower recidivism rates
- Reduced use of detention and placement for technical violations
- Consistency and equity in approach to violations
- Strengthening of youth's ability to succeed when no longer under supervision.



We will have more tools in the toolbox to help us achieve our goals

What Are the Benefits in Court?

- 10
- Judges will receive more information on the interventions that we have used in each case
- We will have easily accessible documentation to support VOP or case closure
- The court will see consistency and uniformity in our approach, which will build confidence in our work



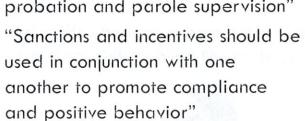
What Does the Research Tell Us?

In 2012, the American Probation and Parole Association, the Pew Charitable Trusts, and the National Center for State Courts examined the most up-to-date research on effective probation and parole practices . . .

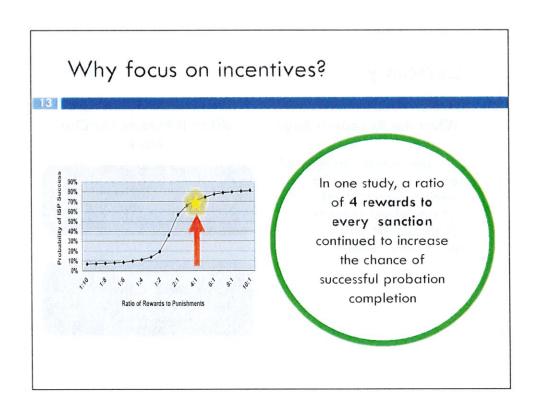
Their Findings . . .

12

"The use of incentives is equally important (and often not sufficiently considered) in probation and parole supervision"









Certainty

15

What the Research Says

".... perceived certainty of sanctions does exert a specific deterrent effect, but perceived severity (given certainty of punishment) does not."

What It Means for Our Work

<u>Consistency</u> of our response changes behavior, not the severity of the sanction.

Don't automatically ramp up sanctions if a lower level sanction worked earlier.

Immediacy

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What the Research Says

".... a swift response to an infraction improves the perception that the sanction is fair and that the immediacy is a vital tool in shaping behavior."

What It Means for Our Work

Responses must occur soon after a behavior in order to be effective. That way, youth learn the connection between the behavior and the response.

Fairness and Appropriate Intensity

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What the Research Says

"When used excessively or inappropriately, [sanctions] may precipitate a learned helplessness syndrome, which is counterproductive to the goal of improving behavior. Individuals who experience excessive, uncontrollable, and/or unpredictable sanctions often become irritable, despondent, and isolated, and thus less open to positive behavioral change."

What It Means for Our Work

Applying harsh sanctions for minor misbehavior can discourage clients and make them less willing to change their behavior.

Sanctions must match the seriousness of the behavior to be effective at deterring future negative behavior.

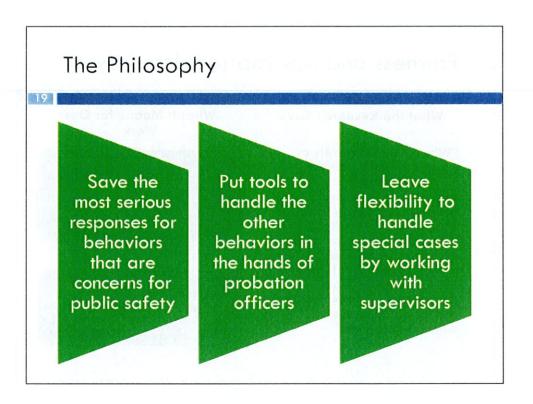
Tailored for Individual Youth

What the Research Says

"When administering reinforcements or punishments, three important factors impact the effectiveness of the contingency: salience, immediacy, and consistency.... [S]alience is the relevance of a given contingency to an individual. A contingency will not be effective if it is not important or relevant to the individual."

What It Means for Our Work

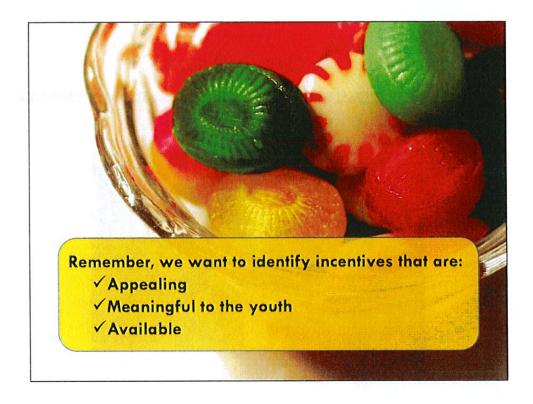
The same sanctions and incentives won't work for all youth. We have to select sanctions and incentives that will matter based on what we know about our clients.



What Have We Done?

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We have developed and refined a Graduated Responses policy with the expectation that it will be implemented and utilized in all counties in the state, with incentives and sanctions based on local resources.



Talking to Stakeholders about Graduated Responses

- mental distriction
 - Anticipate the interests and concerns of key stakeholders
 - Judges
 - Prosecutors
 - □ Public Defenders
 - Frame messages in a way that recognizes and addresses those interests and concerns



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Scenarios and Group Discussion

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Practice Tips

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- Ensure that youth understand expectations from the beginning
- Explain the system of graduated sanctions if youth do not comply
- With the youth and family, assess the likelihood of problems complying with particular conditions and plan strategies to prevent violations
- Expect challenges; respond each time so that it is clear you are watching
- Use sanctions related to the underlying behavior and likely to create change

When You Have a Violation

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- Explore the events that led up to the behavior that got them in trouble
- Help youth understand why his or her behavior is a problem
- Explore alternative actions the youth could take in the future
- Explain why you are imposing a particular sanction
- Work with the youth to create a plan for making better choices next time

Adapted from Mark Carey, Carey Guides Effective Case Management, Responding to Violations (2010).

Questions?

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 Contact your supervisor with any questions about how to apply graduated responses to a particular case



Scenario 1 for Graduated Responses Training

Randy, age 17, was arrested for the first time four years ago on a Robbery with a Deadly Weapon charge and pled Involved for one count of straight Robbery. He successfully completed probation for the offense two years ago. He had been out of the system until four months ago, when he was found Involved for an Assault in the Second Degree and placed on probation again. Randy was at school when he got into a fistfight with a schoolmate, Niko. He was placed on one year of probation with conditions that included a no contact with the victim order. Randy has been resistant from the beginning. After four months, he has shown up at all of his appointments, but his attitude is consistently negative. Randy's missed school twice – the first time you gave him a verbal warning, and the second time you assigned him four hours of community service. He has otherwise met his conditions. Yesterday, Niko's mother called to say that Randy approached Niko at school in a threatening manner with a group of other friends.

- 1) What will you do with this information?
- 2) What level of infraction severity will you use?
- 3) What level of supervision will you choose?
- 4) What action will you take?
- 5) How will you explain to Randy what action you are taking and why?

Trainer Notes:

- Need to investigate mother's report before applying sanction. Ask how you would investigate further.
- Discussion with Randy should include why you are concerned about the behavior and why you have chosen the sanction you did. In addition, you should discuss what thinking errors led Randy to engage in this threatening behavior and strategize about how to avoid this situation in the future.

Scenario 2 for Graduated Responses Training

Krystal is a 14-year-old girl who was just placed on your probation supervision caseload. She was charged with motor vehicle theft for taking her neighbor's car at 1 a.m. She pled Involved to theft under \$1,000 and her supervision level is low. There were several youth arrested in the incident and she was the youngest by three years. The driver of the stolen car was her 17-year-old boyfriend. Krystal's judge ordered her to not have any unsupervised interactions with her boyfriend for one month.

This is Krystal's first contact with your agency. For the first two weeks of her probation, she followed all conditions and attended all probation appointments and her mother reported no problems at home or in school. During the fourth week of supervision, though, you get a call from Krystal's mom. She found marijuana in Krystal's bedroom, and reports that Krystal has missed curfew three nights in a row by an hour. You call Krystal and schedule an office appointment for the following day. That next day, you receive another call from Krystal's mom saying that Krystal just received a 10-day suspension from school for fighting with another girl. When Krystal arrives, she tests positive for marijuana. She also admits to missing curfew three times. Krystal tells you that she missed curfew because she was going to see her boyfriend on his break at work. She also tells you that she thinks that the judge's order was stupid and that she is not going to follow it anymore.

- 1) How will you respond?
- 2) Calculate the level of infraction and choose a sanction, if appropriate.
- 3) What did you choose and how will you explain your choice to Krystal?

Trainer Notes:

- Ask about the origin of the fight at school. If you determine that the 10-day suspension is an adequate response to the fight, you may not need to apply an additional sanction at this time.
- This scenario involves multiple violations. Specify how the agency approaches multiple violations (i.e., choosing the most serious of the violations and determining a response based on that violation).
- Discussion should include why you are concerned about Krystal's behavior and why you have chosen the sanction you did. You should try to identify any recent changes that have led Krystal to engage in these behaviors. You should also emphasize the importance of following the judge's order to stay away from her boyfriend, as he will be unlikely to lift the restriction if she continues to violate her conditions. You should work with her to help her gain insight into his harmful influence on her, help her foresee what could happen if she continues to violate the judge's order, and help her develop strategies to find other people to spend time with who can be more positive influences.

Help her anticipate the challenges with complying with the judge's order and help her plan a way to avoid seeing the boyfriend at least in the short term.

SYSTEMS OF CARE

- Mississippi System of Care
- A-Team
- MAP Team
- Mental Health Commitment

SYSTEMS OF CARE

MISSISSIPPI STATEWIDE SYSTEM OF CARE FOR CHILDREN AND YOUTH

According to Statue 43-14-1, Mississippi Statewide System of Care for children and youth; purpose; included services; Interagency Coordinating Council for Children and Youth (ICCCY) established; membership; Interagency System of Care Council (ISCC); purpose and composition; Multidisciplinary Assessment, Planning and Resource (MAP) teams; funds contributed by participating state agencies.

(1) The purpose of this chapter is to provide for the development, implementation and oversight of a coordinated interagency system of necessary services and care for children and youth, called the Mississippi Statewide System of Care, up to age twenty-one (21) with serious emotional/behavioral disorders including, but not limited to, conduct disorders, or mental illness who require services from a multiple services and multiple programs system, and who can be successfully diverted from inappropriate institutional placement. The Mississippi Statewide System of Care is to be conducted in the most fiscally responsible (cost-efficient) manner possible, based on an individualized plan of care which takes into account other available interagency programs, including, but not limited to, Early Intervention Act of Infants and Toddlers, Section 41-87-1 et seq., Early Periodic Screening Diagnosis and Treatment, Section 43-13-117(5), waivered program for home- and community-based services for developmentally disabled people, Section 43-13-117(29), and waivered program for targeted case management services for children with special needs, Section 43-13-117(31), those children identified through the federal Individuals with Disabilities Education Act of 1997 as having a serious emotional disorder (EMD), the Mississippi Children's Health Insurance Program and waivered programs for children with serious emotional disturbances, Section 43-13-117(46), and is tied to clinically and functionally appropriate outcomes. Some of the outcomes are to reduce the number of inappropriate out-of-home placements inclusive of those out-of-state and to reduce the number of inappropriate school suspensions and expulsions for this population of children. This coordinated interagency system of necessary services and care shall be named the Mississippi Statewide System of Care. Children to be served by this chapter who are eligible for Medicaid shall be screened through the Medicaid Early Periodic Screening Diagnosis and Treatment (EPSDT) and

their needs for medically necessary services shall be certified through the EPSDT process. For purposes of this chapter, the Mississippi Statewide System of Care is defined as a coordinated network of agencies and providers working as a team to make a full range of mental health and other necessary services available as needed by children with mental health problems and their families. The Mississippi Statewide System of Care shall be:

- (a) Child centered, family focused, family driven and youth guided;
- (b) Community based;
- (c) Culturally competent and responsive; and shall provide for:
- (i) Service coordination or case management;
- (ii) Prevention and early identification and intervention;
- (iii) Smooth transitions among agencies and providers, and to the transition-age and adult service systems;
- (iv) Human rights protection and advocacy;
- (v) Nondiscrimination in access to services;
- (vi) A comprehensive array of services composed of treatment and informal supports that are identified as best practices and/or evidence-based practices;
- (vii) Individualized service planning that uses a strengths-based, wraparound process;
- (viii) Services in the least restrictive environment;
- (ix) Family participation in all aspects of planning, service delivery and evaluation; and
- (x) Integrated services with coordinated planning across child-serving agencies.

Mississippi Statewide System of Care services shall be timely, intensive, coordinated and delivered in the community. Mississippi Statewide System of Care services shall include, but not be limited to, the following:

- (a) Comprehensive crisis and emergency response services;
- (b) Intensive case management;

- (c) Day treatment;
- (d) Alcohol and drug abuse group services for youth;
- (e) Individual, group and family therapy;
- (f) Respite services;
- (g) Supported employment services for youth;
- (h) Family education and support and family partners;
- (i) Youth development and support and youth partners;
- (j) Positive behavioral supports (PBIS) in schools;
- (k) Transition-age supported and independent living services; and
- (1) Vocational/technical education services for youth.
- (2) There is established the Interagency Coordinating Council for Children and Youth (hereinafter referred to as the "ICCCY"). The ICCCY shall consist of the following membership:
- (a) The State Superintendent of Public Education;
- (b) The Executive Director of the Mississippi Department of Mental Health;
- (c) The Executive Director of the State Department of Health;
- (d) The Executive Director of the Department of Human Services;
- (e) The Executive Director of the Division of Medicaid, Office of the Governor;
- (f) The Executive Director of the State Department of Rehabilitation Services;
- (g) The Executive Director of Mississippi Families as Allies for Children's Mental Health, Inc.;
- (h) The Attorney General;
- (i) A family member of a child or youth in the population named in this chapter designated by Mississippi Families as Allies;

- (j) A youth or young adult in the population named in this chapter designated by Mississippi Families as Allies;
- (k) A local MAP team coordinator designated by the Department of Mental Health;
- (1) A child psychiatrist experienced in the public mental health system designated by the Mississippi Psychiatric Association;
- (m) An individual with expertise and experience in early childhood education designated jointly by the Department of Mental Health and Mississippi Families as Allies;
- (n) A representative of an organization that advocates on behalf of disabled citizens in Mississippi designated by the Department of Mental Health; and
- (o) A faculty member or dean from a Mississippi university specializing in training professionals who work in the Mississippi Statewide System of Care designated by the Board of Trustees of State Institutions of Higher Learning.

If a member of the council designates a representative to attend council meetings, the designee shall bring full decision-making authority of the member to the meeting. The council shall select a chairman, who shall serve for a one-year term and may not serve consecutive terms. The council shall adopt internal organizational procedures necessary for efficient operation of the council. Each member of the council shall designate necessary staff of their departments to assist the ICCCY in performing its duties and responsibilities. The ICCCY shall meet and conduct business at least twice annually. The chairman of the ICCCY shall notify all ICCCY members and all other persons who request such notice as to the date, time, place and draft agenda items for each meeting.

(3) The Interagency System of Care Council (ISCC) is created to serve as the state management team for the ICCCY, with the responsibility of collecting and analyzing data and funding strategies necessary to improve the operation of the Mississippi Statewide System of Care, and to make recommendations to the ICCCY and to the Legislature concerning such strategies on, at a minimum, an annual basis. The System of Care Council also has the responsibility of coordinating the local Multidisciplinary Assessment and Planning (MAP) teams and "A" teams and may apply for grants from public and private sources necessary to carry out its

responsibilities. The Interagency System of Care Council shall be comprised of one (1) member from each of the appropriate child-serving divisions or sections of the State Department of Health, the Department of Human Services (Division of Family and Children Services and Division of Youth Services), the State Department of Mental Health (Division of Children and Youth, Bureau of Alcohol and Drug Abuse, and Bureau of Intellectual and Developmental Disabilities), the State Department of Education (Office of Special Education and Office of Healthy Schools), the Division of Medicaid of the Governor's Office, the Department of Rehabilitation Services, and the Attorney General's office. Additional members shall include a family member of a child, youth or transition-age youth representing a family education and support 501(c)3 organization, working with the population named in this chapter designated by Mississippi Families as Allies, an individual with expertise and experience in early childhood education designated jointly by the Department of Mental Health and Mississippi Families as Allies, a local MAP team representative and a local "A" team representative designated by the Department of Mental Health, a probation officer designated by the Department of Corrections, a family member and youth or young adult designated by Mississippi Families as Allies for Children's Mental Health, Inc., (MSFAA), and a family member other than a MSFAA representative to be designated by the Department of Mental Health and the Director of the Compulsory School Attendance Enforcement of the State Department of Education. Appointments to the Interagency System of Care Council shall be made within sixty (60) days after June 30, 2010. The council shall organize by selecting a chairman from its membership to serve on an annual basis, and the chairman may not serve consecutive terms.

(4) (a) As part of the Mississippi Statewide System of Care, there is established a statewide system of local Multidisciplinary Assessment, Planning and Resource (MAP) teams. The MAP teams shall be comprised of one (1) representative each at the county level from the major child-serving public agencies for education, human services, health, mental health and rehabilitative services approved by respective state agencies of the Department of Education, the Department of Human Services, the Department of Health, the Department of Mental Health and the Department of Rehabilitation Services. These agencies shall, by policy, contract or regulation require participation on MAP teams and "A" teams at the county level by the appropriate staff. Three (3) additional members may be added to each team, one (1) of which may be a representative of a family education/support 501(c)3 organization with statewide recognition and

specifically established for the population of children defined in Section 43-14-1. The remaining members will be representatives of significant community-level stakeholders with resources that can benefit the population of children defined in Section 43-14-1. The Department of Education shall assist in recruiting and identifying parents to participate on MAP teams and "A" teams.

- (b) For each local existing MAP team that is established pursuant to paragraph (a) of this subsection, there shall also be established an "A" (Adolescent) team which shall work with a MAP team. The "A" teams shall provide System of Care services for youthful offenders who have serious behavioral or emotional disorders. Each "A" team shall be comprised of, at a minimum, the following five (5) members:
- (i) A school counselor, mental health therapist or social worker;
- (ii) A community mental health professional;
- (iii) A social services/child welfare professional;
- (iv) A youth court counselor; and
- (v) A parent who had a child in the juvenile justice system.
- (c) The Interagency Coordinating Council for Children and Youth and the Interagency System of Care Council shall work to develop MAP teams statewide that will serve to become the single point of entry for children and youth about to be placed in out-of-home care for reasons other than parental abuse/neglect.
- (5) The Interagency Coordinating Council for Children and Youth may provide input to one another and to the ISCC relative to how each agency utilizes its federal and state statutes, policy requirements and funding streams to identify and/or serve children and youth in the population defined in this section. The ICCCY shall support the implementation of the plans of the respective state agencies for comprehensive, community-based, multidisciplinary care, treatment and placement of these children.
- (6) The ICCCY shall oversee a pool of state funds that may be contributed by each participating state agency and additional funds from the Mississippi Tobacco Health Care Expenditure Fund, subject to specific appropriation therefor by the Legislature. Part of this pool of funds shall be available for increasing the present funding levels by matching Medicaid funds in order to

increase the existing resources available for necessary community-based services for Medicaid beneficiaries.

- (7) The local interagency coordinating care MAP team or "A" team will facilitate the development of the individualized System of Care programs for the population targeted in this section.
- (8) Each local MAP team and "A" team shall serve as the single point of entry and re-entry to ensure that comprehensive diagnosis and assessment occur and shall coordinate needed services through the local MAP team and "A" team members and local service providers for the children named in subsection (1). Local children in crisis shall have first priority for access to the MAP team and "A" team processes and local System of Care services.
- (9) The Interagency Coordinating Council for Children and Youth shall facilitate monitoring of the performance of local MAP teams.
- (10) Each ICCCY member named in subsection (2) of this section shall enter into a binding memorandum of understanding to participate in the further development and oversight of the Mississippi Statewide System of Care for the children and youth described in this section. The agreement shall outline the system responsibilities in all operational areas, including ensuring representation on MAP teams, funding, data collection, referral of children to MAP teams and "A" teams, and training. The agreement shall be signed and in effect by July 1 of each year.

ADOLESCENT TEAM (A-TEAM)

The Youth Services Counselor is responsible for completing a referral packet in a timely manner on any youth paroled form the Oakley Youth Development Center on Psychotropic medication, and any youth in the community hard to place, who is emotional or behavioral disordered. All youth must be staffed by the A-Team prior to being referred to the State Level Review team. A goal of the A-Team is to determine community based solutions for the care and treatment of youth.

A-TEAM REFERRAL PACKET

INTRODUCTION INFORMATION

Date of Referral		DHS/DYS Regi	on	
Referring Counselor		Location	_ 	
Date of Court Hearing				
Name of Youth		DOB	Race	Sex
Address			_ _	
SS #				
Mother	Telephone	Employment		
Address				
Father				
Address				
Legal Guardian/Custodian_			_Telephone	
Employment		Address		

Current Charges

Previous Violation of Probation of Parole

Brief Summary of Court History (Also Attach Offense Sheet)

Brief Summary of Mental Health (Please report any additional information regarding the youth's mental health and the behaviors consistently demonstrated by the youth. Also attach current psychological or CMHS Intake and/or Treatment Plan, if available)

CASE INFORMATION

NameSS#	
1. Previous Out of Home or Residential Placements: Yes or No	
If yes—NameType/Facility	
Location Time Period(s)	
Facility Recommendations	
NameType/Facility	
Location Time Period(s)	
Facility Recommendations	
2. MDHS Custody Placements: Yes or No	
If yes# of Foster HomesReasons for removal/re-placements & Time Periods #1#2	
3. Review DYS Social History Attached and provide the following information.	
Strengths of Youth Strengths of Family	
4. Education History (Attach available current information)	
Current School/Most recent attended & dates	
City/County/State Grade LevelGrades	
Sp Ed: Yes or No Eligibility Ruling	
Disciplinary Actions: Yes or No Suspension (date); Expulsion(date)	
Alternative School: Yes or No Dates:	
5. Medical History (Attach available current information)	
Allergies Physical Impairment	
Surgery	
Current or Chronic Disease	
Pertinent Family Medical History	

ME	SS #	
Mental Health Histo	ory	
Has the Youth been r	reviewed by MAP Team? Yes or No Explain	
Receiving Mental He	ealth Services: Yes or No If yes, check appropriate so	ervices:
_outpatient therapy	case managementday treatmentphysician s	ervices
medications (Iden	tify)	
ency providing mer	ntal health services & duration:	
spitalized for psych	niatric treatment: Yes or No If yes, give location/attach	discharge
ımary, if available:		
er important inform	nation including pertinent family history:	
	s for this Youth currently being assessed by youth and fa	mily:
ume		mily:
ameates	s for this Youth currently being assessed by youth and fa	nmily:
ates	s for this Youth currently being assessed by youth and fa Type/Facility/AgencyLocation	nmily:
ameameates	Type/Facility/AgencyLocationType/Facility/AgencyType/Facility/Agency	Cost
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Identify any other resources that have been contacted or might be appropriate to contact for this client and the client's family.

8. Please provide any additional pertinent information below or on a separate sheet.

A - Team Recommendations

Name	SS#	
	lient referred to the A-Team?	
Recommendation	ons:	
1.	Educational Recommendations	
2.	Mental Health Recommendations	
3.	Youth Services Recommendations	
4.	Family & Children/Social Services Recommendations	
5.	Other recommendations	
A-Team Memb	er Signature	Date
1. DHS/DYS	Regional Director	
2. DHS/DYS	Representative Counselor	
3. DHS Fami	ily & Children Services/Social Services Rep	
4. CMHC Re	epresentative	· · · - · · · · · · · · · · · · · · · ·
5. School Co	ounselor/School Attendance Officer	
6. Parent Rep	presentative	

A-Team Release Form Authorization to Release or Obtain Protected Health Information

Name	<u> </u>		County
Sex_	Date of Birth	Social Secur	rity Number
Autho	orized Representative (if	applicable)	
I,		or I, as the	. authorize
(Na	ame)	(parent/guardian/othe	, authorize r judicially authorized person)
health	information records to/	from	otain (circle one) my protected
(Name	of person/title of entity and a	address to whom/from whom infor	rmation will be disclosed/obtained).
	ifically authorize/conser	nt to the release or obtaining to the following:	(circle one) of health
for the			
		formation/record is requested	
revok			on at any time. I understand that to to revoke the authorization in writing
I unde releas	erstand that my revocation ed/obtained in response	on will not apply to action or to this authorization.	any information that has already been
I under	erstand that I may inspect stand that any disclosure	t or copy information to be	of this health information is voluntary. used or disclosed as provided by law. I it the potential for disclosure and that fidentiality laws.
Signati	re of Individual		Date
Signati	re of Parent/Guardian/Judici	ally Authorized Representative	Date
Signatu	ere of Witness		Data

A-Team Tracking Form Social Security Number

Name	Social Security Number
Contact Person_	Telephone
This case presented initially to the A-T based on the recommendations and tin scheduled for	Team on will be tracked by the A-Tean nelines provided. The first review date is
1. Reviewed on	.Comments/Needs at the time of review:
	Comments/Needs at the time of review:
Next scheduled review date	
1. Reviewed on	
1. Reviewed on	.Comments/Needs at the time of review:
1. Reviewed on	Comments/Needs at the time of review:
Next scheduled review date	
1. Reviewed on	Comments/Needs at the time of review:
Next scheduled review date or continu	ue A-TEAM services with next A-TEAM Review or Other

MAP TEAM REFERRAL FORM

Why is this child being referred to the MAP Team?

		MAP TEAM	CASE#
	Referral I	dentifying Informatio	oa.
Name:	County	of Residence	· · · · · · · · · · · · · · · · · · ·
Date of Birth:	Sex:	Race:	
Social Security Number:			
Guardian (s)' Name, Address, and P			
Financial Resourceu Potential (payn			
Medicaid Eligible? Y N			
Referral Source:			
ת	MENTAL H	EALTH INFORMAT	TION
Diagnosis (A provisional Dx, made by based on symptoms/behaviors listed be		level mental health rep	presentative on the team, may be included
Axis I:			
Axis II:			
Axis III:			
Axis IV:			
Axis V:			
If diagnosis is not known, please lsit emotional/behavior problems.	behaviors (t	e specific) that would	indicate that this child has
P	LACEMEN	T RISK INFORMAT	TION
How is this child considered to be at	immediate i	risk for an inappropri	ate instituional placement?

ADDITIONAL MAP TEAM CASE REFERRAL INFORMATION

- 1. All previous placements for the client (when/where/how long):
- 2. When did the child come into DHS custody and how long have they been in custody:
- 3. What is the longest period the child stayed in one placement and which placement was it?
- 4. What resources have you checked into so far and what others are you considering:
- 5. Has a psychological evaluation been done within the last six months and if so, what were the recommendations?
- 6. Is the child currently in a facility or been in one recently and if so, what were their recommendations?
- 7. Provide some insight as to what has lead to so many unsuccessful placements for this child:

MAP TEAM STRENGTHS ASSESSMENT

	Child's Name:
	Review`Date:
Strengths of the Child/Family	
(what the child/family likes to do/is able to do)	

Needs of the Child/Family

(what the child/family needs to reach their goals)

MAP TEAM'S TEAM ASSESSMENT

		Child's Name:
		Review Date:
	SOCIAL H	IISTORY
With whom does child live?		
Does child have siblings? Yes	No	If yes, please include number of siblings
with their sexes and ages.		
If yes, do the siblings live in the s	ame househ	old as the child being referred?
ED	UCATION	AL HISTORY
Name of school child attends:		
Grade in school:		
If child is not currently in school, n	ame of last	school attended:
Is child in special education?	Yes	No
If yes, what SPED ruling does child l	have?	
Describe difficultuies child is having	in school:	

MENTAL HEALTH HISTORY

Is child currently receiving mental health services?YesNo
If yes, what services is the child receiving?Outpatient Therapy Case Management
Day TreatmentPhysician's ServicesOther
If yes, what agency is providing these services?
Has child been hosptialized for psychiatric treatment?YesNo
If child has been hospitalized for psychiatric treatment, list hospitalizations for the past year
(if known).
JUVENILE JUSTICE
Is this child involved in the juvenile justice system?YesNo
If Yes, what is this child's involvement with the juvenile justice system?
COMMUNITY RESOURCES
Identify all community resources currently being accessed by the child/family (i.e.
assistance from local churches, human resource agencies, Families First Resource Centers, Big
Brothers/Big Sisters, etc.)

ADDITIONAL INFORMATION

Additional information provided by MAP TEAM members about this child/family.

Referral to State Level Case Review Team

SPECIAL NOTE: The Complete A-Team Referral Packet and its attachments serve as the State Level Case Review Referral Packet.

To be completed by	Referring A-Team_			
DateRefe	erring DHS/DYS Reg	ional Director		
		Telephone		
Name of Youth		DOB	Race	Sex
SS#	Telephone	Medicaid/In	surance	
Reason for Referral	l to State Level Case	Review Team		
To be completed by S	tate Case Level Review	<u> Feam</u>		
Recommendations:	:			
			·	
Signature	<u>.</u>	Date		

Mental Health and Alcohol and Drug Abuse Commitment Procedures

Mental Health Commitment

- A child/adolescent may be involuntarily committed to the state mental hospitals for diagnosis and treatment by the Chancery Court, Youth Court, or Family Court of his county of residence or the county in which he was found. The general procedures for such commitment by the Youth Court or the Family Court are the same as those applied by the Chancery Court for Involuntary Commitment. If the Youth Court finds at the disposition hearing that a delinquent child, a child in need of supervision, a neglected child, and abused child or a dependent child is also a child in need of special care, the Youth Court may make appropriate additional disposition designed for the treatment of the disability or infirmity, which may include civil commitment to a state institution providing care for the disability or infirmity. Any commitment shall be in compliance with requirements for civil commitment. (Chancery Court will be used to refer to all courts listed above).
- Each county completes the process of commitment in similar ways. However, there may
 be some differences in how the process is fulfilled for each county. There is a cost for
 the process of filing an affidavit that covers court cost which also varies among counties.
 Depending on your county, the DYS office representative may not be requested to remit
 payment for their filing the affidavit.
- Any interested person can file an affidavit for commitment on someone. The individual who wishes to have a youth committed must go to the Chancery Court of the county in which the youth lives. At this time the individual must file affidavit with the court system attesting that the person is in need of mental health or alcohol and drug treatment because they are a danger to themselves, a danger to others, or unable to care for themselves.
- A writ is ordered by the chancery clerk, upon direction of the chancellor of the court.
 The writ directs the individual to be brought by sheriff or other appropriate authority before the clerk or chancellor who shall order the pre-evaluation screening.

- A writ is then issued to have the individual transported by sheriff or other appropriate authority to the local community mental health center or designated location determined by the mental health center for a Pre-Evaluation Screening to be conducted. This screening can be conducted by a Mississippi licensed psychologist or licensed physician, a registered nurse trained and certified by the Department of Mental Health, or a master level mental health professional trained and certified by the Department of Mental Health. If the mental health center determine through examination that they can provide the most appropriate service in the community and the person will voluntatrily availa to this service, there is no need for further examination by the physician/psychologist. That decision would be made by the Chancellor however, if the mental health center does not believe the individual is capable of being treated within the community, the examination of the physician/psychologist will occur.
- The chancellor appoints two reputable, licensed physicians or one physician and a psychologist to conduct a mental examination and physical examination of the person. They are to report and certify their findings of all mental and acute physical problems to the clerk or chancellor. The report includes the facts as found by the physicians and/or psychologist and states whether or not they are of the opinion that the individual is suffering from a disability as defined by statutes and should be committed to a treatment facility. These physicians/psychologist can recommend outpatient commitment, if they find that the respondent meets certain criteria.
- At the beginning of the examination, the respondent shall be told in plain language of the
 purpose of the examination, the possible consequences of the examination and the right to
 refuse to answer any questions and a right to have an attorney present. The clerk will
 assure that the person (respondent) is represented by an attorney. If not represented, one
 will be appointed.
- If the chancellor determines that there is probable cause to believe that the respondent is
 mentally ill and that there is no reasonable alternative to detention, the chancellor may
 order that the respondent be retained as an emergency patient any available regional
 mentla health facility or any other available suitable location as the court may so

- designate pending an admission hearing and order a peace officer or other person to transport the respondent to such mental health facility or suitable location.
- The chancery hearing is conducted by the chancellor. The respondent is present unless the chancellor determines he/she is unable to attend and must make this part of the record. The respondent must not be under the influence of drugs, medication or other treatment so as to hamper participation in the proceedings. The respondent may offer evidence, confront witnesses and cross examine them, and has the right against selfincrimination.
- If the court finds by clear and convincing evidence that the respondent is mentally ill, there is no suitable alternative to judicial commitment, the court shall commit the person for treatment in the least restrictive treatment facility which can meet the patient's treatment needs.
- The initial commitment shall not exceed three months. At that time, the director of the
 facility must make a report to the committing court regrding the individual's suitability
 for discharge or his need for continued treatment.

Alcohol and Drug Abuse Commitment

- There are two types of commitment for individuals that have alcohol and drug abuse problems: Emergency Involuntary Commitment or Involuntary Commitment.
- Emergency Involuntary Commitment-A person may be admitted to an approved public or private treatment facility for emergency care and treatment upon the decree of the Chancery Court acepting an application for admission thereto accompanied by the certificate of two licensed physicians. The application is to be made in the court of the person's residence and may be made by the certifying physician, the patient's spouse ir guardian, relative, or any other person responsible for health, safety, or welfare of all or part of the citizens within the Court's territorial jurisdiction. A hearing shall be heard by the Chancery Court in the presence of the person sought to be admitted unless the fall or refuse to attend. They have a right to counsel and attendance of witnesses. The Chancery Judge may refuse the application if grounds for commitment are not sustained. If committed, the individual will be transported to the treatment facility and discharged

- once the physician determines that grounds for commitment are no longer wattanted, but not to exceed five days.
- Involuntary Commitment-Proceedings for treatment for any person alleged to an alcoholic or drug addict may be initiated by a relative, friend or the county health officer. The affidavit must allege that the person is an alcoholic or drug addict and a resident of the state. It must allege that because of the addiction, the individual is incapable or unfit to look after and conduct his affairs, or is a danger to himself or others, or has lost the power of self-control because of periodic, constant or frequent use of alcoholic beverage or habit-forming drugs and that he is need of care and treatment and this treatment will improve his health.
- The hearing will be held not less than five days nor more than twenty days from the filing of the petition. The respondent will be served with the citation. The Chancellor, at the time of the hearing, may hear evidence on the petition, with or without the presence of the respondent. The respondent may be order to udnergo examination by the country health officer or another competent physician and may consider the results in making the decision.
- When the Chancellor finds the evidence to support to petition, he may order the person commtted for treatment to the proper state institution or in the case of an alcohol to an approved public or provate treatment facility for care and treatment for a period of not less than 30 days or more than ninety days. The Medical director of the treatment facility shall be vested with full discretion as to the treatment and discharge of such person and may discharge such person at any time when the condition of the person shall so justify.

YOUTH SERVICES REPORTS AND REQUIREMENTS

- Monthly Caseload Report
- Monthly Referral Report
- Activity Record
- Statistical Data Sheet
- Parole Tracking Sheet
- Crossover Case Reporting Form

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES DIVISION OF YOUTH SERVICES			
Subject:	Policy Number:		
Monthly Caseload Report	19		
Number of Pages:	Section:		
4	XIV		
Attachments:	Related Standards & References:		
A. Monthly Caseload Report			
Effective Date:	Approved:		
November 1, 2018	Jew Mallan		
Revised March 1, 2019	James Maccarone, Director		

POLICY

It is the policy of Mississippi Department of Human Services, Division of Youth Services that each Community Services Section Youth Services Counselor submit a Monthly Caseload Report (see attachment), to the appropriate Regional Director by the 3rd day of the month following the monthly reporting period.

I. DEFINITIONS

As used in this Policy and Procedure, the following definitions apply:

- A. Informal Adjustment Agreement: A written agreement between the Community Services Section Youth Services Counselor, the youth and his/her parent(s), guardian(s) or custodian(s), that is in effect for up to six (6) months and outlines the terms and conditions of the Informal Adjustment.
- **B.** CHINS: "Child in Need of Supervision" means a child who has reached his or her seventh birthday and is in need of treatment of rehabilitation because the child is habitually disobedient of his parent, guardian, or custodian, and is ungovernable and/or runs away from home.
- C. Delinquent: A child who has reached his tenth birthday and who has committed a delinquent act. A delinquent act is an offense, which if committed by an adult, would be a crime.

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- **D.** Supervision Cases: These are cases that have been received and assigned to a Community Services Section Youth Services Counselor, which are being supervised in the community by a Community Services Section Youth Services Counselor.
- 1. Informal Probation/Adjustment: This category includes delinquent or CHINS cases being supervised under an informal adjustment agreement, or any "informal" supervision status.
- **2. Formal Probation:** This category includes "formal," court ordered delinquent or CHINS supervision cases.
- 3. Parole: This category includes all cases supervised after release from a state juvenile institution.
- E. Referred and Institutional Cases: These are cases that have been referred to a residential or non-residential program, or institution.
- 1. Non-Residential Referrals: This category includes delinquent or CHINS cases that have been referred for counseling, assistance, or other non-residential services at another agency or program, such as a referral to a local mental health center, the Adolescent Opportunity Program, Drug Court, or to a local volunteer program, with said referral providing supervision of the youth.
- 2. Residential Referrals: This category includes delinquent or CHINS cases, for which youth have been placed in a residential treatment facility, group home, or other residential facility.
- **3.** Institutional Commitments: This category includes cases committed to a juvenile institution operated by the Mississippi Department of Human Services, Division of Youth Services.

II. PROCEDURE:

Each case will be placed into one column for purposes of recording the case and shall reflect the case status on the last day of the month. A case may only be placed in one column at a time.

- **A. Brought Forward:** Amounts from the Total column from the Monthly Caseload Report submitted the previous month.
- **B.** New Cases: Cases not already referred and recorded in another category. A new case would be recorded in this category once the case has been disposed of and removed from the Monthly Referral Report. Interstate Commission for Juveniles (ICJ) and intrastate courtesy supervision probation and parole transfer cases would be listed as new cases for the month that they were received. A new case is an addition to the Total column. If a case is received, assigned, and disposed of in the same month with supervision required, it would be a New Case and a Closed Case on the Monthly Referral Report and it would be a New Case in the appropriate category on the Caseload Report Form.

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- C. Category Change: A case that is already in the system and recorded on the Caseload Report Form for which a change in status has occurred. For example, a child who is on formal probation last month, committed a new offense and is committed to the Oakley Youth Development Center this month, would be listed as a Category Change for Institutional Commitments, not as a New Case. That case would be also be closed in the Formal Probation row. A Category Change is an addition to the Total. In order for a case to be a Category Change in one category, it must be Closed in another category, for a zero sum gain.
- **D.** Closed: A case that is closed in a given month due to the period of supervision expiring, with no pending court action. If the court wishes a case to remain open due to unpaid fines and restitution, if there is no pending court action on the date of expiration, the case will be listed as closed that month. A separate off-the-record tally may be kept for such cases that are held open due to unpaid fines or restitution. A closed case is subtracted from the Total.
- **E. Total:** Both the Total column and Totals row should equal the same amount when computed.

III. Scoring Formula:

The scoring formula is as follows:

Brought + New Cases + Category - Closed = Total Forward Change

IV. Additional Factors:

Notate those cases, as appropriate.

- A. Prior Delinquent Referral: This category includes the number of New Cases by youths who have had at least one prior delinquent referral.
- **B. Felony Dispositions:** This category records the total number of felony dispositions for the month. Disposition, meaning a case has gone to court, and the youth was ordered on probation, committed to Oakley, or another dispositional alternative was ordered. This would result in the referral being placed in the New Cases column on the Caseload Report. This should not be used to record misdemeanors for which there was a disposition. The number of felonies for which there was a disposition will be compared to the total number of new Institutional Commitments to determine the rate of felony cases diverted from Oakley, on a percentage basis.

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V. Demographic Information:

Each New Case shall be recorded in both demographic categories.

- A. Race and Gender: This category includes the total number of males and females, according to race. The categories include: African American, Caucasian, Hispanic, Asian, Native Americans, and Others. The total number of race and gender should equal the total number of cases.
- **B.** Age Totals: This category denotes the age of each referral at the time of the referral. The total number for this category should equal the total number of cases.

COUNTY:	<u> </u> ≾	HTNO	CAS MONTH/YEAR:	ELOA	CASELOAD REPORT FO	RT FO)RM	COUNSELOR:	LOR:			
SUPERVISION CASES	BROUGHT FORWARD		+ NEW CASES	+	- CATEGORY CHANGE		- CLOSED	D =	TOTAL		CASELOAD TOTAL	D
INFORMAL PROBATION / ADJUSTMENT												
FORMAL PROBATION			:							ζ	TOTAL)
PAROLE												
REFERRED AND INSTITUTIONAL CASES										»	AGE TOTALS	LS
NON-RESIDENTIAL												
RESIDENTIAL											TOTALS ABOVE	
COMMITMENTS				i							FELONY	
TOTALS										D]	DISPOSITIONS	SNG
PRIOR DELINQUENT REFERRALS												
RACE/GENDER	AFRICAN AMERICAN	CAN	CAUCASIAN	SIAN	HISPANIC	NIC	ASIAN		AMERICAN	Z	OTHEKS	
	M	দা	X	H	M	F	X	נדי	×	ㅂ	Z	T
RACE/GENDER TOTAL (CASELOAD AND RACE/GENDER TOTALS ARE TO MATCH)		į								}		
AGE TOTALS	07	08	09	10 1	11 12	13	14	15	16 17	18	19	20

	PARTMENT OF HUMAN SERVICES ON OF YOUTH SERVICES
Subject:	Policy Number:
Monthly Referral Report	46
Number of Pages:	Section:
3	XIV
Attachments:	Related Standards & References:
A. Monthly Referral Report	
Effective Date:	Approved:
November 1, 2018	Jane Marian
	James Maccarone, Director

POLICY

It is the policy of Mississippi Department of Human Services, Division of Youth Services that each Community Services Section Youth Services Counselor submit a Monthly Referral Report (see attachment), to the appropriate Regional Director by the 3rd day of the month following the monthly reporting period.

I. DEFINITIONS

As used in this Policy and Procedure, the following definitions apply:

- A. Referred Case: A new referral assigned to a Community Services Section Youth Services Counselor in a given month. This may include a new referral of someone presently on a caseload, or a new referral of someone who had previously been closed. This does not include a case assigned to intake that never is received by a Youth Services Counselor.
- **B.** Interstate Commission for Juveniles (ICJ): The Interstate Commission for Juveniles is established to fulfill the objectives of the Compact, through means of joint cooperative action among the Compacting states to promote, develop and facilitate a uniform standard that provides for the welfare and protection of juveniles, victims and the public by governing the Compacting states' transfer of supervision of juveniles, temporary travel of defined offenders and return of juveniles who have absconded, escaped, fled to avoid prosecution or run away.

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- 1. Runaway (ICJ): Persons within the juvenile jurisdictional age limit established by the home state who have voluntarily left their residence without permission of their legal guardian or custodial agency but who may or may not have been adjudicated.
- 2. Absconder (ICJ): A juvenile probationer or parolee who hides, conceals, or absents him/herself with the intent to avoid legal process or authorized control.
- 3. Warrant (ICJ): An order authorizing any law enforcement or peace officer to apprehend and detain a specified juvenile.

II. PROCEDURE:

Each case will be placed into one column for purposes of recording the case and shall reflect the case status on the last day of the month. A case may only be placed in one column at a time.

- **A. Brought Forward:** Amounts from the Total column from the Monthly Referral Report submitted the previous month.
- **B.** New Cases: A case that is referred to a Community Services Section Youth Services Counselor in a given month. A new case is an addition to the Total column. A case that is referred and disposed of in the same month shall be listed as a New Case and Closed case within the same month. For example, if a case is referred on the fifth day of the month, and the judge electronically signs an intake order the twentieth day of the month approving the youth be counseled and warned, that would be both a New Case and a Closed in the same month.
- C. Closed: A referred case that is closed in a given month for which there was a disposition reached. A case may be disposed of with or without court action, or with or without a petition being filed. Disposition may include take no action, counsel and warn, to a commitment to the Oakley Youth Development Center, or certification.
- **E.** Total: Both the Total column and Totals row should equal the same amount when computed.

III. Scoring Formula:

The scoring formula is as follows:

Brought + New Cases - Closed = Total Forward

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IV. Additional Factors:

Notate those cases, as appropriate.

- A. Diversions from Youth Court: This is taken from the Closed cases column and refers to cases for which there has been a disposition without a petition being filed, and without court action being taken. Diverted cases will have no further court action or informal or formal probation supervision. Notate the type of diversion accordingly.
- B. Generation+ (GEN+) Referrals In: The number of GEN+ referrals received by a Community Services Section Youth Services Counselor that month. If a case is not opened up, it will not automatically count as a new referral on the Referral Report Form for reporting purposes.
- C. Generation + (GEN+) Referrals Out: The number of GEN+ related referrals initiated that month by a Community Services Section Youth Services Counselor. A GEN+ referral is one made for an eligible citizen or family member to another division of the Mississippi Department of Human Services, Families First for Mississippi, or a another public or private agency to address a particular need, or needs.

V. Demographic Information:

Each New Case should be recorded in both demographic categories. A case that is opened and closed the same month should not be added to the monthly total for the demographic categories.

- A. Race and Gender: This category includes the total number of males and females, according to race. The categories include: African American, Caucasian, Hispanic, Asian, Native Americans, and Others. The total number of race and gender should equal the total number of combined cases.
- **B.** Age Totals: This category denotes the age of each referral at the time of the referral. The total number for this category should equal the total number of combined cases.

MONTHLY REFERRAL REPORT

			MON	MONIALY KEFEKKAL KE	KET E	KKA	KEX	OKI						
COUNTY:	I MO:	MONTH/YEAR:	EAR:					CC .	COUNSELOR:	OR:				
	BROUGHT		+ NEW CASES	-CI	- CLOSED		= TOTAL	ש	DIVERSIONS FROM YOUTH COURT)NS FR	OM Y	OUTH C	OURT	ļ
REFERRED CASES			i					YT	TYPE OF DIVERSION	IVER	NOIS		TOTAL	Ĺ
								Tal	Take no Action	ion				
ICJ CASES (Runaway/Absconder/Warrant)							ļ	Co	Counsel and Warn	Warn				
TOTALS							:	Far	Families First	*				
								No	Non-Residential Program/Agency	itial Pro	gram//	gency		
						ļ		Reg	Residential Program	rogran	_			
COMBINED RACE/GENDER TOTAL	TC	AGE		GEN+ REFERRALS	S	GE	GEN+ REFERRALS	Yo	Youth Challenge Academy	enge Ac	ademy			
		ı		Z		Q	OUT		Other: (Explain)	ain)				
EACH TOTAL MUST MATCH			, 					$\frac{\boxed{\text{To}}}{(\text{Ta})}$	TOTAL DIVERSIONS (Taken from Closed column)	VERSI Closed	colum	n)		
RACE/GENDER	AFRICAN AMERICAN	CAN	CAUCASIAN	SIAN	HIS	HISPANIC		ASIAN		NA.	NATIVE AMERICAN	Z	OTHERS	
	X	ਸ	Z	ㅂ	X		T	Z	13	X		Ŧ	Z	T
RACE/GENDER TOTAL													_	
AGE TOTALS	07	08	09	10 1	11	12	13	14	15	16	17	18	19	20

ACTIVITY		
ACTIVITY RECORD	COUNSELORS NAME	MONTH
		Year

									DATE	
									PERSON CONTACTED AND I OR ACTIVITY	
									POINTS OF TRAVEL	
									ODOMETER READING Beginning Ending	
									MILES TRAVELED	

STATISTICAL DATA

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Not working Suspended Commitment	
Full-time work Community Sarvice Work (hours) Medical / Psychological Status: Suspended License	Community Sarvice Work (hours)
Medical / Psychological Status: No health problems Referred to Public Agency	
Current health problems Referred to Private Agency	Referred to Private Agency
No psychological problems Placement with individual	
Current psychological problems Community Programs (Explain medical/ psych)	
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Prior History With Court: Counselors Name:	
Prior History With Court: Counselors Name: Number of prior status offenses Number of prior status offenses	votes

Crossover Cases Form

Whenever you have a child in CPS custody that is placed on formal probation, or is committed to Oakley, you will need to fill out this form in its entirety and scan and email, or fax, it to the Community Services Director as it happens. Please do not wait until the end of the month. It is only for those kids that are already in CPS custody at the point of disposition, and only formal probation or Oakley cases. Please do not list any pending cases that have not had a disposition hearing.

MONTHLY PAROLEE TRACKING FORM

	s completed:		
Please Check Here if this will be the last Trac	king Form completed	l on this Parolee:	
Name	DOB		Race / Gender
County	_ Counselor_	·	
Parole Date	_ Date Parole	Closed	
Person Contacted		Phone #	
Parolee Tracking		Date	Type
New Adjudications (received new charges w	ith Youth Services)		
New Certifications (was certified as an adult	by Youth Court)		
Automatic Adult Charges (charged as an	n adult by a higher court)		
Moved out of State (Youth cannot be tracked	l)		
Accomplishments	Yes / No	Type	Location
Employment		1 *	
Returned to School / High School			
Attending College			
' -			

Region _ - DYS / CPS Crossover Cases

Month / Year:

										Youth's Name
										Race / Gender
										County
										MYCIDS Number
										DYS Disposition / Date
										CPS Dispostion / Date

INTERSTATE COMPACT

Basic Information on Interstate
 Compact for Juveniles (ICJ)

Interstate Compact Facts:

- The Compact ensures public safety and preserves child welfare by providing enhanced accountability, enforcement, visibility and communication.
- ICJ established a Commission, which is a joint agency of the compacting states.
- The Commission oversees the day-to-day operations of ICJ, and through its rule making powers, seeks to achieve the goals of the ICJ.
- The Commission is empowered to monitor compilance, and where warranted, initiate interventions to address and correct noncompilance.

State Councils:

The ICJ requires each state to form a state council. While each state may determine the membership of its own state council, its membership must include at least one representative from the legislative, judicial, and executive branches of government, victims groups, and the compact administrator or designee. The Council may advise, exercise oversight, and advocate for the state's participation in Commission activities, as well as develop policies concerning Compact operations and procedures.

Compliance and Enforcement:

- termination of membership in the Compact technical following responsibilities under the Compact, resolution, Commission may impose any or all of the compacting state has defaulted on If the Commission determines fines, fees and suspension or assistance, sanctions: ditemative remedial dispute #at α training, Ħe
- Compact law supersedes any individual state law that is in all rect conflict with compact law.

 IC I is the contribution with compact law.
- ICJ is the only legal authority for transferring a Juvenile's probation or parole supervision to another state.
- ICJ is the only legal authority for returning juveniles who have run away, escaped, or absconded.



Visit the Commission's website to view the full ICJ Rules document Rev. 03/01/2018

www.juvenilecompact.org



INTERSTATE COMMISSION FOR JUVENILES
Serving Juveniles While Protecting Communities



Quick Reference Guide

Compact Operations

SENDING A CASE FOR SUPERVISION

Requirements for a juvenile to be eligible for ICJ services:

- Is classified as a juvenile in the sending state.
- Is an adjudicated delinquent, adjudicated status offender, or has a deferred adjudication.
- Is under the jurisdiction of a court of appropriate authority.
- Has a plan to relocate for a period exceeding ninety days.

 Has more than ninety days of supervision
- Has more than ninety days of supervision remaining.
- Will reside with a legal guardian, relative, non-relative or independently; or is a full time student at an accredited secondary school, university or college, or a licensed specialized training program.

Non-Eligible Juveniles:

- is transferring to a residential facility.
- Sole condition is to collect restitution.

Paperwork Required:

- Form IV
- Form IA/VI Form V
- Petition(s) and/or Arrest Report(s)
- Order(s) of Adjudication/Disposition
- Conditions of Supervision Legal and Social History
- Any other perlinent information

Send all referral packets to the ICJ Office. The receiving state has forty-five days to respond.

Don't forget...

- The sending state retains jurisdiction.
- If a juvenile maves prior to acceptance, the juvenile must sign the Form VII: Travel Permit. The caseworker maintains contact with the juvenile until approved.
- Supervision fees cannot be assessed by the sending or receiving states.

RECEIVING A CASE FOR SUPERVISION

When an ICJ case is received:

- Review the referral packet.
- Conduct the hame evaluation. Ensure the following:
- The juvenile is in compliance with local law.
- The juvenile understands the terms and conditions of supervision.
- Submit the home evaluation to the ICJ Office with findings and recommendations. The ICJ Office is the approval authority.
- The sending state provides arrival information.
- Progress reports are due every three months.
- Both the sending and receiving states have the authority to enforce the terms of supervision.

TRAVEL PERMITS

- Travel permits are mandatory for the following juveniles traveling out-of-state for a period exceeding twenty-four consecutive hours for:
- Juveniles who have been adjudicated and are on supervision for one of the following: sex-related offenses; violent offenses that have resulted in personal injury or death; or offenses committed with a weapon; or
- Juveniles who are one of the following: state committed, relocating pending a transfer of supervision, returning to the state from which they were transferred, transferring to a subsequent state, or transferred and the victim notification laws require notification.

RETURNS TO HOME/DEMANDING STATE NON-DELINQUENT RUNAWAYS

- May be released to the legal guardian or custodial agency within 24 hours.
- Notify the ICJ Office If abuse or neglect is suspected.
- If a non-delinquent runaway is held beyond twenty-four hours, contact the ICJ Office.



Call or email your state's ICJ office office to

RUHAWAYS. ESCAPELS. ABSCONDERS and ACCUSED DELINQUENTS

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RETURN PROCESSES

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DYS INSTITUTIONAL COMMITMENT

- Commitment to DYS Campus Policy
- Oakley Admission Questionnaire (policy attachment)
- Youth Admission Form (policy attachment)
- Visitation Policy
- Visitation Rules
- Visitor Dress Code
- Visitation Form (policy attachment)
- Child Health Inventory (policy attachment)
- Risk Level Determination Sheet (policy attachment)
- Crime Risk Matrix
- Aggravating and Mitigating Factors
- MDHS Change of Custody (policy attachment)

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES DIVISION OF YOUTH SERVICES **Policy Number:** Subject: Commitment to DYS Campus 25 Section: **Number of Pages:** XIV Related Standards & References: Attachments: A. Oakley Admission Questionnaire **B. Youth Admission Form Institutional Programs and Services** C. Juvenile Personal Data Sheet Section XIII D. Offense List/Sheet E Visitation Form(s) F. Child Health Inventory G. Risk Level Determination Sheet H. MDHS Change of Custody Form **Effective Date:** Approved: June 1, 2012 October 1, 2019

I. POLICY

It is the policy of the Mississippi Department of Human Services, Division of Youth Services (DYS) that when a student is committed to a DYS Institution, the Community Services Section Youth Services Counselor is responsible for gathering/providing documents and information to submit to the institution, as indicated in this policy.

II. DEFINITIONS

As used in this policy and procedure the following definitions apply:

- A. Commitment: Placement of a delinquent youth by Court Order into the custody of the Mississippi Department of Human Services Oakley Youth Development Center.
- B. Risk: The probability that the youth will re-offend
- C. Offense: Offense less serious than a felony, usually punishable by a fine or incarceration in a city or county jail not more than one year.
- D. Felony: A serious crime, generally punishable by imprisonment in a state and federal prison, or death.
- E. Aggravating Factor: A factor that adds greater value to other factors
- F. Mitigating Factor: A factor that offsets other factors
- G. Impairment: A disabling condition

Subject	Policy	Page
Commitment to DYS Campus	25	2 of 3

H. Unauthorized: Does not have prior approval

I. Irregular Attendance: Consistently absent more than 2 days per week

J. Truancy: Repeatedly, unexcused lack of attendance in school

III. PROCEDURE

The following documents must be submitted to the intake unit of the appropriate campus prior to acceptance for admission being obtained:

- A. Oakley Admission Questionnaire
- B. Risk Level Determination Sheet
- C. Offense List
- D. Court Order of Commitment to Oakley
- E. Petition for the Committing Offense(s)
- F. Child Health Inventory
- G. Medial/Hospital Records (if applicable)
- H. Mental Health Records (if applicable)
- I. Immunization Record
- J. Cumulative Record from last School of Attendance
- J. Individualized Educational Plan (IEP [if applicable])
- K. Full Social History
- L. Personal Data Sheet

These documents and information must be submitted to and accompany the student when transported to the appropriate campus:

- A. Court Order
- B. Petition
- C. Summons/Notice of Process

Subject	Policy	Page
Commitment to DYS Campus	25	3 of 3

- D. Offense List
- E. Information as to Representation by Attorney
- F. Juvenile Data Sheet
- G. Statistical Data Sheet
- H. Full Social History
- I. Visitation Form(s)
- J. Cumulative Record from Last School of Attendance
- K. Child Health Inventory
- L. Social Security Number
- M. Copy of Medicaid Card
- N. Immunization Record
- O. Risk Level Determination Sheet
- P. SAVRY Scoresheet
- Q. Case Plan
- R. MAYSI-2 (if applicable)
- S. Psychological evaluation (current, if applicable)
- T. Mental Health Records (if applicable)
- U. Medical Records (if applicable)
- V. Physician's clearance for Training School (if applicable)
- W. Detention Records (to date)

In addition, the Community Services Section Youth Services Counselor will review the visitation rules with the family members at the time of commitment, secure appropriate signatures, and distribute as indicated. The dress code will also be reviewed with family members.

Oakley Admission Questionnaire: Commonly Overlooked Facts to be Reviewed Prior to Court Hearings and Admission to Oakley Youth Development Center

SAVRY RESULTS:			
1. What is the SAVRY rating?			
2. Was the adjudicated charge(s) a f			
3. What are the adjudicated charge(4. What is the date of the adjudicati	s)?		
4. What is the date of the adjudicati	on and disposi	tion and what were the	he results?
IEP RESULTS:			
1. Does the youth have a current	EP?		
2. What is the current grade?			
2. What is the current grade? 3. What is the current IQ?	(With an IC	Score below 70, yo	uth is not eligible for
admission to Cakley Youth Devel	opment Cent	er.) Date of IQ Test.	
4. What is the current special educa youth with an intellectual disability	tional ruling?		(A
youth with an intellectual disabili	ity may not be	e eligible for admiss	ions to Oakley Youth
Development Center.)			
MENTAL HEALTH RESULTS:			
1. Has the youth ever been referred	to the Map or	A-Team?I	f so, when and what was
the recommendation?			
2. What is the current Mental Healt 3. Has the youth received Acute an	h Diagnoses?	m	TC
_ · · · _ · _ ·	d/or Long Ten	m Treatment?	II
so, where and when?	1	4 40	
4. What was the discharged recommend	nendation for	ine youtn?	
		Yout	h Services Counselor
Assigned Date			
*Questionnaire must be completed	by all Youth S	Services Counselors	prior to admissions to
Oakley Youth Development Center			
Did the Youth Court Judge/Refe			
Yes or No Explain			
October 1, 2019	Policy 25 DYS	S Commitment	Attachment A

MDHS/DYS Oakley Youth Development Center Youth Admission Form – XIII.1.A

Name			County			
Judge			Counselor			· · · · · · · · · · · · · · · · · · ·
Date (Admitted)			Student I.I.).#		
Identity Verified: Yes	No	Comn	nitment #	Arri	val Time	
Documents Presente	d at Adn	iission			Yes	No
Detention Documents	Disciplir (Require					
Legal Records	Court Or	ders (Required)				·
	Petitions					
	Summor	s/Notice or Proces	SS			
	Offense	List or Delinquent	and Status Histor	Ty .		
		f Stay Score Shee				
		n of Probation/Par				
		petition/Adjudicat		nse		
Social Records	1	Information Sheet	<u> </u>			
		al Data Sheet			-	
	· 	ial History (No Ch	iecklist)			
	Visitatio					
		Records (IEP Requ	ired for Special E	d. Youth)		
	(Require		D 1/C 1 1:	\ 1.11-1 C		
		listory (Signed by ions Currently Tak				
		Mental Health Re		edunen)		······································
		ration Records (Re				
Medical Health Screening			,40200)		·	
Mental Health Screening					ļ	
Accepted for Admission						
Time of Admission or Der	oial					· · · · ·
Custody of the al		is hereby accepte	d by MDHS/DYS	Oakley You	th Develop	ment
Center for Admission.	-	, 1	•	•	•	
Custody is hereb	y retained	by the transporting	g officer as admis	sion is denie	d due to the	following:
Missing Detention Re	cords	Medical/Mental I	Health Records _	Medical/N	Iental Heal	th Reasons
Recorded by the Medical	Staff	Committed as	Status Offender			
Deputy/Escort Signature:				Date	e:	
Intake Staff Signature:				Date	»:	
Update March 10, 2015						
October 1, 2019		Policy 25 DYS	Commitment	Ā	ttachment	В

DIVISION OF Y	NT OF HUMAN SERVICES OUTH SERVICES NSTITUTIONS
Subject: Youth Visitation	Policy Number:
Number of Pages:	Section: XV
Attachments	Related Standards & References
A. Visitation ScheduleB. Youth Visitation FormC. Visitation Rules and RegulationsD. Visitor Dress Code	ACA 3-JTS-5H-12 ACA 3-JTS-5H-13 ACA 3-JTS-5H-15 ACA 3-JTS-5H-16
Effective Date:	Approved:
May 11, 2007 Revised: August 28, 2008	Kathy Pittman, Director

I. POLICY

It is the policy of the Mississippi Department of Human Services, Division of Youth Services, that each youth be allowed regular visitation with their family, attorney, and other pertinent individuals, so that the practice of building relationships can be fostered during their stay at a DYS facility, and most importantly carried over, and implemented in their home communities. In order to encourage contact between youth and their families and other significant individuals, each facility shall provide opportunity and make accommodations within reason for visitation. Visitation shall not be permanently denied but may be temporarily limited due to overriding security considerations.

II. DEFINITIONS

As used in this policy and procedure, the following definitions apply:

- A. Visitation Log A bound logbook used to maintain a record of all individuals visiting youth at a DYS facility.
- B. Authorized Visitor Any person approved and/or listed by the youth's Community Services Counselor as approved.
- C. Restricted Visitor Any person who the Facility Administrator or Community Counselor determines cannot visit due to current or prior safety and security concerns.
- 1). Contraband Any item(s) introduced or found in the facility, including improperly possessed drugs (whether illegal or legal) and weapons, that are expressly prohibited by those legally charged with the responsibility for the administration and/or operation of the facility.
- E. Frisk search To search one's person for something concealed by passing the hands quickly over clothes and/or through pockets.

Subject	Policy #	Page
Youth Visitation	XV.3	2 of 5

III. PROCEDURE

- A. All youth shall be informed during Orientation of the rules and regulations governing visitation. As well each youth shall receive a copy of the rules and regulations, which are outlined in the Student handbook. (see policy XIII.1: Admission, Intake and Orientation) Parents shall be informed of visitation rules and guidelines in writing.
- B. Youth in confinement shall be eligible to receive visitors unless there is a compelling risk to the safety of other youth, staff, or visitors or to the security of the facility. Regular visitation is not a privilege that can be restricted for disciplinary reasons.
- C. Only those individuals identified as authorized visitors by the youth's Community Services Counselor or Facilty Administrator shall be provided access to a DYS Facility. A limit of four (4) individuals shall be imposed per visitation period. Youth may be visited by the following person(s), under the following conditions only:
 - 1. Parents and/or legal guardians with proper picture identification.
 - 2. Grandparents with proper picture identification.
 - 3. Siblings of all ages, however those over 16 m ust provide proper picture identification.
 - 4. Spouses with proper picture identification and marriage certificate.
 - 5. Children of youth, accompanied by an approved visitor.
 - 6. Youth's Attorney with proper picture identification.
 - 7. Clergy (from youth's home community) with proper picture identification.
 - 8. Religious groups must have pre-authorization through the Facility Administrator and must coordinate visits through the Campus Chaplain.

NOTE: No other Visitors shall be permitted to enter the premises without the express authorization of the Facility Administrator.

- D. The above listed individuals may visit a youth according to the established Visitation Schedule (Attachment A). All visits that fall outside of the timeframes established in the schedule must first be authorized by the Facility Administrator.
 - 1. Authorized visitors may request a special one (1) hour visit during non school hours by contacting the Facility Administrator.
 - 2. Special provisions may be made for persons traveling long distances, making visits to hospitalized youth, making visits to youth under disciplinary sanction, and attorneys visiting clients. (ACA 3-JTS-5H-15)

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Youth Visitation	XV.3	3 of 5

- 3. Special visits shall not substitute for a youth's normal availability or allocation of scheduled visiting time.
- 4. Attorney/youth visits shall be held in privacy, so that confidentiality may be preserved, (ACA 3-JTS-5H-13)
- E. All visitors must sign in on the Visitation Logbook, which shall at minimum notate the visitor's name, name of youth, relationship to youth, date and time of entry. Upon exit each visitor shall note time of departure in the visitation Logbook.
- F. As well they must sign the Youth Visitation Form (Attachment B) acknowledging that they understand and will abide by the established facility visitation rules and guidelines. (ACA 3-JTS-5H-16) Any visitor refusing to sign the Visitation form shall be denied visitation.
- G. Visitors may not bring food to the campus. Students shall eat in the cafeteria on the day(s) of visitation as scheduled.
- H. All visitors shall be provided a means of identification that will be worn conspicuously for the duration of the visit.
- Searches (ACA 3-JTS-5H-16)
 - 1. Visitors are subject to the search (frisk) of their person, if and when there is reason to believe that the individual is attempting to give unauthorized items to a youth.
 - 2. The property and vehicle of those visiting the campus are subject to search at any time.
 - Any unauthorized item identified as contraband shall be confiscated and returned to the individual upon departure from the campus. Exceptions being items prohibited by law; such items shall be surrendered to the proper Authorities.
- J. The following guidelines are to be observed by visitors. The facility rules and regulations governing visitation shall be published and made available to staff, youth and visitors. (ACA 3-JTS-5H-12)
 - 1. Cameras are not permitted on campus.
 - 2. Persons suspected to be under the influence of alcohol or drugs shall be denied visits and shall be reported to local authorities.
 - DYS reserves the right to inspect all vehicles entering DYS property. Law Enforcement shall be notified if contraband or weapons are suspected or found.

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- 4. Visitors displaying rude, aggressive, profane or other unacceptable behavior shall not be allowed to visit.
- 5. This is a smoke-free campus: Smoking is not permitted. Any visitor found giving youth tobacco products or flame producing devices of any type shall have their visitation time temporarily or permenantly discontinued.
- 6. DYS reserves the right to terminate a visit at any time as determined by the Facility Administrator or designee.
- 7. Visitors wearing gang related or other inappropriate clothing and/or using gang related gestures shall not be permitted to visit. The visitor dress code must be followed at all times (Attachment D).
- 8. Visitors may not directly give or exchange any items with youth during visitation; including but not limited to money, medication, packages, food, or clothing.
- 9. Youth are not permitted to have any type of medication in their possession. All prescriptions shall be handled by the facility Medical Staff. Visitors shall not give medication of any kind directly to youth.
- 10. Violations of the visitation rules may result in temporary or permanent visitation restrictions.
- K. The visitation area shall permit communication, including the opportunity for acceptable levels of physical contact. Surroundings should have the surveillance necessary to allow for the availability of privacy while assuring appropriate security.
- L. A denial of visitation may be made when staff has reason to believe that the safety and security of the youth, staff, general public, or the facility/program may be in jeopardy. The Facility Administrator shall approve a denial of visitation as follows:
 - 1. A decision to deny visitation shall be given to the youth, in writing, and shall include, at a minimum, the name of the restricted visitor, the time and date of the denial of visitation, the reasons for the limitation, the name of the person making the decision, and the right of the youth to appeal the decision to the Institutions Director.
 - 2. A legal custodian seeking to block visitation by a family member shall be required to obtain a court order that shall be honored by the facility.
 - 3. The youth's Community Counselor shall be notified of the denial of visitation, the name of the restricted visitor(s) and the reason for the limitation.
 - 4. Youth shall not be required to visit with individuals that they do not wish to see; however, the youth may be requested, but not required, to put his/her reason for refusing the visit in writing. A copy shall be forwarded to

Subject	Policy #	Page
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the Facility Administrator and the youth's Community Counselor.

M. In order to ensure that contact between male and female youth is prevented at all times including during designated visitation times, separate visitation areas/rooms shall be designated by the Facility Administrator. As well, the doors to such areas shall remain staff secure at all times and staff shall take precautions to monitor the flow and traffic to and from these designated areas. When movement of male or female youth for visitation purposes is taking place, staff should be careful to prevent youth from being within reach of one another and having contact. (i.e., staff moving male youth should temporarily hault movement by remaining in place until the movement of female youth is complete or is no longer taking place in the same general area.)

MDHS/DYS Youth Development Center Oakley Campus Youth Visitation Rules and Regulations – XV.3.C

The following are the rules, regulations, and expectations for visitation at Oakley Youth Development Center. Refusal to comply may result in refusal/limitation of visitation or request to leave premises. DYS reserves the right to terminate a visit at any time as determined by the Facility Administrator or designee.

- 1. Visitation at Oakley Campus is by schedule only. Visits outside of the provided schedule must be approved by the facility Administrator.
- 2. Each youth is allowed four (4) visitors per session. Visitors must be approved prior to visitation by the youth's Community Counselor.
- 3. All authorized visitors must present proper picture identification; with the exception siblings and youth under age 16. The Driver of the vehicle must have a valid Driver's License to enter the Campus.
- 4. All unauthorized persons will not be allowed to remain on premises and will be required to remain off of DYS property as well as out of sight and sound of youth.
- 5. Visitors may not bring into the visitation area: cameras, food, recording devices, clothing, packages, medication or money intended for youth.
- 6. Persons suspected to be under the influence of alcohol or drugs shall be denied visits and shall be reported to local authorities.
- 7. DYS reserves the right to inspect all vehicles entering DYS property. Law Enforcement shall be notified if illegal materials or weapons are suspected or found.
- 8. Visitors displaying rude, aggressive, profane or other unacceptable behavior may not be allowed to visit.
- 9. This is a smoke-free campus: Smoking is not permitted. Any visitor found giving youth tobacco products or flame producing devices of any type shall have their visitation time temporarily or permanently discontinued.
- 10. Visitors wearing gang related or other inappropriate clothing and/or using gang related gestures shall not be permitted to visit. The visitor dress code must be followed at all times.

October 1, 2019	Policy 25 DYS Commitment	Attachment E

MDHS/DYS Training School Oakley Campus Visitor Dress Code – XV.3.D

Visitors are expected to dress appropriately. Refusal to comply with the dress code may result in refusal/limitation of visitation or request to leave premises.

The following articles or type of clothing is considered inappropriate for a juvenile setting, and shall not be

- a. Spandex or tight fitting clothing
- b. Shorts, more than 3" above the knee
- e. Halter-tops
- d. Plastic "shower" caps
- e. Headwear (hats, caps, etc.)
- f. Dresses/skirts with inappropriate splits and/or that are more than 3" above the knee
- g. Open toe shoes or sandals
- h. Transparent clothing
- i. Low-cut tops or bare shoulders
- j. Tank tops
- k. Any clothing article with innaprpriate language, symbols or gang signs

MDHS/DYS Youth Development Center Oakley Campus Youth Visitation Form – XV.3.B

Youth's Name Date			
Housing Unit	Housing Unit Time in/out		
VISTOR'S NA	ME RELATIONSHIP TY	PE OF I.D.	
I have received a copy of the M read and understood the visitation	DHS-DYS Youth Development Center Visitation Run rules and regulations.	les and Regulations. I have	
alcohol beverage, drug, sexually I agree that I will not give any of but not limited to, cigarettes or of the above prohibitions or any oreferred for prosecution, which co	•	tems while on DYS property. y other contraband, including anderstand that if I violate any sits to the facility and may be	
accompanying me, by means of a	ace to the facility, I consent to a search of my per infrisk or pat down or by use of a mechanical device. If the refused admission to the facility. I understand the	understand that if I refuse to	
Visitor's Signature	Visitor's Signature		
Visitor's Signature	Visitor's Signature		
DYS Staff Witness			
October 1, 2019	Policy 25 DYS Commitment	Attachment E	

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES DIVISION OF YOUTH SERVICES

CHILD HEALTH INVENTORY

Name		Birth Date	Sex _	
Parent	nt/Guardian	Te	lephone#()	
Home	e/Address	City	State	Zip
	se of emergency notify [if parent/guan			
Name	B	Tele	phone# ()	
Addre	ess	City	State	Zip
	ORY OF:			
1.	Childhood Diseases			
2.	Operations or Serious Injuries (Da	tes)		
3.	Chronis or Recurring Illnesses	····		
4.	Diseases or Disorders (Convulsive cancer, recent post surgical patien			ell, HIV, hepatitis,
	List			
5.	Allergies: Food (Name)			
6.	Physical Disabilities: (<i>Blindness</i> , Limits Activities: Yes	No ·		nbs, etc.)
7.	Compulsive Habits: (Bed-wetting,			No
8.	Substance Abuse: Yes No	; If yes, which c	lrugs(s)	
9.	Emotional/Mental/Behavioral: Y	es No	_	
	List			
	Hospitalizations: (Place/Date)			
	October 1, 2019 Policy	25 DYS Commitme	nt Atta	achment F

10.	10. IS THE CHILD UNDER A DOCTOR'S CARE FOR ANY REASON?					
	Yes No Doctor's	s Name	Telephone#			
	Address	City	State Zip			
	Reason under doctor's ca	re				
		act lens? Yes No				
	Does the child wear brace	es? Yes No				
	Does the child wear a pro	osthetic device? Yes	No If yes, what devise:			
11.	If Female: Pregnant Ye	es; if yes,	list any known complication:			
12.	IMMUNIZATION: See	e attached form for verificat	tion.			
IMPO	ORTANT: Please notify th	ne Department of Human So	ervices if a child is exposed to any			
			liately prior to entering Oakley.			
13.	IS THE CHILD TAKIN	NG MEDICATION FOR A	ANY MEDICAL CONDITION?			
	Who is the child's doctor	•?				
	In what dosage?					
	When did the child last take the medication described above?					
	In what dosage?					
14.	Any Medical Restriction	ns on Activities?				
15.	Medicaid #		CHIP #			
	Insurance Company					
	Policy #	7	`elephone#			
16.	Note other medical info	rmation:				
person me an hereb	n herein described has perr nd the examining physician y authorize the Division of	nission to engage in all pres . In the event that I cannot	s correct so far as I know, and the scribed activities, except as noted by be reached in an Emergency, I ize, secure proper treatment for, and I above.			
Signa	iture:		Date:			
Signa	uture:		Date:			
						
r	October 1, 2019	Policy 25 DYS Commitm	nent Attachment F			

Committing County _____

RISK LEVEL DETERMINATION SHEET

Youth's Name:	Date:
Date Sent to OYDC:	Date Sent to Court Counselor:
Court Counselor:	Offense:
Committing Offense Starting Score	Aggravating Factors (1 Point Each)
3 – Low Level Felony	Offense Impact on Victim/Community
5 – Moderate Level Felony	Prior Violent Delinquent Conduct
7 – Serious Level Felony	Substantial Adjudication History
Starting Risk Score:	Lack of Amenability w/Lessor Sanctions
	Lack of School Program
Adjustment Score Computation	Gang Involvement
Aggravation Factor Total	Multiple Counts (Felony)
Mitigating Factor Total	Drug Use
Final Adjustment to Score (=)	Mitigating Factors (1 Point Each)
Adjusted Score cannot exceed plus or minus 3.	Significant Improvement since Offense
	Physical/Mental Impairment
	Limited Adjudication History
	Age and Maturity of Offender
Final Risk Score	Treatment Needs Exceeds Punishment
Starting Score	Educational Noods
Adjustment Score (= or -)	Educational Needs
Appro	oved by Institutional Director
Final Risk Score (=) Date:	
Ostobor 1 2010 Po	lies 25 DVS Commitment Attachment G

Crin	ne Risk Matrix Definitions
A SCHEDULE I DRUG IS.	HEROIN
	MARIJUANA
	LSD
	GAMMA-HYDROXYBUTYRIC ACID (GHB)
A SCHEDULE II DRUG IS:	CRACK
	COCAINE
	MORPHINE
	CODEINE
A SCHEDULE III, IV, V DRUG IS:	PRESCRIPTION DRUGS
	ANY DRUG WITH G-H ACID (CLUB DRUGS)
a Million The Research Const.	ZALEPON (SONATA)
IF POSSESSION OR SALE OF ANY DR	RUG IS WITHIN 1500 FT. OF A SCHOOL, CHURCH, PUBLIC PAR
MOVIE THEATER, ETC. COUP	RT MAY DOUBLE THE FINE AND SENTENCE §41-29-142
IFA FIREARM IS IN POSSESSION OF T	IME OF A DRUG ARREST AND CONVICTION, COURT MAY DOUBLE
a ta passaran.	HE FINE AND THE SENTENCE.
DRUG CONVICTION FOR POSSESSION	Under Student Aid Laws . 1st Conviction of Possession can
OR SALE (FELONY OR MISDEMEANOR)	not obtain any Government Student Aid, Loans or Grants for
New law passed 10-7-1998	Year, 2nd Conviction, 2 Yrs., 3rd Conviction, Indefinite, 1st
The state of the s	Conviction of Sale, 2 Years, 2nd Conviction, Indefinite.
4/30/2013 Length of S	Stay - Attachment A Policy XIII.15

14 14 14 14 14 14 14 14 14 14 14 14 14 1		Levels	
Group 1 Offense	1st Offense	2nd Offense	3rd Offense
Aiding and Abetting	1	2	3
Alcohol, False I.D.	1	2	3
Abuse of Emergency (911 Number)	1	2	3
Assault (Simple)	1	2	3
Assault by Threat or Point and Aiming	1	2	3
Auto Window Tint	1	1	1
Begging-Tramps	1	1	1
Bus, School Passing While Unloading	- jeen	2	3
Computer Fraud (Less Than \$500)	1	2	3
Contempt of Justice Court/VOP	1	2	3
Contributing to Delinquency of a Minor	1	2	3
Deer or Doe (Killing)	1	1	1
Destruction of Public Property (Under \$300)	1	2	3
Discharging a Firearm (City Ordinance)	1	2	3
Disobeying a Police Officer	1	2	3
Disorderly Conduct on Bus	1	2	2
Disorderly Conduct & Disturbing the Peace	1	2	3
Disrupting a Military Funeral (Less than 1000 ft.)	1	2	3
Dog Fights (Spectator)	1	1	1
Dog Nuisance	1	1	1
Dog Vicious (City Ordinance)	1	1	1
Domestic Violence/Simple	1	2	3
Drag Racing on Public Roads	1	2	3
Driving with Suspended License	1	1	1
Drug Paraphernalia (With Drugs)	1	2	3
Embezzlement (Under \$500)	1	2	3
Extortion	1	2	3
False Alarm (Fire)	-1	2	3
False Pretense	1	2	2

7/1/2014

An Anna I	Levels		
Group 1 Offense	1st Offense	2nd Offense	3rd Offense
Handicap Parking Violation	1	1	1
Highway Shooting at Lights, Signs, Etc.	1	2	3
Hitchhiking (Interstate)	1	1	1
HIV (Unknowingly Exposing a Person To)	1	5	7
Identity Theft (Less than \$250)	1	2	3
Impersonating Certain State, County or Municipal Officers	i	2	3
Indecent Exposure	1	3	5
Laser Pointer at Police, Fire or Emergency with	1	5	7
Leaving Scene of an Accident (With Injuries)	1	2	3
Littering Highway (Misdemeanor)	1	2	3
Malicious Mischief (Under \$500)	1	3	5
Marijuana (Less than 30 Grams)	1	2	3
Obscene/Threatening Phone Calls/Emails	1	3	5
Obscene Material in Public Area (Adds Auto Viewing	- 1	3	3
Screen)	1	2	2
Obstructing of Justice	1	3	5
Obstructing Public Streets	1	2	3
Petit Larceny (Under \$1000)	1	2	3
Possession of or False Statement to Obtain Alcohol	1		3
<21	4	2	3
Possession of Tobacco (Under 18)	1	1	1
Possession of Weapon (BB Gun, Knife, Brass		1	
Knuckles, etc.)	1	3	5
Profanity in Public Place	1	1	1
Prostitution	1	3	3
Public Drunkenness	1	2	3
R/R (Failure to Stop or Running Gate at R/R Crossing)	1	1	1
R/R Right of Way	1	1	1
Receiving Stolen Property (Less than \$1000)	1	2	3
Removal of Store Anti-Theft Detection Devices	1	2	3
Resisting Arrest	1	2	3
Sale or Gift of Tobacco or Cigarette Rolling Papers	,	-	-
to a Minor Under 18	1	2	3
Sale or Giving Alcohol to Minors Under 21		2	3
Schedule III-V Drug (Less 50 Grams)	11	3	5
Shoplifting (Less than \$1000)	1	2	3
Selling or Removing Property Subject to a Lien from County	11	2	3
Sexually Oriented Materials (Under 18)	1	1	1
Starking	1	3	5

Group 1 Offense	Levels		
	1st Offense	2nd Offense	3rd Offense
Student Intimidation, Threatening or Coercion for	5.125.5.1	u var-ñ	
Purpose of Interfering with Attendance of Classes	1	3	5
Theft of Rental Property by Fraud (Under \$500)	1	2	3
Threat, Intimidation by Letter	1	3	5
Tobacco (Misrepresentation of Age)	1	1	1
Transmittal of Non-Requested Sexually Explicit Materials	1	2	3
Trespassing	1	2	3
Trespassing at Airport	1	2	3
Vulnerable Adults Act (Under \$250)	1	3	5

Group 3 Offense	Levels		
	1st Offense	2nd Offense	3rd Offense
Alcohol Related Crimes	3	5	7
Animals (Cruelty To)	3	5	7
Assault (Simple) on a Police Officer	3	5	7
Auto Hit and Run	3	5	7
Auto Theft (Includes Joyriding)	3	5	7
Bigamy	3	4	5
Boating, Drinking and Driving	3	5	7
Concealed Pistol, Knife, Rifle or Shotgun	3	5	7
Bomb Threat (False Report of Placing Explosives)	3	5	7
Bribery	3	4	5
Burglary of Non-Dwelling or Auto*	3	4	5
Causing a Minor to Commit a Felony (Under 17)	3	4	5
Child (Selling)	3	5	7
Child Abandonment (Under 6)	3	5	7
Child Abuse or Battery	3	5	7
Child Endangerment (Parent Selling or Possessing			·
Precursor Chemicals with Minors Present)	3	5	7
Chop Shop (Stolen Vehicles)	3	4	5
Computer Fraud (Over \$500)	3	4	5
Computer Hacking	3	5	7
Computer Luring for Sex (Indecent Materials to Minors	-		1
<18	3	5	7
Computer Theft or Identity	3	5	7
Computer Threat	3	5	7
Condoning Child Abuse	3	5	7
Contributing to Delinquency of a Minor for Felony	-		1
Offense	3	4	5
Criminal Street Gangs	3	5	7
Cyber stalking, Harassment or Threat	3	5	7
Desecration of a Human Corpse	3	5	7
Destroying or Defacing a Cemetery (Over \$300)	3	5	7
Destruction of Public Property (Over \$300)	3	4	5
Dog Fights	3	4	5
Dogs "Police" (To Kill or Injure)	3	5	7
Embezzlement (Over \$500)	3	4	5
Escape from Confinement of Contempt of Court	3	4	5
Escape from Jail for Misdemeanor	3	4	5
Exhibiting Deadly Weapon, Threatening Manner	3	5	7
Extortion (Amended to Include Obtaining Any Record	J	-	
Extortion (Amended to include obtaining Any Record, Favor, or Advantage for Purpose of Humiliating)	3	4	5
False Pretense (Over \$500)	3	4	5
False Pretense-Bad Checks (Over \$100)	3	4	5
Large Fragation - Day Orland (Orla) \$ 100)	3	5	J

Group 3 Offense	Levels		
	1st Offense	2nd Offense	3rd Offense
Forgery (Over \$500)	3	4	5
Fraud-Home Repair (Over \$5000)	3	5	7
Fraud (Credit Card) (Over \$100)	3	4	5
Fraud (Food Stamps) 3rd Offense	3	4	5
Fraud with State & Federal Assisted Programs	3	4	5
Fraudulent Statements to Government	3	4	5
Fraudulent Use of Identity	3	4	5
Grand Larceny (Over \$1000)	3	5	7
HIV (Knowingly Exposing a Person to)	3	5	7
House Arrest Program (Violating)	3	5	7
dentity Theft (More than \$250)	3	5	7
ncest	3	5	7
Intentionally Injure a Pregnant Woman	3	5	7
ntentionally Injure a Pregnant Woman (Causing Serious or			
Aggravated Injury to Embryo or Fetus)	3	5	7
Malicious Mischief (Over \$500)	3	4	5
Marijuana (More than 30 Grams or 1 Ounce)	3	5	7
Obstruction of Justice (To Hinder Prosecution, Bribe, or			
Intimidate Witness or Juror)	3	5	7
Possession of Burglary Tools	3	5	7
Possession of Weapon on school property (BB Gun, Knife, Brass Knuckles, etc.)	3	5	7
Possession of Deadly Weapons (Gun, Rifle, Pistol,			
Bomb, etc.) not on school property	3	5	7
Prescription Forgery	- 3	5	7
Prohibited Contact with Sexual Abuse Victim	3	5	7
Receiving Stolen Property (Over \$500)	3	4	5
Schedule I-II Drug	3	4	5
Schedule III-V Drug (Under 500 Grams)	3	5	7
Shoplifting (Over \$1000)	3	4	5
Soliciting Without a Permit	3	4	5
Stalking (by Sex Offender)	3	5	7
Stealing Dog	3	4	5
Terrorist Hoax (Exposure to False Biological			
Substances)	3	5	7
Theft of Rental Property by Fraud (Over \$500)	3	5	7
Touching Child for Lustful Purposes	3	5	7
Unnatural Intercourse (Sodomy)	3	5	7
Voyeurism (Peeping Tom)	3	5	7

CRIME RISK MATRIX			
Group 5 Offense	Levels		
	1st Offense	2nd Offense	3rd Offense
Arson (2nd Degree Other Buildings)	5	7	
Assault (Aggravated)	5	7	
Assault on Police Officer or Prosecutors (Aggravated)	5	7	
Burglary of Church*	5	7	
Burglary of Dwelling*	5	7	
Carjacking 1st Offense	5	7	
Child Endangerment (If Child is Substantially Harmed			
Physically, Mentally or Emotionally)	5	7	
Computer Child Sexual Exploitation (Under 18)	5	7	
Conspiracy to Commit a Felony	5	6	7
Crimes Against Persons 65 or Older (Violence/Burglary)	5	6	7
Displaying or Using Firearm in Felony	5	7	
Escape from Jail for Felony	5	7	
False Pretense-Bad Check (Over \$500)	5	6	7
Hate Crimes	5	7	16.
Intentionally Inure a Pregnant Woman (Causing			
Miscarriage or Stillbirth)	5	7	
Looting	5	6	7
Malicious Mischief to Public or Church Property	5	6	7
Marijuana (Over 1 Ounce, Less Than 1 Kilogram)	5	6	7
Perjury	5	6	7
Possession of Drugs in Jail	5	6	7
Possession of Deadly Weapons on school property (Gun, Rifle, Pistol, Bomb, etc.)	5	6	7
Precursors for Manufacturing Methamphetamine (Adds Ammonium Nitrate, Sodium Hydroxide, Hydrogen Peroxide)	5	6	7
Rape, Statutory (as defined in §97-3-65)			1070,000
	5	7	
Robbery	5	7	
Schedule I-II Drug (Methamphetamine Fine Doubles)	5	7	
Schedule I-II Drug (Over 10 to 30 Grams)	5	7	
Schedule III-V Drug (Over 500 grams)	5	7	
Setting a "Booby Trap" on Property Used to	1		
Manufacture Meth	5	7	
Sex or Sexual Battery with Vulnerable Adult	5	7	
Shooting in Dwelling	5	7	1
Terrorism (Import Harmful Biological Substances)	5	7	
Trafficking of Any	5	7	
Trafficking People (Forced Labor/Sexual Servitude)	5	7	
Vulnerable Adults Act (Over \$250)	5	7	

CRIME RISK MATRIX			
Group 7 Offense	Levels		
	1st Offense	2nd Offense	3rd Offense
Strong Armed & Armed Robbery	7		
Arson (1st Degree Dwelling)	7		
Arson (1st Degree Public School or Church)	7		
Boating, Drinking and Driving Causing Death	7		
Burglary with Explosives	7		
Child Abuse (Burn, Torture, or Serious Injury)	7		
Computer Child Sexual Exploitation (2nd Offense)	7		
Drive-By Shooting or Bombing	7		
Kidnapping (General)	7		
Manslaughter	7		
Manslaughter with Culpable Negligence	7		
Sexual Battery	7		

^{*}Burglary charges for level increases will all be grouped together. Example; a non-dwelling offense first time but second burglary offense overall will move the risk to 2nd offense.

AGGRAVATING AND MITIGATING FACTORS

Aggravating Factors

- Impact of Offense on Victim and Community: Offender's callousness and cruelty shock the conscience of
 the Court, offense involved substantial monetary loss; offender caused substantial physical or
 psychological injury to the victim; offender has committed a crime against current victim on prior
 occasions; or the offender knew or should have known that the victim was particularly vulnerable.
- 2. Prior Violent Delinquent Conduct. Offender has demonstrated, by prior history of delinquency adjudications, a propensity for violent, delinquent conduct. Offender's callousness and cruelty shock the conscience of the Court, offense involved substantial monetary loss, offender caused substantial physical or psychological injury to the victim; offender has committed a crime against current victim on prior occasions; or the offender knew or should have known that the victim was particularly vulnerable.
- Substantial Adjudication/Legal History. Adjudication for the same or similar offense on two or more previous separate occasions; or two or more prior adjudications for non-status offenses.
- 4. Lack of Amenability with Lesser Sanctions: Offender has demonstrated a lack of cooperation with lesser restrictive sanctions: offender has probation violations, other contempt orders, or non-judicial actions that should be considered; or offender has previously been placed on or qualified for a higher sanction.
- Lack of Attendance or Participation in Educational Programs. Offender has willfully failed to attend or participate in school or other appropriate educational or vocational programs.
- Gang Involvement: Confirmation by law enforcement or youth court counselor or having known gang association. This must be documented in a police report or social history.
- 7. Multiple-Counts: Offender adjudicated with more than one felony offense brought under one petition for adjudication and disposition, or separate petitions adjudicated and disposed at the same time.
- Drug Use: Offender has failed two or more separate drug screens in a 90 day period. Or has completed a
 drug rehabilitation program and then failed a drug screen. Or has failed to complete a drug rehabilitation
 program.

Mitigating Factors

- Significant Improvement since the Offense: Offender has demonstrated significant improvement since the
 time of the offense; offender has voluntarily sought treatment; offender compensated or made a good faith
 effort to compensate victim.
- 2 Physical/Mental Impairment: Offender, because of physical or mental impairment, lacked substantial capacity for judgment when the offense was committed; or the offender is mentally retarded as demonstrated by one of the following. (a) offender is significantly sub-average in general intellectual functioning (usually interpreted as an IQ score of 70 or less); or (b) offender demonstrates deficits in adaptive behavior (has insufficient life skills to get along without constant assistance from others); or (c) offender manifested the above handicaps during the developmental period. The voluntary use of intoxicants does not fall within the purview of this category.
- Limited Adjudication History: Offender has no or two or less minor (musdemeanor) prior adjudications, two or more years since previous referral; or extreme length of time since the offense occurred.
- Age and Maturity of Offender: Offender's age (under 13) and maturity suggest that the offender did not fully understand the impact or nature of the delinquent conduct
- Treatment Needs Exceed Need for Punishment: The offender is in greater need of an available mental health or drug treatment program than of punishment through incarceration.
- Education: Offender is more than three years below his grade level or has a special education ruling.

MDHS – DIVISION OF YOUTH SERVICES NOTIFICATION OF CHANGE OF CUSTODY / TRUANCY

Distribution:	 County Director, Economic Assistance MDHS-Division of Youth Services, Regional Directo Community Services Counselor – FILE 						
□ Truancy Disposi	ition	☐ Oakley Youth Development Center Commitment					
County:							
Youth's Name:							
Date of Birth:		Social Security Number:					
Address:		<u></u>					
Effective Date of Coakley Youth Dev	Change: _	enter Only)					
The Legal Guard (if) youth is retu		been advised to notify Economic Assistance when mily's custody					
		Youth Services Counselor					

October 1, 2019	Policy 25 DYS Commitment	Attachment H

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STRATEGIES AND TECHNIQUES FOR COUNSELING

- Common Adolescent Psychiatric Disorders
- Evidence Based Practice 101
- Evidence based Practice in Juvenile Probation
- Motivational Interviewing 101
- Cognitive Behavioral Therapy
- Counseling Theories
- Gen + Approach

Common Adolescent Psychiatric Disorders

Attention-Deficit/Hyperactivity Disorder

Overview

Attention-deficit/hyperactivity disorder (ADHD) is a brain disorder marked by an ongoing pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development.

Inattention means a person wanders off task, lacks persistence, has difficulty sustaining focus, and is disorganized; and these problems are not due to defiance or lack of comprehension.

Hyperactivity means a person seems to move about constantly, including in situations in which it is not appropriate; or excessively fidgets, taps, or talks. In adults, it may be extreme restlessness or wearing others out with constant activity.

Impulsivity means a person makes hasty actions that occur in the moment without first thinking about them and that may have high potential for harm; or a desire for immediate rewards or inability to delay gratification. An impulsive person may be socially intrusive and excessively interrupt others or make important decisions without considering the long-term consequences.

Signs and Symptoms

Inattention and hyperactivity/impulsivity are the key behaviors of ADHD. Some people with ADHD only have problems with one of the behaviors, while others have both inattention and hyperactivity-impulsivity. Most children have the combined type of ADHD.

In preschool, the most common ADHD symptom is hyperactivity.

It is normal to have some inattention, unfocused motor activity and impulsivity, but for people with ADHD, these behaviors:

are more severe occur more often interfere with or reduce the quality of how they functions socially, at school, or in a job

Inattention

People with symptoms of inattention may often:

Overlook or miss details, make careless mistakes in schoolwork, at work, or during other activities Have problems sustaining attention in tasks or play, including conversations, lectures, or lengthy reading Not seem to listen when spoken to directly

Not follow through on instructions and fail to finish schoolwork, chores, or duties in the workplace or start tasks but quickly lose focus and get easily sidetracked

Have problems organizing tasks and activities, such as what to do in sequence, keeping materials and belongings in order, having messy work and poor time management, and failing to meet deadlines Avoid or dislike tasks that require sustained mental effort, such as schoolwork or homework, or for teens and older adults, preparing reports, completing forms or reviewing lengthy papers

Lose things necessary for tasks or activities, such as school supplies, pencils, books, tools, wallets, keys, paperwork, eyeglasses, and cell phones

Be easily distracted by unrelated thoughts or stimuli

Be forgetful in daily activities, such as chores, errands, returning calls, and keeping appointments

NIMH » Attention-Deficit/Hyperactivity Disorder

Hyperactivity-Impulsivity

People with symptoms of hyperactivity-impulsivity may often:

Fidget and squirm in their seats

Leave their seats in situations when staying seated is expected, such as in the classroom or in the office Run or dash around or climb in situations where it is inappropriate or, in teens and adults, often feel restless Be unable to play or engage in hobbies quietly

Be constantly in motion or "on the go," or act as if "driven by a motor"

Talk nonstop

Blurt out an answer before a question has been completed, finish other people's sentences, or speak without waiting for a turn in conversation

Have trouble waiting his or her turn

Interrupt or intrude on others, for example in conversations, games, or activities

Diagnosis of ADHD requires a comprehensive evaluation by a licensed clinician, such as a pediatrician, psychologist, or psychiatrist with expertise in ADHD. For a person to receive a diagnosis of ADHD, the symptoms of inattention and/or hyperactivity-impulsivity must be chronic or long-lasting, impair the person's functioning, and cause the person to fall behind normal development for his or her age. The doctor will also ensure that any ADHD symptoms are not due to another medical or psychiatric condition. Most children with ADHD receive a diagnosis during the elementary school years. For an adolescent or adult to receive a diagnosis of ADHD, the symptoms need to have been present prior to age 12.

ADHD symptoms can appear as early as between the ages of 3 and 6 and can continue through adolescence and adulthood. Symptoms of ADHD can be mistaken for emotional or disciplinary problems or missed entirely in quiet, well-behaved children, leading to a delay in diagnosis. Adults with undiagnosed ADHD may have a history of poor academic performance, problems at work, or difficult or failed relationships.

ADHD symptoms can change over time as a person ages. In young children with ADHD, hyperactivity-impulsivity is the most predominant symptom. As a child reaches elementary school, the symptom of inattention may become more prominent and cause the child to struggle academically. In adolescence, hyperactivity seems to lessen and may show more often as feelings of restlessness or fidgeting, but inattention and impulsivity may remain. Many adolescents with ADHD also struggle with relationships and antisocial behaviors. Inattention, restlessness, and impulsivity tend to persist into adulthood.

Risk Factors

Scientists are not sure what causes ADHD. Like many other illnesses, a number of factors can contribute to ADHD, such as:

Genes

Cigarette smoking, alcohol use, or drug use during pregnancy

Exposure to environmental toxins during pregnancy

Exposure to environmental toxins, such as high levels of lead, at a young age

Low birth weight

Brain injuries

ADHD is more common in males than females, and females with ADHD are more likely to have problems primarily with inattention. Other conditions, such as learning disabilities, anxiety disorder, conduct disorder, depression, and substance abuse, are common in people with ADHD.

The National Institute of Mental Health: www.nimh.nih.gov

Depression

Overview

Depression (major depressive disorder or clinical depression) is a common but serious mood disorder. It causes severe symptoms that affect how you feel, think, and handle daily activities, such as sleeping, eating, or working. To be diagnosed with depression, the symptoms must be present for at least two weeks.

Some forms of depression are slightly different, or they may develop under unique circumstances, such as:

Persistent depressive disorder (also called dysthymia) is a depressed mood that lasts for at least two years. A person diagnosed with persistent depressive disorder may have episodes of major depression along with periods of less severe symptoms, but symptoms must last for two years to be considered persistent depressive disorder.

Postpartum depression is much more serious than the "baby blues" (relatively mild depressive and anxiety symptoms that typically clear within two weeks after delivery) that many women experience after giving birth. Women with postpartum depression experience full-blown major depression during pregnancy or after delivery (postpartum depression). The feelings of extreme sadness, anxiety, and exhaustion that accompany postpartum depression may make it difficult for these new mothers to complete daily care activities for themselves and/or for their babies.

Psychotic depression occurs when a person has severe depression plus some form of psychosis, such as having disturbing false fixed beliefs (delusions) or hearing or seeing upsetting things that others cannot hear or see (hallucinations). The psychotic symptoms typically have a depressive "theme," such as delusions of guilt, poverty, or illness.

Seasonal affective disorder is characterized by the onset of depression during the winter months, when there is less natural sunlight. This depression generally lifts during spring and summer. Winter depression, typically accompanied by social withdrawal, increased sleep, and weight gain, predictably returns every year in seasonal affective disorder.

Bipolar disorder (www.nimh.nih.gov//health/topics/bipolar-disorder/index.shtml) is different from depression, but it is included in this list is because someone with bipolar disorder experiences episodes of extremely low moods that meet the criteria for major depression (called "bipolar depression"). But a person with bipolar disorder also experiences extreme high – euphoric or irritable – moods called "mania" or a less severe form called "hypomania."

Examples of other types of depressive disorders newly added to the diagnostic classification of <u>DSM-5</u> include disruptive mood dysregulation disorder (diagnosed in children and adolescents) and premenstrual dysphoric disorder (PMDD).

Signs and Symptoms

If you have been experiencing some of the following signs and symptoms most of the day, nearly every day, for at least two weeks, you may be suffering from depression:

Persistent sad, anxious, or "empty" mood Feelings of hopelessness, or pessimism Irritability Feelings of guilt, worthlessness, or helplessness Loss of interest or pleasure in hobbies and activities Decreased energy or fatigue

NIMH » Depression

Moving or talking more slowly

Feeling restless or having trouble sitting still

Difficulty concentrating, remembering, or making decisions

Difficulty sleeping, early-morning awakening, or oversleeping

Appetite and/or weight changes

Thoughts of death or suicide, or suicide attempts

Aches or pains, headaches, cramps, or digestive problems without a clear physical cause and/or that do not ease even with treatment

Not everyone who is depressed experiences every symptom. Some people experience only a few symptoms while others may experience many. Several persistent symptoms in addition to low mood are required for a diagnosis of major depression, but people with only a few – but distressing – symptoms may benefit from treatment of their "subsyndromal" depression. The severity and frequency of symptoms and how long they last will vary depending on the individual and his or her particular illness. Symptoms may also vary depending on the stage of the illness.

Risk Factors

Depression is one of the most common mental disorders in the U.S. Current research suggests that depression is caused by a combination of genetic, biological, environmental, and psychological factors.

Depression can happen at any age, but often begins in adulthood. Depression is now recognized as occurring in children and adolescents, although it sometimes presents with more prominent irritability than low mood. Many chronic mood and anxiety disorders in adults begin as high levels of anxiety in children.

Depression, especially in midlife or older adults, can co-occur with other serious medical illnesses, such as liabetes, cancer, heart disease, and Parkinson's disease. These conditions are often worse when depression is present. Sometimes medications taken for these physical illnesses may cause side effects that contribute to depression. A doctor experienced in treating these complicated illnesses can help work out the best treatment strategy.

Risk factors include:

Personal or family history of depression Major life changes, trauma, or stress Certain physical illnesses and medications

Anxiety Disorders

Overview

Occasional anxiety is an expected part of life. You might feel anxious when faced with a problem at work, before taking a test, or before making an important decision. But anxiety disorders involve more than temporary worry or fear. For a person with an anxiety disorder, the anxiety does not go away and can get worse over time. The symptoms can interfere with daily activities such as job performance, school work, and relationships.

There are several types of anxiety disorders, including generalized anxiety disorder, panic disorder, and various phobia-related disorders.

Signs and Symptoms

Generalized Anxiety Disorder

People with generalized anxiety disorder (GAD) display excessive anxiety or worry, most days for at least 6 months, about a number of things such as personal health, work, social interactions, and everyday routine life circumstances. The fear and anxiety can cause significant problems in areas of their life, such as social interactions, school, and work.

Beneralized anxiety disorder symptoms include:

Feeling restless, wound-up, or on-edge
Being easily fatigued
Having difficulty concentrating; mind going blank
Being irritable
Having muscle tension
Difficulty controlling feelings of worry
Having sleep problems, such as difficulty falling or

Having sleep problems, such as difficulty falling or staying asleep, restlessness, or unsatisfying sleep

Panic Disorder

People with panic disorder have recurrent unexpected panic attacks. Panic attacks are sudden periods of intense fear that come on quickly and reach their peak within minutes. Attacks can occur unexpectedly or can be brought on by a trigger, such as a feared object or situation.

During a panic attack, people may experience:

Heart palpitations, a pounding heartbeat, or an accelerated heartrate Sweating
Trembling or shaking
Sensations of shortness of breath, smothering, or choking
Feelings of impending doom
Feelings of being out of control

People with panic disorder often worry about when the next attack will happen and actively try to prevent future attacks by avoiding places, situations, or behaviors they associate with panic attacks. Worry about panic attacks,

NIMH » Anxiety Disorders

and the effort spent trying to avoid attacks, cause significant problems in various areas of the person's life, including the development of agoraphobia (see below).

'hobia-related disorders

A *phobia* is an intense fear of—or aversion to—specific objects or situations. Although it can be realistic to be anxious in some circumstances, the fear people with phobias feel is out of proportion to the actual danger caused by the situation or object.

People with a phobia:

May have an irrational or excessive worry about encountering the feared object or situation Take active steps to avoid the feared object or situation Experience immediate intense anxiety upon encountering the feared object or situation Endure unavoidable objects and situations with intense anxiety

There are several types of phobias and phobia-related disorders:

Specific Phobias (sometimes called simple phobias): As the name suggests, people who have a specific phobia have an intense fear of, or feel intense anxiety about, specific types of objects or situations. Some examples of specific phobias include the fear of:

Flying Heights Specific animals, such as spiders, dogs, or snakes Receiving injections Blood

Social anxiety disorder (previously called social phobia): People with social anxiety disorder have a general intense fear of, or anxiety toward, social or performance situations. They worry that actions or behaviors associated with their anxiety will be negatively evaluated by others, leading them to feel embarrassed. This worry often causes people with social anxiety to avoid social situations. Social anxiety disorder can manifest in a range of situations, such as within the workplace or the school environment.

Agoraphobia: People with agoraphobia have an intense fear of two or more of the following situations:

Using public transportation
Being in open spaces
Being in enclosed spaces
Standing in line or being in a crowd
Being outside of the home alone

People with agoraphobia often avoid these situations, in part, because they think being able to leave might be difficult or impossible in the event they have panic-like reactions or other embarrassing symptoms. In the most severe form of agoraphobia, an individual can become housebound.

Separation anxiety disorder: Separation anxiety is often thought of as something that only children deal with; however, adults can also be diagnosed with separation anxiety disorder. People who have separation anxiety disorder have fears about being parted from people to whom they are attached. They often worry that some sort of harm or something untoward will happen to their attachment figures while they are separated. This fear leads the to avoid being separated from their attachment figures and to avoid being alone. People with separation anxiety may have nightmares about being separated from attachment figures or experience physical symptoms when separation occurs or is anticipated.

NIMH » Anxiety Disorders

Selective mutism: A somewhat rare disorder associated with anxiety is *selective mutism*. Selective mutism occurs when people fail to speak in specific social situations despite having normal language skills. Selective mutism usually occurs before the age of 5 and is often associated with extreme shyness, fear of social embarrassment, ompulsive traits, withdrawal, clinging behavior, and temper tantrums. People diagnosed with selective mutism are often also diagnosed with other anxiety disorders.

Risk Factors

Researchers are finding that both genetic and environmental factors contribute to the risk of developing an anxiety disorder. Although the risk factors for each type of anxiety disorder can vary, some general risk factors for all types of anxiety disorders include:

Temperamental traits of shyness or behavioral inhibition in childhood
Exposure to stressful and negative life or environmental events in early childhood or adulthood
A history of anxiety or other mental illnesses in biological relatives
Some physical health conditions, such as thyroid problems or heart arrhythmias, or caffeine or other substances/medications, can produce or aggravate anxiety symptoms; a physical health examination is helpful in the evaluation of a possible anxiety disorder.

Eating Disorders

Overview

There is a commonly held misconception that eating disorders are a lifestyle choice. Eating disorders are actually serious and often fatal illnesses that are associated with severe disturbances in people's eating behaviors and related thoughts and emotions. Preoccupation with food, body weight, and shape may also signal an eating disorder. Common eating disorders include anorexia nervosa, bulimia nervosa, and binge-eating disorder.

Signs and Symptoms

Anorexia nervosa

People with anorexia nervosa may see themselves as overweight, even when they are dangerously underweight. People with anorexia nervosa typically weigh themselves repeatedly, severely restrict the amount of food they eat, often exercise excessively, and/or may force themselves to vomit or use laxatives to lose weight. Anorexia nervosa has the highest mortality rate of any mental disorder. While many people with this disorder die from complications associated with starvation, others die of suicide.

If you or someone you know is in crisis and needs immediate help, call the toll-free <u>National Suicide Prevention</u> <u>Lifeline (NSPL)</u> at 1-800-273-TALK (8255), 24 hours a day, 7 days a week.

Symptoms include:

Extremely restricted eating

Extreme thinness (emaciation)

A relentless pursuit of thinness and unwillingness to maintain a normal or healthy weight

Intense fear of gaining weight

Distorted body image, a self-esteem that is heavily influenced by perceptions of body weight and shape, or a denial of the seriousness of low body weight

Other symptoms may develop over time, including:

Thinning of the bones (osteopenia or osteoporosis)

Mild anemia and muscle wasting and weakness

Brittle hair and nails

Dry and yellowish skin

Growth of fine hair all over the body (lanugo)

Severe constipation

Low blood pressure slowed breathing and pulse

Damage to the structure and function of the heart

Brain damage

Multiorgan failure

Drop in internal body temperature, causing a person to feel cold all the time

Lethargy, sluggishness, or feeling tired all the time

Infertility

Bulimia nervosa

People with bulimia nervosa have recurrent and frequent episodes of eating unusually large amounts of food and beling a lack of control over these episodes. This binge-eating is followed by behavior that compensates for the overeating such as forced vomiting, excessive use of laxatives or diuretics, fasting, excessive exercise, or a combination of these behaviors. People with bulimia nervosa may be slightly underweight, normal weight, or over overweight.

Symptoms include:

Chronically inflamed and sore throat

Swollen salivary glands in the neck and jaw area

Worn tooth enamel and increasingly sensitive and decaying teeth as a result of exposure to stomach acid Acid reflux disorder and other gastrointestinal problems

Intestinal distress and irritation from laxative abuse

Severe dehydration from purging of fluids

Electrolyte imbalance (too low or too high levels of sodium, calcium, potassium, and other minerals) which can lead to stroke or heart attack

Binge-eating disorder

People with binge-eating disorder lose control over his or her eating. Unlike bulimia nervosa, periods of binge-eating are not followed by purging, excessive exercise, or fasting. As a result, people with binge-eating disorder often are overweight or obese. Binge-eating disorder is the most common eating disorder in the U.S.

Symptoms include:

Eating unusually large amounts of food in a specific amount of time, such as a 2-hour period Eating even when you're full or not hungry
Eating fast during binge episodes
Eating until you're uncomfortably full
Eating alone or in secret to avoid embarrassment
Feeling distressed, ashamed, or guilty about your eating
Frequently dieting, possibly without weight loss

Risk Factors

Eating disorders can affect people of all ages, racial/ethnic backgrounds, body weights, and genders. Eating disorders frequently appear during the teen years or young adulthood but may also develop during childhood or later in life. These disorders affect both genders, although rates among women are higher than among men. Like women who have eating disorders, men also have a distorted sense of body image.

Researchers are finding that eating disorders are caused by a complex interaction of genetic, biological, behavioral, psychological, and social factors. Researchers are using the latest technology and science to better understand eating disorders.

One approach involves the study of human genes. Eating disorders run in families. Researchers are working to identify DNA variations that are linked to the increased risk of developing eating disorders.

Brain imaging studies are also providing a better understanding of eating disorders. For example, researchers have found differences in patterns of brain activity in women with eating disorders in comparison with healthy women. This kind of research can help guide the development of new means of diagnosis and treatment of eating disorders.

Evidence Based Practice



Juvenile Mental Health

Current Evidence Based Practice

effective and are: Evidence Based Practices are interventions proven to be

- Standardized treatments that result in improved outcomes of youth. Outcomes are replicated in a variety of studies with different types
- Based on thorough understanding of adolescent development
- Flexible enough to be incorporated into a program serving youth and their families
- Increasingly being mandated by states

Types of EBP (3) Categories

Psychopharmacological Intervention

Psychosocial Therapy

Family and Community Based Models

Types of Therapy

- Multisystemic Therapy (MST)
- Functional Family Therapy (FFT)
- Multidimensional Therapy (MTFC)

Multisystemic Therapy

- MST views the youth as embedded in interconnected systems
- The therapist is available 24/7
- The therapist works extensively with the youth's caregivers

Indicators of effectiveness -

- Reduction in recidivism
- Decrease mental health problems
- Improved family functioning

Functional Family Therapy

- Short term family focus
- Three phases –
- 1. Engagement and motivation
- 2. Behavior change
- 3. Generalization

Indicators of effectiveness -

- Reduction in recidivism
- Reduced sibling high risk behaviors

Multidimensional Therapy Foster Care

Youth is placed in Foster Care for 6-9 months

Foster Care setting provides –

- Close supervision
- Fair, consistent behavior management
- Youth receives mental health services

Indicators of effectiveness –

- Fewer days of out of home placement
- Increased school attendance
- Reduced recidivism

Examples of EBP to Address Substance Abuse

- Brief Strategic Family Therapy (BSFT)
- Multisystemic Therapy (MST)
- Cannabis Youth Treatment (CYT)
- Trauma Focused Cognitive Behavior Therapy (CBT)
- Trauma Affect Regulation (TARGET)
- Trauma Recovery and Empowerment (TREM)
- Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)

Psychopharmacological Intervention

- Medication is aimed at symptom reduction.
- For most kids, this should not be the first line of treatment.
- Often this is most effective if used along with an EBP.

Critical Issues in Treatment

- Address co-occurring disorders
- Trauma focused treatments
- Gender specific considerations
- Culturally sensitive interventions

Juvenile Outreach Programs

supports for youth with serious emotional the detention centers or juvenile justice system. Juvenile Outreach Programs provide services and disorders and/or serious mental illness who are in

Juvenile Outreach Programs

services while in the detention center and aftercare To provide linkage and access to mental health or follow-up six months following discharge.

One Person at a Time Supporting a Better Tomorrow...

sandra.parks@dmh.ms.gov Juvenile Justice Mental Health & Sandra Parks



Supporting a Better Tomorrow...One Person at a Time

EBP's available for MS youth

 Trauma-focused CBT – a componentssignificant emotional problems related to humanistic principles and techniques. It based treatment model that incorporates traumatic life events has proved successful with children and adolescents (ages 3-18) who have cognitive behavioral, tamily, and trauma sensitive information with

EBP's available

 SPARCS – Structured Psychotherapy for separate types of trauma. functioning of adolescents exposed to social, academic and behavioral is a manual guided group treatment designed to improve the emotional, Adolescents Responding to Chronic Stress chronic interpersonal trauma and/or

EBP's available

 Adolescent Intensive Outpatient Programs mental health and substance abuse. The therapy. weeks as well as individual and family use disorder or co-occurring disorder of intensive services and have a substance ages 12-18 who need services more community-based programs for youth program consists of group therapy for 10

A-IOP

- Adolescent Community Reinforcement Assertive Continuing Care (ACC) - Usually other significant adults in the youth's life to support and foster recovery. sessions involving parents, caregivers and based treatment model that consists of 12-14 Approach (A-CRA) - intensive evidence
- intense program. visits and case management following the combined with A-CRA and includes home

A-IOP

 Programs are available in Tutwiler (Region Hattiesburg and Purvis (Region 12). Brandon (Region 8), Jackson (Region 9), (Stonewater Recovery), Southaven 1), Holly Springs (Region 2), Oxford (Region 4), Greenwood (Region 6),

See page 15 in Directory

MS Youth Programs Around the Clock (MYPAC)

 All inclusive home and community based resources of a single agency, experience services to youth up to the age of twentythe community. residential care, or transitioning back to multiple hospital stays, recommended to disturbance (SED) that exceeds the one (21) with a serious emotional

MYPAC

 Available through Communicare, Life Help, Pine Belt Mental Health, CANOPY, Health (Jackson metro-area), Catholic Methodist Children's Home Counseling (Jackson-metro area), and Charities (Jackson-metro area), Marion Youth Villages, Brentwood Behavioral

1 in 5 kids has a mental illness.

Speak up. Stop the stigma. 1in5minds.org

1 in 5 children suffers from a mental health or learning disorder, and 80% of chronic mental disorders begin in childhood.

Common Mental Health **Disorders in Teens**

- -Anxiety Disorders 25%
- -Mood Disorders 14%
- disorder 9% Attention deficit-hyperactivity
- -Eating Disorders 3%

Warning Signs

few days Bad moods that persist, lasting longer than a

more -Feeling sad or withdrawn for two weeks or

breathing) -Sudden overwhelming fear (heart racing or fast

daily activities -Intense worries or fears that get in the way of

Difficulty concentrating

Warning Signs

- -Continual anger or irritability
- weight loss or gain -Dramatic changes in appetite or sudden
- -Unable to enjoy activities they used to enjoy
- -Isolate themselves and avoid social interactions

Youth Suicide

- Suicide is the SECOND leading cause of death for ages 10-24. (2016 CDC WISQARS)
- Suicide is the SECOND leading cause of death for college-age youth and ages 12-18. (2016 CDC WISQARS)
- More teenagers and young adults die from birth defects, stroke, pneumonia, influenza, suicide than from cancer, heart disease, AIDS, and chronic lung disease, COMBINED
- Each day in our nation, there are an average of over 3,041 attempts by young people grades 9-12. If these percentages are additionally applied to grades 7 & 8, the numbers would be higher.
- o Four out of Five teens who attempt suicide have given clear warning signs

suicide each day in the United States. On average, 123 people die by



crashing every 4 days. That is the equivalent of a 747 airplane

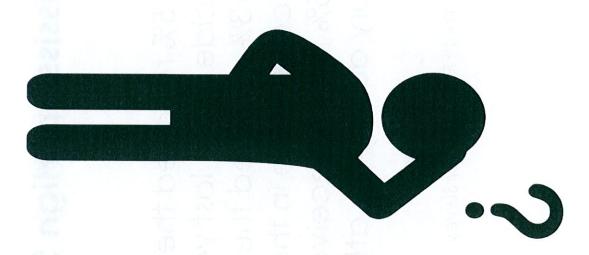
Mississippi High School Students

suicide in the last year 15% reported they had seriously considered

once or twice in the last year • 13% reported they had attempted suicide

injury during the attempt. •6% had to receive medical treatment due to

2015 Youth Risk Behavior Survey



What is the best way to know if someone is thinking about suicide?

Ask them!

Don't be afraid to ask!

whether they are suicidal will not make them suicidal. The most important thing to know about helping someone is that asking a person

you care thinking about suicide lets them know that Asking directly whether the person is

Asking may save a life!

How to ask the hard questions

that? Getting help?" depressed lately – how are you handling "I have noticed that you seem really

"Have you thought about killing yourself?"

"What do you think about your future?"

"Are you feeling hopeless?"

Encourage the person to communicate with you.

Be supportive

Show understanding (even if you don't!)

Express your thoughts without placing blame

Avoid interrupting

the person's feelings. Be respectful and acknowledge

Don't be patronizing or judgmental.

they are feeling. Their emotions are real! Don't try to talk the person out of how

treatment. Encourage the person to seek

May lack the energy or motivation to find help.

If they are resistant to help from a mental health provider or doctor, suggest:

-A support group-Faith community-Trusted adult

Provide resources

Mobile Crisis Response Teams:

National Suicide Prevention Lifeline 1-800-273-TALK (800-273-8255)

Crisis Text Line
Text "Home" to 741741

Helpline MS Department of Mental Health 1-877-210-8513

Supporting a Better Tomorrow

Region I Region 3 Region 2

Region 6

Region 8

Region 10

Region 11

Region 12

Region 13

Region 4

Region 7

Region 9

Region 14

Region 15

888-404-8002

866-255-9986 866-837-7521

888-287-4443

866-453-6216

888-943-3022

877-657-4098

601-955-6381

800-803-0245

McComb 601-248-2969 Natchez 601-446-6634

1-888-330-7772

800-681-0798

Warren 866-497-0690 601-638-0031

Yazoo 662-746-5712

Trauma & ACES Study

- Adverse Childhood Experiences A study participants. conducted with more than 17,000
- Each study participant completed a health status and behaviors mistreatment, family dysfunction, current survey about their experiences with child

TYPES of ACES

they reported being exposed were given an ACE score between 0 and 10 based on how many of these 10 types of adverse experience to which mother or stepmother, parental separation/divorce or had a member of the household go to prison. Respondents which included growing up in a household were there was substance abuse, mental illness, violent treatment of a physical, and sexual abuse; neglect, including both physical and emotional neglect; and household challenges. The ACE study looked at three categories of adverse experience: childhood abuse, which included emotional,

ABUSE

HOUSEHOLD CHALLENGES

NEGLECT

21%	28%	11%
SEXUAL	PHYSICAL	EMOTIONAL

INCARCERATED	70%
23% SEPARATION/DIVORCE	
19% MENTAL ILLNESS	
27% SUBSTANCE ABUSE	
MOTHER TREATED VIOLENTLY	13%

10%	15%
PHYSICAL	EMOTIONAL

ACES can have lasting effects on..



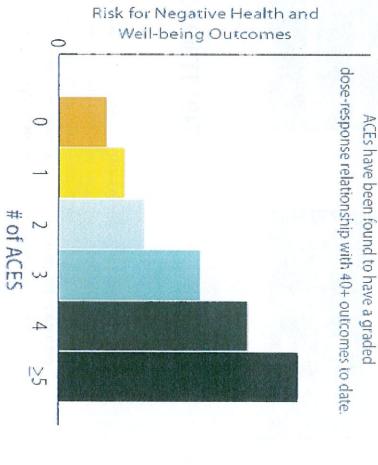
Health (obesity, diabetes, depression, suicide attempts, STDs, heart disease, cancer, stroke, COPD, broken bones)



Behaviors (smoking, alcoholism, drug use)



Life Potential (graduation rates, academic achievement, lost time from work)



*This pattern holds for the 40+ outcomes, but the exact risk values vary depending on the outcome

Trauma symptoms

- Trouble forming relationships with teachers
- Poor self-regulation
- Negative thinking
- Hypervigilance
- Executive function challenges

Trauma Informed Care

- An approach that aims to engage played in their lives. acknowledge the role that trauma has the presence of trauma symptoms, and people with histories of trauma, recognize
- Person-centered response focused on symptoms of mental illness wellness rather than simply treating improving an individual's all around

Trauma Specific Treatment

- Evidence-based and best practice to facilitate recovery from trauma. treatment models that have been proven
- Directly address the impact of trauma on consequences of trauma. an individual's life and treat the actual
- Examples TF-CBT, SPARCS, TREM, Seeking Safety

MS Department of Mental Health

239 N. Lamar Street, 1101 Robert E. Lee Bldg. Jackson, MS 39201

601-359-1288

www.dmh.ms.gov



Supporting a Better Tomorrow...One Person at a Time

HELPLINE • 1 - 877 - 210 - 8513



Overview of the Wraparound Process

Presentation by the Mississippi Wraparound Institute

Content adapted from the National Wraparound Implementation Center

Wraparound is born

delivery system involving an array of community-based services to individual families. work to develop a mandated new service term wraparound in the early 80's as part of her Dr. Lenore Behar of North Carolina coined the



What is Wraparound

mission, strengths, needs, and strategies. between the family vision and story, team talents from a variety of sources resulting in the creation of a plan of care that is the best fit system supports mobilizing resources and friends, community, professional, and crosscollective action of a committed group of family, and approach to care planning that builds on the Wraparound is an ecologically based process



What is Wraparound

- It is a care planning process for a family with complex needs
- It must be done by a team of formal and informal supports
- It uses Evidence-Based Practices as needed



service. provided for families as a mental health In Mississippi, Wraparound is currently

But...

Wraparound is NOT a clinical service. It is a can choose to have their needs met. insight as one of the many ways that families planning process that incorporates clinical



What is a Child and Family Team?

The Wraparound team is a group of relevant people who have a strong commitment to team consists of individuals committed to community support and service the family through informal, formal, and the family's well-being. The Wraparound family and youth to achieve their vision. team functions in partnership with the relationships. The end result being that this



What is a System of Care

order to help them to function better at home, addresses their cultural and linguistic needs, in in school, in the community, and throughout partnerships with families and youth, and into a coordinated network, builds meaningful challenges and their families, that is organized services and supports for children and youth with or at risk for mental health or other A spectrum of effective, community-based



System of Care and Wraparound





System of Care is the larger picture – it is the delivery systems for youth and their families. connecting and coordination of all service

Wraparound is currently targeted to address the supported by a system of care. approach to service delivery that needs to be danger of out of home placement. It is an needs of youth with complex needs and/or in



System of Care





SocialWork

Wraparound Population

following criteria: Wraparound is designed for families meeting the

- 1) The youth is experiencing severe emotional, behavioral, or mental health difficulties
- 2) The youth is at risk of out-of-home placement (PRTF or Detention)
- 3) The family is involved in multiple child and family-serving systems (e.g. child welfare, mental health, juvenile justice, special education, etc.)

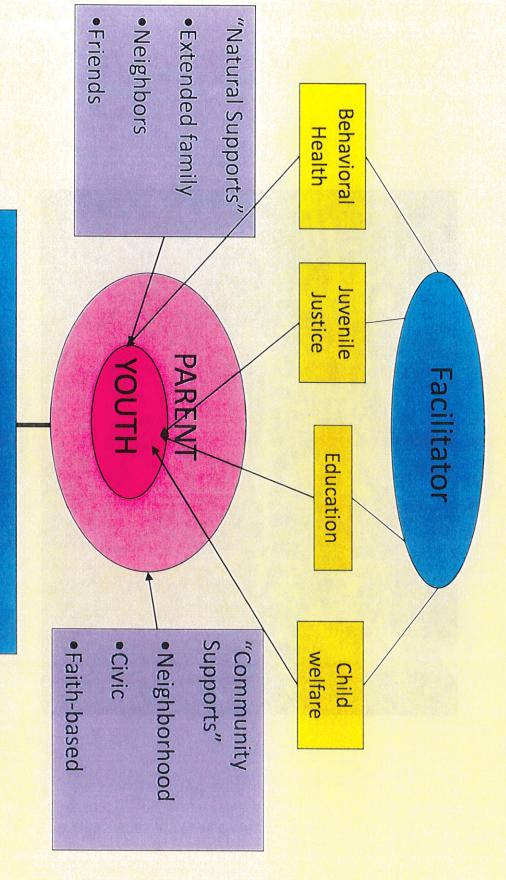


life domain impacts how we function We agree that what happens in one in others....

How effective can we expect plans to be that do not take all aspects of family life in to account?

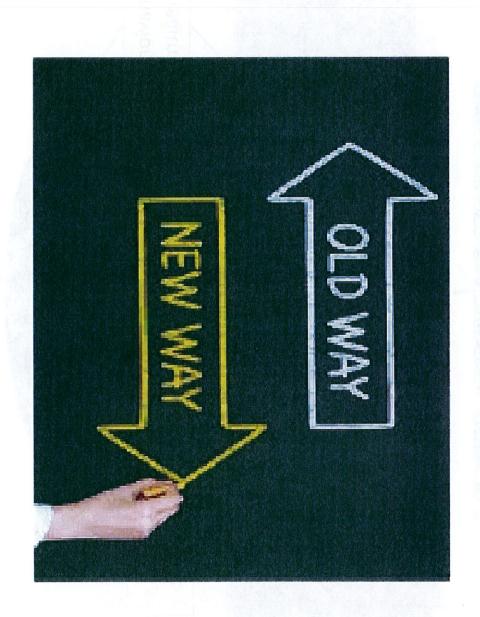


one coordinated plan (Slide from Laura Burger Lucas, ohana coaching, 2009) system partners and other natural helpers so there is In wraparound, a facilitator coordinates the work of









Shifting how we look at behavior...

Traditional models tolerate viewpoints in which high risk behavior is seen as "bad"

In Wraparound, we try to understand WHY a person might act that way

This results in an approach that seeks to meet needs in order to help behavior change.



Video

https://www.youtube.com/watch?time conti nue=4&v=N7Rr67cc8MY



mental health in our juvenile justice How widespread is the challenge of

system?

- Studies have consistently documented that...
- system have a diagnosable mental health disorder; 1) 65% to 70% of youth in contact with the juvenile justice
- 2) Over 60% of youth with a mental health disorder also have a substance abuse disorder;
- 3) Almost 30% of youth have disorders that are serious enough to require immediate and significant treatment
- 4) At least 75% of youth in the juvenile justice system have experienced traumatic victimization.
- 5) 93% of youth in detention reported exposure to "adverse" majority of these youth were exposed to six or more events. sexual abuse, domestic and community violence—and the events including accidents, serious illnesses, physical and



mental illness have unique needs... Families containing a youth with

- correctional authority and parents all converge Congressional inquiries and media reports as well with mental disorders (Desai et al., 2006). on the sad reality that the juvenile justice system as the opinions of mental health professionals, has become the avenue of last resort for youth
- Without treatment and ongoing care after adult crime. detention for these youth with specialized needs, to be at risk for a path of recidivism and possibly youth coping with mental illness often continue



Wraparound as Diversion

- juveniles who, with sufficient support, do not pose a Community-based treatment is an important option for danger to public safety and for whom detention intensifies their mental health problems
- symptoms may intensify trauma responses and acute teelings of depression and anxiety. It can also interrupt receiving them. therapy and medication for youth that are already Detention can be a poor choice for juveniles whose
- Youth struggling with mental illness can sometimes create situations that are difficult to manage for corrections systems personnel.



What to expect from the process as a team member

- We need to hear your voice
- You will need to brainstorm with the team
- You will leave with something to do
- Your mandates need to be on the plan that is being created with the team
- You can't be a team member unless you attend meetings!



Principles of Wraparound

Outcome-Based

Individualized

Strengths-Based

Team-Based

Family Voice &

Choice

Natural Supports

Culturally Competent

Community-Based

Unconditional Care

Collaboration



Family Voice and Choice

- Facilitators listen to the family, and seek to understand by using empathy and respect.
- Families choose their own strategies from options brainstormed by the team.
- Conversations about families are never held without families



Individualized

- All supports and services are developed based youth and family on the individual strengths and needs of the
- specifically for this youth and family Plans of Care and Crisis Plans are designed





Strength-Based

- The staff person develops strengths for the family after hearing their story.
- Strengths finding never stops
- that they function in the tasks of the plan. Strengths are specific and action-oriented so
- plan. Every team member's strengths are on the





Natural Supports

- the process and attend meetings. Extended family and friends are included in
- purposefully engaged. People that are important to the family are



Collaboration

- Child and Family Team Meetings provide plans and make changes to the plans. opportunities to meet together to develop
- included in the best way possible. All team members ideas are heard and
- All things happen through meeting together.





Unconditional Care

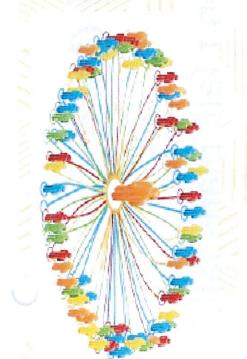
- Remember that "families don't fail, plans fail."
- The Plan will change when things are not working.



Community-Based

- Focus on helping youth and families become successful members of their communities rather than successful in programs.
- Help families feel connected outside of service relationships.
- the process Community supports are a necessary part of





Culturally Competent

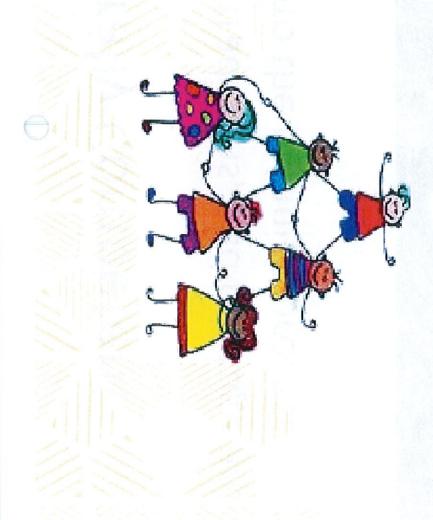
incorporated into the planning process. Beliefs, values, traditions, and heritage are





Team-Based

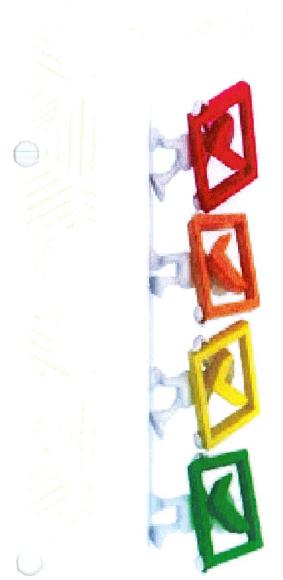
- Wraparound is not wraparound, if you do not have a team
- Teams are built by facilitators





Outcome-Based

- Track progress in a detailed way.
- Monitor progress to assess if we are achieving





Motivational Interviewing

MOTIVATIONAL INTERVIEWING 101

Motivational Interviewing (MI) is directive, client-centered counseling style for helping clients explore and resolve ambivalence about behavior change. MI is not just a set of techniques or skills that one utilizes with a client. It is a way of being with a client based on the belief that people have the capacity to change in a partnership that supports their autonomy.

In MI, there are a variety of acronyms to explain the various aspects of MI. Fundamental principles of MI can be found in the acronym **DERS.** Develop Discrepancy, Express Empathy, Roll with Resistance, and Support Self-Efficacy.

Developing the Discrepancy

- The principle of developing discrepancy is based on the understanding that
 motivation for change is created when the person perceives a discrepancy
 between their present behavior and important personal goals (Miller & Rollnick,
 2002).
- This often involves identifying and clarifying the person's own goals. The goals
 need to be those of the person and not those of the health care provider, otherwise
 the person will feel as though they are being coerced and may become more
 resistant to change.
- Counselors should work to help clients examine the discrepancies between their current behavior and future goals.

Express Empathy

- Empathy involves seeing the world through the clients' eyes.
- Seeing things as the client would see them, thinking about things as the client thinks about them, feeling things as the client feels them, and sharing in the client's experiences.
- Reflective listening is an essential skill in conveying empathy.

- In reflective listening, it is important to focus on the conversation, embrace the client's perspective, without necessarily agreeing with it.
- Mirroring the clients and reflecting their emotional state.
- Let client know that you are listening.

Roll with Resistance

- Resistance to change is not uncommon with many clients and should not be viewed as a negative outcome.
- In fact, a person who resists is providing information about factors that foster or reduce motivation to adhere to behavioral change.
- Rolling with resistance, then, includes involving the person actively in the process of problem solving.
- Clients are encouraged to develop their own solutions to problems they have themselves identified.

Support Self-Efficacy

- Self-efficacy is a person's belief or confidence in their ability to carry out a target behavior successfully.
- A general goal of motivational interviewing is to enhance the person's confidence in their ability to overcome barriers and succeed in change.
- A client can be helped to believe that he or she can make a change.
- That belief must come from within the client.
- The client is responsible for choosing and carrying out personal change.

Strategies and Fundamental Skills of MI (Acronym OARS)

Open-Ended Questions

• A key tenet of most counseling strategies is to use open ended questions. These are questions that require something other than a yes or no answer. Open ended questions will elicit far more information than close ended questions. Example of close ended questions would be, "Are you doing OK in school?" An open ended question would be, "Tell me how you are doing in school." The former calls for a yes or no answer, while the letter will require dialogue to answer.

Affirmations

• Affirmations are ways of showing appreciation, understanding, and support for clients. We should affirm the effort clients make, and the achievements they accomplish. Examples of affirmations would be, "this is great, you have been sober two weeks now," or "it has not been easy to stay away from the old bad influences, but you have been doing it, just let me know how I can help you". Acknowledge good progress, give credit where credit is due, but also show understanding that for many clients, they have had to face many difficulties to make whatever progress they have made.

Reflections

• Reflections, or reflective listening, are a hypothesis about meaning of what the client is saying. It's a statement to convey understanding. It is not just simply repeating what the client is saying, which could be considered the lowest form of reflection. Reflective listening is a skill to be developed. As this skill develops, one would be able to more accurately determine the meaning of what a client is saying, based on words used, tone, and non-verbal communication. It is not the same as putting words in the client's mouth, but rather offering a hypothesis about what is being said. For example, a client may say "that girl called me fat," and the client may start to tear up. A reflection might be "calling you that name really upset you."

Summaries

• Summaries summarize what a client has said, to include the skill of reflection. A leading statement might be "let me see if I have this right". By summarizing what the client has told you, it is a way to validate what they said and show that that you are listening to them. A client who feels listened to is more likely to be motivated towards change.

Cognitive Behavior Therapy

COGNITIVE BEHAVIOR

Cognitive-behavioral therapy (CBT) is a form of psychotherapy that treats problems and boosts happiness by modifying dysfunctional emotions, behaviors, and thoughts. Unlike traditional Freudian psychoanalysis, which probes childhood wounds to get at the root causes of conflict, CBT focuses on solutions, encouraging patients to challenge distort cognitions and change destructive patterns of behavior.

The core principles of CBT are identifying negative or false beliefs and testing or restructuring them. Oftentimes someone being treated with CBT will have homework in between sessions where they practice replacing negative thoughts with more realistic thoughts based on prior experiences or record their negative thoughts in a journal.

Cognitive behavioral therapy reduces recidivism in both juveniles and adults. Cognitive behavioral therapy has been found to be effective with juvenile and adult offenders; substance abusing and violent offenders; and probationers, prisoners and parolees. It is effective in various criminal justice settings, both in institutions and in the community, and addresses a host of problems associated with criminal behavior. For instance, in most cognitive behavioral therapy programs, offenders improve their social skills, means-ends problem solving, critical reasoning, moral reasoning, cognitive style, self-control, impulse management and self-efficacy.

Perceptions Affect Behavior

Beliefs, attitudes and values affect the way people think and how they view problems. These beliefs can distort the way a person views reality, interacts with other people and experiences everyday life.

Characteristics of distorted thinking may include:

- Immature or developmentally arrested thoughts.
- Poor problem solving and decision making.
- An inability to consider the effects of one's behavior.

- An egocentric viewpoint with a negative view or lack of trust in other people.
- A hampered ability to reason and accept blame for wrongdoing.
- A mistaken belief of entitlement, including an inability to delay gratification, confusing wants and needs, and ignoring the rights of other people.
- A tendency to act on impulse, including a lack of self-control and empathy.
- An inability to manage feelings of anger.
- The use of force and violence as a means to achieve goals.

Therapy can help a person address and change these unproductive and detrimental beliefs, views and thoughts.

Clark, Patrick. (2010)., Social Science Analyst with NIJ's Crime Control and Prevention Division. http://www.nij.gov/journals/265/pages/therapy.aspx

Counseling Theories

COUNSELING THEORIES

- Reality Therapy
- Family Systems Therapy
- Behavioral Therapy
- Alderian Therapy
- Person-Centered Therapy
- Developmental Counseling Theories

Reality Therapy

A fundamental philosophical principle of reality therapy is that people are ultimately self-determining. Internal and external psychosocial pressures may directly relate to present emotional functioning, but in the long run, clients are autonomous, responsible beings. Everything one does is to satisfy the basic needs of survival, belonging, power, fun and freedom in an attempt to control one's life. Reality Therapy is a cognitive-behavioral model of therapy composed of two interrelated parts: (1) the counseling environment and (2) procedures for change. In this process of counseling, the overall therapeutic objective is to help the client feel better. This is accomplished when the client is able to meet needs by taking effective control of his or her life.

(1) The Counseling Environment: Authenticity, warmth, caring, acceptance and involvement are characteristics of the counseling environment. Trust and rapport are established by listening to the client. This signals to the client that the counselor believes in the client's personal worth, competence, and ability to succeed and behave responsibly. The focus in counseling is on present thinking and behaving.

The counselor accepts no excuses for irresponsible behavior, because ultimately, the responsibility is the client's. Second, there is no punishment or criticism for irresponsible behavior. The counselor imparts his or her belief in the client's ability to take effective control of his or her life by never giving up.

- (2) Procedures for Change: The procedures that lead to change continue to convey the supportive atmosphere for the counseling environment that is construed as integral parts of that environment. These procedures include:
 - a. Exploring Needs and Perceptions: The focus of this procedure is to help the client become aware of what he or she really wants. These wants may be as specific as obtaining material possessions or as broad as projecting a lifestyle.
 - b. Exploring and Evaluating Total Behavior: It is essential that clients evaluate their own behavior, make a value judgment about whether what they are doing is fulfilling their needs, and ASK: Is what you're doing getting you what you want?

The counselor is not the judge or moral guide, but instead, the client judges the "rightness" or "wrongness" of the behavior. Reality therapy contends that clients must judge their own behavior, identify what they are doing to cause the difficulty or failure and decide what they must do to begin to behave in more responsible ways.

c. Planning and Commitment: Once the client has decided that his or her behavior is not meeting needs and that he or she is willing to behave in a responsible way, the counselor helps the client develop a realistic plan. The plan should be a positive plan of action, need-fulfilling, simple, realistic and attainable.

Students, children, parolees and others who cannot or will not deal with the consequences of their actions, engage in negative addicting behaviors, or otherwise have a failure identity, can benefit from Reality Therapy. It has been used to help delinquents, substance abusers, and clients with disabilities.

Family Systems Therapy (Murray Bowen)

I. Conceptual Components

- (1) Self-Differentiation
 - a. Cognitive System/Emotional System
 - b. Self
 - Separation from family emotional system/family of origin
 - Ability to be separate, self-directed, autonomous human beings
 - Ability to interact with significance to others without losing ability to think and act in ways consistent with integrity of self
 - Process of psychological maturity which involves intensive focus on the development/maintainers of individual identity

(2) Triangles

- a. Person, objective, or force drawn into the emotional encounter of two people
- b. Basic building block of emotional systems; consists of insiders/outsiders
- c. Used to diffuse tension/stress
- (3) Nuclear Family Emotional Process/System
 - a. Network of emotional reactions/patterns
 - b. Undifferentiated family ego mass
 - c. Functions toward the resolution of tension via
 - Emotional distance
 - Marital conflict
 - Spouse dysfunction
 - Impairment of children

(4) Family Projection Progress

a. Means of transmitting interaction patterns is facilitated by the triangling of another family member, usually children.

b. Process whereby parental immaturity is projected to one or more children.

(5) Multi-Generational Transmission Process

Process wherein the patterns of the family emotional processes are developed and passed on from one generation to the next (included is the basic level of self).

(6) Emotional Cut-Off

- a. Means of handling unresolved emotional fusion; Can include physical distance, withdrawal
- b. Avoidance of emotional contact with family
- c. Short-term solution

(7) Sibling position

Degree of involvement in family, projection process is related to one's birth-order position, with the position comes a set of expectations.

(8) Societal emotional Process

Same as family emotional process

II. Therapeutic Procedure

- (1) Help members explore/discuss their values, principles, etc. Increase intellectual awareness of family situation.
- (2) Members talk to therapist about each other; Therapist assumes non-emotional position.
- (3) Data is collected across generations
- (4) Use of questions/tasks to help members move differently with each other within family context
- (5) Therapist constantly defines herself during session
- (6) Therapy process is opposite of family projection process.

- a. Feelings and thoughts verbalized.
- b. Therapist becomes third person of triangle; remains non-emotional.

Behavior Therapy

Both behavior therapy and behavior modification treat maladjustive behavior directly. There are no underlying causes. Changing maladjustive behavior is the major focus. Behavior counseling is not a single system of helping. It is a family of systems, formations and strategies.

In **Behavioral Counseling**, it is essential that the counselor demonstrate accurate listening, concern, caring, acceptance, and understanding of the client as a unique person. In order to ensure that the counselor understands the client's problem before intervention is begun, a positive relationship between counselor and client should be developed. The modern approach to behavioral counseling strives to involve the client in the analysis, planning, and process and evaluation of his or her behavior management program.

The first concern in counseling is to help the client analyze behavior, define problems and set goals. This process is facilitated if the counselor and the client develop effective communication, trust and cooperation.

Behavioral contracting is a self-management technique in which the youth enters into an agreement with one or more persons to perform or attain specific predetermined goals. The contract usually includes specific consequences related to the compliance or noncompliance with specific tasks. Consequences and goals vary from client to client, so this technique is a very individualized approach to treatment. It can be a very useful technique in counseling with youths referred by their parents for status offenses such as ungovernable behavior, running away from home and truancy.

- W. H. Cormier and L.S. Cormier in <u>Interviewing Strategies for Helpers: A Guide to Assessment Treatment and Evaluation:</u> suggests that behavioral contracts contain the following specific features:
 - (1) Terms should be clear to all parties; behavioral and performance goals should be specific
 - (2) Rewards and sanctions should be appropriate and specific
 - (3) Contract should be written in positive mode
 - (4) Individuals should be included as positive supports
 - (5) Commitments should be made by all parties
 - (6) A progress chart or log should reflect progress towards attainment of goal
 - (7) Signatures from all parties on an informed consent

Role Playing with clients has been used by counselors in assertiveness training, covert modeling, career counseling, rehearsal and aversion therapy. It is an excellent technique for expanding client awareness and modeling alternative behaviors.

The main goals of assertion training are to empower clients to initiate and carry out desired choices and behaviors that do not harm others and to teach clients alternatives to passive, dependent, and aggressive ways of dealing with life situations. Assertion training is usually accomplished by the role playing and modeling of passive, aggressive and assertive situations the client comes into contact with regularly. Through problem exploration and definition, assertion goal development, repeated role play and role reversal, the client learns more assertive ways of behaving.

The **token economy** is a systematic procedure in which tokens are given as immediate tangible reinforcers for appropriate behaviors. The tokens can be poker chips,

points or other concrete items which can be cashed in for articles of value or for privileges. In the juvenile justice system, tokens could be awarded to a youth each time that he or she attends school, abides by the curfew, etc. For example, after a month of successfully complying with the condition of probation, the youth could cash in his or her tokens for a free movie pass which has been donated by a local movie theater.

Adlerian Therapy

The Adlerian thesis is that if a client's beliefs, attitudes and perceptions are changed, then behavior will soon follow. Adlerian therapy focuses upon encouragement in gaining the most from the primary life tasks of working, living and loving others and oneself. Adlerians believe that the original socializing agent, the family, plays a large part in the adjustment or maladjustment of the individual.

Adlerian counseling has four phases: establishment of the relationship, investigation of the lifestyle, interpretation of the life style and reorientation. Overarching these phases is a cooperative effort by counselor and client to ferret out the client's goals and faulty beliefs about life's task and reeducate him or her. H. H. Mosak has described the objective of this reeducation as follows:

- (1) Fostering social interest;
- (2) Decreasing inferiority feelings and overcoming discouragement;
- (3) Changing the person's lifestyle;
- (4) Changing faulty motivation or values that underlie even acceptable behavior;
- (5) Encouraging the individual to recognize his or her equality among fellow humans; and,
- (6) Helping the client to become a contributing human being. Adlerian therapy is directed not at behavior modification but at motivation modification.

The Client-Counselor Relationship: Since therapy is cooperative venture, a contract should be forged between the counselor and the client. The contract should spell out the therapeutic goals of each. Such a contract is necessary because the client, although hurting enough to seek therapy, perceives both therapist and counselors as dangerous. The counselor's foreknowledge of the perceived dangers and the understanding that they are

dynamic of the inferiority-superiority continuum are the opening wedge in the counselor's attempt to understand the client's defenses. If the counselor understands that the client brings all of these safeguarding behaviors into counseling and if the counselor can accept this, one of the basic conditions for accepting and understanding the client has been met.

Understanding the Client: To gain a true understanding of the client's lifestyle and communicate that understanding to the client, the counselor listens to and observes the client closely, trying to identify the client's beliefs, perceptions and feelings and the movement and pattern of his or her life. Everything said and done by the client has a social meaning as well as the motives and goals around which the individual's lifestyle is built.

Assessment and Analysis: Reliable and valid standardized lifestyle inventory measures can be collected and used as quick screening devices. When combined with other intake data, such as family atmosphere and constellation, birth order, earliest childhood memories, dreams and therapist observations, lifestyle inventories yield a comprehensive profile of the family life style and the client's role in it.

Insight and Interpretation: The client gains insight through the counselor's interpretation of his or her ordinary communications, dreams, fantasies, behavior, symptoms, transactions with the counselor and other interpretations. The emphasis in interpretation is on the purpose rather than cause, on movement rather than description, on use rather than possession. The goal on interpretation is to uncover the client's private logic; the way the client uses his or her symptoms to keep the dysfunctional life plan going.

Reorientation is the final action-oriented phases of counseling. The counselor offers alternative ideas or beliefs for the client's consideration. Reorientation is the attempt to

persuade the client that change is in his or her best interest. This phase involves showing clients how their behavior and relationships are related to their attitudes and beliefs.

Basic Listening and Responding Skills include the following:

- (1) Restatement: Accurate restatement of content lets the client know that the counselor is listening and attempting to understand what the client says. It is a basic steppingstone to building trust.
- (2) Reflection: Reflective listening involves not only listening for the client's words but also trying to touch the feelings behind those words.
- (3) Guesses, Hunches, Hypothesis: By guessing at the fictional goals that the client discloses in verbalizing the problem, the counselor attempts to connect the client's behavior with thoughts and feelings.
- (4) Interpretation: Through interpretation, the counselor tries to obtain reason for a person's behavior. Interpretation must be timed appropriately when the client is ready for it, can accept it as congruent with what his or her fictional goals are, and can use it to consider new ways of behaving.
- (5) Nonverbal Behavior: Adlerian therapists are well aware of nonverbal behavior and bring it to the client's conscious awareness. They do not interpret nonverbal to the extent some other therapists do.
- (6) Immediacy: Immediacy means dealing with what is going on right here and now.
- (7) Confrontation: The counselor catches discrepancies between what the client says and what the client does and non-punitively challenges the client on them.
- (8) Paradoxical Intention: This involves having the client attempt to increase his or her debilitating thoughts and behaviors, by practicing enlarged symptoms that are out of proportion to the reality of the situation.
- (9) Creating Images: Images of neurotic defenses may be extremely helpful in clarifying for clients how absurd their behavior can be.

Basic Philosophy: A positive view of human nature is stressed. Humans are motivated by social interest, by striving towards goals, and by dealing with tasks of life.

People are in control of their fate, not victims of it. Each person, at an early age, creates a unique style of life which tends to remain relatively constant throughout life.

Key Concepts: Based on growth model, this approach emphasizes the individual's positive capacities to live in society cooperatively. It also stresses the unity of personality, the need to view people from their subjective perspective, and the importance of life goals that give direction to behavior. Therapy is a matter of providing encouragement and assisting clients in changing their cognitive perspective.

Goals of Therapy: To challenge clients' basic premises and goals. To offer encouragement so they can develop socially useful goals. To change faulty motivation and to help them feel equal.

Therapeutic Relationship: The emphasis is on joint responsibility, or mutually determining goals on mutual trust, respect, and equality. A cooperative relationship is manifested by a therapeutic contract. Focus is on examining lifestyle, which is expressed by the client's every action.

Application of the Approach: Can be applied to all spheres of life, such as parent/child counseling, marital and family therapy, individual counseling with children and adolescents, correctional and rehabilitation counseling, group counseling, substance abuse programs, and dealing with problems of the aged. Being a growth model, it is ideally suited to preventive mental health and alleviating a broad range of conditions that interfere with growth.

Person-Centered Therapy

One of the main principles of the person-centered theory of counseling is the inherent tendency of the individual to strive towards self-actualization. To attain self-actualization, the individual must have freedom of movement and access to conditions that nurture growth. Person-centered therapy indicates that each person is unique and has the ability to reach his or her full potential.

The central focus of counseling is the client's experiencing of feelings. During the counseling process, the counselor should exhibit the following:

- (1)Impose no external values or standards on clients,
- (2) Endeavor to be genuine in the counseling relationship,
- (3) Listen and respond to clients and communicate empathy,
- (4)Communicate through their words, voice, and nonverbal behavior their acceptance, understanding and respect,
- (5) Endeavor to communicate unconditional positive regard towards clients,
- (6)Communicate to clients that they are accurately and fully hearing their verbal and nonverbal messages,
- (7)Communicate to clients that they trust them to be responsible, self-directing persons and,
- (8) Nurture conditions which enhance new behaviors.

There are three main **conditions** for promoting psychological growth which are as follows:

(1) Genuineness: means that the counselor opens himself or herself to the emotive experience that takes place in a counseling relationship. The more the counselor can be aware of and give voice to the feelings in a counseling relationship, the more likely it is that therapy will move forward.

- (2) Unconditional positive regard: is the willingness for the counselor to accept the feelings the client may have. Such caring is total and non-possessive and lacks prior conditions of rightness or appropriateness of the client's feelings.
- (3) Empathy: is realized by the counselor's ability to accurately and sensitively enter the world of the client and to experience what the client is feeling.

As clients experience genuineness, unconditional positive regard and empathy in response to all aspects of their lives, they begin to experience caring and accepting of themselves and are able to drop the defensive façade. They begin to experience themselves as individuals with self-actualizing abilities and unconditional self-regard.

Developmental Counseling Theories

These theories are all based upon the idea that every human goes through ordered and sequential developmental stages. Society demands that individuals perform particular tasks appropriate to their stage of development. People run into difficulties when they do not pass smoothly through a stage of development or remain fixed at a particular stage.

Developmental theories are based upon a human-effectiveness model that includes these concepts:

- (1) Effective social roles and relationships
- (2) Coping behaviors
- (3) Developmental tasks

The goal of counseling is to help individuals maximize their freedom within the limitations of their capacities and their environment. This freedom is attained by maximizing their effectiveness, so that they can gain the greatest possible control over their environment and over their own emotional responses to the environment.

Counseling is the decision-making process. People come to counselors when confronted with the need to make a decision. Most developmental counselors describe themselves as teachers and counseling as an educative process.

Five orderly sequential stages are hypothesized from infancy through old age. In each life stage three central developmental tasks must be mastered: work, interpersonal relations, and aloneness.

Developmental counseling was designed primarily for work in educational settings.

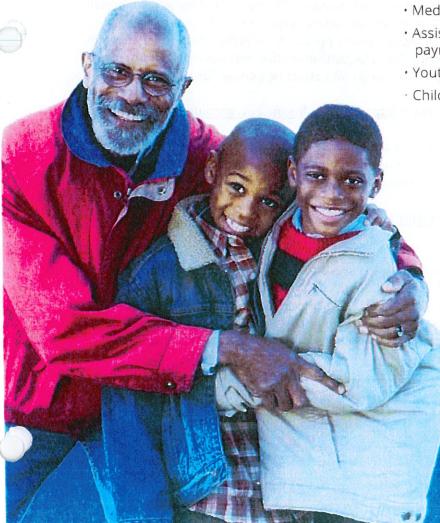
Vocational development has been broadened and defined as an ongoing life process that is a part of total personality development.

Gen + Approach

gen

Helping families by providing services and skills.

- · Educational services
- Food assistance through the Supplemental Nutrition Assistance Program (SNAP)
- Cash assistance through the Temporary Assistance for Needy Families (TANF) program
- Assistance with paying home energy bills through the Low Income Home Energy Assistance Program (LIHEAP)
- · Child Support services
- Parenting education, youth development, and interviewing skills
- Parenting information such as child development, nutrition, and safety education
- Mediation, counseling, monitored and supervised visitations to encourage healthy relationships between parents and children
- Information about caregiving services for disabled adults
- · Medical insurance guidance for senior citizens
- Assistance with rent, mortgage, and utilities payments
- · Youth development programs
- · Child care services



MISSISSIPPI DEPARTMENT OF HUMAN SERVICES BETTER MISSISSIPPI

More information may be obtained at your local MDHS office, www.mdhs.ms.gov or 1-877-882-4916.



STATE OF MISSISSIPPI PHIL BRYANT, GOVERNOR

DEPARTMENT OF HUMAN SERVICES

JOHN DAVIS EXECUTIVE DIRECTOR

BULLETIN NO. 6700

DIVISION OF ECONOMIC ASSISTANCE SNAP/TANF/MAVERICS

TO:

County Directors

FROM:

Dana Kidd, Deputy Administrator

Economic Assistance

DATE:

May 23, 2017

SUBJECT:

Generation Plus (gen+) Approach

In order to assist Mississippi families in obtaining self-sufficiency, the Mississippi Department of Human Services (MDHS) is taking a multigenerational approach referred to as Generation Plus (gen+). The gen+ approach seeks to provide the basic needs of the family and the skills that will enable the family to become self-sufficient and ensure future well-being. To incorporate gen+, the Division of Economic Assistance will assist Mississippians by referring them to any Partner (another Division in MDHS or a Community Based Organization) that may have a program to help promote self-sufficiency. The gen+ approach will go into effect beginning June 12, 2017.

More information about gen+ may be found at http://www.mdhs.ms.gov/genplus-approach/.

*Note: The assessment questions for gen+ are not intended to replace the Workforce Innovation and Opportunity Act (WIOA) diagnostic questions: therefore, both the WIOA diagnostic questions and the gen+ questions must be discussed with the household.

Opportunities Offered by Other Divisions

Division of Aging and Adult Services

The Division of Aging and Adult Services (DAAS) seeks to protect the rights of older citizens while expanding their opportunities and access to quality services. DAAS is working with older citizens to ensure they live the best life possible. DAAS Programs include: Area Agencies on Aging, Services for Seniors, Adult Protective Services, a Family Caregiver Support Program, and a State Health Insurance Assistance Program. Mississippi Access to Care (MAC) will conduct an assessment for the DAAS programs listed.



Division of Community Services

The Division of Community Services (DCS) provides a range of services to Mississippi's most vulnerable citizens. The DCS offers the following community service programs: Community Services Block Grant (CSBG) to address the needs of low income individuals including the homeless and the elderly; Low Income Home Energy Assistance Program (LIHEAP) to help pay the cost of home energy bills and other related services; Weatherization Assistance Program to help eligible families make their homes more energy efficient.

Division of Child Support Services

Child Support Services is a vital service which helps to secure financial and medical support for children and families through establishing paternity, securing and enforcing court orders.

Division of Early Childhood Care Development

The Division of Early Childhood Care and Development (DECCD) provides subsidized child care assistance and home visiting services to new and expectant parents through the Healthy Families Mississippi program. Child Care assistance is available to eligible, low-income parents that will enable them to become and remain employed, and to empower parents to select quality child care that meets the needs of their family. Child Care assistance is primarily accomplished through the issuance of child care certificates, which parents can take to their provider of choice.

Division of Youth Services

The Division of Youth Services (DYS) administers probation, aftercare services, and institutional programs for juveniles who have been ruled delinquent in Mississippi Youth Courts or are at risk of becoming delinquent. DYS provides professional counseling, probation, supervision, and related services to children in their home communities. Education, rehabilitation and treatment services are also provided to children committed to institutional care.

Families First for Mississippi (FFFM)

Families First for Mississippi (FFFM) offers services which are designed to stimulate employment, support family financial stability, promote literacy, and increase graduation rates. These services are intended to produce a positive impact on youth development, teen pregnancy rates, and father involvement. In addition, FFFM assists clients of the Department of Human Services County Offices through parenting education and parenting skills development.

New Worksite Folder

A GenPlus folder has been created in BCS Inbox and Worksite. All forms and/or documents related to gen+ must be scanned to this folder.

gen+ Screening Procedures

Each county will appoint one or more staff members as Navigators. The Navigators will be responsible for screening individuals for gen+ services and monitoring the individuals' progress

by maintaining a Smartsheet (a shared spreadsheet based project management tool), and by contacting any individuals that were referred to another Partner at various intervals. All gen+web links and forms are available by clicking on the Employee Login link on the MDHS website. Once the Navigator has logged into the MDHS Employee site, he or she will click on the gen+tab to access the web links and forms.

The Navigator will use the gen+ Assessment link to screen the individual for gen+ services. The corresponding manual MDHS-GEN-100, gen+ Assessment, will only be used when the MDHS Employee Login link is not available. After the individual has been screened with the MDHS-GEN-100, the Navigator will obtain verbal consent, and then complete the MDHS-GEN-101, gen+ Opportunities Referral form and a gen+ Webform.

gen+ County Procedures

Upon receiving a completed MDHS-EA-900, Application for TANF and SNAP, the clerk will screen, register the application and schedule an appointment for the individual. At this time, if the Navigator is available and the individual's schedule allows, the Navigator will introduce gen+ and the services offered by the agency to the individual. The individual may refuse any gen+ referrals. Refusal to gen+ services has no effect on SNAP and/or TANF eligibility.

If the completed application is received by mail, fax, online, or if the individual walks in to the office only to turn in a completed application, the application will be registered and the interview appointment notice will be sent to the individual. The gen+ screening will be conducted at the time of the eligibility interview. If the eligibility interview and gen+ screening are conducted by phone, the Navigator must obtain verbal consent before assisting the individual with applications or generating a referral. The Navigator must notate the application of the gen+ screening indicating the date and the Navigator's name. If the client does not want the Navigator's assistance in completing the online forms, the Navigator will continue to record the referrals on the MDHS-GEN-101, submit the gen+ Webform, and monitor the successfulness of the referral.

Any individual that walks into a MDHS office or calls about services offered by MDHS will be routed to the Navigator, even if the individual does not initially complete an application, and the Navigator will screen the individual for all MDHS programs using the MDHS-GEN-100.

During the interview, the Navigator will explain all gen+ services and that these programs are completely voluntary unless they are a requirement of another MDHS program in which the individual is enrolled (e.g. any individual receiving SNAP or TANF must cooperate with child support services in accordance with policy). The individual must choose to consent. The MDHS-GEN-101 will be completed for each household during the gen+ interview and a copy will be provided so the individual is aware of all referrals that will be made or applications submitted. In addition to the MDHS-GEN-101, the gen+ Webform must be completed. All referrals must be documented on the Case Action Documentation (CADM) screen as completed online or website

provided to the client with "gen+ referral" in the subject line. In addition, all referrals must be made within 24 hours of the gen+ screening; therefore, any referral made the day before a holiday or on a Friday must be sent before close of business the same day.

*Note: Any potential CSE referral will not be made until it is clear the individual will not be eligible for SNAP and/or TANF since this is an automatic referral; however, any individual not interested in receiving SNAP and/or TANF that wants assistance through child support will be immediately given the paper child support application and instructed to return the form and the \$25.00 application fee to the child support office.

The MDHS-GEN-100, and the MDHS-GEN-101 for the household must be scanned and maintained in the GenPlus file folder in the electronic case record.

gen+ Monitoring

The Navigator will be responsible for monitoring and assessing the individuals' progress by maintaining the gen+ Smartsheet, and by contacting and assessing any individuals that were referred to a partner at different intervals. The Navigator must email the MDHS-GEN-102, gen+Referral Status Update, to the appropriate partner contact, as indicated on the attached gen+Partner Contact Information chart, ten working days after the initial referral. The partner has two working days to respond with the current status from the predefined options. While eligibility may not have been determined by the partner, the partner should be able to provide a status, such as: Participating, if an appointment has been issued or if the individual has been contacted or Not Participating, if the individual informed the partner he or she no longer wants eligibility to be determined. Any additional notes can be made in the body of the email, and the Navigator will update Smartsheet accordingly.

If the partner reports the individual did not respond (i.e. failed to attend appointment or return call), the Navigator is responsible for contacting the individual within 15 working days of the initial referral date. Thirty working days after the referral was made, all individuals (except ineligible individuals and individuals that choose not to participate) will be contacted to determine the successfulness of the referrals that have been made. If the individual does not respond at both the 15 day and the 30 day follow-up, the Client Status in Smartsheet with automatically be changed to "Inactive". Furthermore, for those individuals with a client status of "Participating/Eligible", a six (6) month and twelve (12) month follow-up will be conducted to continue monitoring the successfulness of the referrals and to determine if additional referrals are required. The twelve month follow-up can be completed during the annual recertification interview. The Navigator will receive an email from Smartsheet for each follow-up that will include the referral date, GenPlus ID, First Name and Last Name of the Client, the SNAP/TANF case number, client ID, and the client's home phone number. The Navigator must update the gen+ Smartsheet accordingly at each follow-up and CADM must be documented at the six month and one year follow-up with "6 month gen+ update" or "1 year gen+ update", as appropriate. See the following

chart:

	Partner Follow-up	<u>Individual Follow-ups</u>			
Status	10 days	15 days	30 days	6 months	1 year
Participating/Eligible	Yes	No	Yes	Yes	Yes
Not Participating	Yes	No	No	No	No_
Ineligible	Yes	No	No	No	No
No Response	Yes	Yes	Yes	No	No

At any one of the above intervals, any individual that failed to follow through on the referral, i.e. failed to attend the appointment, may be offered the option to be referred again. All individuals that were issued a referral from the Navigator must be monitored, even if the individual was not eligible for SNAP and/or TANF. Smartsheet should be updated as appropriate.

The MDHS-GEN-103, gen+ Smartsheet Guide is attached. When Navigators change or leave the agency, an e100, Help Desk Control Form, must be submitted so Smartsheet can be updated with the new Navigator's name and email.

System Changes

In order to fully incorporate gen+ into the normal processing procedure, a few additional fields have been added to MAVERICS. A field has been added to the Forms/Explanations/Screens Documentation (FOES) screen to indicate gen+ opportunities were discussed with the individual; therefore, the worker will mark this field whether the individual consents to participate or chooses not to participate.

In addition, both a gen+ Referral and gen+ Referral date field have been added to the bottom of the Address (ADDR) screen. The Navigator will use this field to indicate if one or more gen+ referrals have been made for this case. A "Y" will be entered in the gen+ Referral field when a referral was made; however, if no referral was made, a "N" must be entered. If either a "Y" or "N" is entered in error, the Navigator must update the field as appropriate. The gen+ Referral date field will automatically populate once a code is entered in the gen+ Referral field.

Additional ADDR Changes for All SNAP/TANF Clients

ADDR has also been modified to include a field to capture whether or not the number is a cell phone number and to capture an alternate contact phone number. A "Y" will be entered in the CELL field if the phone number is a cell phone number. A "N" will be entered if the phone number is a landline phone. A phone number of an alternate contact should be entered in the CONTACT field. These fields must be completed for all individuals regardless of whether or not gen+ services have been requested.

Training

A recorded webinar will be made available at 8:00 a.m. on June 1st. It will include all policy and procedures involved with the gen+ Approach, including the Smartsheet training. A question and answer conference call will take place at 2:30 pm for County and Regional Directors. This recorded webinar is mandatory for all staff. County Directors or designees are responsible for ensuring all their staff have seen the webinar.

Additional Smartsheet training may be offered at a later date for Regional and County Directors.

INTERWOVEN/WORKSITE

The following pages have been added or revised in Interwoven/Worksite:

Administrative Forms	5	MDHS-GEN-100, gen+ Assessment MDHS-GEN-101, gen+ Opportunities Referral Instructions MDHS-GEN-102, gen+ Referral Status Update Instructions MDHS-GEN-103, gen+ Smartsheet Guide
Volume III	Chapter 1 Chapter 1	Pages 1405-1406 Pages 1560-1561
Volume V	Chapter 1 Chapter 1	Pages 1155-1156 Pages 1360-1361

Pages 3400-3404

Page 3410

If you have any questions regarding this bulletin, contact your Regional Director.

DK:RK:bta (S17-17/T17-15/M17-09)

Chapter 3

Chapter 3

Approved by: DK

Volume X

cc: Sandra McClendon, Director of Aging and Adult Services
Lyndsy Irwin, Director of Child Support Enforcement
Tina Ruffin, Director of Community Services
Candice Pittman, Director of Early Childhood Care and Development
James Maccarone, Director of Youth Services
Steve Pickering, Director of Families First for Mississippi

Mississippi	
MDHS-GEN-101	
Issued 06/01/201	7

County:	
Customer Name:	
Mavigator:	

gen+ Opportunities Referral

	Assessment, it has been determined that you may be eligible for opportunities e following MDHS Partners.
Referral To:	
	 Division of Aging and Adult Services (DAAS) DAAS will protect the rights of older citizens, expand their opportunities, and access to quality services. Application available at https://www.mississippiaccesstocare.org/services/services-and-support-questionnaire or call 1-844-822-4622.
	Division of Child Support • This vital service helps to secure financial and medical support for children and families. • Obtain a printable application online at www.mdhs.ms.gov/field-operations/programs-dfo/child-support/apply-for-services
	Division of Community Services (DCS) DCS will help pay the cost of home energy bills and make their homes more efficient. Application available at www.virtualroma.mdhs.ms.gov/PA/AcceptDecline.aspx
	Division of Early Childhood Care Development (DECCD) • DECCD makes it possible for Mississippi Families to obtain and retain employment by providing child care assistance. • Application available at www.mdhs.ms.gov/early-childhood-care-development/ .
	Division of Youth Services (DYS) • DYS will provide leadership for change to youth, their families, and communities. • May call 1-866-312-7215.
	Families First for Mississippi (FFFM)/Community Based Organizations • FFFM provides education, parenting, literacy, and workforce development. • There are also a variety of organizations in the community that are there to assist. • You may qualify for assistance at the following organizations.