



POLICY

SUBJECT: Social History Investigation
NUMBER: CJ-05-10
APPLICABLE TO: Case Management Specialists, Supervisors, and Regional Directors
EFFECTIVE DATE: June 22, 2011

APPROVED: /s/ signature on original
Sam Abed, Secretary

1. POLICY

The Department of Juvenile Services (DJS or Department) establishes this policy to ensure that a Social History Investigation (SHI) complies with COMAR regulations and provides the juvenile courts with timely, relevant, and accurate data to assist with dispositional recommendations for adjudicated youth.

In those instances where the juvenile court conducts a dispositional hearing without the benefit of a social history investigation, the SHI shall serve to inform the development of a treatment service plan as well as the vehicle through which the Department can seek to have dispositional orders modified when issues are identified during the social history investigation.

2. AUTHORITY

- a. Annotated Code of Maryland, Human Service Article, Title 9 – Juvenile Services, §9-203, §9-243.
- b. Code of Maryland Regulations, COMAR, Title 16, Department of Juvenile Services, 16.16.01.03.

3. PROGRAM OBJECTIVES

The objective of the social history investigation is to record pertinent information that can be obtained about the youth, his or her family, and the community in which the youth lives. The SHI should help staff, the juvenile court, and service providers to understand the environment in which the youth lives and address those factors that may be causing or contributing to the youth's behavior.

The SHI shall include:

- a description of any particular strengths or special interests the youth and family may have, as well as any supportive community ties which could be helpful in working with the youth and family;
- a description of the youth's character and personality (including the youth's relationship with family and community);
- an assessment of the youth's needs and recommendations of services, intervention, disposition alternatives, programs, and/or placements;
- a description of other problems the youth and family may be having which may be unrelated to the current charges against the youth;
- an assessment of whether the youth is a danger to him or herself, to others, or to

the community;

- an assessment of whether the youth's family and/or community, poses a physical or psychological threat to the youth;
- information about any medical or psychological needs (including medications that the youth may be taking or may have taken in the past); and
- a description of the physical and mental capacities of the youth and his or her family.

All of these factors are extremely important to enable the juvenile court to make informed dispositions that are in the best interest of the youth and the youth's family and community.

4. ACTION REQUIRED

Case Management Specialists (CMS) shall complete a social history investigation for each adjudicated youth following the guidelines in the Social History Investigation Standard Operating Procedures.

CMS, their Supervisors, and Regional Directors shall receive training on how to conduct a social history investigation in compliance with agency standard operating procedures, statute, and local laws and regulations.

5. FAILURE TO COMPLY

Failure to comply with a Secretary's Policy and Standard Operating Procedures shall be grounds for disciplinary action up to and including termination of employment

6. DIRECTIVES/POLICIES RESINDED / REFERENCED

- | | | |
|----|---------------------------------|---|
| a. | Directives/Policies Rescinded- | Social History Investigations (16.23F) |
| b. | Directives/Policies Referenced- | Child Safety Net Dashboard Directive, dated May 3, 2010 |

7. STANDARD OPERATING PROCEDURES

Standard operating procedures are attached to this policy.



STANDARD OPERATING PROCEDURES

SUBJECT: Social History Investigation
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1. SOCIAL HISTORY INVESTIGATION BACKGROUND

The Department of Juvenile Services (DJS or Department) establishes these Standard Operating Procedures to ensure that a Social History Investigation (SHI) complies with COMAR regulations and provides the juvenile courts with timely, relevant, and accurate data to assist with dispositional recommendations for adjudicated youth.

In those instances where the juvenile court conducts a dispositional hearing without the benefit of a social history investigation, the SHI can serve to inform the development of a treatment service plan, as well as serve as a vehicle through which the Department can seek to have dispositional orders modified should issues be identified during the social history investigation.

2. DEFINITIONS

- A. *Adjudication* means the proceeding to determine whether the facts in a petition support a finding of delinquency.
- B. *Child Safety Net Dashboard* refers to a web-based system that identifies youth and families with active involvement in both DJS and the Department of Human Resources (DHR).
- C. *Disposition* means the action taken by the juvenile court that outlines whether the youth requires guidance, treatment, or rehabilitation and, if so, the nature of such assistance that an adjudicated youth will receive.
- D. *Household Member* means a person living or staying in the youth's home, or who frequents the home often, but who is not the legal parent/guardian/custodian of the youth (e.g., the boyfriend or girlfriend of a parent/guardian/custodian or relatives).
- E. *Maryland Comprehensive Assessment Service Planning (MCASP) Needs Assessment* means the tool used post adjudication to guide a Social History Investigation and the Treatment Service Plan in determining the recommended level of supervision and a youth's specific needs that should be addressed in the disposition order.
- F. *Maryland Judiciary Case Search* refers to a web-based system that captures all adult criminal court information throughout Maryland.
- G. *Social History Investigation (SHI)* means the written study of a youth and his/her family that is presented to the juvenile court. A Social History Investigation emphasizes social history, legal history and the domain areas of: family functioning, substance abuse, mental health, somatic health, education, employment, and life skills.
- H. *Victim Impact Statement* means the written or verbal statement made as part of the adjudication or disposition process which allows a victim of a crime the opportunity to be heard during the juvenile court proceeding.

3. SOCIAL HISTORY INVESTIGATION – General Procedures

A. **Timelines.** A Case Management Specialist (CMS) shall:

1. Complete a SHI for all youth who have been adjudicated delinquent. The investigative report shall be presented to the juvenile court and attorneys of record within two (2) business days prior to a disposition hearing. In those cases where the juvenile court holds a disposition hearing directly after an adjudicatory hearing without the benefit of a SHI, then the SHI shall be completed by the CMS within thirty (30) calendar days of the disposition hearing.
 - a. If in the course of completing a post-disposition SHI, the CMS discovers a significant treatment or public safety concern that is not addressed in the dispositional order, the CMS shall immediately petition the juvenile court to administratively modify the dispositional order or shall request a review hearing. In those cases, the CMS shall provide copies of the SHI to the juvenile court and the attorneys of record.
2. In those instances where the youth's parent/guardian/custodian and attorney has allowed the creation of a SHI report prior to the adjudicatory hearing, the CMS shall not discuss the SHI, any of its recommendations, or any information about the youth's case with the juvenile court or any other person or party (including any attorney) until after the adjudicatory hearing.

B. **Scope of Social History Investigation.** The CMS shall complete the DJS SHI report (Appendix 1 and located in ASSIST) pursuant to Section 3.D of this policy. Each section in the SHI report, if applicable to the youth, shall be addressed.

1. The SHI shall include the Department's recommendations for supervision. The recommendations for the youth shall address the following:
 - a. public safety,
 - b. accountability and restorative justice,
 - c. competency development,
 - d. family functioning and residence,
 - e. peer relations,
 - f. attitudes and aggression,
 - g. school performance,
 - h. employment or vocational needs,
 - i. life skills needs, and
 - j. somatic, mental, and behavioral health needs.
2. To complete the SHI report, the CMS shall initially conduct a structured interview of the youth and his or her family, in the CMS' office in accordance with Section 3.C. of this policy.
3. To complete the SHI report, the CMS shall complete the following searches:
 - a. A criminal record check of all youth aged sixteen (16) years or older, using available public information systems such as the Maryland Judiciary Case Search and Quest.
 - b. A criminal record check of parents/guardians and household

members using available public information systems such as the Maryland Judiciary Case Search and Quest.

- c. A review of the Child Safety Net Dashboard to determine if the youth or the household members have current involvement with the Department of Human Resources (DHR), in accordance with the Child Safety Net Dashboard Directive, dated May 3, 2010.
4. The CMS shall conduct a home visit in accordance with Section 3.D. of this policy.
5. The CMS shall attach any available victim impact statement from the State's Attorney's Office or from the appropriate DJS records on the youth and attach it to the SHI report.
6. The CMS shall complete the MCASP Needs Assessment in accordance with Section 3.E. of this policy

C. Initial office visit. As part of the SHI interview, the CMS shall complete the following during the initial investigation office visit:

1. Check the youth's juvenile record in ASSIST and if information from other sources is required obtain signed consent forms;
2. Explain to the youth and the youth's parent/guardian/custodian:
 - a. The purpose of the investigation;
 - b. The legal basis for gathering information;
 - c. The confidentiality of the report, including who will receive and have access to the SHI;;
 - d. The scope of information to be gathered;
 - e. The role of other staff who may be involved in the completion of the SHI; and
 - f. Dispositional alternatives available to the juvenile court.
3. Gather detailed information on the youth's behavioral, educational, mental health, substance abuse, and somatic health history, as well as the social needs areas listed in Section 3.B.1. The interview shall gather detailed information on the parent/guardian/custodian's mental health, substance abuse, somatic health, criminal and employment history.

D. Home Visits. As part of the SHI, the CMS shall conduct a home visit for each youth who has been adjudicated delinquent, with sufficient time to meet the requirements of this policy.

1. When conducting a home visit, the CMS shall assess family functioning and the dynamics of the home.
2. The CMS shall observe the youth's living conditions, neighborhood conditions, and general family functioning.
3. The CMS shall take notes and prepare a detailed, written report of observations in the SHI report as well as in ASSIST.
4. Where possible, the CMS shall conduct the visit with another CMS or other DJS employee present.

- a. If the CMS fears for his or her safety, even if accompanied by another worker, he or she must obtain supervisory approval to postpone completion of the home visit. Permission to postpone the home visit shall be granted on a case-by-case basis and documented in the ASSIST Investigation folder.
 - i. If the CMS does not conduct a home visit prior to completion of the SHI due to safety concerns, the CMS shall consult with the Case Management Specialist Supervisor (CMSS) and/or Regional Director to determine what steps can be taken, if any, (e.g., bring in law enforcement) to enable the CMS to complete a home visit safely.
- b. If the CMS does not conduct a home visit as part of the SHI due to time constraints leading up to the disposition hearing, he or she must obtain supervisory approval to postpone completion of the home visit and document the postponement in the ASSIST Investigation folder.
 - i. If the CMS does not conduct a home visit prior to completion of the SHI due to time constraints, the CMS shall conduct a home visit within fourteen (14) calendar days from completion of the SHI.

- 5. The CMS shall document all contacts and attempts to contact a youth's family for the purpose of conducting a home visit in the youth's investigation or supervision folder in ASSIST and in the SHI report in cases where the home visit did not occur.

E. MCASP Needs Assessment. As part of the SHI the CMS shall use all information gathered in Sections 3.B., C., and D. of these Standard Operating Procedures to complete the MCASP Needs Assessment.

- 1. The Needs Assessment shall always be completed prior to the formulation of the SHI report recommendations.
- 2. The Needs Assessment shall advise the SHI recommendations for the youth's supervision level.
- 3. The Needs Assessment shall identify the youth's high dynamic social needs, which will be supported in the body of the SHI report to provide a basis for special conditions recommendations and referral for services.
- 4. The Needs Assessment will inform the youth's Treatment Service Plan.

F. Report Preparation. The CMS shall document in the appropriate section of the SHI report the following information. (To the extent that any of the investigation reveals any concerns, the CMS shall consult with his or her supervisor to discuss the appropriate Treatment Service Plan.)

- 1. Family and household members' social history information gained through

interviews with the youth's parents, family members, and all relevant resources involved with the youth and family;

2. Information gained from the home visit conducted pursuant to Section 3.B.2.;
3. Information gathered from searches conducted pursuant to Section 3.B.3. (e.g., Maryland Judiciary Case Search, Quest, and the Child Safety Net Dashboard); and
4. Completion of the MCASP Needs Assessment to guide the Department's recommendation that includes the level of supervision that ensures youth and public safety, and the special conditions required to enable the youth to safely return home or achieve another permanent living arrangement.

G. Probation Conditions and Disposition Alternatives. A CMS shall:

1. Identify and recommend any special conditions of probation to be added to the required general conditions;
2. Recommend special conditions only when these will increase the probability of the youth's successful adjustment in the community or enhance public safety. Special conditions shall be few in number, realistic, and phrased in positive rather than negative terms. The special conditions should address the results of the MCASP Needs Assessment; and
3. Override an MCASP Needs Assessment recommendation and recommend that a youth remain under community supervision, only with CMSS approval.
4. To override an MCASP Needs Assessment recommendation and recommend that a youth be placed in a residential placement, the CMS must have approval from both the CMSS and the youth's Resource Team.
5. To override an MCASP community level recommendation and place a youth in a staff secure or hardware secure facility, the CMS must obtain approval from the Regional Director.

H. Treatment Alternatives and Recommendations.

1. When the youth's MCASP dynamic needs exceed available community-based interventions and require a recommendation for out-of-home placement, the CMS, the CMSS, and the Resource Office shall ensure that the youth is placed according to the following three levels of community-based security:
 - a. **Low Supervision** – foster family home, residential treatment center, and substance abuse treatment center;
 - b. **Medium Supervision** - group home, residential treatment center, and substance abuse treatment center; and
 - c. **High Supervision** – structured group home, residential treatment center, and substance abuse treatment center.
2. A CMS Supervisor can only override an MCASP recommendation one

security level higher or one security level lower than the recommended MCASP Needs Assessment security level. Any further overrides must be approved by the Regional Director or his or her designee.

J. SHI Updates and Supplemental Reports. The CMS shall ensure that the juvenile court and all service providers and residential placement providers have the most accurate and current case history on the youth. The SHI shall be updated when the following occurs:

1. The juvenile court requests an updated SHI;
2. The youth receives a new adjudicated offense; or
3. The youth is committed to placement following a Violation of Probation or a new commitment order is issued.

K. Supervisory Review of the Social History Investigation Report. The CMSS shall review and sign all SHI forms. The supervisory review shall ensure the following:

1. That the procedures listed above are being properly implemented in accordance with COMAR and DJS policy, goals, and procedures;
2. That the report is well-written, thorough, and an accurate reflection of the youth's family social history and the MCASP Needs Assessment. The CMSS shall certify this information by signing and dating the report prior to distribution to the juvenile court;
3. That the juvenile court will receive the report in the correct format and meet the timeframes listed above;
4. That each recommendation is supported by the results of the MCASP Needs Assessment and additional information attained through the investigation; and
5. That the final version of the SHI is entered into the DocGen component of ASSIST.

L. Accessibility of Social History Investigation Report

1. A CMS shall review any recommended special conditions (including treatment, supervision, and placement) with the youth and his or her parent/guardian/custodian prior to the youth's disposition hearing.
2. A CMS shall inform the youth and/or the youth's parent/guardian/custodian that the contents of a SHI may not be divulged except by the order of the juvenile court (including pursuant to Section 3.M below). In the event that a parent/guardian/custodian or youth requests a copy of the report or permission to read the report, they should be directed to the youth's defense attorney.

M. Transmittal of Social History Investigation When Youth is Placed in a Residential Program

1. A CMS shall enter the completed SHI report into ASSIST to provide the DJS operated institutions, facilities, or programs with the information necessary to determine the youth's appropriate classification. Where the

SHI report includes attachments, the CMS shall send all attachments to the appropriate institution, facility, or program.

2. A CMS shall place a copy of the youth's SHI report and all attachments in the Resource referral packet, if possible, prior to the youth's arrival in a non-DJS operated program or facility and no later than twenty-four (24) hours after the youth's placement.

N. Confidentiality

1. A CMS and CMSS shall ensure that SHI case information is not discussed openly and files and records are not left unattended.

5. APPENDICES

- A. Social History Investigation report



"Together...Reshaping Young Lives"

DEPARTMENT OF JUVENILE SERVICES

**Headquarters
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Baltimore, Maryland 21201**

(410) 230-3451

*Martin O'Malley
Governor*

*Anthony G. Brown
Lt. Governor*

Secretary

**Social History Investigation
Recommendation**

TO: Circuit Court for Anne Arundel
FROM:
DATE: (this field pre-fills)
RE: (this field pre-fills) **DOB:** (this field pre-fills)
PETITION #:
COURT DATE:
TYPE OF REPORT: Social History Investigation

YOUTH'S NAME: (field pre-fills) **CURRENT OFFENSE(s):** (field pre-fills)
ADDRESS: (field pre-fills) **PETITION NUMBER(s):**
TELEPHONE #: (field pre-fills) **ADJUDICATED OFFENSE:**
DOB: (field pre-fills)
SOCIAL SECURITY #: (field pre-fills) **DISPOSITION DATE:**
ASSIST #: (field pre-fills)

SECTION I: PRIOR OFFENSE RECORD *(formal and informal contacts in sequence, starting with the most recent)*

Formal:

| Offense Date | Petition# / Police Report # | Alleged Offense | Adjudication Offense | Adjudicated Decision | Disposition | Date |
|--------------|-----------------------------|-----------------|----------------------|----------------------|-------------|------|
| | | | | | | |

Informal:

| Offense Date | Petition# / Police Report # | Alleged Offense | Intake Decision | Intake Decision Date |
|--------------|-----------------------------|-----------------|-----------------|----------------------|
| | | | | |

SECTION II: CURRENT OFFENSE AND CIRCUMSTANCE OF OFFENSE

A. Summary of current offenses:

This should be written in a narrative format. Include a summary of police report and/or statement of charges.

B. Youth's perception of his/her involvement in the current offense:

This should be written in a narrative format. Answer questions such as:

- *Does the youth take responsibility for their actions?*
- *Is the youth remorseful or do they show empathy for their victim?*
- *Does the youth have respect for authority figures?*

C. Parent/guardian's perception of the youth's involvement in the current offense and suggestion for disposition:

This should be written in a narrative format. Answer questions such as:

- *What does the parent think about what happened (about the offense)?*
- *How do they view youth's anti-social behavior and how did they handle the offense (discipline)?*
- *How do they think Court could be of help? What services are desired?*

D. Victim Impact Statement:

Attach if made available by the State's Attorney.

Additional comments:

SECTION III: PERSON(S) PROVIDING INFORMATION AND RELATIONSHIP TO RESPONDENT *(List all that is applicable)*

- A. Respondent -
- B. Respondent's Guardian/Custodian -
- C. Department of Juvenile Services Representative (or records)-
- D. Board of Education Representative (or records) -
- E. Local Police Representative (or records) -
- F. Other: (i.e., Psychologist, Psychiatrist, Drug and Alcohol Assessment Representative, DSS Representative, etc) -

SECTION IV: BIOGRAPHICAL PROFILE

| | | | |
|---|-------------------|---|-------------------|
| Youth's Name: | (field pre-fills) | Biological Parents: | (field pre-fills) |
| DOB: | | | |
| Sex: | | Race: | |
| Height: | | Weight: | |
| Hair: | | Eyes: | |
| Complexion: | | Religious Affiliation: | |
| Identifying features: <i>(tattoos, scars, piercing, birthmarks etc.)</i> | | Teen Parent: <i>(If yes, give child's name, D.O.B. and other parent's name and D.O.B.)</i> | |

SECTION V. MEDICAL PROFILE

A. Somatic Health Conditions *(write details for selected conditions in comments section below)*

| | | |
|---|--|--|
| <input type="checkbox"/> Allergies/Asthma | <input type="checkbox"/> Head injury | <input type="checkbox"/> Sexually transmitted diseases |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hearing problem | <input type="checkbox"/> Sickle Cell Anemia |
| <input type="checkbox"/> Eczema | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Vision problem |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Learning disability | <input type="checkbox"/> Other |
| <input type="checkbox"/> Encopresis | <input type="checkbox"/> Lupus | |
| <input type="checkbox"/> Enuresis | <input type="checkbox"/> Medications | |
| <input type="checkbox"/> Hernia | <input type="checkbox"/> Pregnancy | |

Comments/details:

B. Primary physician: *(include name, address, telephone number)*

C. Health insurance and number:

D. Current Medications:

| <i>Name of Medication</i> | <i>Dosage</i> | <i>Frequency</i> | <i>Prescribing Doctor</i> | <i>Date started</i> | <i>Other comments</i> |
|---------------------------|---------------|------------------|---------------------------|---------------------|-----------------------|
| | | | | | |
| | | | | | |

E. Evaluations/Assessments:

| <i>Assessment Type</i> | <i>Date</i> | <i>Results</i> | <i>Follow up Actions</i> |
|------------------------|-------------|----------------|--------------------------|
| | | | |
| | | | |

This should be a list to include who did the evaluation, when the report was completed with Axis diagnoses listed under the assessment heading.

F. Behavioral Health:

Clinician Contact info: *(include name, address, telephone number)*

Current Diagnoses: *(must attach copy of report confirming diagnosis)*

G. History of neglect or emotional, physical, or sexual abuse:

| | |
|-----------------|-----|
| Neglect | y/n |
| Physical abuse | y/n |
| Emotional abuse | y/n |
| Sexual abuse | y/n |

If yes to any, summarize abuse findings: *report complete history beginning with first incident including people and agencies involved and interventions/court actions. If unreported abuse is discovered, please adhere to Departmental policy on reporting and investigating child abuse and neglect.*

H. Drugs and alcohol

List any assessments or evaluations above in Section E. If there is no assessment/evaluation, indicate whether the youth self admits or the parent/guardian suspects or knows of any drug/alcohol involvement, both previous and current.

Tobacco use: y/n

Current drug or alcohol use: y/n

Drugs: y/n

If yes, type of drugs:

Frequency:

Comments/Details: *age at first use, etc*

Alcohol: y/n

Frequency:

Comments/Details: *age at first use, etc.*

Summary of any family, siblings, or peer drug or alcohol problems:

SECTION VI: EDUCATION & EMPLOYMENT

A. Education (attach any records available)

Name of current school:

Current grade:

Grades failed:

Other schools attended: *list name of school, location, and reason for leaving*

Special Education Services: *identify codes or required IEP services and attach IEP if applicable.*

Summary of school disciplinary actions: *This should be a narrative format discussing suspensions, expulsions, truancy, calls to parents or police about conduct*

Attendance (average # unexcused absences per quarter): ___none ___1-5 ___5+

B. Employment

History of employment: y/n

Currently employed: y/n

Summary: *terms of leaving previous job, current place of employment, duties of current job*

Career goal(s): *This should be written in a narrative format.*

SECTION VII: HOME AND COMMUNITY ENVIRONMENT

A. Gross family income:

- Under \$15,000
- \$15,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 and over

Is the family receiving public assistance of any kind? y/n

If yes, give type and amount: (e.g., TANF, WIC, subsidized housing)

B. Dates of Investigatory Home Visits:

Dwelling: ___Single Family ___Apartment ___Other (e.g., mobile home, shelter)

___Rent ___Own ___Living with relatives/friends ___Other

Physical condition: *(number of bedrooms, adequate protection from elements, presence of rodents/vermin, upkeep/cleanliness of home, etc.)*

Safety Concerns: *(Does youth have access to firearms, prescription medications, alcohol; are there any obvious fire hazards, etc.)*

Length of time in the residence:

Primary method of transportation:

Accessible to Public Transportation: y/n

Previous residence (county and state):

Comments: *Discuss any other relevant issues here.*

C. Neighborhood Safety:

- Frequent Crime/Police Activity
- Drug selling
- Fights
- Lots of graffiti
- Abandoned/empty buildings
- Gang activity
- People carry weapons
- Family or friends victims of criminal behavior
- None of the above

Summary: *Discuss any other relevant issues here.*

D. Peer relationships:

Is the youth considered to be a leader, follower, or loner and why?

Does the youth have anti-social or pro-social friends?

Gang involvement: y/n

Positive relationships with adults in the community?

Romantic partner: y/n

If yes, is partner anti-social or pro-social?

Summary: *Discuss any other relevant issues here.*

E. Use of Free Time

Does the youth participate in any structured or unstructured activities? y/n

Is the youth involved in any religious programs? y/n

Was the youth previously involved in any pro-social activities? If so, why/when did they cease?

SECTION VIII: HOUSEHOLD/FAMILY

A1. Mother/Female Guardian: (field pre-fills)

DOB: (field pre-fills)

Maiden Name:

SSN: (field pre-fills)

Address: (field pre-fills)

Reason if not in home:

Employer & address:

Physical health:

Marital status:

Education level completed:

Military experience: y/n

Criminal/Delinquent/Incarceration record: y/n

Drug/Alcohol history: *(note any treatment)*

Phone #: Home: Work: Pager:

Emergency #: Cell:

Other information/notable problems:

This should be written in a narrative format. Ask questions such as:

- *Previous relationships? Any children as a result? When divorced or separated? Why?*
- *According to the parent/guardian, step-parent, how would he/she describe their relationship with the youth?*
- *According to the youth, how would he/she describe their relationship with the parent, guardian or step-parent?*
- *Summarize arrests and court conditions.*

A2. Father/Male Guardian: (field pre-fills)
DOB: (field pre-fills)

SSN:

Address:

Reason if not in home:

Employer & address:

Physical health:

Marital status:

Education level completed:

Military experience: y/n

Criminal/Delinquent/Incarceration record: y/n

Drug/Alcohol history: *(note any treatment)*

Phone #: Home:

Work:

Pager:

Emergency #:

Cell:

Other information/notable problems

This should be written in a narrative format. Ask questions such as:

- *Previous relationships? Any children as a result? When divorced or separated? Why?*
- *According to the parent/guardian, step-parent, how would he/she describe their relationship with the youth?*
- *According to the youth, how would he/she describe their relationship with the parent, guardian or step-parent?*
- *Summarize arrests and court conditions.*

A3. Step-Parent/Guardian/Significant Other: *(delete if not applicable)*

DOB:

SSN:

Address:

Reason if not in home:

Employer & address:

Physical health:

Marital status:

Education level completed:

Military experience: y/n

Criminal/Delinquent/Incarceration record: y/n

Drug/Alcohol history: *(note any treatment)*

Phone #: Home:

Work:

Pager:

Emergency #:

Cell:

Other information/notable problems:

This should be written in a narrative format. Ask questions such as:

- *Previous relationships? Any children as a result? When divorced or separated? Why?*
- *According to the parent/guardian, step-parent, how would he/she describe their relationship with the youth?*
- *According to the youth, how would he/she describe their relationship with the parent, guardian or step-parent?*
- *Summarize arrests and court conditions.*

B. Other members of household:

| Name | Relationship | Age (DOB) | School/Work | Criminal Background |
|------|--------------|-----------|-------------|---|
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Additional Comments: *summarize arrests and court conditions.*

C. Youth's and family's current level of functioning:

This should include the writer's observation of the youth and his/her family's current level of functioning using information from the interview to support the observation.

This should include information about the family's support network, level of conflict in home, parental supervision and approach to discipline and rewards as well as youth's current compliance with parent's rules.

Does the youth wish to be removed from the home/reside elsewhere? *If so, why, where and with whom?*

D. Relatives

Maternal: *This should include information about the youth's maternal relatives such as where they live, if they have a good relationship with the youth, if they are a possible option should the youth need to be removed from the home*

Paternal: *This should include information about the youth's paternal relatives such as where they live, if they have a good relationship with the youth, if they are a possible option should the youth need to be removed from the home*

SECTION IX: PLACEMENT HISTORY- Prefills from Placement history in ASSIST.

| Placement | Date Placed | Date Released | Reason For Release |
|-----------|-------------|---------------|--------------------|
| | | | |
| | | | |
| | | | |

Add any other out of home placements that include, but are not limited to, detention, shelter, psychiatric hospitalizations, residential treatment centers, respite care, etc. and do not appear in ASSIST.

SECTION X: SUMMARY AND RECOMMENDATIONS:

Summarize the primary findings of the investigation. Recommend community based or residential treatment. Focus the summary on the results of MCASP Needs Assessment. Ensure the high dynamic needs that appear to be contributing to the delinquency of the youth are summarized and ensure the Department recommendations address those needs. (Example: high Substance Abuse Need – Recommendation – Abstain from drug and alcohol use, Attend a substance abuse evaluation and follow recommended treatment to include random urinalysis. Each dynamic high need should have a special condition/recommendation for services.)

Section XI: SIGNATURES

Case Manager Date

Supervisor Date



DJS Policy and Standard Operating Procedures

Statement of Receipt and Acknowledgment of Review

POLICY: Social History Investigation
NUMBER: CJ-05-10
EFFECTIVE DATE: 6/22/11

I have received and reviewed a copy (electronic or paper) of the Social History Investigation Policy and Standard Operating Procedures, CJ-5-10, which is effective 6/22/11.

SIGNATURE

PRINTED NAME

DATE

THE ORIGINAL COPY MUST BE PLACED IN YOUR PERSONNEL FILE.