

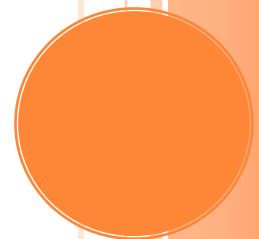
UTILIZING FYAC SERVICES

A Process Manual for Assisting At-Risk Families

This manual shall serve as a guide in assisting counties statewide in providing services, the resources needed, and the lessons learned when providing help for At-Risk Families.

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I. CLINIC PURPOSE

The Family and Youth Advocacy Center (FYAC) is a multidisciplinary legal clinic staffed by Capital University Law School faculty, Family and Youth Law Center staff attorneys, and law and social work students. The FYAC team responds to the needs of emancipating foster youth, families at risk of involvement with the child welfare system and other disadvantaged persons with information, legal counseling, and representation in areas such as self-advocacy, access to medical coverage, housing disputes, understanding educational rights and processes, money and credit management skills, identity theft, and criminal records management.

II. INTAKE PROCESS

Clients will come to FYAC in a variety of ways: email, telephone, referral from children services in the counties we assist, referral from partner agencies or stakeholders, and self-referral. Referring entities will call FYAC at 614-236-6768 or email a referral form to fyac@law.capital.edu. All referrals go to the staff member assigned to direct intake, who will decide (in conjunction with the other FYLaw Staff Members) whether to open the case based on issue presented, location of client, services needed, and income level. If the case is opened, an assigned staff member will work directly on the case and, at FYAC, a student-attorney (employee) will assist that staff member.

III. CONFLICTS

It is regular practice at FYLaw to check the FYAC database for any conflict upon receipt and prior to acceptance of any new referral. A conflict exists when the Center has represented any other party affected by the outcome of the new client's case. If a conflict exists, the Center must decline representation or obtain informed consent from both the new client and previously represented client. If the staff member is not confident in his/her judgment that a conflict does or does not exist, he/she will discuss the potential conflict at the weekly FYAC meeting.

IV. NEW CASES

Once a staff member receives a case assignment, that individual is responsible for opening the physical case file. A file consists of a brown accordion file with the name written on the side tab and the corresponding file designation letter at the top of the tab. In addition, the case number should be written on the front of the brown file and should contain three (3) manila files inside. The three folders will contain specific forms and information related to your client. The first folder should be labeled "Client Information and Correspondence" and should contain the following forms on the left hand side of the folder in order from bottom to top: *Intake or Referral Form*, any releases, *Consent to Representation* (with case worker waiver if applicable), and *Extent of Representation*. The right hand side of this folder is reserved for correspondence and any personal information or copies provided by the client. The second folder should be labeled "Client Action Plan/Work Log" and should contain the *Work Log* form on the left and the *Client Action Plan* and *Weekly Progress Update forms* on the right. The third folder should be labeled "Drafts and Written Notes" and should include any working drafts on the right and any interview or written notes on the left.

In addition, the staff member should create an electronic folder stored on the agency's network. All working drafts should be stored in this folder until a final draft is approved. Once a draft is in final form, replace the drafts with the final document. Also, save documents received via email to the client network folder.

FYLaw utilizes an online case management system, *ClinicCases*, in which all work performed on a case is logged. All case notes and final documents should be entered into the system.

V. INITIAL CLIENT CONTACT

After creating the electronic and physical case files, those assigned to work the case, in coordination with the supervising staff member, shall attempt to contact the client to set up the first meeting. Initial contact must be attempted within 48 hours of assignment. If contact is made and an appointment is set, be sure to give the client procedural information – how long the meeting will take, purpose of the meeting, parking, entering the building, check-in procedures, and information to bring with them. When speaking with the client or anyone outside of the staff, you must identify yourself appropriately and indicate who you are representing (client's name) and then proceed with the purpose of the contact.

Initial client interviews should be held as soon as required, based on the facts of the case. Staff members working on the case should make every effort to hold their first meeting with their client no later than five business days of receipt. The meeting should include the client, supervising staff member and any staff member assigned to the case. If the client is not available to meet in person, consider whether a phone conference is appropriate.

Clients should be reminded of the meeting location, date and time, parking and security procedures, the day before the actual meeting date. During the initial meeting, the staff member(s) will introduce

him or herself and explain their role and explain the purpose of the meeting. Then proceed with interviewing the client regarding initial concerns and complete the *Risk and Needs Assessment* form as well as the *Protective Factors Survey* to determine how at-risk the family is and what services are necessary. The staff member conducting the intake may utilize the *Intake Appointment Checklist* to ensure that all necessary documents are completed. The staff member should inform the client that s/he will take the information and develop an Action Plan, and will set up an additional meeting with the client to discuss the plan and determine goals.

VI. DEVELOPING CASE GOALS AND TASKS

At the initial meeting or not later than one (1) week after the initial meeting, the assigned staff member must develop proposed next steps, draft *Case Goals and Tasks*, and meet with the supervising staff member to discuss the plan and next steps. Once the *Case Goals and Tasks* are approved by the supervising staff member, the individual working the case shall call the client and explain the proposed next steps and *Case Goals and Tasks* and ask for the feedback to develop case goals. During this call, the staff member should set up the next meeting to go over the written plan in person with the client and obtain signatures.

At the second meeting, the staff member should review the *Case Goals and Tasks* and the *Client Expectations* with the client and obtain the client's signature if everything is agreeable. The client must also sign the *Terms and Extent of Representation form*, *Consent to Representation form*, and any needed releases. Staff members must provide the client with a copy of all signed documents prior to the end of the meeting. If the staff member and supervisor agree that the *Client Action Plan* can be created during the initial meeting, they may go forward with creating the plan while the client is here for the first meeting.

The staff member should discuss all of the items on the plan, including the steps necessary to meet the agreed upon goals, noting tasks the client is responsible for and tasks the student will complete. When possible, give the client a timeframe for completing tasks and set up another meeting or phone conference to check in with the client on their progression on assigned tasks and to update them on your progress.

VII. CASE MANAGEMENT

After a course of action has been chosen and signed by the client, the staff member must take steps to implement the plan to reach the agreed upon goals. The staff member must continue entering activities into the *ClinicCases* (or similar methods of recording activities) system documenting all work performed for each case.

Whenever written or email correspondence is required, a draft **must** be turned in to the supervisor and all others working the case. Once approved, the staff member can send out the correspondence on the appropriate letterhead. A copy of the correspondence must be made and placed in the client's file. If correspondence is through email, print a copy of the email, including any drafts, supervisor changes and final email and also place it in the file.

Case files **must** stay in the appropriate location at all times unless otherwise approved or for outside meetings/hearings.

VIII. FILE CLOSURE

A file may be closed when there are no outstanding issues to be addressed or when the client has failed to contact the clinic for 2 months after repeated attempts by the staff member. Upon deciding to close the case, the staff member must complete the *File Closure form*, attach the form to the front of the file and give to the appropriate supervisor for approval. All case closures must be approved.

When reviewing the case for closure, the staff member who makes that decision must ensure that there are no outstanding matters, court dates, meetings or other issues that will prevent closure. The individual must also assess the case to ensure that there are no other legal issues that the Center may be able to help the client with. Once the individual has made the decision, he or she must sign the approval section of the *File Closing form* and return the file to the staff member on the case.

Once approved for closure, the staff member must draft a closing letter to the client explaining that the file has been closed and representation of the client has officially ended. The draft must be printed on the appropriate letterhead and mailed to the client; a copy must be placed in the client file prior to mailing.

IX. SECURITY

All files must be stored in a secure area on the agency's premises. The place in which the files are kept must be locked when unattended. Files may only be accessed by employees of the agency. Files may not be removed from the office except by approval.

X. FILE RETENTION

All files will be kept in a secure location in alphabetical order by the client's last name. Files will be kept for two years after closure and then moved to an offsite storage facility where they will be

maintained for eight more years, for a total of 10 years. Once the file is 10 years old, the file must be destroyed.

RESOURCES

1. Intake Appointment Checklist

- i. This form can be used as a general guideline to help the staff member be sure that they went over the required documents.

2. Race Self-Identify

- i. This form tracks the race of the families involved. It is completely voluntary and the client may refuse to fill it out. It is used primarily for statistical purposes.

3. Terms and Extent of Representation

- i. This form establishes the duties and obligations of both parties during the representation of the client.

4. Waiver of Attorney Client Privilege (If Applicable)

- i. This waiver is used in the case where a children's services agency is involved and a caseworker would like to be updated on the happenings of the case.

5. Release of Information (If Applicable)

- i. This form is used to access documents that may be needed during representation.

6. Case Plan, Action Steps, and Deadlines

- i. This form is used to establish a plan, how the plan will be implemented, and when these tasks should be completed and by whom.

7. Risk And Needs Assessment

- i. This is the form used to identify whether the family is at risk of becoming involved with the system at any point in the future. It is also used to determine if there are any other services that the family needs help accessing.

LESSONS LEARNED

- Prior to beginning active client representation, we did not anticipate receiving such a large number of contested custody cases.
- Due to the large number of contested custody cases we learned that there are very few attorneys that provide free legal representation for these issues. Referrals were difficult to provide in some cases because of the lack of pro-bono attorneys in this area.
- After the resolution of the case, it was very difficult to get ahold of the clients for post-representation purposes. The 31 Protective Factors Survey provides both a pre-test and a post-test. We mailed the post-test along with the closing letter and client evaluation form when a case was closed and only very rarely received the post-test back from the client.

