

National Fire Academy Bring Your Own Device (BYOD) Course Materials/Download Instructions

If you own an electronic device (laptop computer, tablet, etc.) and are familiar with its document reader functions, we are asking you to download the Student Manual (SM) before you travel to class and bring the preloaded device with you.

The **first step** is to download Adobe Acrobat Reader to your device. This will enable you to read and manipulate the course materials. Adobe Acrobat Reader can be used to comment and highlight text in PDF documents. It is an excellent tool for note-taking purposes.

For laptops and computers

Adobe Acrobat Reader can be downloaded from www.adobe.com/downloads/. It is a free download. Please note that depending on your settings, you may have to temporarily disable your antivirus software.

For tablets and other similar hand-held devices

Adobe Acrobat Reader can be downloaded onto devices such as iPads, Android tablets and other hand-held devices. The application can be found in the device's application store using the search function and typing in "Adobe Acrobat Reader." Follow the instructions given. **It is a free application.**

After you have successfully downloaded the Adobe Acrobat Reader, please use the following web link to download your SM. You may copy/paste this link into your web browser.

https://apps.usfa.fema.gov/ax/sm/sm_0633.pdf

Note: In order to have the editing capabilities/toolbar, the SM needs to be opened with Adobe Acrobat Reader. There should be a function on your device to do this.

If you need assistance, please contact nfaonlinetier2@fema.dhs.gov.

PRE-COURSE ASSIGNMENT

The pre-course assignment for the two-day “Youth Firesetting Intervention Specialist” (YFIS) (F/W0633) course is a multistep process worth more than one-third of your grade. This assignment is extensive because it is assumed you will ultimately take three two-day National Fire Academy (NFA) Youth Firesetting Prevention and Intervention courses over an extended period. Doing so will provide nearly the same training as attending the flagship six-day in-person “Youth Firesetting Prevention and Intervention” (YFPI) course at the NFA campus. You should begin this assignment immediately after receiving it. **Also, please bring a laptop computer to class as you will be using it to process written assignments.**

Step 1:

Take the International Fire Service Training Association (IFSTA) self-study e-learning course “Introduction to Youth Firesetting Prevention and Intervention” (IYFPI).

This course should only take about an hour to complete and provides excellent foundational subject matter that you will utilize during your NFA course. Please print your completion certificate and add to your portfolio.

How to Enroll

1. [Navigate to the IFSTA Account Log-In:
https://moodle.ifsta.org/course/view.php?id=8414](https://moodle.ifsta.org/course/view.php?id=8414)
2. To enroll, you will be directed to create an account with username and password. You can use “EASY” and “FREE,” or use your current IFSTA username and password.
3. When you log in, go to the ResourceOne tab and click on it. Upon doing so you will see “IFSTA Free Courses for Individuals” on the upper right portion of your screen. Clicking there will take you to the home screen for the Vision 20/20 Essentials of Community Risk Reduction series of e-learning courses. Select the IYFPI course.

Note: When a learner completes and exits the course, they return to the main page where the quiz is now available. They can review their responses and take the test again if necessary. When you score 80% or better on the quiz, print your score.

Firefox, Chrome and Safari are the browsers that work best with the courseware. Contact the Help Desk for issues with function of the course: support@osufpp.org.

Step 2:

Obtain free access to and peruse sections of NFPA 1030: *Standard for Professional Qualifications for Fire Prevention Program Positions* that are related to “Youth Firesetting Intervention Specialist” (YFIS) and “Youth Firesetting Program Manager” (YFPM). [NFPA 1030 Standard Development](#)

Step 3:

Read the youth firesetting example case file summarizing the firesetting history and interventions related to Jacob Gantz and his family. The case file is a best practice example of what “good” looks like.

Step 4:

Please respond to these directives in a written format and add to your pre-course portfolio.

While there is no minimum or maximum required response, please be thorough as it is for your organization’s benefit.

Your community

Provide a brief description of your community’s demographics (i.e., urban, suburban, rural or a combination).

Your youth firesetting problem

Explore the extent of your local youth firesetting problem and what your organization has done or plans to do. This exploration is essential regardless of whether your community has a youth firesetting prevention and intervention program or not.

Note: It is not acceptable to state, “We do not have a youth firesetting problem.” If you don’t or can’t find statistics to prove you have an issue, provide an explanation as to why you are taking the YFIS course. Remember that while statistical evidence is important, anecdotal evidence such as your experience (or others within your organization) with youth firesetting incidents is important to note as well.

- On average, how many youth firesetting incidents does your organization handle per year?
- What types of youth firesetting incidents do you handle most frequently (e.g., curiosity motivated, crisis, thrill-seeking/risk taking, delinquent/criminal, etc.)?

- Are there areas of your community where incidents of youth firesetting occur more frequently?
 - If so, where and why?
- Are there particular age groups that represent a greater problem than others?
 - If so, please identify them.
- In the types of firesetting incidents in your community, are there identifiable trends?
 - If so, please describe them.
- What is the minimum age at which your jurisdiction can file criminal charges against a youth for fire-related incidents?
- If charges can be filed, what is the average number of youths charged per year?
- On average, how many injuries caused by youth firesetting does your community experience per year? How many deaths?
- On average, how much property loss is associated with youth firesetting per year?

Preventing or reducing the youth firesetting problem

- What educational programs are offered by your organization that feature content aimed at preventing/reducing the occurrence of youth firesetting (e.g., schools and community-based programs)?
 - Describe the level of resources invested into these programs.

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**CASE FILE JACOB GANTZ, INCIDENT
DATE: MAY 8**

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**FIRE INVESTIGATION REPORT FROM
MASSEY COUNTY FIRE AND RESCUE
SERVICES FIRE MARSHAL**

MASSEY COUNTY FIRE AND RESCUE SERVICES OFFICE OF FIRE INVESTIGATION

On May 8th 20__, at 05:06 hours I was summoned at request of Battalion Chief Three to investigate a house fire at 812 Oak Road in Maryville, Michigan. I arrived on scene at 05:38, observing the fire to be primarily extinguished with overhaul operations conducted by firefighters.

The residence presented as a two-story wooden frame home with a detached garage to the rear of the structure. I photographed all sides of the structure and documented fire operations prior to conferring with the incident commander.

Upon contacting the incident commander, they advised that on fire department arrival, flames were visible on the C Charlie (rear) side of the structure and two teenage occupants where in need of rescue from a second-floor window on the A Alpha (front) side of the house. Firefighters utilized a ground ladder to rescue the two teenagers and fire attack crews suppressed most flames within five minutes.

Prior to entering the structure, I interviewed the four firefighters who initially entered the structure to suppress the fire. They advised the front door to the home was open as they approached the building, and an adult female was outside by the door screaming about two teenagers being trapped on the second floor. They assured the woman other firefighters were rescuing the teenagers and asked the woman where the fire was in the house. She stated, "All the way back on the first floor in the recreation area." The firefighter told me that while crawling to that area, they encountered thick smoke and significant heat from the fire. Once locating the room that was significantly involved in fire, they commenced extinguishment efforts. When asked where they saw the most fire, the lead firefighter said, "The back of the room in the left corner and above us across the ceiling."

Upon receiving clearance to enter the building, and wearing appropriate personal protective equipment, I examined the interior of the home, working in sequential order from the areas of least damage to the room which displayed the greatest fire damage. That room was, in fact, the room described by the firefighters as the one to be on fire. Photographic documentation was taken of all areas.

Upon entering the apparent room of the fire's origin, I discovered clear lines of smoke and flame demarcation indicating the greatest amount of direct flame damage supported the firefighter's statement of fire in the back-left corner of the room. Discovered by firefighters, and in the place where they located it, was the remains of a two-pound propane torch. Also in the remains was a portion of wood paneling with what appeared to be some sort of flame generated etching of a name. These items were photographed, secured for future processing, and locked in the evidence carrier located in my response vehicle.

MASSEY COUNTY FIRE AND RESCUE SERVICES OFFICE OF FIRE INVESTIGATION

As part of performing a thorough examination of the apparent area of origin, I estimated the point of fire origin to be approximately two feet off the floor in the southwest corner of the room. There were no portable heating sources found in the room. There was a television located in the front right side of the room with some types of electronic gaming devices extending to a small table located in the center of the room. The television was not connected to an electrical outlet. The only light sources to the room appeared to be ceiling lights.

I returned to the outside of the structure to locate adult members of the household. In the kitchen of a neighbor's home, I was introduced to Ms. Donna Gantz. Ms. Gantz advised she and her husband William Gantz own the home and it was occupied by them and their five children. She noted the family was blended from two previous marriages and includes a two-year-old male, seven-year-old male, twelve-year-old male, and two thirteen-year-old girls. When asked who was at home when the fire was discovered, Ms. Gantz said, "Everyone but my husband who works two jobs and one's night shift." When asked who discovered the fire, she said "My twelve-year-old son Jacob." When asked if she had any idea how the fire might have started, she said "I think Jacob did it."

Upon stating she believed Jacob was involved with the fire's origin, Ms. Gantz became emotional and started sobbing. She advised that Jacob is an exceptionally smart child but he "has issues." When asked what she meant, Ms. Gantz said Jacob has a mild form of Asperger's Syndrome and tends to get to the point of near obsession with things. Lately it has been electricity and fire. She said he also exhibits mood swings which include bursts of anger. He has a sleep disorder and routinely "gets up and tinkers around the house at all hours of the night." She also said, "He despises his two step-sisters and he and his step-father fight a lot."

When I asked if Jacob receives treatment for his condition(s), she indicated it was sporadic and that she and her husband routinely argue about whether Jacob should be on medicines prescribed by their primary care physician. She also said that Mr. Gantz's two teenage daughters from a previous marriage hate Jacob and wish he would "go away." When I asked if her husband has engaged in physical altercations with Jacob, she put her head down and nodded to indicate "yes."

I asked Ms. Gantz if she and I could speak with Jacob together about what happened, and she agreed. I accompanied Ms. Gantz to the neighbor's living room where the five children were located. Of interest, four of the children were in their bed clothing and Jacob was fully dressed in daytime wear.

Ms. Gantz, Jacob, and I returned to the kitchen area where I observed him to be of normal physical development for his age. After I explained who I was and why I was there, Jacob immediately became fidgety in the chair where he was seated.

When I asked Jacob to explain what he was doing when the fire started, he said he was awake and on the first floor of the home. When I asked what he was doing on the first floor of the

MASSEY COUNTY FIRE AND RESCUE SERVICES OFFICE OF FIRE INVESTIGATION

house in the early morning hours, he answered, "just messing around like I do when I can't sleep." When I asked him to explain in greater detail what "just messing around" meant, he became agitated and said, "just making the house mine."

I continued the interview with Jacob and asked him to explain how he became aware that a fire was happening in the home. He said he heard a popping sounding coming from the recreation room and went there from the kitchen to investigate. He said when he got to the door of the recreation room, he saw a fire burning in the corner of the room. When asked to explain what part of the room he saw on fire, he described the back left corner. When asked what he did when he saw the fire, he said "I went and woke up Mom."

After a pause, I asked Jacob to explain what he thought may have started the fire. He said that the fire was likely caused by the gaming equipment the family had in the room. When I reminded Jacob that he saw the fire in the left corner of the room and the gaming equipment was on the opposite side of the room, he immediately broke eye contact with me and started fidgeting in the chair. He also added that he didn't want to talk any more about the fire.

During the conversation with Jacob I noticed he not only smelled strongly of smoke, but his short sleeve shirt was discolored from what appeared to be smoke. The hair around his forehead appeared singed. Of particular concern were the presence of multiple small bruises on his upper arms and on the left side of his face. Also evident were multiple straight-line cut marks on his left forearm and wrist. There also appeared to be a small burn on his right hand.

When asked about these observations, and if he had hurt himself lately, Jacob focused his stare toward the floor, assumed a tense demeanor and remained silent. I noticed a slight twitching motion on his lips as well.

At this point I asked Jacob and Ms. Gantz if they would mind if I went outside to get something. Both indicated they did not mind and would wait for me to return. I went to my response vehicle and retrieved the piece of wooden paneling that had been placed in an evidence bag and secured. I took the clear sealed bag with the wood into the kitchen and sat back down at the kitchen table. I told Jacob that I had found this piece of wood in the area where I thought the fire started and asked if he could explain what it might be and how I could have found it near where the fire might have started.

Upon looking at the piece of wood paneling in the bag, Jacob became angry and stated, "Yes, I did it! Are you happy now?" When I asked, "Did what?", he said "I started the fire." When I asked him what he had been doing that started the fire, he said, "I made a stencil with my name on it and was burning my name into the wood wall." When asked why he did it, he said "I want my named burned into this house, so everyone knows I'm part of this family."

After pausing for a few moments, I asked Jacob if he was trying to burn down the house. He said, "Of course not. I was making a statement." When asked if he realized that both he and his

MASSEY COUNTY FIRE AND RESCUE SERVICES OFFICE OF FIRE INVESTIGATION

family could have been hurt badly or killed because of his actions, he said "I guess so." When asked a second time if he tried to put out the fire before going to get his mother, he said "Yes." I thanked Jacob for his honesty. His mother and I accompanied him back to the living room.

Ms. Gantz and I returned to the kitchen where she asked me "What do we do now?" I asked her if she believed Jacob clearly knew the difference between right and wrong behavior. She answered with an emphatic "Yes, he is a very smart kid."

I told her there are several things that must occur:

1. The fire was serious, lives were endangered, and Jacob had an "intent" to make a "statement." That alone demands the attention of Michigan youth justice officials. I told Ms. Gantz that I would be in contact with the agency to initiate referral of the case for investigation and potential legal actions.
2. In addition to the fire, and because I observed obvious cuts, bruises, and a burn on Jacob, I must report the findings to the Michigan Department of Social Service Child Welfare and Protection Unit. I explain this action was not only part of the youth firesetting prevention and intervention protocol, it was the law. I added that this action must occur immediately, and I would be doing so upon clearing the incident scene.
3. Since Jacob has a prior diagnosis of Asperger's Syndrome, coupled with a sleep disorder and anger issues, it is prudent the family contacts their primary care physician to seek advice.
4. Finally, because the community has an outstanding youth firesetting prevention and intervention taskforce, I would be submitting a referral to one of my partners, who serves as the chairperson of the group. A representative of the taskforce would contact Ms. Gantz within 24 hours. I told Ms. Gantz that all the allied agencies work closely together on youth firesetting cases with very successful outcomes.

I assured Ms. Gantz that these combined actions were part of the fire department's standard response to a situation like this fire incident. Ms. Gantz thanked me for my concern about her son and began sobbing again, saying "My husband will fight any mental health involvement because he does not believe in counseling or medications." "He is old school and believes strict rules backed up by corporal punishment is what will fix Jacob."

I told Ms. Gantz that an immediate combined approach to the situation would be helpful, and she readily agreed. I added that due to the urgency of the situation members of the YFS taskforce would be reaching out to her today. I then introduced Ms. Gantz to two representatives from the American Red Cross who had arrived at the scene.

I departed the incident scene at 07:51.

MASSEY COUNTY FIRE AND RESCUE SERVICES OFFICE OF FIRE INVESTIGATION

/s/ Sara Smith

Fire Investigator, Massey County Fire and Rescue Services

Office of Fire Investigation

**DOCUMENTATION FROM MASSEY
COUNTY FIRE AND RESCUE SERVICES
INTERVENTION SPECIALIST**

FIRE DEPARTMENT INTERVENTION SPECIALIST-SCREENING NARRATIVE
(Screening assessment documents to accompany this narrative)

Date/Time: May 11, 20xx 0930. Conducted in the Fire Department Headquarters Prevention Conference Room
Family participants: Biological Mother Donna Gantz with 12yr old son Jacob A. Gantz
Massey County Fire Intervention Specialist Carrie Barton conducted the screening assisted by Lt. Gabe Huron

INCIDENT OVERVIEW: Early morning (approx. 5am) of May 8th 20xx the Massey County Fire Dept responded to a significant structure fire at a single-family residence (detached garage) address: 812 Oak Road. Two teen occupants of the residence were rescued (ladder rescue) from 2nd floor by fire department. Initial investigation shows fire origin in family recreation room on 1st floor. There are seven family members of a blended family living in the home: two married adults and five children ranging from two-yrs. to 13-yrs old. No injuries but home appears to be a substantial loss (damage estimate not currently available). Investigator did find a propane torch and wood paneling burned by said torch which was later noted to be used in starting the fire. *(See Investigator comprehensive fire report for further details).*

PARENT DISCUSSION:

Bio mother Donna Gantz had noted to Massey County Fire Investigator at fire scene the morning of May 8th that she thought her 12-yr old son Jacob had started the fire. Jacob is the biological son of Donna Gantz and was adopted by William Gantz when he and Donna married 7 years ago. During the parent interview section of the risk screening, Ms. Gantz was forthright and her narrative of the fire incident was consistent with what she relayed on scene. She and her husband William have suspected intense fire interest and possible prior fire misuse (smell of smoke) from Jacob but no definitive evidence and when asked Jacob would deny having any part of prior smoke/fire incidents. When asked in further detail about these incidents Ms. Gantz noted that Jacob "is a handful" and both she and her husband just "let it drop" rather than press for details as they are both so busy. Mr. Gantz works two jobs and is rarely home. She also noted that her husband often exhibits "rage" towards Jacob and was extremely angry about the fire. Ms. Gantz was open in sharing that Jacob has been formally diagnosed with Asperger's syndrome, obsessive-compulsive disorder, sleep apnea, is bi-polar, and exhibits intermittent explosive disorder. Ms. Gantz also stated that while Jacob has been prescribed medications for these issues, he currently is not taking any of the prescribed medications. Jacob also is no longer receiving any mental/behavioral treatment as he has received in the past; when questioned why she noted that her husband William "does not believe in therapy" and he does not think medications are appropriate for Jacob. The only outside assistance Jacob does see is the family primary care physician. In-school counseling is available through the school Jacob attends. However, Jacob does well academically so she has not sought counseling through school nor elsewhere. When asked about family dynamics, Ms. Gantz noted that Jacob does not get along well with any of his siblings (bio or otherwise) but in particular "hates" his sisters (twins). Ms. Gantz used the term "shun" to describe how Jacob's sisters treated him. The parental section of the interview concluded with Ms. Gantz expressing how "overwhelmed" she felt with the family stresses and Jacobs increasingly difficult behavior. When asked about the fire service sending a referral for both Jacob and the family in its entirety to a mental/behavioral health agency, Ms. Gantz was quite open to the idea but expressed concern that her husband might show resistance as he has shown in the past. Referral paperwork was provided at this time and completed by Donna Gantz.

FIRE DEPARTMENT INTERVENTION SPECIALIST-SCREENING NARRATIVE

(Screening assessment documents to accompany this narrative)

YOUTH DISCUSSION:

Jacob was forthright and quite open to answering questions during the screening. He is surprisingly well-spoken for a 12-yr. old. He did not deny involvement in the fire but seemed to "check out" when discussing what consequences could have happened from this fire incident. When asked about how he feels about school Jacob responded with "Meh." He likes science, but all his classmates are "idiots." When asked about friends, in school or outside, Jacob mentioned that he has one friend, Tyler, whom he met earlier in the week. Tyler is his only friend. Jacob completely shut down when asked about his relationships with his siblings. Jacob noted that the family most often "hangs out" in the recreation room, but that he hates that room as he is "invisible" in there. Jacob was open about his prior fire misuse. When asked how many times he has misused fire prior to this incident he stated, "lots of times- too many to count." When asked specially about this fire, Jacob admitted that he hid a blowtorch that his dad kept in the garage in his bedroom for about two weeks prior to "practice" lighting it. Jacob woke up early the morning of May 8th (he was the only one awake in the house), he got dressed, ate some cereal, and it was then he decided to etch his name on a wall to "prove" he really was a member of this family. Jacob repeated several times that he did not want to hurt anyone nor burn the house down. He wanted to "be noticed." However, when pressed about his understanding of what could have happened that morning Jacob refused to discuss. When asked (several times) if Jacob would do something different the morning of May 8th, he did not answer.

INTERVENTION PROCESS:

The May 11th screening with both Jacob and his biological mother Donna Gantz was uneventful. However, from the screening interview there appears to be significant issues which need to be addressed which most likely contributed to the fire incident on May 8th.

- * Immediate referral to partnering mental/behavioral health treatment agency is needed.
- * If compliance to receive treatment is resisted, intervention from Dept of Human Services will be needed. There appears to be, at best, a lack of home supervision-boarding on negligence, from the parents.
- * Fire safety education is needed for the entire family.
- * An *In Lieu of Citation* would be appropriate to ensure compliance with the above recommendations.

The Risk Assessment concluded at 11:05am. From the Risk Assessment, Jacob is a DEFINITE (boarding on EXTREME) fire risk and above recommended follow-up should be immediate.

Carrie Barton
Massey County Fire Intervention Specialist



Youth Fire Intervention (Form #1) INTAKE INFORMATION

Youth Information:

Date: MAY 9, 20^{xx}

Name - First: JACOB Middle: A Last: GANTZ

Gender: MALE DOB: SEPT. 11, 20^{xx} Age at time of incident: 12

Address: 812 OAK ROAD

City: MASSEY GROVE State: OK Zip: 73101 Phone: 405-378-3778

Is the youth a smoker? Yes ☐ No ☒

What is the youth's primary language? ENGLISH

Race: WHITE Ethnicity: NON HISPANIC

School attending: FRANKLIN MS Grade: _____

What types of social media does the youth use? SNAPCHAT, TIKTOK, INSTAGRAM

Referred by: (Fire Investigator - Massey County) Address: (2324 WELLER DRIVE)

Youth Medical History:

Does the child have any medical or mental health conditions? Yes ☐ No ☒

If yes, what? ASPERGERS, OCD, SLEEP APNEA, Bi-POLAR, EXPLOSIVE DISORDER

Is the youth receiving treatment for those conditions? Yes ☐ No ☒

If yes, what? (INTERMITTANT - IN PAST; HAS BEEN FORMALLY DIAGNOSED BUT NO FOLLOW-UP TREATMENT)

Is the child on medication? Yes ☐ No ☒

If yes, what? NOTE: PRESCRIBED, BUT NO COMPLIANCE TREATMENT

Other agencies working with the family? FAMILY PCP, NO SPECIFIC MENTAL / BEHAVIORAL TREATMENT

Has there been a stressful event in the youth's life over the last six months? _____

BLENDED FAMILY w/ ONGOING STRESSFUL FAMILY DYNAMICS

Caregiver Information:

Family type (Birth parents, single parent, divorced, adopted, etc.): BIRTH Mom & ADOPTIVE Dad

Responsible Adult #1: Lives with child? ☒ Yes ☐ No Relationship: Bio Mom

Name: DONNA GANTZ

Address: 812 OAK ROAD

City: MASSEY GROVE State: OK Zip: 73101 Phone: 405-378-3778

Email: dgantz@gmail.com Highest level of education: HIGH SCHOOL GED

Responsible Adult #2: Lives with child? ☒ Yes ☐ No Relationship: DAD (ADOPTED BY)

Name: WILLIAM GANTZ

Address: 812 OAK ROAD

City: MASSEY GROVE State: OK Zip: 73101 Phone: 405-378-8773

Email: billygant2@gmail.com Highest level of education: ASSOCIATED DEGREE

Youth / Family Residence Information:

Number of children in primary residence: 7 ~~8~~ 5 children + 2 parents

Name of sibling: ANASTASIA Gender: Female Age: 13 (step) ^{William}

Name of sibling: IZZY Gender: Female Age: 13 (step) ^{William}

Name of sibling: JACOB Gender: Male Age: 12 (Danna-8.0)

Name of sibling: GABE Gender: Male Age: 7 ^{William}

Does youth participate in free lunch program? Yes ☒ No ☐ Gender: Male Age: 2 ^{Danna}

Smokers in the household? Yes ☐ No ☒

Type of residence (Single family home, apartment, etc.): SINGLE FAMILY
(detached garage)

Fire Scene Information:Date of Fire: May 8, 2014 Time: 0500 Run Number: 71758Did the child or anyone else sustain any injuries? Yes ☒ (No) (minor singed hair)

If yes, what type? _____

Location of Fire: FIRST FLOOR, RECREATION ROOM OF FAMILY HOME -
(SOUTHWEST CORNER)If location was a structure, was it occupied? ☒ Yes ☐ NoType of Fire: STRUCTURE (RESIDENCE)Ignition Device: PROPANE TORCH Novelty lighter? Yes ☒ NoDollar Loss: Undetermined @ this time Flammable Liquids? Yes ☒ No

Other Details:

Residence is not inhabitable - significant smoke damage throughout

Accomplice(s):

None known @ this time

Name: _____ Gender: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Name: _____ Gender: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Additional Information:



Youth Fire Intervention (After assessment is complete) INTERVIEWERS OBSERVATIONS

Does parent appear indifferent or unconcerned about the firesetting? ☐ Yes* ☒ No
Does child appear neglected or abused? *potentially neglected* ☒ Yes* ☐ No
Is residence sloppy? ☐ Yes* ☒ No

Youth behavior and mannerisms: ☒ nervous ☐ stubborn ☒ good eye contact ☐ shy
☒ open ☒ polite

Youth mood: ☒ angry ☒ sad ☐ happy ☒ calm ☐ depressed ☐ excited

Youth way of thinking: ☐ rational ☐ appropriate ☒ scattered ☐ logical ☒ illogical

Parent(s) behavior and mannerisms: ☐ fidgety ☐ nervous ☒ stubborn
☒ good eye contact ☐ shy ☐ open ☒ polite

Parent(s) mood: *Dad* ☒ angry *Mom* ☒ sad ☐ happy ☐ calm *Mom* ☒ depressed ☐ excited *Dad* ☒ defensive

Parent(s) way of thinking: ☐ rational ☐ appropriate ☐ scattered ☐ logical ☒ illogical

Characteristics: ☐ Low risk ☐ Moderate risk ☐ High risk
Age appropriate Assertive, low self-esteem Defiant, fights, unfeeling

Family environment: ☐ Low risk ☒ Moderate risk ☒ High risk
Two parents, concerned *Inattentive parents* / Single parent, inattentive

School experiences: ☒ Low risk ☐ Moderate risk ☐ High risk
No problems *Academically* Learning problems Problems, suspended

Circumstances of fire: ☐ Low risk ☐ Moderate risk ☒ High risk
At home, matches/lighter Outside, for attention Malicious, flammables

Motivation for firesetting: ☐ Low risk ☐ Moderate risk ☒ High risk
Accidental Peer pressure Anger, peer pressure

Age: ☐ Low risk ☒ Moderate risk ☐ High risk
3 to 10 years 5 to 13 years 10 to 17 years

Overall rating: ☐ Some risk ☐ Moderate risk ☒ High risk



Youth Fire Intervention Class Agreement (Learning level / age 10+)

I, JACOB GANTZ agree to the following:
(print youth's name)

1. I agree to be completely honest about my fire setting offense and accept full responsibility for my actions.
2. I will actively participate in group and individual sessions to the satisfaction of staff and other group members.
3. I will not talk about any information regarding another class member outside of this program.
4. I will show respect to instructors and other class members and follow the rules of the program.
5. I understand that if I break this agreement I can be sent home and all costs of the class will be forfeited.

May 11-2011
Date

Jacob Gantz
Youth

May 11, 2011
Date

Dana Gantz
Parent or Guardian

PARENT CHECKLIST

Youth Name JACOB GARTZ Date of birth: 9/11/01 xy

Your name Donna GARTZ Relationship to youth Bio mom

My child takes medication for a behavioral problem. Y N

Are there smokers in the home? Y N

Please check if any of the following statements are true for your child.

- | Yes | No | Sometimes | |
|-------------------------------------|-------------------------------------|--------------------------|--|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | My child has set fire or played with fire tools more than once. <i>Suspected</i> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | My child has set fires outside of the home before. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Other people in the home have set fires. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | My child is fascinated by fire (for example, often stares at flames). |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | My child has altered or misused fireworks. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | My child has easy access to lighters and/or matches. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | There is a wood stove, fireplace, candles or incense frequently in use at home. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | My child fights with brothers and sisters. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | My child argues with ^{Dr} parents/caregivers. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | My child has witnessed parents arguing. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | My child spends as much time as desired with father/male caregiver. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | My child spends as much time as desired with mother/female caregiver. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | There has been a traumatic event in my child's life or family in the last year. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | There has been physical or sexual abuse in the family. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | My family moves frequently. |

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- ☒ — ☒ — My child has been suspended from school.
- ☒ — ☒ — My child has few friends.
- ☒ — ☒ — My child is often picked on or bullies by others.
- ☒ — ☒ — My child has friends who are a bad influence. *No friends*
- ☒ — ☒ — My child has a history of lying.
- ☒ — ☒ — My child has stolen or shoplifted.
- ☒ — ☒ — My child destroys their own possessions.
- ☒ — ☒ — My child has special needs.
- ☒ — ☒ — My child has been in counseling. *in past*
- ☒ — ☒ — My child is physically aggressive or hurts others. *Siblings*
- ☒ — ☒ — My child has intentionally harmed or injured an animal.
- ☒ — ☒ — I feel like I have no control over my child.

Comments:

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PARENT INTERVIEW

Youth Name JACOB GANTZ Date May 11, 20^{xv}

Interviewer Name CARRIE BARTON Score 22

Instructions: Place a check mark next to the scoring level that best describes the situation for this youth. Expand the questions as you feel necessary to complete the interview with confidence. Use the comment line for anything that seems out of the ordinary or supports your impressions.

A. What was the parents' or caregivers' response to the fire?

Suggested Questions:

Mom, Dad, what was your reaction to the fire?

Scoring

☐ 1 The reaction of the parents to the fire was immediate and appropriate response, with concern for any victims.

☒ 2 The reaction of the parents to the fire was one that appears too lax or too punitive.

☐ 3 The reaction of the parents to the fire was either nonexistent or was an immediate and overly punitive response (such as burning the youth's hands).

Comments: Dad- William- extremely angry about incident;
rage towards Jacob

B. Is there a family history with fire?

Suggested questions:

Did anybody else in the family ever play with fire or get burned from a fire that got out of control?

Have you ever had a house fire?

Scoring:

☐ 1 There is no traceable history of fire in the family.

☒ 2 There is some history in the family that the youth has or may have heard about.

☐ 3 There is a fire history about which the youth has direct knowledge.

Comments:

William & Donna suspected poss fire misuse (would
smell smoke) but no definitive
evidence

C. Does the youth have a history of fire play or firesetting?

Suggested questions:

How many other times has your child lit matches, played with a lighter or burned things of little or no value?

Do you know if he has ever threatened anybody with fire or if he/she has been hurt by fire himself/herself?

Scoring:

- ☐ 1 This is the first known incidence of unauthorized use of fire for the youth.
- ☒ 2 The youth has a sporadic history of unauthorized use of fire. There was little or no damage from previous.
- ☐ 3 Family members have used fire inappropriately. The youth's home is not fire safe.

Comments:

Again just suspected misuse of fire

D. What kind of modeling is going on in the home? How did the parents/caregivers teach their youth about fire? What kinds of fire safety practices occur in the home? Are there any cultural or traditional ways the family uses fire?

Suggested questions:

How did you teach your child about fire?

Do you have a working smoke detector?

Do you have candles or a woodstove? How do you store matches and lighters?

How does your family use fire?

Are there smokers in the home?

Scoring:

- ☐ 1 Appropriate fire safety is observed in the home. Smoke detectors work, woodstoves are safely installed. Parents, siblings or other family members avoid modeling fire play.
- ☒ 2 There is modeling of using fire for fun at home and fire safety is only moderately observed by parents and siblings.
- ☐ 3 Family members have used fire inappropriately. The youth's home is not fire safe.

Comments:

No direct family fire misuse; but clearly lack of time/attention to teach w/ fire (or anything else)

E. How is the youth supervised?

Suggested questions:

When you are not at home, who takes care of the child?

Scoring:

- ☐ 1 The youth has good, continual parental and/or caregiver supervision.
- ☐ 2 The youth has some supervision, but the supervision is often sporadic.
- ☒ 3 The youth has minimal supervision.

Comments:

Appears to be bordering on neglect - Unsupervised much of time

F. Does the youth have any problems in school?

Suggested questions:

Is the youth having any problems in school?

Does your child have any learning problems?

Is your child in any special classrooms or programs?

Scoring:

- ☐ 1 The youth has minimal problems in school.
- ☒ 2 The youth gets some school referrals.
- ☐ 2 The youth receives special education services.
- ☐ 3 The youth has been suspended or expelled from school.

Comments:

William (Dad) has not approved any in-school counseling, especially since Jacob does well academically

G. Has the youth ever been in counseling?

Suggested questions:

Has your child ever seen the school counselor or other mental health provider for problems?

Scoring:

- ☐ 1 The youth has never been in counseling.
- ☒ 2 The youth has been in counseling in the past.
- ☐ 3 The youth is currently in counseling or has been referred for counseling.

Comments:

Formal diagnosis were made by mental professionals but not followed up on.

H. How would you describe your youth's friends?

Suggested questions:

Do you like your kid's friends?

Are they a positive influence on your child?

Scoring:

- ☐ 1 The youth has a healthy, supportive peer group.
- ☐ 2 The youth has some peer support, but his/her behavior is influenced by peers (bad friends).
- ☒ 3 The youth has little or no peer support, is shunned by peers and is isolated and withdrawn.

Comments:

Even family appears to "shun" Jacob -
certainly siblings do

I. Has any kind of crisis or traumatic event happened within your family? Please describe.

Scoring:

- ☒ 1 There has not been a traumatic family experience in the past year. — > 1 yr - but not resolved
☐ 2 There has been a major traumatic family experience in the past year.
☐ 3 There has been a major traumatic family event in the past that may be influencing the youth's behavior.

Comments:

"Trauma" a strong term - but lots of stressful family dynamics w/ this lg blended family

J. Would you be willing to seek additional help for your child such as taking him/her to counseling?

Scoring:

- ☐ 1 The youth's family acknowledges the seriousness of the firesetting and seeks help appropriately.
☐ 2 The family protects the child, seeks to blame others and denies their own and the child's responsibility for the fire.
☒ 3 The family doesn't seem to take the behavior seriously and simply wants the fire department to "fix" the youth and/or doesn't see the need for other services.

Comments:

Dad - William does not believe counseling/therapy is effective, especially since Jacob is academically gifted. Also will not comply w/ Rx prescribed.

SCORING AND REFERRAL PROCEDURE

Add the face value of the checked responses for both the youth and the parent interview. Enter the total on the lines provided below:

Total Score: (Youth Interview) _____ (Parent Interview) 22

If youth questions D, J and / or L were scored with a 3 response, consider referring this youth for a crisis evaluation.

If the total number for the youth interview is from 14-19 then: The fire behavior appears to be basically experimental in nature. This youth does not have a history of fire behavior. The intervention for this category is fire education for the youth and the family. There are numerous fire education intervention curricula available to use with this child. The family should set clear rules about fire use in the home and practice home fire safety. YFPI Specialists should emphasize the importance of working smoke alarms and home escape planning for these families. Younger firesetters do not understand the consequences of their actions so it is important that parents/caregivers increase their knowledge of fire safe practices.

If the total number for the youth interview is 20-42 then: The youth has a sporadic history of firesetting and needs to be referred to other community agencies that serve children and their families. Many of these youths will require a more comprehensive mental health evaluation to determine the motives for his/her behavior. Youth who score in this range are setting fires as a cry for attention, as a response to a crisis event, to express anger or to defy authority. Many youth use fire because they are seeking power and control. The firesetting in this case is often a symptom of other family, school or peer group problems.

In addition to referring the family for further evaluation, YFPI Specialists need to provide fire science education. Families often do not understand the power of fire and need to increase their knowledge of home fire safety practices. Again, emphasizing the importance of working smoke alarms and practicing home escape planning. Helping educate the youth about how their firesetting behavior affected the community and the risk involved is another way YFPI Specialists can provide a service to the youth and their family and hold youth accountable for their behavior. Curricula for educating adolescent are available.

If the total number for the parent interview is from 10-15 provide fire safety education to the youth and family.

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Youth Fire Intervention (Form #2)

PARTICIPATION RELEASE AND RELEASE OF LIABILITY

The Minnesota Youth Fire Intervention Team (YFIT) uses the youth firesetting assessment tool that was developed by the Oregon State Fire Marshal's Office. This tool evaluates a child's involvement in fire activity.

The assessment evaluates the firesetting behavior by reviewing six types of individual characteristics: demographic, physical, cognitive, emotional, motivation and psychiatric.

Based on the results of the evaluation, your child's tendencies will place him/her in one of the following areas of concern:

- | | |
|-------------------------|---|
| Some concern | Needs educational intervention. |
| Moderate concern | Needs referral for evaluation by a licensed psychologist or psychiatrist and educational intervention. |
| High concern | Needs immediate referral for evaluation by a licensed psychologist or psychiatrist and educational intervention counseling. |

If educational intervention is indicated, the YFIT will offer further educational activity for your child. Participation in the program is not a guarantee that firesetting behavior will stop.

Depending on the individual case, the school your child attends, local law enforcement, social services, mental health or other agencies may become involved.

Upon request, the questions asked in this evaluation may be viewed prior to signing this release.

I, Donna Garte, have read the previous statement and do hereby grant permission for my child, Jacob Garte, to participate in the Minnesota Youth Fire Intervention program. Although I understand that YFIT does everything in its power to protect juvenile information, I authorize release of information regarding my child to such other governmental entities and agencies as may be deemed appropriate by the intervention specialist.

Donna Garte
Parent / Guardian signature

May 11 2020
Date / Time

Jacob Garte
Youth signature

[Signature]
Witness signature



Youth Fire Intervention (Form #3)

RELEASE OF CONFIDENTIAL INFORMATION

Youth's name: JACOB GANTZ Case #: 71758

Authorization for Release and Receipt of Confidential Information

By signing below, I agree to the terms of the release form.

I understand that the Minnesota Youth Fire Intervention Team (YFIT) includes representatives of fire and police departments, the juvenile justice and probation systems, public and private mental health facilities and their associates, public and private children-and-youth social services, the state mental health care consultant and the local school system.

I hereby authorize YFIT, including all of the agencies listed above, to receive any and all information deemed necessary from the sources listed below:

- | | | |
|-----------------------------------|----------------------------|------------------------|
| *Referral/admission information | *Psychiatric assessment | *Psychological testing |
| *Education reports | *Progress notes | *Social history |
| *Comprehensive evaluation reports | *Individual education plan | *Discharge summary |
| *Fire/police/probation reports | *Assessment interview | |

For the purposes of:

- | | | |
|------------------------|------------------------------|------------------------|
| *Planning intervention | *Reporting problems/concerns | *Coordinating services |
|------------------------|------------------------------|------------------------|

I hereby authorize YFIT to provide the following types of information to agencies deemed appropriate:

- | | | | |
|-----------------------|-------------------------------|-----------------|---------------|
| *Referral information | *Intervention plan assessment | *Progress notes | *Case reports |
|-----------------------|-------------------------------|-----------------|---------------|

Furthermore, I hereby release YFIT and its authorized agents from any and all legal responsibility or liability stemming from the release of information indicated and authorized herein.

Information released with this authorization will not be given, sold, transferred, or in any way be relayed to any other person or agency not specified above, without written consent.

I understand that I may revoke this consent at any time by submitting a written request to the ~~Minnesota~~ Youth Firesetting Prevention and Intervention Program.

Counseling provider name: _____

Therapist name: SUNNY HILLARD

Address: 2550 Happy Trails Loop Phone: 405-963-8780

Ronna Gantz
Parent / Guardian

May 11, 20xx
Date / Time



Youth Fire Intervention (After assessment is complete)
YOUTH FIRE ASSESSMENT SUMMARY

Youth Name: JACOB GANTZ Interviewer: CARRIE BARTON

Date: May 11, 20th Start Time: 1300 End Time: 1430

Location of assessment: MASSEY FIRE HEADQUARTERS

People present: Big Mom (Diana), YOUTH JACOB GANTZ

Classification: Curiosity Delinquent Thrill Seeking Crisis Special Problem

Pre-test Score: Family Risk Score 22 Child Risk Score 32 *Cry for aid*

Action Plan:

- ☐ No need for further action
- ☒ Fire Education Class
- ☐ Community Impact Report
- ☒ Education one on one
- ☒ Follow up (to be completed 3 months after initial interview)
- ☒ Homework assignment
- ☒ Refer to other agency (see below)
- ☐ Sent to Police for charging
- ☐ Business card given
- ☐ Other:

Referred to: HAPPY TRAILS THERAPY
 Agency

SUNNY HILLARD 405-963-8780
 Contact name Telephone number

Will file be transferred to referred agency? ☒ Yes ☐ No

If yes, release of confidential information form must be completed!

Summary of assessment- start with summary of parent information, then juvenile information, finish with overall summary and recommendation. (use additional pages)

(attached)

YOUTH INTERVIEW

Youth Name JACOB GANTZ Date May 11, 20^{xx}

Interviewer Name CARRIE BARTON Score 32

Instructions: Place a check mark next to the scoring level that best describes the situation for this youth. Expand the questions as you feel necessary to complete the interview with confidence. Use the comment line for anything that seems out of the ordinary or supports your impressions.

A. Is the youth experiencing any school problems?

Suggested questions:

How's school? Meh

What do you like about school? Science

What don't you like? Do you get in trouble at school? Not turning in homework

Do you have lots of friends at school? 0

Who is your best friend? - Tyler - met him this week

Scoring:

- ☐ 1 The youth likes school and has minimal problems.
☒ 2 The youth has some trouble in school either socially or academically.
☐ 3 The youth has frequently been in trouble at school, hates the teachers, doesn't like the classes, has been expelled or suspended, etc.

Comments:

Academically does well. Little/no social interacting @ school

B. How does the youth get along with the others in the neighborhood?

Suggested questions:

Do you have any friends in the neighborhood that you hang out with?

Do you like them?

Do they like you?

Do you ever get picked on by the kids in the neighborhood?

Scoring:

- ☐ 1 The youth has friends in the neighborhood.
☒ 2 The youth gets into fights frequently or has few friends. The youth may get bullied.
☐ 3 The youth is involved in a gang or hanging out with others involved in delinquent or criminal behavior.

Comments:

Neighborhood kids "bryno". Classmates are "idiots"

C. What was set on fire? Was there anything significant about the object?

Suggested questions:

Tell me about what was burned? - wall (wood paneling)

Tell me about the fire.

I wonder why you wanted to burn?

Have you ever burned this before? NO

What other types of things have you burned? - Lots of items "too many to count"

Whose stuff did you burn?

Scoring:

_1 The object that was burned had little emotional significance for the youth. (i.e. toilet paper, leaves or trash).

_2 The object that was burned had some emotional significance for the youth (i.e. plastic army figures, other person's possessions).

X3 The object that was burned had emotional significance for the youth or someone else (i.e. sibling's crib or favorite toy, a parent's or caregiver's possession).

Comments:

Jacob readily admitted to "etching" his name on wall to "prove" he's a part of this family

D. Where was the fire set? Was there significance to that location?

Suggested questions:

Where did the fire start? Recreation room

If at home: What room were you in or were you outside? Inside

If not at home: Do you go to this place often? Do you like it there?

Scoring:

_1 The fire was started in a place where the youth plays such as his/her bedroom, a closet, a fort, a hiding place.

X2 The fire was started in a place with community significance i.e. church, a school, a park, in the forest.

_3 The fire was set in a building occupied with people with the intent to place people at-risk.

Comments:

The recreation room is where the family "hangs out" - Jacob hates that room as he stated "I am invisible in there"

E. How much planning was done prior to the fire?

Suggested questions:

Tell me what you were you doing right before the fire?

Did you think about how you were going to start the fire?

Where did you get the things that were burned?

What was used to light the fire? Where did it come from?

Scoring:

☐ 1 The fire was started using available materials; the act of firesetting was spontaneous and done without planning. Matches and lighters were readily available.

☐ 2 There was some pre-planning for the fire and some gathering of materials; however, the fire was not especially thought out.

☒ 3 There was definite planning for the fire, materials were sought out, and matches and lighters were stashed and/or hidden at the site beforehand. Accelerants may have been used.

Comments: *Jacob hid the blow torch in his room for about 2 weeks prior to used - "produced" lightning & putting out*

F. Who was with the youth at the time of fire?

Suggested questions:

Was anyone with you when the fire started?

If yes, who?

What did they say about the fire?

Did the person with you do anything as the fire started burning?

Scoring:

☐ 1 The youth was with many peers/siblings when the fire was set.

☐ 2 The youth was with other peers/siblings and this youth might have instigated the fire.

☒ 3 The youth was alone when the fire was set.

Comments: *Jacob was the only family member awake @ time of fire.*

G. What was the youth's response to the fire?

Suggested questions:

What was the first thing you did when the fire started to burn?

What was the next thing?

Did you tell someone (an adult) about the fire?

If so, who was it: When was it?

Scoring:

☐ 1 The youth tried to extinguish the fire and called for help.

☐ 1 The youth engaged in match or lighter play.

☒ 2 The youth may have made some attempts to extinguish the fire, but called for help only after others discovered the fire.

☐ 3 The youth ignored the fire, did not call for help, stayed to watch, or left the fire scene.

Comments: *Jacob stated he didn't want anyone hurt - just wanted to be "noticed"*

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H. How did the youth feel after the fire?

Suggested questions:

What did your caregiver say about the fire?

Was anyone angry with you about the fire?

Do you care what others think of you after starting the fire?

Do you feel like you did something bad or did the fire scare you?

Did you think you would get into trouble?

Scoring

☐ 1 The youth shows remorse for the fire.

☐ 2 The youth showed interest in how others reacted.

☒ 3 The youth is unconcerned about others' reactions or is pleased with the fire.

Comments:

Why asked if Jacob understood the consequence of what might have happened. Jacob seemed to "check out"

I. Was the youth supervised when the fire occurred?

Suggested questions:

When you were playing around with the matches and lighters, where was mom or dad?

Was anybody at home at the time? Who was taking care of you?

Scoring:

☐ 1 Parents or caregivers were home at the time or youth was under appropriate supervision.

☒ 2 Parents or caregivers were home but unavailable or not directly supervised.

☐ 3 The youth was left alone or with younger children.

Comments:

Early morning hours- everyone but Jacob was sleeping

J. How knowledgeable is the youth about fire? How much does the youth understand about the dangers of fire? Does the youth use fire for power or control?

Suggested questions:

Did you think that the fire could get out of control and get really big?

Do you feel you can control a fire that you start?

Can you determine how big the fire will get? How?

What did you want to have happen when you started the fire?

Scoring:

☐ 1 The youth is knowledgeable about some aspects of fire survival but is unaware of the destructiveness or speed of fire.

☐ 2 The youth may indicate some concern about the dangers and risk of firesetting but thinks they can control it

☒ 3 The youth does have an understanding of fire and uses it to defy authority, gain attention or express anger

Comments:

Clearly fire set in a attempt to be noticed in a house with complicated dynamics

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K. Has the family experienced any kind of crisis in the past six months?

Suggested questions:

Tell me about home

Do you like being at home? *No!*

Is there anything about home that you don't like? *My sisters are "evil"*

Has anything happened at home in the last six months that upset you?

Is there anything different about home lately?

Scoring:

☐ 1 There has been no major crisis in the family in the last six months.

☒ 2 There have been some changes in the family structure in the last six months, ie: divorce, death, moving, etc.

☐ 3 The family is in a state of crisis or chaos.

Comments: *Family not in crisis, but Jacob is crisis*

L. Does the youth have a fire history?

Suggested questions:

Tell me the other times you have burned things?

What was the smallest fire? What was the largest fire?

Have you ever used an accelerant like gasoline or lighter fluid?

How about fireworks? Have you ever altered fireworks?

needs attention & family support

Scoring:

☐ 1 This is the first known incidence of firesetting.

☐ 2 The youth admitted to setting from 2—5 fires.

☒ 3 The youth has started more than 5 unsupervised fires.

Comments: *As noted above, Jacob has set "too many" to*

M. Has the youth ever been burned?

Suggested questions.

Have you ever been hurt by fire?

Tell me what happened?

Where did it happen? Who was involved?

count" - prior fires

Scoring:

☒ The youth has never been burned.

☐ The youth has been burned unintentionally.

☐ The youth has been burned by another person and may have scars from this burn.

Comments:

Remarkably, Jacob has sustained 0 injuries despite multiple & fire misused

N. How concerned was the youth for accepting responsibility for the fire?

Suggested questions:

Now the fire is out and you have had a chance to think about what has happened, would you do it again? - No response

Tell me your reasons or why this fire occurred?

Scoring:

_1 The youth acknowledges the seriousness of the firesetting and accepts help appropriately.

☒_2 The youth acknowledges the seriousness of the firesetting but seeks to blame others and denies his/her own responsibility.

_3 The youth denies the seriousness of the firesetting and his/her own responsibility for it or takes full responsibility for it because he/she intended to cause destruction or injury.

Comments:

Deep-set anger towards family (namely step-sister)

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**DEPARTMENT OF HEALTH AND HUMAN
SERVICES CENTRALIZED INTAKE;
REPORT OF ACTUAL OR SUSPECTED
CHILD ABUSE OR NEGLECT**



USED FOR EDUCATIONAL PURPOSES ONLY

XXXXXXXXXX
GOVERNOR

STATE OF XXXXXXXX
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTRALIZED INTAKE

XXXXXXXXXX
DIRECTOR

06/14/202X

Fire Inspector Sara Smith
Massey County Fire & Rescue
12345 Main Street
Maryville, MI 12345

Intake ID: ABCDE123
Complaint Date: 05/08/202X
Date of Disposition: 05/08/202X

Thank you for the report you made to the Centralized Intake unit of the Michigan Department of Health and Human Services (MDHHS). The Children's Protective Services Centralized Intake unit has carefully reviewed the complaint you made to MDHHS. This is to notify you that a Children's Protective Services investigation is not required, based on one or more of the following factors:

- The complaint did not meet one of the legal and policy criteria for investigation.
- The family is already working with Children's Protective Services and the information you reported was provided to the assigned worker.
- Information you reported should be investigated by an agency or department other than Children's Protective Services and your report was transferred accordingly.

MDHHS is unable to provide any further details because the information is confidential in accordance with Section 722.627, Sec.7 of the Child Protection Law.

If you have concerns or questions about the action taken in response to your complaint of suspected child abuse or neglect, please contact the Mandated Reporter Hotline at 1-877-xxx-xxxx or you may e-mail xxxxxxxx@state.gov. Please refer to the Intake ID listed above on this letter.

We appreciate your efforts to report child abuse or neglect. If you obtain additional information and believe another report should be made, please call 855-444-3911.

Thank you.

Department of Health and Human Services
12345 Main Street, Capitol City, MI 4810X

YOUTH FIRESETTING INTERVENTION SPECIALIST

REPORT OF ACTUAL OR SUSPECTED CHILD ABUSE OR NEGLECT

Michigan Department of Health and Human Services

Was Complaint Phoned to MDHHS?																																			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, Intake ID # <u>ABCDE123</u>		If no, contact Centralized Intake (855-444-3911) immediately																															
INSTRUCTIONS: REPORTING PERSON: Complete items 1-19 (20-28 should be completed by medical personnel, if applicable). Send to Centralized Intake at the address listed on page 2.					1. Date 05/08/202X																														
2. List of Child(ren) Suspected of Being Abused or Neglected. <i>To insert additional rows, tab at the end of last row to create a new row.</i>																																			
NAME	BIRTH DATE	SOCIAL SECURITY #	SEX	RACE																															
Jacob A. Gantz	01/14/200X		Male	White and Black or African American																															
3. Mother's Name Donna Gantz																																			
06/02/198X			Female	White																															
4. Father's Name Biological father George Williams is deceased																																			
Unknown			Male	Black																															
5. Child(ren)'s Address (No. & Street) 812 Oak Road (where fire occurred)																																			
6. City Maryville		7. County Massey	8. Phone No. 313-000-0001																																
9. Name of Alleged Perpetrator of Abuse or Neglect William Gantz																																			
10. Relationship to Child(ren) Step-father and adoptive father																																			
11. Person(s) The Child(ren) Living With When Abuse/Neglect Occurred Donna & William Gantz & 4 siblings/step-sibs																																			
12. Address, City & Zip Code Where Abuse/Neglect Occurred 812 Oak Road, Maryville, 12345																																			
13. Describe Injury or Conditions and Reason for Suspicion of Abuse or Neglect Observed multiple dark purplish contusions on Jacob's right upper inner arm and on the left side of his face; also noted multiple lacerations on his left forearm and wrist that were approximately 1-2 inches in length and in varying stages of healing (some were open with oozing blood and others with a crust/scab present) and an approximately 0.5 inch circular burn mark on his right hand. Mother stated "he [Jacob] despises his two step-sisters and he and his step-father fight a lot." When Mother was directly asked if William Gantz has had physical altercations with Jacob, she nodded her head yes. Jacob involved in starting a fire in their home because "I want my named burned into this house, so everyone knows I'm part of this family...I was making a statement." Previous firesetting incidents suspected to be started by Jacob have occurred, indicating ongoing unsafe home environment and inadequate supervision. Mother reports that Step-Father refuses medical treatment for Jacob for known diagnosed mental health conditions.																																			
14. Source of Complaint (Add reporter code below)																																			
<table border="0"> <tr> <td>01 Private Physician/Physician's Assistant</td> <td>11 School Nurse</td> <td>42 MDHHS Facility Social Worker</td> </tr> <tr> <td>02 Hosp/Clinic Physician/Physician's Assistant</td> <td>12 Teacher</td> <td>43 DMH Facility Social Worker</td> </tr> <tr> <td>03 Coroner/Medical Examiner</td> <td>13 School Administrator</td> <td>44 Other Public Social Worker</td> </tr> <tr> <td>04 Dentist/Register Dental Hygienist</td> <td>14 School Counselor</td> <td>45 Private Agency Social Worker</td> </tr> <tr> <td>05 Audiologist</td> <td>21 Law Enforcement</td> <td>46 Court Social Worker</td> </tr> <tr> <td>06 Nurse (Not School)</td> <td>22 Domestic Violence Providers</td> <td>47 Other Social Worker</td> </tr> <tr> <td>07 Paramedic/EMT</td> <td>23 Friend of the Court</td> <td>48 FIS/ES Worker/Supervisor</td> </tr> <tr> <td>08 Psychologist</td> <td>25 Clergy</td> <td>49 Social Services Specialist/Manager (CPS, FC, etc.)</td> </tr> <tr> <td>09 Marriage/Family Therapist</td> <td>31 Child Care Provider</td> <td>56 Court Personnel</td> </tr> <tr> <td>10 Licensed Counselor</td> <td>41 Hospital/Clinic Social Worker</td> <td></td> </tr> </table>						01 Private Physician/Physician's Assistant	11 School Nurse	42 MDHHS Facility Social Worker	02 Hosp/Clinic Physician/Physician's Assistant	12 Teacher	43 DMH Facility Social Worker	03 Coroner/Medical Examiner	13 School Administrator	44 Other Public Social Worker	04 Dentist/Register Dental Hygienist	14 School Counselor	45 Private Agency Social Worker	05 Audiologist	21 Law Enforcement	46 Court Social Worker	06 Nurse (Not School)	22 Domestic Violence Providers	47 Other Social Worker	07 Paramedic/EMT	23 Friend of the Court	48 FIS/ES Worker/Supervisor	08 Psychologist	25 Clergy	49 Social Services Specialist/Manager (CPS, FC, etc.)	09 Marriage/Family Therapist	31 Child Care Provider	56 Court Personnel	10 Licensed Counselor	41 Hospital/Clinic Social Worker	
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15. Reporting Person's Name Fire Investigator Sara Smith		Report Code (see above) 07	15a. Name of Reporting Organization (school, hospital, etc.) Massey County Fire & Rescue																																
15b. Address (No. & Street) 12345 Main Street		15c. City Maryville	15d. State MI	15e. Zip Code 12345	15f. Phone Number 313-000-1234																														
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DHS-3200 (Rev. 6-18) Previous edition may be used.

1

YOUTH FIRESETTING INTERVENTION SPECIALIST

18. Reporting Person's Name		Report Code (see above)		18a. Name of Reporting Organization (school, hospital, etc.)			
18b. Address (No. & Street)				18c. City	18d. State	18e. Zip Code	18f. Phone Number
19. Reporting Person's Name		Report Code (see above)		19a. Name of Reporting Organization (school, hospital, etc.)			
19b. Address (No. & Street)				19c. City	19d. State	19e. Zip Code	19f. Phone Number
TO BE COMPLETED BY MEDICAL PERSONNEL WHEN PHYSICAL EXAMINATION HAS BEEN DONE							
20. Summary Report and Conclusions of Physical Examination (Attach Medical Documentation)							
21. Laboratory Report				22. X-Ray			
23. Other (specify)				24. History or Physical Signs of Previous Abuse/Neglect <input type="checkbox"/> YES <input type="checkbox"/> NO			
25. Prior Hospitalization or Medical Examination for This Child							
DATES				PLACES			
26. Physician's Signature				27. Date	28. Hospital (if applicable)		
The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.					AUTHORITY: P.A. 238 of 1975. COMPLETION: Mandatory. PENALTY: None.		

INSTRUCTIONS

YOUTH FIRESETTING INTERVENTION SPECIALIST

GENERAL INFORMATION:

This form is to be completed as the written follow-up to the oral report (as required in Sec. 3 (1) of 1975 PA 238, as amended) and mailed to Centralized Intake for Abuse & Neglect. Indicate if this report was phoned into MDHHS as a report of suspected CA/N. If so, indicate the Log # (if known). The reporting person is to fill out as completely as possible items 1-19. Only medical personnel should complete items 20-28.

Mail this form to:

Centralized Intake for Abuse & Neglect
5321 28th Street Court, SE
Grand Rapids, MI 49546

OR

Fax this form to 616-977-8900 or 616-977-8050 or 616-977-1158 or 616-977-1154

OR

email this form to MDHHS-CPS-CIGroup@michigan.gov

1. Date – Enter the date the form is being completed.
 2. List child(ren) suspected of being abused or neglected – Enter available information for the child(ren) believed to be abused or neglected. Indicate if child has a disability that may need accommodation.
 3. Mother's name – Enter mother's name (or mother substitute) and other available information. Indicate if mother has a disability that may need accommodation.
 4. Father's name – Enter father's name (or father substitute) and other available information. Indicate if father has a disability that may need accommodation.
 - 5.-7. Child(ren)'s address – Enter the address of the child(ren).
 8. Phone Number – Enter phone number of the household where child(ren) resides.
 9. Name of alleged perpetrator of abuse or neglect – Indicate person(s) suspected or presumed to be responsible for the alleged abuse or neglect.
 10. Relationship to child(ren) – Indicate the relationship to the child(ren) of the alleged perpetrator of neglect or abuse, e.g., parent, grandparent, babysitter.
 11. Person(s) child(ren) living with when abuse/neglect occurred – Enter name(s). Indicate if individuals have a disability that may need accommodation.
 12. Address where abuse / neglect occurred.
 13. Describe injury or conditions and reason of suspicion of abuse or neglect – Indicate the basis for making a report and the information available about the abuse or neglect.
 14. Source of complaint – Check appropriate box noting professional group or appropriate category.
- Note:** If abuse or neglect is suspected in a hospital, also check hospital.
- 15.-19 - Reporting person's name - Enter the name and address of person(s) reporting this matter.

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**DOCUMENTATION FROM MASSEY
COUNTY OFFICE OF HEALTH AND
HUMAN SERVICES DIVISION OF
JUVENILE JUSTICE
JUVENILE JUSTICE PROBATION
OFFICE**

Massey County Office of Health and Human Services
Division of Juvenile Justice
Juvenile Justice Probation Office

I received the file of Jacob Gantz (12 y.o.), 812 Oak Road, Maryville, MI, from the Office of the Fire Marshal, Massey County Fire and Rescue, on May 13, 20xx. The file detailed an investigation of a residential house fire at the aforementioned address in which Jacob readily confessed to igniting the fire by utilizing a propane torch to etch his name into the wood paneling on the wall. He stated that he was not intending to burn the house down, but rather he was attempting to make a statement that he was part of the family as there is extreme discord within the home.

Jacob's mother shared that he was diagnosed with Asperger's Syndrome (no longer isolated in the DSM, but part of the Autism spectrum diagnosis) and is exceptionally intelligent but becomes "obsessed" with things. Recently he has become obsessed with fire and electricity, and upon knowledge of the fire, she immediately thought he was culpable and responsible. It is unclear if he has set previous fires.

Mrs. Gantz emphatically stated that her husband is opposed to mental health involvement and does not believe in medications or counseling of any kind. She stated that her son suffers from a sleep disorder and experiences mood swings, often including bursts of anger. She said that Jacob absolutely understands right versus wrong.

In reviewing the intake documentation in the file, the following information, obtained from interviews with the parents, Jacob, and the fire marshal is critical to understanding him, interrupting his firesetting behaviors, and the likelihood of recidivism:

- Mrs. Gantz immediately believed that Jacob had set the fire, stating that he had recently been obsessed with fire and electricity.
- Jacob has known mental health challenges such as a diagnosis of Asperger's Syndrome (Autism), mood swings accompanied by bursts of anger, and suffers from insomnia.
- Jacob's treatment for his challenges has been sporadic at best, and Mrs. Gantz and her husband cannot agree on whether he should take his prescribed medications from his primary care physicians.
- At the time of the fire incident, at 0538 in the morning, while all the occupants in the home were still in pajamas, Jacob was fully clothed.
- There is significant dysfunction in the home with children from multiple marriages and extreme strife between siblings.

- After lying multiple times about his knowledge and presence at the fire, Jacob confessed to the fire investigator that he set the fire and admitted that he was aware that his family members could have been injured or killed.
- Discussions with the fire marshal did not reveal any prior firesetting, however, as reported by the U.S. Fire Administration, as few as 10% of fires set by those under the age of 18 are ever reported (U.S. Fire Administration, 2014).
- There have been no prior criminal charges brought against Jacob Gantz.
- Law enforcement and Juvenile Justice were notified by the Office of the Fire Marshal regarding this incident.
- Jacob does not currently have legal representation.
- There is an allegation of child abuse against Jacob perpetrated by Mr. Gantz and acknowledged by Mrs. Gantz.
- A previous psychological evaluation was conducted.

As with all jurisdictions across the country, arson in Massey County is a felony. However, to prove that the crime of arson took place, one must be able to prove unequivocally that the action took place willfully and maliciously. During his interview with the fire investigator, Jacob stated that he was not trying to burn his house down, was only trying to make a statement, and attempted to put out the fire before notifying his mother. This information will assist in looking at Jacob's motivations and intent as required by the juvenile justice system. While Jacob claims that he was not endeavoring to burn down the house or harm anyone, he was also non-committal when asked if he was aware of the danger of his actions and answered, "I guess." This creates a conundrum for our juvenile justice group as youths who set fires are often excused as children playing with matches and are unaware of the dangers associated with their actions. Jacob is an adolescent and self-professes to an awareness for his actions, going so far as to initially deny setting the fire. Though the evidence gathered at the scene clearly showed that the fire was incendiary in nature, based upon the information from the fire marshal, the willful and malicious elements necessary for the charge of arson are lacking in this situation.

After a thorough review of the case, Jacob's age, and mental state, it is the decision of Juvenile Justice Probation to charge Jacob Gantz with juvenile delinquency and reckless endangerment. Juvenile delinquency specifically refers to the antisocial or criminal activity of the child (below 16 years of age for boys and 18 years for girls) which violates the law. Thus, that same activity would have been a crime if it were committed by an adult. Reckless endangerment is a crime consisting of acts that create a substantial risk of serious physical injury to another person, and while Jacob did not necessarily intend the resulting or potential harm, he acted in a way that showed a blatant disregard for the foreseeable consequences of his actions.

It is the recommendation of this office that the predisposition report be the result of a multi-disciplinary assessment of the youth's prioritized needs, an individualized plan for treatment of said needs, utilize the balanced restorative justice model for rehabilitation to include but not be limited to, behavioral and mental health services and fire safety education, and a recommendation of the most appropriate placement to meet the youth's and that of his family's needs in a setting that provides a level of security sufficient to ensure public safety.

J. Smith, Probation Officer
Juvenile Justice, MCOHH

DOCUMENTATION FROM PSYCHIATRIC EVALUATION

PSYCHIATRIC OUTPATIENT CLINIC

123 Main Street
Maryville, MI, 48040

Complete Evaluation: Psychiatrist

Date of Exam: 5/30/___

Time of Exam: 5:22:37 PM

Patient Name: Gantz, Jacob

Patient Number: 100001043248

History: Mr. Jacob Gantz is a 12-year-old boy who lives in a blended family. His 2- and 7-year-old brothers and their two 13-year-old stepsisters live with them.

The following information was provided by:

Mr. Jacob Gantz

Mr. Gantz has previously been diagnosed with Autism Spectrum Disorder (formerly called Asperger's syndrome) and has anger issues. Mr. Gantz describes symptoms of a depressive disorder. He reports that there is a precipitant for his depression. Mr. Gantz's current depressive symptoms are attributed to living with two 13-year-old girls who bully him.

"I tell people and they don't believe me. Mom says to man-up and her husband says that his daughters can do nothing wrong."

Current Symptoms: He reports that his appetite is decreased. Some weight loss has occurred. He reports a weight loss of more than five pounds. He reports that he gets so angry about being picked on that sometimes he cannot breathe. He reports strong interest about fire and electricity, and difficulty sleeping. Insomnia is reported.

Suicidality: He denies suicidal ideas or intentions. Denial is convincing.

Prior Depressive /Manic Episodes: He reports that there have been no prior depressive episodes. Mr. Gantz does not have a history of manic or hypomanic episodes.

Severity/ Complexity: Based on the risk of morbidity without treatment and his description of interference with functioning, classification of disorder is estimated to be severe.

Mr. Gantz has symptoms of anxiety. Anxiety symptoms have been present for months. Anxiety symptoms are occurring daily. He reports occurrences of difficulty concentrating. Feelings of restlessness are described. Difficulty sleeping is occurring. There is difficulty falling asleep. He produces an exaggerated startle response. He routinely wakes in the middle of the night, fully dresses, and "tinkers" with fire and electrical experiments.

Problem Pertinent Review of Symptoms/Associated Signs and Symptoms: Obsessive, intrusive, and persistent thoughts or compulsive, ritualistic acts are reported around his fascination with electricity and fire. No hallucinations, delusions, or other symptoms of psychotic process were reported by him.

Past Psychiatric History:

Previous diagnosis of Autism Spectrum disorder.

Withdrawal History:

There is no history of Mr. Gantz ever having experienced withdrawal from any substance.

Psychiatric Hospitalization:

Mr. Gantz has never been psychiatrically hospitalized.

Outpatient Treatment:

Mr. Gantz received outpatient mental health treatment for autism spectrum disorder and trouble controlling his anger approximately two years ago. Stepfather is unsupportive of ongoing outpatient treatment, including therapeutic medication.

Addiction/Use History:

Mr. Gantz denies any history of substance abuse. Mother and stepfather also deny history of substance abuse.

Psychotropic Medication History:

Psychotropic medications have been subscribed for Mr. Gantz. His stepfather will not allow him to take his medications.

Past psychiatric history is sporadic.

Social/Developmental History:

Mr. Gantz is a 12-year-old boy in middle school. He has few friends and seems to prefer to be by himself.

Barriers to Treatment:

Mr. Gantz's stepfather is opposed to treatment. Given the firesetting incident, mental health treatment and fire intervention services are recommended.

Emotional:

Emotional or psychological problems are a barrier to treatment success: Emotional problems will be addressed via the treatment plan. (Profound depression, obsession with fire and electricity.)

Client's Goals:

"I just want to feel better."

Family History:

Biological father, recently deceased, known to have anxiety.

Biological brother thought to have bipolar disorder.

Family psychiatric history is otherwise negative. There is no other history of psychiatric disorders, psychiatric treatment or hospitalization, suicidal behaviors, or substance abuse in closely related family members.

Medical History:

Adverse Drug Reactions: List of Adverse Drug Reactions:

(1) Added ADR to Penicillin, Reaction(s) = Respiratory Distress, Status = Active

Allergies:

There are no known allergies.

Compliance:

Mr. Gantz reports good compliance with medical instructions including medication orders.

Exam:

Mr. Gantz presents as inattentive, disheveled, with facial muscles tensed and a scowling expression. He exhibits speech that is normal in rate, volume, and articulation is coherent and spontaneous. Language skills are intact. There are signs of severe depression. He appears downcast. Body posture and attitude convey an underlying depressive mood. Facial expression and general demeanor reveal depressed mood. Noted multiple straight-line cut marks on left forearm and wrist. Physical abuse or self-harm denied. Suicidal ideation is denied. Homicidal ideation is denied. His affect is congruent with mood. Associations are intact and logical. There are no apparent signs of hallucinations, delusions, bizarre behaviors, or other indicators of psychotic process. Associations are intact, thinking is logical, and thought content appears appropriate. Cognitive functioning is intact and age appropriate, within the normal range. Short- and long-term memory are intact. This patient is fully oriented.

Insight into problems appears fair. Judgment appears fair. There are signs of anxiety.

*Irritability

*Fidgety

Diagnoses:

Adjustment disorder with depressed mood, DSM-5 (Active)

Autism Spectrum disorder, DSM-5 (Active – pre-existing)

Borderline personality disorder, DMS-5 (Active)

Instructions / Recommendations / Plan:

A clinic or outpatient treatment setting is recommended because patient is impaired to the degree that there is severe interference with interpersonal functioning. Sessions with the entire blended family will be required.

Psychopharmacology

Supportive Therapy

Start Celexa 20 mg PO QAM x30days # 30 (thirty) None refills (Depression)

Start Klonopin 0.25 mg PO TID x30days # 90 (ninety) None refills (Anxiety)

Start Ambien CR 6.25 mg PO QHS PRN x30days # 30 (thirty) None refills (Insomnia)

Notes & Risk Factors:

Acute Grief: Death of biological father 2/2/___

99203PI (Office / Outpt, New)

Joyce Coleman, MD

Electronically Signed

By: Joyce Coleman, MD

On: 6/8/5:23:38 P