

Responsiveness

EQUALITY AWARENESS

COMPASSION RESPECT

C.A.R.E.

EMPOWERMENT

ACHIEVEMENT RESPONSIBILITY

EMPATHY CONSISTENCY

ACCOUNTABILITY

COMMUNICATION

Department of Youth Rehabilitation Services
Care Planning and Coordination Handbook
Effective April 2017





Pain

*I'm tired of the system,
But it's hard to do good,
I often get criticized
For going back to the hood,
I'm only 18, but feel like I'm 12,
This is not life I'm living
It's another version of "hell,"
Have you ever been shot?
Have you ever been stabbed?
I bet we all can tell stories
About the hard times we've had.
I bet you never took the time
To plan and write goals,
But it's okay because
Who am I to judge?
I'm still falling out of the socket
Like a loose plug
I've had the good, I've had the bad,
I've had the ups and the downs.
Let's take our old ways
And throw them in the trash
I can do right, I know I can.
I'm leaving room for failure
This is only natural
But failure is not the goal
Success is a must
No more pain for myself
Or for the others around me
Success is the only way out.*

By S.*

* Unless otherwise noted, all section poetry and art was created by Youth Scholars at the Maya Angelou Academy, New Beginnings Youth Development Center



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Thank you for the inspiring art and written word that frames the reason for this handbook—Supporting your highest and best you!

*Please Note: Project Member participation in the process should not be read as an endorsement of the final product.



***We have to recognize that there cannot be relationships
unless there is commitment, unless there is loyalty,
unless there is love, patience, persistence.***

Cornell West
Philosopher, Educator, Civil Rights Activist, Scholar

The Rose that Grew from the Concrete

*Did u hear about the rose that grew from a crack in the concrete
Proving nature's laws wrong it learned 2 walk
Without having feet
Funny it seems but keeping its dreams
It learned 2 breathe fresh air
Long live the rose that grew from concrete
When no one else even cared!*

Tupac Shakur
Actor, Poet, Rapper, Hip-Hop Legend



Letter from the Director

To the Youth and Family Services Team:

At the time of the writing of this handbook, our justice system-involved youth and families face a troubling set of conditions. In addition to the longstanding array of disparities in housing, health, education and employment that remain intact, they also have a disproportionate likelihood to enter deeper into the justice system and suffer lifelong barriers to becoming viable, productive members of the communities in which they live. Indeed, ongoing demands for harsher criminal prosecution and the recent resurgence of “*law and order*” politics, should remind us that the pendulum of justice may very well soon swing back to a more punitive, reactionary position. Of course, the “*get tough on crime and delinquency*” policies that many advocate are presented as the best way to ensure public safety, but there is little evidence that treating court-involved youth more harshly translates into safer neighborhoods or better outcomes for those youth.

On the contrary, there is a wealth of evidence, based on research and experience that demonstrates the effectiveness of positive youth development, family empowerment, community engagement, restorative justice, and other culturally appropriate, strength-based approaches. It is through the combination of these and other evidence-based and evidence-generating practices that trauma is addressed, harm is repaired, cycles of violence are reversed, youth and families are strengthened and public safety is advanced. Our approach to preventing crime and delinquency is *not tough*. Nor is it *soft*. Our approach to advancing public safety is *smart*. It is an intelligent approach informed by evidence and guided by the voices and experiences of the youth and families we serve. They desire and deserve safe, healthy and prosperous neighborhoods.

Faced with these troubling times, DYRS must advance bold ideas and implement these creative approaches to engage, encourage and empower our youth and families. I believe that we can only be successful by investing in our most valuable resource: *our people*. As the Care Coordinators for our youth and families—the professionals entrusted with the time sensitive care of youth—we are assigned the huge responsibility of guiding youth successfully through DYRS commitment. This is no easy task. Yet, in addition to ensuring successful DYRS completion, we are also afforded an awesome opportunity to foster healing, nurture growth and inspire dreams.

Over a century ago, Jane Addams—one of the co-founders of this nation’s juvenile justice system and a pioneer in the field of social work—said that the juvenile court should treat youth as “any kind and just parent” would treat their own children. While it is also important to remember that our youth already have parents, worthy of our support, Ms. Addams’ words ring true to this day.





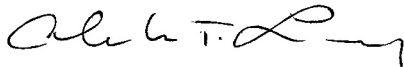
***The juvenile court should treat youth “as any kind and just parent”
would treat their own children.***

Jane Addams, Activist, Social Worker, Child Welfare Pioneer

In addition to the continual process of honing the complex array of skills that we bring to the table, we must be sure to tap into the essence of why we chose this work. Our work is to help pave the pathway towards growth, development and transformation. Our intrinsic motivation is what will propel us forward on that path. Collectively, we are motivated by the belief that our youth are greater than the sum of their worst experiences, and that they are *at-promise* to be whole, healthy successful members of the communities where they live.

Together, we will continue to support that process. Together, we will continue to pave pathways, as we walk.

In solidarity,



Clinton Lacey
Director, Department of Youth Rehabilitation Services
April 4, 2017

About the Handbook

The Department of Youth Rehabilitation Services (DYRS, also known as the Agency) developed this Care Planning and Coordination Handbook to strengthen, clarify, better organize, and document the procedures for providing high quality care to the youth committed to the Agency. Its development is also an opportunity to improve current promising practices to the status of best practices worthy of sharing with other juvenile justice agencies.

This handbook serves as the foundation for the planning, care and supervision of youth committed to DYRS and replaces the Case Management Manual issued May 2010 (Version IV). The goal of this publication is to ensure that each Care Coordinator is effectively engaging every youth and his or her family throughout the youth's commitment. It is designed to individualize care planning for each youth while simultaneously ensuring consistency in implementation for all committed youth by way of clear and succinct policies and procedures.

How the Handbook is Organized

The following pages provide information that is critical to successful care planning and ensuring youth success. The handbook is divided into three parts:

- **Part I: Addressing the Needs of Committed Youth and Their Families**
Provides a description of DYRS and the research-based philosophy that guides youth success within the Agency.
- **Part II: The Power of Effective Care Planning**
Describes the hallmarks of effective care planning, the expectations of the DYRS Care Coordinator and the pivotal role they have in supporting the success of all committed youth, from intake to release and post commitment.
- **Part III: Care Planning and Coordination Policies and Procedures**
Details step-by-step procedures for DYRS care planning and coordination for committed youth and their families. Where appropriate, the section also provides background information for certain processes and cites the location of related procedures where more detail may benefit the reader.

Additional information and resources useful in supporting effective care planning and coordination are found in the Appendices at the conclusion of the handbook.

Appendix A: Glossary of Terms

Defines the terms and acronyms throughout the handbook that may not be immediately familiar to the reader.

Appendix B: Resource Location Lists

Includes all relevant forms, templates and checklists available on the DYRS Intranet and in the DYRS Database that facilitate Care Coordinators' work on behalf of the youth they serve.

Appendix C: Reference Guides for Case-by-Case Needs

Provides additional information that is useful in supporting unique needs of youth.





***Let there be everywhere our voices, our eyes, our thoughts,
our love, our actions, breathing hope and victory.***

Sonia Sanchez

Life

If life was real

And not fake

If life was on time

And not late

If life was peace

And not violence

If life was strong

And not weak

If life will win

And not lose

If only if only.

By M.

Section art created by K.S.





About the Department of Youth Rehabilitation Services

Our Purpose

The Department of Youth Rehabilitation Services (DYRS, also known as the Agency) engages, encourages and empowers court-involved youth with the opportunity to become productive, pro-social citizens by building on the strengths of youth and their families in the least restrictive, most homelike environment consistent with public safety.

DYRS aspires to provide the nation's best continuum of care for court-involved youth and their families through a wide range of services, resources and opportunities that emphasize individual strengths, personal growth, skill development, accountability, family involvement, civic engagement, and community support.

Our Identity

***We believe...
Love—expressed as compassion, care, commitment, and consistency—
is at the foundation of our work.***

As a government agency, DYRS recognizes that it is our responsibility to invest and work in partnership with traditional and non-traditional leaders from the communities where our youth and families reside. This collaboration between DYRS and the communities we serve is integral to the success of the youth in our care and presents new opportunities for positive youth development throughout the continuum of our system. Our role requires that while in our care, youth and families are provided the best we have to offer in terms of transformative relationships, audacious advocacy, empowering services, healthy interventions, and unprecedented opportunities to sustain success far beyond their commitment to DYRS.

Guiding Principles

We believe...

1. Love—expressed as compassion, care, commitment, and consistency—is at the foundation of our work.
2. Youth prefer the joy of accomplishment to failure, and each youth is unique and can learn, relearn and unlearn.
3. All youth should be connected to caring adults, services, supports, and opportunities that enable them to contribute to the community and successfully transition into adulthood.
4. In honoring diversity and the unique cultural contexts of the youth and families served.
5. All youth, families, staff, and community should be valued, respected and have opportunities for growth and change.
6. Youth, families and staff at all levels must be at the table and involved in decision making, from Team Decision Making meetings to Agency policy development.



7. In a robust continuum of care that is flexible, strength-based, family-focused, and results in youth being served in the least restrictive environment consistent with public safety.
8. In creating environments that are safe, structured, stable, and supportive for youth and staff.
9. Staff at all levels should be responsive, respectful and work collaboratively with internal and external customers.
10. Decisions should be informed by valid and reliable data.
11. Everyone's job is to help youth develop to their fullest potential.
12. In making investments that build family and community capacity to care for their youth, independent of the juvenile justice system.

Achieving Youth Success

A core goal of DYRS is to effectively engage and empower youth and families by providing positive, supportive and complete care planning and coordination. The rehabilitative process is designed to ensure that youth become productive citizens and contribute positively to their community.

In support of this approach, complete care planning and coordination includes:

- A solid foundation of strength-based approaches that emphasize building capacity, resilience and independence from the juvenile justice system.
- A structured, decision-making tool as well as a comprehensive assessment completed when a youth is assigned to pre-commitment in the Youth Assessment Unit (YAU).
- A Child and Adolescent Functional Assessment Scale (CAFAS) completed every 90 days.
- A Team Decision Making (TDM) Meeting every 90 days that includes youth, family, supportive professional, and other key stakeholder input.
- A comprehensive individualized Success Plan, which details the goals of the youth. The plan is updated every 90 days to reflect progress and/or additional supports until the youth's commitment expires.
- Connections to comprehensive programming and individualized opportunities to build upon each youth's strengths and to target his or her areas of need.
- Administrative and compliance audits to ensure that each Care Coordinator has met the Agency's care planning and coordination standards.
- Engagement of youth and families in their communities, where they are most comfortable and where support is most needed.

The Youth and Family Programs Division

The Youth and Family Programs Division is responsible for complete care planning and coordination. This division provides custodial care, supervision, services, supports, and opportunities for committed youth to enhance their strengths and address challenges that impact his or her successful rehabilitation.



The Youth and Family Programs Division includes a variety of service areas available to support youth and families, including:

- **Care Planning and Coordination:** Committed youth are assigned to the Care Planning and Coordination Team based on the Ward in which their parent(s)/guardian(s) reside. DYRS Care Coordinators supervise and support youth assigned to them and ensure that committed youth are linked to services and opportunities that will foster success in the least restrictive environment consistent with public safety.
- **Court Liaison:** Serves as the central office of communication between the Superior Courts of the District of Columbia (DCSC) and DYRS.
- **Youth Assessment:** Manages the pre-commitment process, completes clinical assessments of youth during the pre-commitment phase and develops a placement and treatment plan utilizing the least restrictive setting consistent with public safety for the youth, if committed.
- **Team Decision Making:** Facilitates and coordinates quarterly meetings that draw upon youth and family strengths, experiences, knowledge, and resources to create a Success Plan for the youth while committed to DYRS.
- **Placement Management:** Refers to both community and out-of-state placements for committed youth that may include group homes, foster homes and secure residential treatment centers, in cases where home is not a viable option.
- **Family Engagement and Empowerment:** Offers services to strengthen families to build a support system with others who shares common experiences, explores topics regarding their youth's commitment and share strategies for raising youth connected to the juvenile justice system. Opportunities are also provided for skill building and family-targeted events to promote personal and family growth.
- **Education:** Inspires and engages youth to connect to the educational process and explores opportunities and services that support youth in meeting educational goals.
- **Work and Future Economic Opportunity:** Focuses on career pathways for youth employment by building the youth's knowledge, strengthening their skills and expanding their work opportunities.
- **Performance Improvement:** Promotes a culture of continuous improvement by providing oversight and technical assistance to critical DYRS operations and programs by reviewing and monitoring current practices to ensure compliance with established policies, procedures and goals.
- **Community Programming Initiative:** Serves as a bridge between youth, families and the community through outreach, engagement and other supportive services.
 - ♦ **The Achievement Center (AC) Sites:** Utilizes the Positive Youth Justice (PYJ) framework to empower justice-involved youth. The AC sites are designed as safe spaces for DYRS youth and families and provide drop-in activities as well as structured programming and classes that foster career development, life skills and healthy living. The programs include classes and activities that educate youth, prepare them to enter



the workforce and teach them valuable life skills. Participants are also able to take advantage of special events that include, but are not limited to: job fairs, family nights, guest speakers, and faith-based initiatives.

- ♦ **DC YouthLink (DCYL):** Represents a collaboration between community-based providers and DYRS. The initiative is designed to serve youth within the PYJ framework and domains (i.e., Work, Education, Health, Relationships, Community, and Creativity). Services are delivered in the community and primarily include, but are not limited to: Tutoring, General Education Development (GED) preparation, substance abuse education, family support, and mental health.

Credible Messenger Initiative: Invests in the human resources of the neighborhoods most impacted by youth involvement with the justice system. Credible Messengers are neighborhood leaders, experienced youth advocates and individuals with relevant life experiences whose role is to help youth transform attitudes and behaviors around violence. They serve youth whose needs go far beyond the traditional mentoring approach of companionship, confidence-building and typical academic, social or career guidance. The Credible Messengers are able to connect with the most challenging youth because they come from the same communities as the youth, were formerly incarcerated or involved in the justice system and have turned their lives around.





At the Foundation

***Our children are our greatest treasure. They are our future.
Those who abuse them tear at the fabric of our society and weaken our nation.***

Nelson Mandela
South African Anti-Apartheid Revolutionary, Politician, Philanthropist

The youth committed to the Department of Youth Rehabilitation Services (DYRS, also known as the Agency) are first and foremost just that—young people whose growth and development have been influenced by various dynamics and experiences, which have led to justice-system involvement and assignment to the Agency.

Right from the start, the Agency's work—care planning and coordination, placement decisions, service provision and intervention, family involvement, and targeted community partnerships—has one overarching goal in mind: the successful return of every youth to his or her community, with the supports needed to maintain that success. At the foundation of the work are the framework and approaches described below.

Positive Youth Development and the Positive Youth Justice Framework

DYRS is among the first agencies or organizations to adopt a Positive Youth Development (PYD), and specifically, Positive Youth Justice (PYJ) framework, in its approach to working with justice-involved youth.¹ DYRS is considered to be an innovator in applying developmentally appropriate approaches to the programs and practices of a juvenile justice agency.²

The principles of PYD are grounded in the philosophy that youth are assets and resources to the community, and that with the right programs, opportunities, supports, and services, youth can develop to their full potential. PYD leverages youth strengths and promotes resiliency in order to help youth move past challenges. PYD encourages communities to collaborate to create holistic opportunities to help youth succeed.³ According to the PYD principles, positive development requires youth to experience:

- Safety and structure
- A sense of belonging and membership
- Self-worth and the ability to contribute to their communities
- Self-awareness and the ability to reflect and assess
- Independence and control over one's life
- Lasting relationships with pro-social and caring adults
- Competence and mastery

¹ John Kelly, "Positive Youth Justice Series: Curbing Crime, Building Assets," *Chronicle of Social Change*, (2015), <https://chronicleofsocialchange.org/juvenile-justice-2/positive-youth-justice-series-curbing-crime-building-assets/10099>.

² John Jay College of Criminal Justice, "Positive Youth Justice: Leading Innovators," (2013), <http://positiveyouthjustice.org/category/leading-innovators/>.

³ Kenneth Polk and Sol Kobrin, "Delinquency Prevention Through Youth Development," Youth Development and Delinquency Prevention Administration, (1972), <http://eric.ed.gov/?id=ED073385>.



While PYD is broadly focused on the developmental needs of youth, PYJ focuses on the specific developmental needs of youth involved in the juvenile justice system. The PYJ framework was published in 2010 by a team of researchers led by Dr. Jeffrey Butts at the John Jay College of Criminal Justice in New York City and recognizes that justice-involved youth are particularly vulnerable to being labeled as victims or villains.⁴ A critical component of the PYJ model is to “Change the Frame” of how justice-involved youth are perceived. The following table explains how perceptions of youth as victims, villains or as resources influence assumptions about the origins of delinquent behavior and subsequent intervention strategies.

Changing the Frame			
Primary Lens			
Assumptions	Youth as Victim	Youth as Villain	Youth as Resource
Origins of Most Delinquent Behavior	Symptom of underlying disturbance	Anti-social impulses, lack of restraint due to permissiveness and the absence of punishment	Normative response to adolescent needs for status, belonging, power & excitement, lack of empathy
How Delinquent Youth Compare with Other Adolescents	Fundamentally different in psychological and emotional makeup	Fundamentally different motivations and impulses toward deviant behavior	Largely similar to other adolescents but with fewer social assets
Delinquent Youth Capacity for Behavior Change	Incapable of conventional behavior without therapeutic interventions	Incapable of conventional behavior without strict discipline and the threat of punishment	Inherently capable of conventional behavior with sufficient access to supports and pro-social opportunities
Principal Intervention Strategy	Individual or family-based therapeutic treatment	Deterrence and retributive punishment	Skill development, attachment and engagement
Role of Treatment	Primary	Secondary	Secondary
Risks of Treatment	Could fail to address underlying cause(s)	Could delay or impede deterrence	Could introduce stigma or harm—i.e., iatrogenic effects

The PYJ model also adapts the traditional 40 developmental assets identified through PYD, honing them to six core developmental domains and providing a framework for transforming theory to practice in juvenile justice systems:

- **Work:** Work experience, apprenticeships, employment readiness, income, and independence
- **Education:** Literacy, credentials, learning skills, and career planning

⁴ Jeffrey A. Butts, Gordon Bazemore and Aundra Saa Meroe, “Positive Youth Justice: Framing Justice Interventions Using the Concepts of Positive Youth Development” (Washington, DC: Coalition for Juvenile Justice, 2010).

- **Health:** Physical activity, diet and nutrition, behavioral health, lifestyle, and sexuality
- **Relationships:** Communication skills, conflict resolution, family systems, intimacy, and support
- **Community:** Civic engagement, community leadership, services, and responsibility
- **Creativity:** Personal expression, visual arts, performing arts, and language arts

Each of the PYJ domains provides youth opportunities to strengthen two core assets considered critical for positive development within a PYJ framework: (1) learning/doing; and (2) attaching/belonging.⁵ By facilitating experiential learning, youth develop the skills needed to become self-sufficient adults, and by fostering a sense of belonging, youth build the relationships needed to become productive members of the broader community. Thus, the PYJ framework provides a roadmap for justice-involved youth to develop the competencies needed to successfully transition to adulthood.

DYRS is focused on aligning its care planning, programs, services, and accountability mechanisms to the PYJ framework. These strategies are aimed at helping youth succeed, thereby, reducing the chances that they will commit another offense. DYRS is committed to meeting the developmental needs of youth through the use of culturally competent strategies that build on youth assets and potential, value youth as resources and create partnerships with youth to generate positive, sustaining change.

Going Deeper: The Covenant of Peace

*They say it takes a village to raise a child.
If the village is poison, we need help to see other options.*

L. C.

Youth formerly committed to DYRS

In keeping with PYD and PYJ, DYRS is going deeper to ensure that for each youth, the Agency is taking every opportunity to promote their positive growth and development, enhancing resilience and where necessary, fostering healing and restoration within the family and community. And while efforts to address each of these areas are often missing in core juvenile justice processes, we believe in, are committed to, and are investing in strengthening and relying upon “the village” to partner with us in the overall work.

At the outset of their commitment, youth will be exposed to a core set of self-empowering principles known as the “Covenant of Peace,” which is an anti-violence initiative geared at addressing systemic issues of violence. Developed by DYRS and community stakeholders, it provides theme-based principles for youth and families that draw from faith, culture and historical traditions. Seven core pillars, that are the essential scaffolding for developing a sense of self-worth and setting a course for positive and healthy living, undergird the Covenant. They are expressed as positive affirmations:

⁵ *Ibid.*



Pillar 1: My Life Matters

Affirms self-love and helps youth see their inherent value and connection to the world. Also, personalizes the movement to address racial and ethnic disparities in the justice system.

Pillar 2: The Act of Forgiveness

Engages youth in a supportive process to forgive themselves for mistakes they have made. Allows youth to embrace the power that comes from forgiving those who have hurt them and promotes a culture and climate of peaceful conflict resolution and restorative practices.

Pillar 3: My Word is My Bond

Helps youth understand the phrase, “When I give my word, I give my bond”; emphasizes the importance and power of honesty in their lives; and fosters the strengthening of character and working hard to stay true to one’s word.

Pillar 4: My Family is My All

Recognizes that all young people seek a sense of belonging and regardless of the immense challenges, and even abuses, often found within families, youth still want to go back home. Tools gathered here can help develop positive strategies that will be passed to future generations.

Pillar 5: The Impact of Absence

Invites youth to talk about matters related to absence with particular attention to how these circumstances have impacted their lives. Youth will take a step toward healing through discovering commonalities with other participants who lack deep familial connections or have experienced the loss of family members or other loved ones.

Pillar 6: The Power of the Tongue

Examines the effect that negative and hurtful words have on youth, how youth themselves have used similar words and how they can use their words to reflect on their own emotions, build empathy, express compassion, and bring people together with a common vision.

Pillar 7: What Love Looks Like

Affirms the power of love to guide individuals and communities to seek personal and societal change. This Pillar aims to establish “love in action” as an operating paradigm in the lives of young people. The theme zeros in on the question, “What does love look like?” Youth will learn to identify the many components of love and use them to measure their own interactions within various contexts.

As the Pillars suggest, great emphasis is placed on unity, renewal, spirituality, commitment, and empowerment. In addition to serving as core themes for intensive workshops and retreats, the Pillars are the basis of the curriculum used in the Credible Messenger Initiative.

Moving forward, youth and their families within all areas of the DYRS program continuum—from each of the facilities to community settings—will be exposed to the Covenant of Peace.

For an electronic copy of the Covenant of Peace and a full description of each of the Pillars, refer to the Resource Location Lists in Appendix B.

Keeping Youth at Home

The foundational idea stemming from PYJ is that youth are most successful when they remain at home. Incarceration can be counter-productive and is inherently harmful to youth and will serve as a barrier to later success. Incarceration separates youth from natural sources of support to which they will eventually return, including their families and resources in their communities. Additionally, incarceration has been shown to lead to further justice involvement, less educational attainment, more unemployment, lower wages, and a host of other negative outcomes.⁶

While incarceration is especially harmful to youth, placing them away from their families and communities can result in negative outcomes, as well. Out-of-home placement is traumatic, cutting youth off from natural supports and undermining other efforts to help youth succeed.⁷ Removing youth from their communities, in general, and incarceration, in particular, damages community ties, disrupts social networks and ultimately makes neighborhoods less safe.⁸

Furthermore, non-compliance and even defiance are not reasons to incarcerate youth, even if that youth has committed minor crimes. Not attending programs or even testing positive for marijuana for youth who have never exhibited violent behavior, does not reach the threshold of risk to the public's safety that necessitates locked custody.

In response to these findings, DYRS has created an array of community-based opportunities to engage youth and their families to reduce the number of youth who are in facilities. To inform placement decisions and help make an out-of-home placement the last resort, DYRS also uses a structured decision-making tool, a functional assessment tool and a system of graduated responses.

Family Focused

Strong relationships, especially with family, are vital to ensuring a youth's success at home and in their community. Youth are more successful when families participate in treatment and intervention⁹ and their families are more prepared to help. DYRS uses a multi-generational strategy that seeks to build the capacity and the tools of the caregiver and family unit.

Recognizing the value of families as partners and experts in the experience of their youth, DYRS endeavors to include families as a central part of decision making, care planning and service delivery. In particular, there are four areas in which DYRS connects with and engages family:

- **Decision making:** Families are a central part of the formal Team Decision Making process, as well as in ongoing treatment, service and placement decisions. This includes encouraging visitation at facilities and providing weekend transportation. DYRS staff members have regular contact with families.
- **Direct services:** DYRS provides services that aim to strengthen a youth's relationship with their family as well as the family itself. DYRS connects families to services, including, but not limited to, behavioral health, employment and education services.

⁶ National Research Council, "Reforming Juvenile Justice: A Developmental Approach," (2013), <http://www.nap.edu/catalog/14685/reforming-juvenile-justice-a-developmental-approach>.

⁷ *Trauma Systems Therapy Training for DYRS*, Day 1, April 27, 2016, Facilitated by Susan Hansen, PhD, LCSW-R, RPT-S.

⁸ Todd R. Clear, Dina R. Rose, Elin Waring and Kristen Scully, "Coercive Mobility and Crime: A Preliminary Examination of Concentrated Incarceration and Social Disorganization." *Justice Quarterly* 20, no. 1 (2003), http://www.researchgate.net/profile/Elin_Waring/publication/240525064_Coercive_mobility_and_crime_A_preliminary_examination_of_concentrated_incarceration_and_social_disorganization/links/548fd64e0cf2d1800d862b4e.pdf.

⁹ National Research Council, "Reforming Juvenile Justice: A Developmental Approach," (2013) <http://www.nap.edu/catalog/14685/reforming-juvenile-justice-a-developmental-approach>.



- **Self-advocacy and empowerment:** Cultivating opportunities to learn or encourage self-advocacy, not only empowers and strengthens families, but also improves the Agency's responsiveness to the needs of youth and family. DYRS has a Family Bill of Rights, regularly convenes a family support group known as "Anchored in Strength" and organizes family retreats that help parents, trusted adults and youth develop self-advocacy skills.
- **Agency approaches:** Family members have unique experiences that can guide DYRS' policies and practice. Youth and families are in the best position to know how the juvenile justice system impacts them.¹⁰ DYRS has implemented a series of forums for families to share their experience so that the Agency can take their experiences into account, including Parent Perspective Town Halls and family surveys.

DYRS is aware that every family is unique and can include people outside the immediate family. The Agency also meets families where they are while encouraging involvement in as many different ways as possible.

Restoring Community

*The answer is in the community!
Those closest to the problem are closest to the solution...
But furthest from the power and the resources.*

Glenn E. Martin, JustLeadershipUSA

While restorative justice is typically used as an alternative to involvement in incarceration or the justice system, approaches to resolve conflict and build peace help youth give back to their communities and build stronger neighborhoods regardless of justice system involvement. Community conferencing, peace building and healing circles are specific practices that can be employed to further strengthen communities and are among strategies that have been shown to improve public safety.¹¹

DYRS has incorporated restorative circle practice for committed youth in both the facilities and in the community to also reduce the chances that a youth will face further consequences within the justice system. Inside or outside of facilities, youth learn important skills in conflict resolution that empower them to be leaders in their communities. These skills include self-reflection, being respectful of others and reducing future conflict. Restorative practices assist youth in building empathy and understanding how harm affects themselves and others.

Consistent with PYJ practice, DYRS also seeks to restore a sense of community by connecting youth to their neighborhoods through service learning, community service and civic engagement opportunities. Restorative practices are grounded in the idea that harm to the community can be repaired or addressed by allowing a responsible person to make a positive contribution to the community.¹² Such engagement not only repairs past harms, but also builds a reciprocal relationship of pride and investment between the youth and the community.

¹⁰ Justice for Families, "Families Unlocking Futures: Solutions to the Crisis in Juvenile Justice," (2013) http://www.justice4families.org/media/Families_Unlocking_FuturesFULLNOEMBARGO.pdf.

¹¹ National Institute for Justice: Office of Justice Programs, "Promising Practices in Restorative Justice: Victim Offender Mediation," (2007), <http://www.ojp.usdoj.gov/nij/topics/courts/restorative-justice/promising-practices/victim-offender-mediation.htm>.

¹² Charles Degelman, Keri Doggett and Gregorio Medina, "Giving Back: Introducing Community Service Learning, Improving Mandated Community Service for Juvenile Offenders," Constitutional Rights Foundation, (2006), <http://www.ncjrs.gov/pdffiles1/ojdp/237389.pdf>.

Resiliency is Empowering

Many justice-involved youth have experienced trauma¹³ and involvement with the justice system, in and of itself, can be traumatizing. DYRS is adopting trauma-informed approaches to working with youth to help address trauma and leverage their own capacity to overcome traumatic experiences. Training in trauma-informed care helps staff members to understand youth experiences and how trauma affects youth behavior. Trauma should not be viewed as a barrier to success or a deficit that cannot be overcome. By better understanding a youth's experience with and struggles to overcome trauma, staff members are able to acknowledge youth assets and promote resiliency.

Fair Process Contributes to Safety

Youth in the juvenile justice system lack control over fundamental decisions in their lives, such as where they live and how they spend their time, by definition. The lack of control feeling is exacerbated when decisions made about their life feel unfair. Research has proven time and again that when a person feels they have been treated fairly procedurally, they are more likely to follow the law.¹⁴ When someone feels that a system has treated them unfairly, they are more likely to be angry and are less likely to respect the law in the future.¹⁵ As such, ensuring that a youth feels that he or she has been treated fairly by the justice system contributes to both the success of the youth *and* public safety. DYRS values and respects the due process rights of youth within our care. As such, the Agency seeks to consistently implement its policies in a transparent way, ensuring that decisions restricting a youth's liberty are made in ways that respect his or her right to due process, while making sure to inform and include the youth's attorney, as appropriate, in meetings and hearings regarding the youth's case.

Bringing it Together: Supports and Services Rebuilding Lives

DYRS designs Success Plans to draw upon the strengths of youth to help them overcome their challenges and includes family and community input as important supports and resources. The Agency provides a number of strategies that are grounded in PYJ and create a holistic approach to serving youth. The PYJ framework is operationalized into the following types of supports, services and opportunities:

- **Community-based supports and services:** DYRS has created opportunities that draw on a youth's neighborhood strengths with the intention of helping them succeed, thereby making the community stronger and safer in the long term. Other opportunities are provided outside a youth's community, thereby creating new experiences that promote learning. DYRS-committed youth placed within the community are linked to service providers or organizations that offer comprehensive services including mental and behavioral health care, academic tutoring, mentoring, employment training, and community service, among other opportunities.

¹³ Carly B. Dierkhising, Susan J. Ko, Briana Woods-Jaeger, Robert Lee and Robert S. Pynoos, "Trauma Histories Among Court-Involved Youth: Findings from the National Child Traumatic Stress Network," *European Journal of Psychotraumatology* 4, (2013), <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3714673/>.

¹⁴ Kristina Murphy and Tom Tyler, "Procedural Justice and Compliance Behaviour: The Mediating Role of Emotions," *European Journal of Social Psychology* 38, (2008): 652.

¹⁵ *Ibid.*



- **Family connection:** Family is at the center of DYRS' approach to tailoring youth services. From involvement in youth treatment decisions to voluntary participation in family strengthening services or the Agency's support group, DYRS aims to prepare families to support youth and help them succeed both at home and in placements.
- **Educational support:** Education is a starting point for youth to be successful. Youth in secure placements attend school onsite, including the Maya Angelou Academy at New Beginnings New Beginnings Youth Development Center (NBYDC). Youth placed within the community are enrolled in school or a GED/Adult Basic Education (ABE) program. Tutoring and other academic supports are available. DYRS also assists youth in college applications and enrollment, and provides ongoing support, as needed.
- **Career development:** Youth must be prepared for a career that will last a lifetime and not just a short-term job. Those in DYRS secure facilities as well as those placed in the community, are offered employment readiness and vocational training. Youth placed within the community can participate in workforce training, job coaching and assistance with placement in internships, long-term employment, occupational training, and/or enrollment in the military.
- **Health and wellness:** Physical and behavioral health is key to ensuring that youth are able to engage in the other kinds of opportunities that promote success. Youth in secure placements receive onsite medical services and mental and behavioral health counseling. Youth in the community are linked to clinicians and behavioral health specialists that provide individual counseling, family therapy and substance abuse counseling. They are also involved in a variety of physical activities, ranging from individualized practices such as yoga to team sports, such as basketball.
- **Positive leisure time/creativity:** Engaging in positive activities is an important component of a youth's life and can serve as an outlet outside other responsibilities or specific programming. Activities that encourage creativity can be especially empowering. Youth in facilities engage in a variety of positive leisure activities ranging from board games to creative writing to performances. Youth in the community participate in music and video production, public speaking and dance, among other activities.
- **Community engagement and leadership development:** DYRS cultivates relationships with organizations, employers and other agencies to facilitate community service opportunities and exploration of potential career paths. The Agency has also created the Youth Council and monthly activities through the Achievement Center sites as specific means to connect youth to community through service learning opportunities. The Credible Messenger Initiative also elevates connection to the community, especially by way of Covenant of Peace events in the community.
- **Transformative relationships in the community:** Positive relationships with people outside a youth's family benefit the youth and the community. People who have shared experiences with DYRS youth are often the most compelling and understanding mentors



in the community.¹⁶ Through Credible Messengers, DYRS connects youth to the people in their neighborhoods and communities who are the most effective relationship builders and supporters of a youth's success.

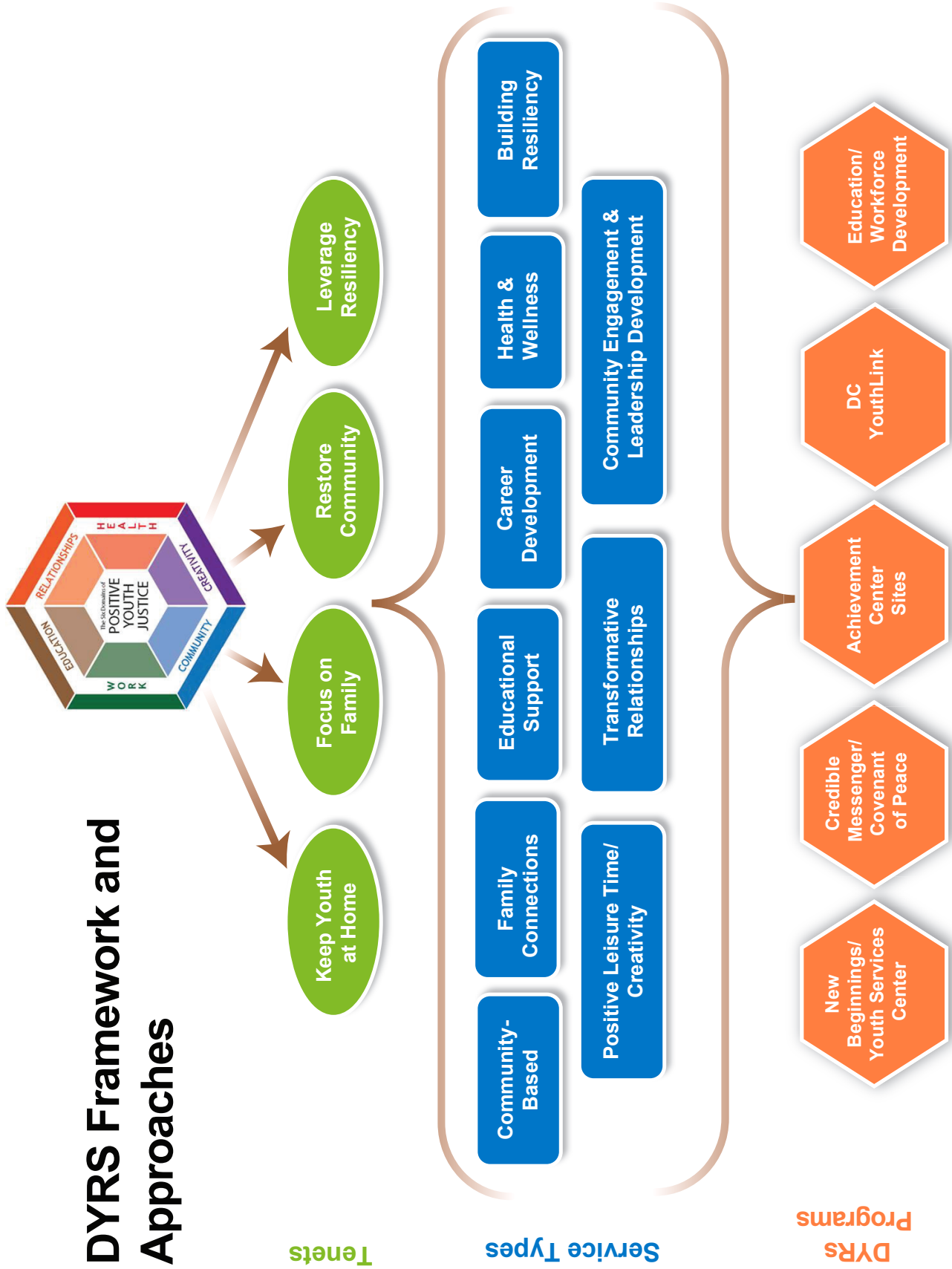
- **Trauma-informed approach:** Like other child- or youth-serving agencies in the District of Columbia, DYRS is incorporating a trauma-informed approach to working with youth, with a particular focus on promoting resilience. Strategies include appropriate screening, training for staff and adopting programs and practices specifically intended to leverage youth's internal resources to overcome traumatic experiences.

The overall DYRS approach and accompanying framework builds on PYJ as a set of foundational principles from which tenets, service types, and specific programs or services particular to DYRS then emerge. The graphic below illustrates the path from PYJ to programs that embody and operationalize DYRS' approach to helping youth succeed and keeping communities safe.

¹⁶ Community Connections for Youth, "South Bronx Community Connections: An Innovative Approach to Diverting Youth from Juvenile Justice Involvement Using a Positive Youth Development Framework Built on the Strengths of Grassroots Faith and Neighborhood Organizations," (2014), <https://cc-fy.org/wp-content/uploads/2014/10/CCFY-SBCC-Companion-Guide-Web.pdf>.



DYRS Framework and Approaches





Planning and Supporting Youth Success

Rooted firmly in the Department of Youth Rehabilitation Services' (DYRS', also known as the Agency) theoretical foundation, is the belief that effective care planning and coordination relies on supportive professionals who believe that every youth will be successful in attaining positive outcomes that address the youth's challenges and build upon his or her strengths.

Effective Care Planning and Coordination Consistently:

- **Begins with the end in mind:** Helping youth to see beyond commitment to a future of real opportunities and their potential return to the community and society at large. Whether through education or career options, each youth will gain clarity about future paths they can pursue.
- **Engages active participation:** Facilitating planning that is youth and family-driven and inclusive of competent professionals and other supportive stakeholders, and targeting areas of need.
- **Draws on a range of DYRS and community resources:** Addressing needs, building youth and family skills, linking both to services and programming that will promote the youth's success.
- **Fosters the youth's self-reliance while building a network of support:** Increasing the youth's ability to manage his or her own life while learning to leverage positive relationships and resources within the community and beyond, depending less and less on DYRS support.
- **Promotes opportunities for the youth's learning, leadership and for giving back:** Targeting the youth's desire to make meaningful contributions by taking advantage of opportunities to engage the community proactively and by acting on the feedback of supportive circles designed to hold youth accountable while celebrating progress.
- **Affirms and corrects:** Reminding youth and their families that there are professionals whose job it is to provide structure and clear limits throughout the youth's commitment while encouraging and modeling love in the process.
- **Develops goal-focused Success Plans:** Building on youth and family aspirations, informed by assessments, planning meetings and a schedule of review. Plan refinement will continue as the youth moves forward.





The Role of the DYRS Care Coordinator

Care Coordinators should...

*Take time just to get to know us—what we like,
what we're trying to do, what we need.*

K.S.

*Show that they care, give advice, listen, provide words of wisdom,
something that I can take home with me.*

L.C.

Youth formerly committed to DYRS

The DYRS Care Coordinator plays a pivotal role in the success of the youth committed to the Agency. Throughout the youth's commitment, this professional has multiple responsibilities to ensure that the needs of the youth are met, including youth and family advocate; communicator of decisions regarding the youth; developer of success plans; monitor of youth progress; liaison between the youth, DYRS and service providers; and many more. A thorough knowledge of DYRS' complete care planning and coordination makes this individual effective.

The DYRS Care Coordinator is:

☐ **Caring**

A Care Coordinator genuinely cares about youth and is committed to helping them develop into positive and productive adults. A Care Coordinator is passionate about helping youth succeed and assisting families in need. He or she is also able to socially and emotionally meet youth and their families where they are.

☐ **Affirming**

A Care Coordinator believes anyone can succeed despite their challenges and is willing to identify each youth's competencies and strengths as well as target challenges in order to help guide youth to positive change. The Care Coordinator recognizes the roles that family and community play in supporting that change and will work to facilitate the strengths of each.

☐ **Relationship-Driven**

A Care Coordinator enjoys seeing and being with youth and recognizes that the youth's family must be an integral part of any planning and/or decision making for lasting results. He or she understands that forming positive relationships with youth is one of the only paths to success as it relates to empowering youth to make positive change and engage in the opportunities being presented. Positive alliance with the youth will also build trust and promote accountability.



☐ **Culturally Respectful**

A Care Coordinator is aware of his or her own cultural identity while simultaneously valuing the unique differences of gender, class, race, ethnicity, language, religion, and other diverse aspects of youth and their families. Care Coordinators also acknowledge the need to reserve their own personal beliefs to better serve the youth and families in a manner that is culturally sensitive and respectful of all distinctions. All Care Coordinators are expected to not only uphold the highest level of sensitivity, but to also respect the factors that define the youth and their families throughout the care planning and coordination process.

☐ **Collaborative**

A Care Coordinator understands they are a part of a team of professionals serving the youth and the youth's family and to that end, must support the other team members including community service providers, colleagues within DYRS and other government agencies to develop the best plan of action and support for the youth that they serve.

☐ **Resourceful**

A Care Coordinator is aware of the individual strengths and needs of the youth, and is willing to advocate for opportunities, services and/or resources that meet their unique needs. A Care Coordinator is also diligent about following up and connecting youth to appropriate services

☐ **Capable**

A Care Coordinator understands, knows and monitors all assigned youth, both in and out of the community, consistently documents information about assessments of youth, including strengths, needs and goals in the DYRS electronic Database. A Care Coordinator is organized and efficient. He or she is a proficient writer and manages tasks effectively within a given timeframe.

☐ **Professional**

A Care Coordinator pledges to be professional as well as courteous with youth, families, service providers and colleagues at all times. All Care Coordinators are expected to conduct themselves ethically and with integrity, always being mindful of youth and family confidentiality. Whether in court, providing input at case conferences to strengthen the team's care planning and coordination, or in community-building relationships to further enhance the reach of their work, the Care Coordinator will uphold the highest standards of professionalism.

☐ **Committed to Continuous Learning**

A Care Coordinator is someone who is knowledgeable about human behavior and the social environment, Positive Youth Development, Positive Youth Justice, trauma-informed care, behavioral health, family engagement and empowerment and many other relevant topics as related to the needs of committed youth. He or she seeks out trainings to remain current and to further enhance knowledge. The Care Coordinator also takes advantage of DYRS-sponsored training opportunities by attending and engaging in these sessions.





It's easier to build strong children than repair broken men.

Frederick Douglass

African-American Social Reformer, Abolitionist, Orator, Writer, Statesman

***Ask questions from your heart and
you will be answered from the heart***

Native American Proverb, Omaha Tribe

***Every young person should be able to develop his or her
potential in freedom and dignity.***

Rachel Robinson

Activist, Widow of Baseball Great, Jackie Robinson





Pre-Commitment

We can't plan life. All we can do is be available for it.

Lauryn Hill

American Singer, Songwriter, Record Producer, Actress

- The Pre-Commitment Process (Flow Chart)
- Pre-Commitment Referral
- Pre-Commitment Court Representation and Court Coverage
- Transferring Pre-Commitment Cases

Section Overview:

A youth's first connection with the Department of Youth Rehabilitation Services (DYRS, also known as the Agency) care planning and coordination process is during the pre-commitment phase. The purpose of pre-commitment is to thoroughly assess and determine the most appropriate rehabilitation plan for the youth, if committed to DYRS.

Pre-commitment occurs when Court Social Services (CSS) files a Notice of Intent to Recommend Commitment (NOITRC) with the Superior Courts of the District of Columbia (DCSC). This notice may be filed for a number of reasons including, but not limited to, the youth's re-arrest, noncompliance with supervision or probation under CSS, abscondence or due to a judge's order of the filing. A NOITRC does not have to be submitted for a youth to be committed.

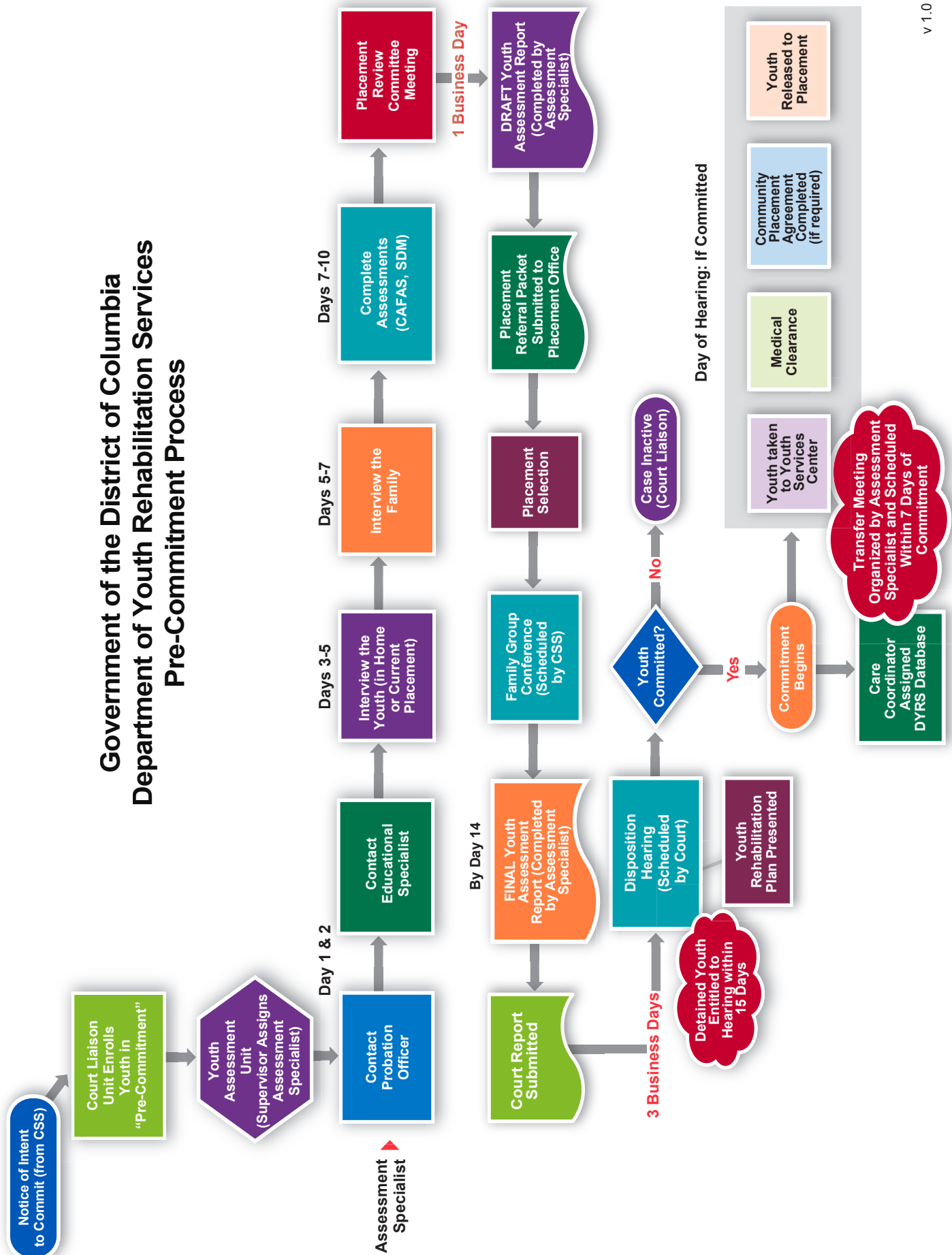
Once the NOITRC is filed and submitted to the DYRS Court Liaison, the case is assigned to an Assessment Specialist from the Youth Assessment Unit (YAU). The Assessment Specialist will complete a comprehensive assessment of the youth that includes an interview with the family and/or relevant stakeholders to introduce them to DYRS, and to gain an understanding of family dynamics, strengths and challenges. Additionally, the Assessment Specialist will seek input from the family regarding their recommendations to promote the youth's success.

Pre-commitment is a vital component of the youth's experience at DYRS as the initial placement and service recommendations for the youth, which affect his or her trajectory throughout commitment. During pre-commitment, the Assessment Specialist will also advocate for services or treatment that may not have been tried in order to prevent commitment. The Assessment Specialist will present the DYRS rehabilitation plan for the youth and if the youth is committed, implement the plan to ensure that he or she begins commitment with a clear direction.

The chart that follows shows the process from the time of the NOITRC through the date of the hearing to determine if the youth will be committed.



Government of the District of Columbia Department of Youth Rehabilitation Services Pre-Commitment Process



Pre-Commitment Referral

A NOITRC is submitted by CSS or a DCSC Juvenile Judge when commitment is being considered for a youth.

Procedures:

1. The DYRS Court Liaison will enroll the youth in “Pre-Commitment” in the DYRS Database and notify the YAU Supervisor.
2. On the day the YAU Supervisor is notified, he or she will assign an Assessment Specialist to the case. Pre-commitment cases are assigned to Assessment Specialists on a rotating basis or in consideration of caseload size.
3. Upon receipt of the case, the Assessment Specialist will make contact with the CSS Probation Officer within one (1) business day to obtain a case status update. At that time, the CSS Probation Officer will begin coordination of the Family Group Conference (FGC).
4. The YAU is responsible for care planning and coordination during the pre-commitment process. The Assessment Specialist will review all documentation and evaluations received from the court, and conduct the following:
 - a. A thorough clinical interview with the parent(s)/guardian(s) and youth;
 - b. The Global Appraisal of Individual Needs Short Screener (GAIN-SS);
 - c. The Child Stress Disorders Checklist—District of Columbia (CSDC-DC) (*for an electronic copy, refer to the Resource Location Lists in Appendix B*);
 - d. The Child and Adolescent Functional Assessment Scale (CAFAS) for the youth;
 - e. A call to the Interactive Voice Response (IVR) System to determine the youth’s current insurance status, if this information is not received within one (1) business day from the Medicaid and Resource Utilization Program Manager
 - f. A request to obtain the educational records by the DYRS Office of Education and Workforce Development (OEWD); and
 - g. Update the demographics section (including, but not limited to, the youth’s address, phone number, contacts and their relationship to the youth and school enrollment information) in the youth’s file of the DYRS Database.
5. Additionally, the Assessment Specialist and a Program Analyst from the Office of Research and Evaluation (ORE) will collaborate to complete the Structured Decision Making (SDM) assessment in the DYRS Database, used to assist in the determination of a youth’s level of placement.
 - a. The Program Analyst from ORE completes questions one (1) through four (4) of the SDM assessment. These questions are related to the youth’s current offense and legal history
 - b. The Assessment Specialist completes questions five (5) through 11 of the SDM assessment. These questions relate to the youth’s social history and risk factors.
6. Once the Assessment Specialist completes the initial assessment process, a Placement Review Committee Meeting will be held prior to the Disposition Hearing to develop the recommendations for the youth, if committed. The Assessment Specialist will present the case, in detail, at the meeting (*for an electronic copy of a blank Case Presentation Template, refer to the Resource Location Lists in Appendix B*).



During the presentation, the Assessment Specialist will make recommendations based on his or her findings in the case and the meeting participants will collectively determine the initial plan for the youth.

- a. If it is determined that the most appropriate placement for a youth is a Psychiatric Residential Treatment Facility (PRTF) and CSS has not already initiated a Level of Care (LOC) request and does not plan to do so, the Assessment Specialist should seek a LOC through either the Department of Behavioral Health (DBH), if the youth is eligible for DC Medicaid Fee-for-Service, or the youth's current insurance company for approval. The Assessment Specialist should also immediately notify the Medicaid and Resource Utilization Program Manager at DYRS of the need for LOC.
- b. If it is determined that a youth should be placed outside of the recommended placement restriction level of the SDM, the Assessment Specialist will complete a SDM Override Request Form and present the case to the SDM Override Committee for override approval.

*For more information about completing a **SDM Override Request**, refer to **Assessments and Screens** in the **Care Planning and Supervision** section of the handbook.*

7. Once the determination is made, the Assessment Specialist will complete the comprehensive Youth Assessment Report, which will also serve as the Transfer Summary for the Committed Care Coordinator (*for an electronic copy of the report template, refer to the Resource Location Lists in Appendix B*). This report will be completed within 14 business days of receiving the case, or prior to the disposition hearing, whichever comes first.
8. This Youth Assessment Report must be uploaded into the "Scanned Documents" section of the youth's file in the DYRS Database no later than the same business day of the case transfer. The case transfer meeting notification should include the Unit Supervisor and the YAU Supervisor.
9. Within one (1) business day of the Placement Review Committee Meeting, the Assessment Specialist will submit a Placement Referral Packet to the Placement Office.
10. The Placement Office will notify the Assessment Specialist of where referrals were made and when placement acceptances or denials are received. A final placement selection is made by Assessment Specialist and YAU Supervisor, based on the determination and recommendations of the Placement Review Committee.
11. The Assessment Specialist will present the DYRS plan to the youth, family, attorney, CSS and other stakeholders at the FGC. The FGC occurs after DYRS has been assigned the pre-commitment case and prior to the court hearing. The meeting is then scheduled by the CSS Probation Officer, based on the youth, family and team's availability.

For more information about:

*The **SDM assessment**, refer to **Assessments and Screens** in the **Care Planning and Supervision** section of the handbook.*

***Accessing a youth's insurance**, refer to the **Medical Necessity and Accessing Medicaid** procedures in the **Placement Determinations and Support for Committed Youth** section of the handbook.*



Pre-Commitment Court Representation and Court Coverage

The role of DYRS in court for pre-commitment cases is to articulate the Agency's plan for the youth, if committed. The YAU Assessment Specialist represents DYRS at all court hearings related to the pre-commitment case. He or she will articulate the DYRS rehabilitation plan and placement recommendations for the youth if committed. The Assessment Specialist, when appropriate, can also recommend to the court that the youth receive the services without commitment.

Procedures:

Court is an essential duty of the YAU. Proper court representation and conduct is required at all times.

1. If the specific placement has not been identified by the time of the FGC or court date, the Assessment Specialist should notify the FGC team and the court of the type of placement (e.g., residential treatment center, group home) being sought and the specific services identified.
2. Pre-Commitment Court Reports should include the youth's charges, SDM score, recommendations from the evaluations and YAU assessments as well as the proposed placement, if the youth is to be committed (*for an electronic copy of a blank Pre-Commitment Court Report, refer to the Resource Location Lists in Appendix B*).
3. The Assessment Specialist should submit the Pre-Commitment Court Report to the assigned Unit Supervisor for review and approval/signature no less than three (3) business days prior to the court hearing.
4. Once they have received it back from the Unit Supervisor the Assessment Specialist should submit the court report to the judge's chambers no less than two (2) business days prior to the court hearing.
5. All court reports should be uploaded into the "Scanned Documents" section of the youth's file in the DYRS Database within one (1) business day of the hearing.
6. If the youth is committed at the disposition hearing, the Assessment Specialist should send an email within the same business day to the following DYRS employees to notify them of the commitment and the pending placement:
 - a. YAU Supervisor;
 - b. Unit Supervisor who will receive the case;
 - c. Assigned Care Coordinator (if identified);
 - d. Care Planning and Coordination Program Manager;
 - e. Education Specialist;
 - f. Workforce Development Specialist;
 - g. Placement Manager;
 - h. Medicaid and Resource Utilization Program Manager;
 - i. Medical Director



- j. Assistant Medical Director;
 - k. Behavioral Health Program Manager(s);
 - l. Utilization Specialist;
 - m. Court Liaison;
 - n. Court Liaison Supervisor; and
 - o. Facility Juvenile Justice Institutional Counselors (JJICs).
7. If a youth is not committed, the Assessment Specialist must notify the Court Liaison and YAU Supervisor the same business day.
 8. The Court Liaison will close the “Pre-Commitment Enrollment” in the youth’s file in the DYRS Database within one (1) business day of notification.
 9. If a youth is on abscondence or detained in another jurisdiction for more than 90 days while on pre-commitment status, the Assessment Specialist will send a memorandum through the YAU Supervisor to CSS and the court advising them that DYRS will close the pre-commitment case and the DYRS Court Liaison should be notified when the youth returns if CSS plans to move forward with re-filing the NOITRC with updated information.
 10. The YAU Supervisor will close the “Pre-Commitment Enrollment” in the youth’s file in the DYRS Database within one (1) business day of the memorandum being sent.

Please Note: If a youth remains on probation, the Court Liaison will close the “Pre-Commitment Enrollment” and the Assessment Specialist will enter a note indicating such in the “Case Notes” section of the youth’s file in the DYRS Database within one (1) business day.

*For more information about **court expectations**, refer to the **Court Representation and Court Coverage** procedures in the **Administrative Requirements** section of the handbook.*



Transferring Pre-Commitment Cases

If the youth is committed to DYRS, the Assessment Specialist will continue to manage the case until the youth is placed and the Transfer Meeting occurs.

Procedures:

A. Prior to Commitment

1. When a NOITRC is received, the YAU Supervisor will reach out/ notify the Unit Supervisor of the pending commitment, the assigned Unit Supervisor will identify a Care Coordinator who will receive the case, if committed. That Unit Supervisor will then notify the Care Coordinator of the pending commitment.
2. The assigned Care Coordinator will be communicated to the assigned YAU Supervisor within one (1) business day. The YAU Supervisor will notify the Assessment Specialist of the assigned Care Coordinator the same business day of receiving notification.

*For more information about the **transfer of cases**, refer to the **Transferring and Receiving Cases** procedures in the **Administrative Requirements** section of the handbook.*

B. When a Youth is Committed

1. Once the youth is committed, the Assessment Specialist should notify the YAU Supervisor, assigned Care Coordinator, Unit Supervisor, the Court Liaison Unit, and Utilization Specialist on the same business day.
2. The Unit Supervisor will open the “Committed Case Management Enrollment” and assign the Care Coordinator in the youth’s file in the DYRS Database within one (1) business day of commitment.
 - a. The Court Liaison will also close the “Pre-Commitment Enrollment” in the youth’s file in the DYRS Database on the day the youth is committed to DYRS or on the day the DCSC determines not to commit the youth.

Please Note: The start and end dates for the committed youth’s DYRS Database enrollment **must match the dates on all of the Commitment Orders**.

3. The assigned Care Coordinator and Assessment Specialist will coordinate a Transfer Meeting with the youth, and at a minimum, will make joint telephone contact with the parent(s)/guardian(s) prior to the case being transferred.

Please Note: If a youth has been assigned a Credible Messenger, the Messenger should be invited to attend or participate in the Transfer Meeting.

4. The Assessment Specialist will utilize the Youth Assessment Report as the transfer summary for the Care Coordinator and provide all necessary documents to ensure that the youth is placed. The Youth Assessment Report will be uploaded into the “Scanned Documents” section of the youth’s file in the DYRS Database by the day of the Transfer Meeting.



5. Once the Youth Assessment Report is received by the Care Coordinator, the Transfer Meeting has occurred and the youth is placed, the Assessment Specialist can request a case transfer by way of the YAU Supervisor.
 - a. If the initial placement for the youth is in the community, the Transfer Meeting is coordinated by the Assessment Specialist. The Transfer Meeting is also utilized to review expectations of Commitment to the youth and family, identify goals and connect the youth to services in the community to inform the initial Success Plan (completed by the assigned Care Coordinator).
 - b. If the initial placement is out of state, the Transfer Meeting will occur before the youth is placed either at the Awaiting Placement Facility or in the community (depending on where youth is located). The Care Coordinator is then responsible for the first Care Planning Meeting and Success Plan, which typically occurs about 30 days after a youth has been in placement.
6. The Transfer Meeting will be documented by the Assessment Specialist in the “Case Notes” section of the youth’s file in the DYRS Database within one (1) business day of transfer.
7. The YAU Supervisor will notify the assigned Unit Supervisor and the case will be transferred within one (1) business day.
8. The YAU Supervisor will close the Assessment Specialist assignment in the DYRS Database, which will end on that date.

C. After a Youth’s Commitment

1. The Assessment Specialist will collaborate with the CSS Probation Officer and/or youth’s parent(s)/guardian(s) to ensure DYRS obtains copies of the youth’s birth certificate, Social Security Card, insurance card, and education records as well as have the youth’s parent(s)/guardian(s) sign the DYRS Consent for Treatment Form (*for an electronic copy of a blank form, refer to the Resource Location Lists in Appendix B*).
2. The Assessment Specialist will update the youth’s demographic information in the DYRS Database to ensure accurate information. Entries should include but are not limited to, the youth’s most current address, Social Security number, Medicaid number, and contacts and relationships.
3. If the youth is without current insurance, the assigned Care Coordinator will work with the Medicaid and Resource Utilization Program Manager and the parent(s)/guardian(s) to get the youth re-enrolled in insurance immediately.
4. If the youth’s initial placement will be at home, the Assessment Specialist will complete the initial home assessment prior to the youth’s final disposition court hearing.
5. If the youth’s initial placement will be at a local group home or foster home, the assigned Care Coordinator will complete the home assessment within five (5) business days of commitment to DYRS.



6. The Assessment Specialist will upload all information into the “Scanned Documents” section of the youth’s file in the DYRS Database within one (1) business day of completion.
7. Prior to placing the youth in the community, the Assessment Specialist will complete the initial Community Placement Agreement (CPA) and Electronic Monitoring (also known as Global Positioning System or GPS) Referral, if needed, for the youth. The Assessment Specialist may request that the Program Assistant assist with completion of this task.
8. The assigned Care Coordinator will contact the youth, the youth’s family and the youth’s attorney within one (1) business day of commitment and provide their name and contact information.
9. The Program Assistant will mail the Letter of Introduction to the family (and attorney of record, only if review of commitment is scheduled) introducing the Care Coordinator and Supervisor, providing vital contact information and outlining the expectations for next steps within two (2) business days of commitment (*for an electronic copy of a sample Letter of Introduction, refer to the Resource Location Lists in Appendix B*).

For more information about:

Completing a Home Assessment, refer to the **Home Assessment** procedures in the **Placement Determinations and Support for Committed Youth** section of the handbook.

Electronic Monitoring (GPS), refer to the **Youth and Public Safety Team** procedures in the **Community-Based Services and Youth Supervision** section of the handbook.





Placement Determinations and Support for Committed Youth

I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.

Maya Angelou

American Poet and Civil Rights Activist

- Levels of Placement Restriction
- Placement Determination
- Arranging Youth Transportation to a Secure Placement
- Out-of-Home Placement Reviews
- The Community Placement Agreement
- Emergency Removal of Youth from Placement
- Family Contact
- Youth Contact
- Home Visits
- Home Assessments
- Supervised Independent Living Programs
- Releasing Youth from Secure and Out-of-State Placements
- Coordinating Travel for Youth Returning from Secure and Out-of-State Placements
- Medical Necessity and Accessing Medicaid
- Acute and Long-Term Psychiatric Residential Treatment
- Obtaining Consent for Psychotropic Medication
- Youth Detained in the District of Columbia or Other Jurisdictions
- Interstate Compacts: Interstate Compact on Juveniles and Interstate Compact on the Placement of Children
- Extradition of Youth

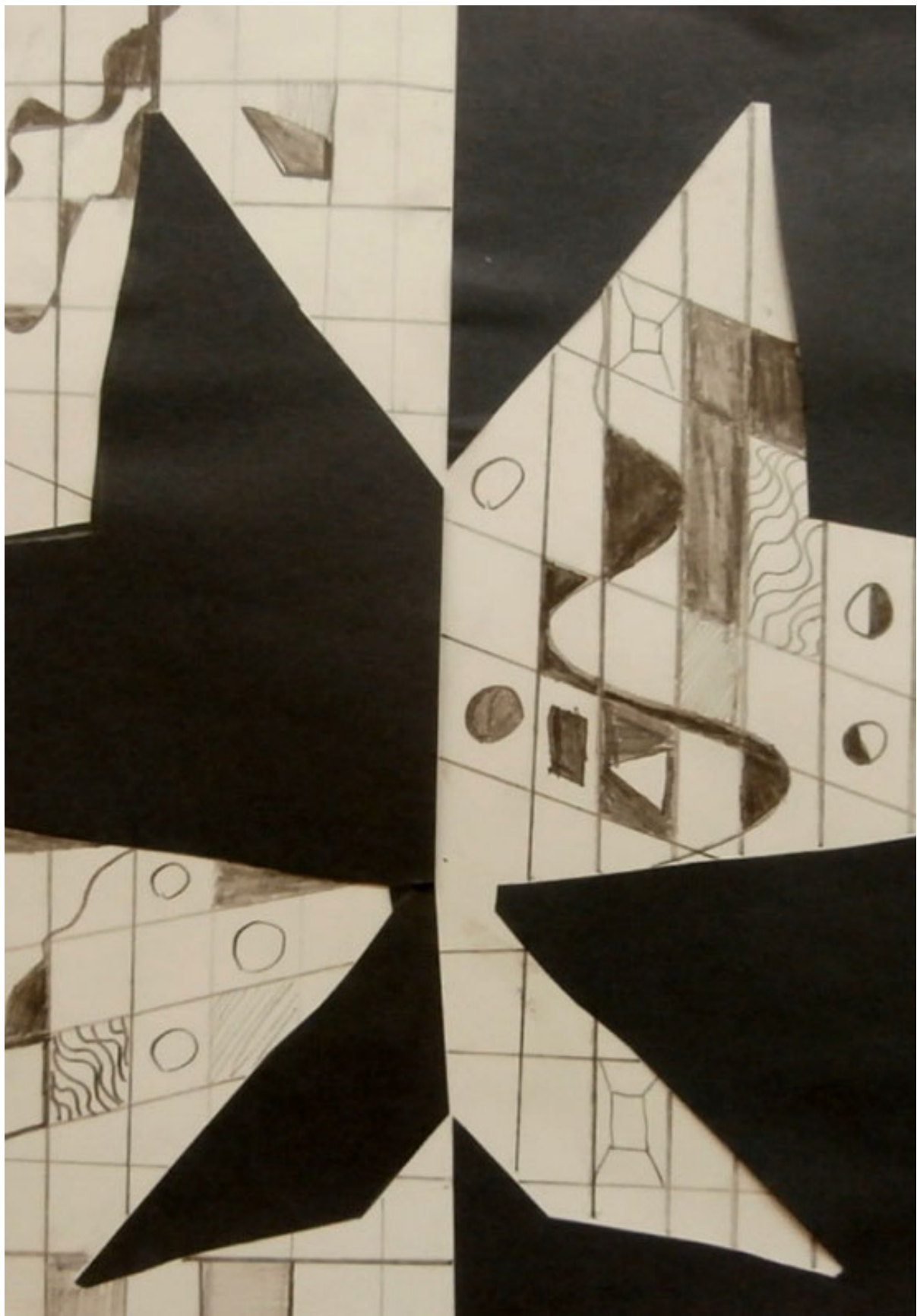
Section Overview:

The Department of Youth Rehabilitation Services (DYRS, also known as the Agency) aims to place youth in the least restrictive, most home-like environment possible. Placements range from secure locked facilities and staff-secure facilities, to group homes in the community, foster and family homes. Ultimately, the goal is for all youth to live with his or her parent(s)/guardian(s), relatives, supportive caregivers or to live independently.

Out-of-home placements are to be utilized as a last resort to address community and youth safety. Also, out-of-home placements are a resource for treatment or transitional placement to facilitate a youth's return to the community. All committed youth in a DYRS-funded placement outside of the home must be placed in a licensed facility with a Human Care Agreement (HCA). The only exception to this rule is if a youth is going to a Psychiatric Residential Treatment Facility (PRTF) and the youth's insurance is funding the placement. In these instances, a HCA is not required. The Department of Behavioral Health (DBH) will monitor the placement. The DYRS Placement Unit can provide an updated list of available placements for youth upon request.

Each placement type has a targeted length of stay, which requires discharge planning to begin at the time of placement. The youth's progress and length of stay should be reviewed in Care Planning Meetings.





Levels of Placement Restriction

DYRS has three levels of placement restriction: “Low,” “Medium” and “High.”

- **Low Level:** Options include placements at home with the youth’s parent(s)/ guardian(s), or other identified caregiver in the community deemed appropriate, as well as foster home placements supervised by the Child and Family Services Agency (CFSA) and any transitional housing program not contracted by DYRS. It is expected that youth in “Low-level” placements can obtain the structure and support they need from family, friends, community members, and/or other natural supports with assistance from their Care Coordinator by way of appropriate service referrals and regular contact.
- **Medium Level:** Options include placements at local group homes, DYRS-contracted foster homes, out-of-state group homes, short-term (i.e., 30-45 days) inpatient substance abuse treatment and Supervised Independent Living Programs (SILP).

Local group homes provide youth with more structure and supervision than a “Low-level” placement and are located at various sites throughout the District of Columbia. DYRS-contracted foster homes particularly benefit youth who may need a more family-like environment or a setting where there are few other youth. Local group homes and foster homes can be used as a step-down option to assist youth with transitioning to the community after a residential placement, or can be used for community youth when they require additional support before they can be successful in a “Low-level” placement.

Out-of-state group homes allow youth the structure and support beyond what local group homes provide. Typically they offer more comprehensive therapeutic services and at times, specialized treatment. School may be onsite or in the community, depending on the structure of the program. Out-of-state group homes may be necessary for a youth who has been unsuccessful in local placements, but may not require the restriction of a Residential Treatment Center, for a youth who cannot currently reside in the District of Columbia due to safety concerns but also requires the support of a “Medium-level” setting.

Youth are referred to short-term, inpatient substance abuse treatment when they have been unsuccessful in outpatient treatment and/or their Global Appraisal of Individual Needs—Initial (GAIN-I) evaluation recommends inpatient treatment as the appropriate Level of Care (LOC). Short-term, inpatient substance abuse treatment is designed to be 30 days, and no longer than 45 days in certain circumstances where a youth may benefit from additional time in treatment. Inpatient treatment allows the youth to detox, identify triggers to substance use and learn healthy coping skills and outlets to prevent future use.



SILPs are designed to help older, more mature and self-sufficient youth develop the skills to live independently and ultimately obtain their own housing with their own means. Eligible youth will live in single or roommate-style apartments and learn skills such as financial literacy, budgeting, grocery shopping, cooking, and self-care, including care of their living space; and will gain employment skills, all under the supervision of contracted staff.

- **High Level:** Options include secure settings such, New Beginnings Youth Development Center (NBYDC) and DYRS Awaiting Placement Facilities located locally as well as Residential Treatment Centers (RTCs) and PRTFs located outside of the District of Columbia. These placements are the most restrictive settings for DYRS youth, and are only designed for those who cannot remain in the community due to the intensity of the youth's clinical or behavioral needs, and/or public safety concerns.

NBYDC is the six-level behavior modification program operated by DYRS, located in Laurel, MD. The residential program serves up to 60 youth—male and female—and focuses on Positive Youth Development (PYD) throughout each of the six (6) phases of treatment. It also offers group therapy daily, individual therapy weekly, 24-hour medical care, onsite school through the Maya Angelou Academy, substance-use education and trauma-informed care.

DYRS also contracts with a variety of RTCs outside of the District of Columbia, each of which has unique treatment models to serve the various needs of the youth. RTCs can address some of the clinical needs of DYRS youth, however, the primary focus of treatment is on behavior modification.

Alternatively, DYRS refers youth to PRTFs when the youth's mental health needs are the presenting problem and require treatment under a psychiatrist, in addition to therapeutic and behavior modification supports. DYRS primarily sends youth to PRTFs when youth have met the "Medical Necessity" requirement for this level of treatment through their insurance company and subsequently, the insurance company funds the placement.

Please Note: DYRS does have contracts with PRTFs and may send a youth to a PRTF, even if the youth does not meet "Medical Necessity" through their insurance, if the Care Coordinator and Unit Supervisor, along with the Placement Review Committee, deem it the most appropriate placement.

*For more information about "**Medical Necessity**," refer to the **Medical Necessity and Accessing Medicaid** procedures also in this section of the handbook.*



General Guidance

Placement Level	Type of Placement	Targeted Length of Stay	Funding Source
High	<ul style="list-style-type: none"> ▪ NBYDC ▪ RTC ▪ PRTF 	6-9 months	<ul style="list-style-type: none"> ▪ DYRS Procurement ▪ DYRS Procurement ▪ LOC authorization through insurance company (DYRS procurement if insurance denied and treatment still needed)
Medium	<ul style="list-style-type: none"> ▪ Inpatient Substance Abuse Program 	30-45 days	<ul style="list-style-type: none"> ▪ Addiction Prevention and Recovery Administration (APRA) ▪ (DYRS procurement if APRA denies and treatment still needed)
Medium	<ul style="list-style-type: none"> ▪ DYRS Therapeutic/ Out-of-State Group Homes ▪ DYRS Foster Homes 	4-6 months	<ul style="list-style-type: none"> ▪ DYRS Procurement
Medium	<ul style="list-style-type: none"> ▪ Local Group Home 	3 months	<ul style="list-style-type: none"> ▪ DYRS Procurement
Medium	<ul style="list-style-type: none"> ▪ DYRS SILP 	Up to 12 months	<ul style="list-style-type: none"> ▪ DYRS Procurement
Low	<ul style="list-style-type: none"> ▪ Home (with services) ▪ Foster Home through CFSA 	1 year +	<ul style="list-style-type: none"> ▪ No funding needed ▪ CFSA Procurement



Placement Determination

The DYRS Youth and Family Programs Division uses a variety of strategies to make informed placement decisions for committed youth, taking into account the youth's assessments, youth goals and family input. **DYRS prioritizes placing youth at home with their parent(s)/guardian(s), relatives or supportive caregivers.**

Procedures:

I. Placement Decisions

A. Making Recommendations

1. The Care Coordinator is responsible for making an appropriate placement recommendation for committed youth consistent with the youth's level of restriction.
 - a. The Care Coordinator and Unit Supervisor will review all placement options and the services and treatment offered along with the youth's assessments, Individualized Education Program (IEP), Team Decision Making (TDM) Meeting notes and the Success Plan to make a recommendation.
2. Any youth committed or re-committed needing placement at a higher level of restriction, must have due process via a court hearing (where they are re-committed for a new offense), Community Status Review Hearing (CSRH) or signed Waiver of Community Status Review. Any youth going to an out-of-home or RTC placement must be approved by the Placement Review Committee.

*For more information about the **committee**, refer to the **Placement Review Committee** procedures in section **III-C**. below.*

II. Placement Process During Pre-Commitment

A. The Assessment Process

1. Upon receiving a Notice of Intent to Recommend Commitment (NOITRC) from Court Social Services (CSS), the Assessment Specialist will complete a clinical interview with the youth and parent(s)/guardian(s) as well as a comprehensive assessment of the youth's strengths and needs [this includes the Structured Decision Making (SDM) assessment and the Child and Adolescent Functional Assessment Scale (CAFAS)]. He or she will also review all current evaluations and reports from the Probation Officer at CSS, the school and any current or past providers. The adequacy of the reports and past services provided to the youth will be considered. This comprehensive review will guide the initial placement decision.
2. After the Assessment Specialist completes the review, a team of DYRS staff called the Placement Review Committee, will convene, the results will be presented and all data on the youth reviewed. This team will make the determination for the most appropriate placement for the youth, if committed. The determination will be presented in court.

*For more information about the **assessments completed**, refer to the **Assessments and Screens** descriptions in the **Care Planning and Supervision** section of the handbook.*



III. Placement Process Throughout Commitment

A. Care Planning Meetings

Throughout the youth's commitment, Care Planning Meetings will occur to monitor his or her progress and to refine the Success Plan as needed.

1. The CAFAS guides the conversation during care planning meetings, which occur every 90 days (or scheduled as needed, in the case of an emergency). A discussion should occur during the Care Planning Meeting to determine whether the youth's current placement is appropriate if the results of the CAFAS indicate one or more of the following:
 - a. The youth is struggling to maintain safe behavior in his or her current "home" placement;
 - b. The youth's behavior in the community or towards others indicates that a higher level of restriction or care may be needed;
 - c. The youth's substance abuse or mental health needs are so severe that it interferes with day-to-day functioning at the current placement; and/or
 - d. The youth exhibits self-harming behavior that requires a higher level of restriction or care (but does not require immediate intervention and/or hospitalization).
2. If any of the above is indicated and all other services and interventions have been exhausted, the case must be reviewed by the Placement Review Committee and a CSRH must be completed before a higher-level placement can be recommended.

*For a description of **all meeting types and intended results**, refer to **Care Planning Meetings** in the **Care Planning and Supervision** section of the handbook.*

B. Community Status Review Hearing (CSRH)

1. A Care Coordinator may request a CSRH when the youth has:
 - a. More than one violation of his or her Community Placement Agreement (CPA);
 - b. Been unable to improve behavior and compliance in the community despite intervention;
 - c. Exhausted all Graduated Response options; and/or
 - d. Been charged with a mandatory offense.

*For more information about the **process for requesting a hearing**, refer to the **Community Status Review Hearings** procedures in the **Community-Based Services and Youth Supervision** section of the handbook.*

C. Placement Review Committee

1. A Care Coordinator will present a case to the Placement Review Committee for one of the following reasons:
 - a. When requesting a CSRH to raise the youth's level of restriction;
 - b. To request that a youth be sent to a "High-level," out-of-home placement because the youth has been re-committed to DYRS on a new offense; or
 - c. To request that the youth be sent to a "Medium-level," out-of-home placement.



For more information about the **process for presenting to the Committee**, refer to the **Out-of-Home Placement Review** procedures also in this section of the handbook.

D. Placement Referral Process

1. The Care Coordinator will submit the Placement Referral Packet one (1) business day after the weekly Placement Review Committee meeting for any approved youth. The Packet should include the following:
 - a. Signed Placement Checklist (*for an electronic copy of the checklist, refer to the Resource Location Lists in Appendix B*);
 - b. Most recent CAFAS, TDM Meeting notes and Success Plan;
 - c. Educational records within a year (including IEP if applicable);
 - d. Clinical assessment (within one year) and/or evaluations. If unavailable, then the Care Coordinator will facilitate receipt of:
 - i. Clinical assessments: Should be done by a Core Service Agency (CSA) or a DYRS secure facility behavioral health staff member qualified to conduct such assessments
 - ii. Clinical evaluations: May be completed by specialized behavioral health evaluators paid for by either the youth's insurance [e.g., Health Services for Children with Special Needs (HSCSN), other Managed Care Organization (MCO)] or DYRS
 - iii. Updated Social Study: Completed within the past year
 - e. Discharge summaries from previous placements;
 - f. Copy of the youth's birth certificate, Social Security Card and insurance card;
 - g. Progress reports from service providers;
 - h. Medical records [can be obtained from Youth Services Center (YSC) or NBYDC];
 - i. Commitment Court Order; and
 - j. Memorandum of recent events/updates/efforts provided to support youth within the last 90 days.
2. The Placement Unit will send the Placement Referral Packet to the provider(s) whose services are being sought, based on the youth's needs.
3. The provider(s) may interview the youth and determine the youth's acceptance or denial into the provider's program/services.
4. If the youth is accepted, the provider should send the Acceptance Notification to the DYRS Placement Manager and Care Coordinator.
5. After reviewing the acceptances, within two (2) business days, the Care Coordinator will obtain input from the youth and parent(s)/guardian(s) to inform a final decision about the placement. Once decided, the Care Coordinator will immediately notify the Placement Manager.
6. If a PRTF placement is being requested, simultaneously, the Care Coordinator must submit a LOC Request to the youth's insurance company.



E. DYRS-Funded Placements

1. The Procurement Manager will receive a procurement authorization request and send approval or denial to the Placement Manager.
2. The Placement Manager will forward the procurement authorization or denial to the Care Coordinator as well as scan and upload the authorization into the “Scanned Documents” section of the youth’s file in the DYRS Database within one (1) business day of receipt.

F. Insurance-Funded Placements

1. The Care Coordinator (or Assessment Specialist if a Pre-Commitment Case) will submit the insurance LOC funding approval document to the Placement Unit within one (1) business day.
2. The Care Coordinator/Assessment Specialist is responsible for uploading the LOC into the “Scanned Documents” section of the youth’s file in the DYRS Database within one (1) business day of receipt.

G. Placements Outside of the District of Columbia

The Care Coordinator will:

1. Collect the acceptance letter, Court Order, updated clinical assessments (within one year)/evaluations (e.g., psychiatric, psychological) and updated Social Study (within one year).
2. Before taking additional steps, confer with parent(s)/guardian(s) regarding placement options and update them on the process and next steps for placing their youth outside of the District of Columbia.

Please Note: Communication between the Care Coordinator and parent(s)/guardian(s) should be consistent and ongoing throughout the youth’s commitment

3. Submit the Article VI Motion and questionnaire to the youth’s judge’s chambers and to the youth’s attorney, and obtain the judge’s signature (*for an electronic copy of Article VI Motion Template and Questionnaire, refer to the Resource Location Lists in Appendix B*).

Please Note: An Article VI Hearing attended by the Care Coordinator may be required to obtain judge’s signature.

4. Acquire authorization from the DYRS Procurement Division as well as the educational and medical records.
5. Submit all Interstate Compact on the Placement of Children (ICPC) documents to the Placement Manager.

Please Note: The Placement Manager obtains the ICPC approval from the Interstate Compact Office and will notify the Care Coordinator when received.

6. Complete Form 100B as well as the District of Columbia Public School (DCPS) School Enrollment Form once the youth is placed (*for an electronic copy of the form, refer to the Resource Location Lists in Appendix B*). Forms can also be obtained electronically from the Placement Unit.



Arranging Youth Transportation to a Secure Placement

Once a committed youth's placement is determined, travel arrangements will be required to support his or her transition to the placement.

Procedures:

I. Preparing for Travel

A. General Requirements

The Care Coordinator will:

1. Set up the date and time with the placement provider for the youth's admission.
2. Confirm if travel is being arranged by the placement provider or by DYRS.
3. If the youth is going to an out-of-state group home, send the CPA to the Facility Juvenile Justice Institutional Counselors (JJICs) for the youth to sign prior to release.
4. Obtain a packing list from the placement provider for youth traveling to a RTC, PRTF or out-of-state placement and confirm that the youth has all needed items (i.e., clothing, toiletries, luggage) for the stay.
5. Ensure that the youth's clothing has been brought to YSC or the Awaiting Placement Facility in appropriate travel luggage for transport with the youth.
6. Once confirmed, notify the DYRS Transportation Department dyrs.transportationunit@dc.gov, Facility JJICs and the Placement Manager for the youth to be placed on the Transportation List.
7. Ensure the youth has a government-issued photo identification (ID) card, if the youth is 18 or over and traveling via airplane.

II. Air Travel to a Secure Placement

A. Placement-Arranged Secure Travel

1. Coordinate the youth's travel with placement provider. This may require DYRS to transport the youth to the airport to meet the provider's staff, and if such, the Care Coordinator must complete a Transportation Request Form (*for an electronic copy of the form, refer to the Resource Location Lists in Appendix B*).

B. DYRS-Arranged Secure Travel

1. If DYRS is arranging the youth's travel and the Care Coordinator is unable to travel with him or her, contact the Transportation Dispatcher at dyrs.transportationunit@dc.gov to determine the DYRS-approved staff person who will be traveling with the youth.

2. Obtain the name and birthdate for all DYRS-approved staff members providing transportation.
3. Submit the Office of the City Administrator (OCA) Training, Travel and Reimbursement Form and supporting documents [e.g. flight information with proof of cost, memorandum to the Director and Deputy Director requesting travel, hotel with proof of cost for overnight stay(s)], for the youth and each staff member traveling to the Procurement Division's Travel Coordinator at least three (3) weeks in advance of travel.
4. Once the travel itinerary has been booked and confirmed by Procurement, notify the DYRS Transportation Department dyrs.transportationunit@dc.gov, Facility JJICs and the Placement Manager at least three (3) business days in advance of the youth's pending travel and submit the Transportation Request Form with the youth's Commitment Order, Article VI and Face Sheet so the youth and DYRS-approved staff members can be transported to the airport.

III. Secure Travel by DYRS Transportation

A. Out-of-State Placement

1. If the placement is out-of-state, but within reasonable driving distance, submit a Transportation Request Form with the youth's Commitment Order, Article VI and Face Sheet to dyrs.transportationunit@dc.gov **at least three (3) business days in advance** for the youth to be driven by DYRS to the placement.

B. Placement at NBYDC

1. A formal Transportation Request is not necessary if the youth is going from YSC to NBYDC. However, the Care Coordinator must ensure that the youth is placed on the DYRS Transportation List for that day.
2. If the youth is coming from another facility to NBYDC, a formal Transportation Request Form is required.



Out-of-Home Placement Reviews

The purpose of the Placement Review Committee is to ensure that youth are: 1) being served in the appropriate and least restrictive environment; 2) served as close to home as possible given his or her treatment needs; and 3) in a manner consistent with public safety.

The Placement Review Committee reviews cases when a Care Coordinator believes a youth's needs can only be served in an out-of-home placement. The Committee members represent several perspectives that include but are not limited to, the Care Planning and Coordination Team, Placement, Community Programming Initiative, TDM Team, Compliance and Administrative Services. The Committee thoroughly reviews the youth's behavior related to public safety, strengths, needs, history of services, and placements as well as available supports before making a recommendation.

A Care Coordinator may request to present a case to the Placement Review Committee for one of the following reasons:

- To request a CSRH to raise the youth's level of restriction;
- To request a "High-level," out-of-state placement, because the youth has been re-committed to DYRS on a new offense; or
- To request to send the youth to any "Medium-level," out-of-home placement, including an out-of-state group home.

Procedures:

1. When a Care Coordinator determines that a youth is in need of an out-of-home placement (including, but not limited to, "High-level" placement, out-of-state group home, inpatient substance abuse treatment program, local group home, or foster home) he or she should first review the case with the Unit Supervisor.
2. If the Unit Supervisor agrees with the Care Coordinator's assessment, the Unit Supervisor should request for the case to be heard by the Placement Review Committee. The Committee meets at a standing day and time weekly.
3. At least one (1) business day prior to the Committee meeting, the Care Coordinator or Unit Supervisor should send an email request to the Care Coordination Program Assistant(s) and include the youth's Placement Referral Packet. The Program Assistant(s) will then notify the Committee of the referral.
4. The Care Coordinator should be prepared to articulate the following to support the request for an out-of-home placement (*for an electronic copy of a Case Presentation Template with further guidance, refer to the Resource Location Lists in Appendix B*):
 - a. The youth's behavior related to public safety;
 - b. The youth's strengths and challenges;
 - c. The youth's behavioral, mental health and educational needs;
 - d. The services, supports and other interventions that have been attempted to assist the youth with remaining in the community; and
 - e. The reasons the Care Coordinator recommends that the youth cannot be served at home.

5. If the Care Coordinator is able, given the timelines, he or she should present the case at the Placement Review Committee **before** pursuing a CSRH. All out-of-home placements must be heard and approved by the Placement Review Committee and signed off on by the Deputy Director of Youth and Family Programs (or designee).
6. The Committee will most likely make a determination the same day (in some instances, the Care Coordinator may be asked to follow up on outstanding questions from the Committee) as to whether the youth is approved for the higher level or out-of-home placement and may make specific placement recommendations as well. The Committee cannot supersede the decision made at the CSRH.
7. During the case presentation to the Committee, a Care Coordination Program Assistant will take notes on the key facts of the case and the Committee's decision. The Program Assistant will add these notes to the Placement Review Committee Database on the DYRS Common (i.e., "Y") Drive after the meeting. Additionally, the Program Assistant will make a note of the Committee's decision in the "Case Notes" section of the youth's file in the DYRS Database.



The Community Placement Agreement

The Community Placement Agreement (CPA) is an agreement between the youth and Care Coordinator for the youth's continued placement in the community (*for an electronic copy of a blank Agreement, refer to the Resource Location Lists in Appendix B*).

CPAs must clearly outline expectations of the youth while in the community including all curfew, drug testing, school attendance, service participation, restrictions (e.g., "Stay Away Orders, "Exclusion Zones"), and "No Re-Arrest" requirements as well as any short and long-term goals, and other expectations for the youth's success as outlined by the Care Coordinator and informed by the youth's Success Plan.

Procedures:

1. Every youth with a "Medium-level" or "Low-level" placement, must have a CPA signed by the youth, parent(s)/guardian(s), staff at the placement facility (if applicable), Care Coordinator and Unit Supervisor. The signed CPA must be scanned and uploaded into the "Scanned Documents" section of the youth's file in the DYRS Database within one (1) business day of receipt.
2. CPAs should be clearly written and individualized for each youth, and must be explained to the youth and parent(s)/guardian(s) by the Care Coordinator before the youth and parent(s)/guardian(s) sign the document. A progress note indicating that this explanation occurred must be documented in the "Case Notes" section of the youth's file in the DYRS Database within two (2) business days of the conversation.
 - a. For newly committed youth going to the community, the initial CPA is drafted by the Assessment Specialist.
 - b. Once a newly committed case has been officially transferred to a Care Coordinator, he or she is responsible for updating the CPA with more detailed specifications based on the youth's goals and needs, as identified in the initial case transfer/care planning meeting.
 - c. Care Coordinators and the Assessment Specialist can request support from the Unit Program Assistants in drafting CPAs as long as clear instructions are given regarding the specifics of the CPA.
3. If the youth is transitioning to the community from a residential or out-of-state placement, it is the responsibility of the Care Coordinator to draft and review the CPA with the youth no later than the date of community placement and to transport the youth to his or her placement location. The Unit Supervisor may request help from a Program Assistant to draft the CPA.
4. CPAs must be updated anytime there is a change in placement or release from secure detention. If a youth is released from secure detention, the youth may sign the CPA after review with a designated facility staff member. The Care Coordinator must then meet with the youth at the placement within two (2) business days to discuss the CPA in depth.



Please Note:

- If the youth is at an out-of-state group home, the CPA discussion can occur over the phone. A progress note indicating that this explanation occurred must be documented in the “Case Notes” section of the youth’s file in the DYRS Database within two (2) business days of the change.
 - CPAs also can be updated anytime the Care Coordinator changes expectations or requirements of a youth. Each time the CPA is updated, the Care Coordinator must follow the procedures outlined under steps 1, 2 and 5 of this section.
5. Parent(s)/guardian(s) and placement providers will receive copies of the youth’s CPA as well and be made aware of the expectations outlined therein.



Emergency Removal of Youth from Placement

When a youth in a community placement presents a clear and present danger to himself, herself or others and requires immediate removal from a non-secure placement, a Care Coordinator may remove the youth from the placement and move the youth to a secure DYRS facility, emergency shelter, inpatient drug treatment center, or appropriate medical or mental health facility.

Procedures:

A. Emergency Removal Without the Youth's Consent

1. The Care Coordinator will request a Custody Order from the court for the youth so that the Metropolitan Police Department (MPD) will have the authority to take the youth into custody, if the youth is unwilling to be removed by the Care Coordinator.
2. The Care Coordinator will provide the Unit Supervisor and Care Planning and Coordination Program Manager with a written summary of the basis for the youth's removal. With approval, the written summary will be sent to the Deputy Director of Youth and Family Programs (or designee), who will make an independent "Probable Cause" determination based on the Care Coordinator's documentation within one (1) business day of the youth being removed.
3. The CSRH will convene within five (5) calendar days of a youth's emergency removal if the Deputy Director of Youth and Family Programs (or designee) determines that there is probable cause to believe that the youth violated the terms of his or her CPA and that he or she is a clear and present danger, requiring immediate removal from a non-secure placement. If the fifth (5th) calendar day is a Sunday or legal holiday, the hearing will convene the next business day.
4. The youth will be returned to his or her community placement if the Deputy Director of Youth and Family Programs (or designee) determines that there is no probable cause to securely confine the youth.
5. The Care Coordinator may request a CSRH in cases where there is a "No Probable Cause" determination. Youth will await the hearing while in the community.
6. The Care Coordinator will provide notice of the CSRH to the youth and counsel of record, or if counsel of record is unavailable, then alternate counsel, in any manner reasonably calculated to put the receiving party on notice.
7. The Care Coordinator will make all reasonable efforts to provide notice to the parent(s)/guardian(s). Notice may be given by, but is not limited to, the following means:
 - a. Face-to-face;
 - b. Telephone;
 - c. Voice message on an answering machine;
 - d. Electronic mail;

- e. Facsimile; or
 - f. Hand-delivery to the office of the counsel of record or alternate counsel and to the parent(s)/guardian(s) home.
8. The Care Coordinator will document efforts to provide notice in the “Case Notes” section of the youth’s file in the DYRS Database. Proof of notice must be scanned and uploaded to the “Scanned Documents” section of the youth’s file in the DYRS Database.
 9. The Care Coordinator will send an email to the DYRS Liaison at the Office of the Attorney General (OAG) Juvenile Division when they receive notice of the hearing.
 10. The Agency may continue the hearing for up to an additional five (5) business days if the counsel of record and alternate counsel are unavailable at the date and time for which the hearing is scheduled.

B. Emergency Removal with the Youth’s Consent

1. If a youth in a community placement presents a clear and present danger and requires immediate removal from a non-secure placement, or pending a transfer to a new placement, the Care Coordinator may remove the youth to another placement upon the youth’s written consent after having the opportunity to consult with counsel of record, or alternate counsel, if counsel is unavailable.
2. If a youth is removed from his or her community placement and is admitted to an inpatient drug, medical, mental health facility, or similar inpatient facility for treatment, the Care Coordinator, the youth, and parent(s)/guardian(s) or counsel of record, or if the youth’s counsel is unavailable, alternate counsel, will sign a Waiver of Community Status Review Form agreeing to waive a CSRH (*for a copy of a blank Waiver, refer to the Resource Location Lists in Appendix B*).
3. The Care Coordinator will scan and upload the signed Consent Form in the “Scanned Documents” section of the youth’s file in the DYRS Database.
4. Upon the youth’s discharge from the facility, the youth will return to the placement immediately prior to the treatment or return to a placement with the same or lower level of restriction. A youth’s community placement will not be revoked.

*For more information about **Emergency Removal** procedures, refer to the *Emergency and Proposed Rulemaking* published at 28 DCR 1349 (March 27, 1981)[EXPIRED]; as amended by *Final Rulemaking* published at 56 DCR 5035 (June 26, 2009).*



Family Contact

The coordination, collaboration and engagement of families with youth in DYRS' custody are essential to the youth's success. The goal of regular family contact is to empower the youth and their families to create an environment that stimulates healthy partnerships between the youth and his or her family and between the youth, family and DYRS. DYRS also aims to introduce the family to any needed resources through sibling government agencies and/or community groups to ensure a strong network of support once youth are released.

Procedures:

1. Within two (2) business days of a youth being committed to DYRS, the Program Support Assistant of the youth's assigned Ward will draft and mail a Letter of Introduction to the youth's family introducing the Care Coordinator, providing vital contact information and outlining next steps (*for an electronic copy of a sample Letter of Introduction, refer to the Resource Location Lists in Appendix B*).
2. Within one (1) business day of sending the letter, a copy should be scanned and uploaded by the Program Assistant into the "Scanned Documents" section of the youth's file in the DYRS Database. A note also should be made in the "Case Notes" section of the file to acknowledge the activity.
3. Within three (3) business days of the date of the Commitment Order and youth assignment, the Care Coordinator will make face-to-face contact with the youth and he or she will also call the youth's family to schedule a Home Visit.
4. The Care Coordinator must meet in person with the youth's family within seven (7) business days of the youth's commitment and case assignment.
5. The Care Coordinator will make twice (2) monthly in-home, face-to-face visits with the youth and their primary caregiver(s) for youth placed at home. The Care Coordinator will make monthly face-to-face visits with the primary caregiver(s) for youth placed outside of the home.
6. The Care Coordinator will make bi-weekly phone contact with the primary caregiver(s).

For frequency of all visits, refer to the and case assignment. Reference Chart for Contact with Youth and Families located in the Youth Contact procedures that follow.

Youth Contact

Care Coordinators are required to have in-person visits with each youth and the youth's family.

Procedures:

A. Youth in the Community

1. The Care Coordinator must have weekly, in-person, face-to-face contact with each youth to whom they have been assigned and is residing at home, in a local group home, foster home, foster home, SILP or other community placement. or other community placement. At least two of those visits per month must be at the youth's local residence (i.e., within 50 miles). The other visits may be in the school, place of employment or neighborhood where the youth resides. **Text messages or social media, as well as web-based video conferencing and/or other technological contacts do not fulfill the weekly, face-to-face requirements.**
2. Documentation of each contact is required in the "Case Notes" section of each youth's file in the DYRS Database within two (2) business days of the contact.
3. In addition to the face-to-face contact, Care Coordinators will have weekly phone contact with youth. Care Coordinators can require their youth to call them, but the responsibility is on the Care Coordinator to actually talk with each youth or document multiple unsuccessful attempts (at least five) in the DYRS Database within two (2) business days of each attempt. After five unsuccessful attempts, the Care Coordinator must conduct a community visit to locate the youth.

B. Youth in Placements More than 50 Miles Outside of the District of Columbia

1. For youth in placements **more than 50 miles outside** of the District of Columbia, the youth must have a face-to-face visit every 90 days by the assigned Care Coordinator. At times, other staff on the Care Planning and Coordination Team may visit the youth at the facility. However, it is still the assigned Care Coordinator's responsibility to ensure a face-to-face visit by a member of the DYRS Care Planning and Coordination Team occurs every 90 days for their assigned youth.

C. Interstate Compact on Juveniles Supervision (ICJ)

1. ICJ supervision must be requested for youth residing in a home outside of the District of Columbia, attending an out-of-state college or a Job Corps location.
2. For youth residing with their family more than 50 miles outside of the District of Columbia, the Care Coordinator must request ICJ supervision in the jurisdiction where the youth is living. The Care Coordinator will make in-person, face-to-face contact with the youth every 90 days. Technology, such as Skype or Face Time, cannot be used as a substitute for the 90-day face-to-face contact.
3. For youth residing with their family within 50 miles of the District, but in another jurisdiction, the Care Coordinator must request ICJ supervision in the jurisdiction where the youth is living. Once the ICJ Transfer of Supervision has been approved, the Care Coordinator can reduce face-to-face contacts to once every month.



Please Note: For any youth receiving ICJ supervision, the Care Coordinator must notify the DYRS ICJ Office, who in turn will notify the other jurisdiction's ICJ office, to communicate with the Case Manager/Parole Officer and youth in the supervising jurisdiction.

*For more information about **ICJ**, refer to the **Interstate Compact** procedures also located in this section also located in this section of the handbook of the handbook.*

D. Youth Compliance Incentive

1. A youth in the community may have his or her face-to-face contacts **reduced to twice per month** if they have been placed in the community for at least six (6) months and meet the following criteria:
 - a. The CAFAS total score is no more than 100 and there are no “severe” scores in any section;
 - b. The youth has attended all scheduled TDM Meetings during the review period;
 - c. The youth is working towards progress on all Success Plan Goals; and
 - d. The youth has been in compliance with their CPA.
2. Before a youth receives the compliance incentive, the Care Coordinator must review the youth's case with the Unit Supervisor.

Please Note:

- Once this incentive is granted, it may be withdrawn at any time if the youth is not in compliance with the above criteria.
 - If the incentive is taken away, the youth will not be eligible for this specific incentive again until another six (6) months have passed and the Care Coordinator and Unit Supervisor review his or her file.
3. The Care Coordinator will document all compliance incentive notes in the “Case Notes” section of the youth's file in the DYRS Database within two (2) business days of the decision.
 4. The Unit Supervisor is required to document that he or she has reviewed the compliance incentive request and the ***approval or denial*** of the decision in the “Case Notes” section of the youth's file in the DYRS Database within two (2) business days.



Reference Chart for Contact with Youth and Families*

Type of Contact	RTC (or other Out-of-State Placement)	NBYDC	YSC (Awaiting Placement or Secure Detention)	Community (Family Home)	Community (Foster Care or a Local Group Home)	College	DC Jail	ICJ
Face-to-Face with Youth	Every 90 days	Twice per month	Within two (2) business days of detention; thereafter, twice per month	Weekly (for any given month, Care Coordinator will meet with youth twice at home and twice in any other location) *Twice per month if eligible for compliance incentive	Weekly (for any given month, Care Coordinator will meet with youth twice in placement and twice in any other location) *Twice per month if eligible for compliance incentive	Every 90 days	Once per month (can be a video conference)	Every 90 days if placed over 50 miles from DC Monthly, if placed within 50 miles of DC
Phone Call with Youth	Every 2 weeks	Every 2 weeks	Weekly	Weekly	Weekly	Every 2 Weeks	None	Monthly (with ICJ worker and youth)
Face-to-Face Contact with Parent(s)/ Guardian(s)	At least once per month	At least once per month	At least once per month	Twice per month, when visiting youth at home, or once per month if youth is eligible for compliance incentive	At least once per month	At least once per month	At least once per month	Every 90 days if placed over 50 miles from DC Monthly if placed within 50 miles of DC
Face-to-Face with Placement Provider	N/A	N/A	N/A	N/A	Twice per month	N/A	N/A	N/A
Phone call with Parent(s)/ Guardian(s)/ Primary Caregiver(s)	Every 2 weeks	Every 2 weeks	Every 2 weeks	Every 2 weeks	Every 2 weeks	Every 2 weeks	Every 2 weeks	At least once per month

*All timeframes are based on calendar days unless otherwise noted.

Home Visits

Regularly scheduled Home Visits are a vital part of good care planning and pave the way towards proper community supervision and connection. Home Visits provide the Care Coordinator with an understanding of the youth's living arrangements and the kinds of family supports available and needed.

Home Visits are also an opportunity to build relationships with the youth and his or her caregiver(s) and to support the youth's success throughout commitment and transition back to the community. At least one (1) visit a month should include a Credible Messenger and/or Parent Coach (if applicable), to ensure consistent communication about the needs and successes of the family. **Care Coordinators are strongly encouraged to conduct Home Visits with a colleague to support youth and family needs as well as to alleviate any possible safety concerns.** The information gathered will allow the Care Coordinator to identify strengths and needs within the family home, and to bring information gathered during these visits to the next TDM Meeting to recommend services to support the youth's rehabilitation and family empowerment efforts.

For more information about

*The **frequency of Home Visits**, refer to the **Reference Chart for Contact with Youth and Families** on the prior pages.*

Procedures:

A. Information Gathering

1. The assigned Care Coordinator and the YAU Assessment Specialist will work together to coordinate the initial Home Visit.
2. During Home Visits, Care Coordinators should be observing the overall family dynamic and the relationship between the youth and caregiver as well as any additional supports that may be needed to enable or continue a successful home placement.
3. Discussion should include a reminder of resources that will be available to the family through DYRS and/or the other agencies that are supporting the youth.
4. Information should be gathered from the parent(s)/guardian(s) and the youth to support a comprehensive understanding of the youth's life at home as well as the youth's and family's desires for the youth (*for an electronic copy of the Home Visit questions below, refer to the Resource Location Lists in Appendix B*).

Please Note: Remember to thank family members or caregivers for welcoming you into their home, for their time and candor.



The conversation, at a minimum, should include topics and related questions such as:

Supervision

- a. How does the family spend time together?
- b. What are the rules of the home?
- c. How are limits set in the home?
- d. What responsibilities/chores does your child have at home?
- e. How is your child rewarded for his or her behavior?
- f. How does your child experience consequences for his or her behavior?
- g. What resources are needed, if any, to support the family?
- h. How does your child spend his or her free time?
- i. Tell me about your child's friends.
- j. How does your child spend time with his or her friends?
- k. If the youth is a parent:
 - i. How much time does the youth spend with his or her child?
 - ii. Does the child live at or visit the home frequently?
 - iii. What types of activities do the youth and his or her child do together?

Areas of Strength and In Need of Support

- a. What do you see as your son's/daughter's strengths that you would like DYRS to support?
- b. What are your family's strengths?
- c. What do you enjoy about each other?
- d. What are some of the challenges where your son/daughter and you could use assistance?
- e. Based on the resource information that we have provided, would you allow us to join you in supporting your son/daughter toward positive outcomes? If so, how?

Directed to the Youth

- a. What is a typical day like for you at home?
 - b. Who is most supportive of you in the home?
 - c. How do you spend time with your family?
 - d. What supports do you need to be successful in your home?
 - e. How can DYRS support a healthy relationship between you and your parent(s)/guardian(s)?
 - f. What rules are you expected to follow?
 - g. What would be fair consequences if you don't follow the rules?
 - h. Do you bring your friends to your home? If so, what do you typically do with your friends when home?
 - i. Do you like hanging out at home? Why or why not?
5. All Home Visits and any information acquired should be documented in the "Case Notes" section of the youth's file of the DYRS Database within two (2) business days of the visit.

6. If a youth and his or her family are moving, the Care Coordinator must visit the youth in the new location within three (3) business days of the move. If the move has already occurred, the visit must occur within three (3) business days of the Care Coordinator being made aware of the change. The new address and telephone number must be updated in the "Intake/Demographics" section of the youth's file in the DYRS Database within one (1) business day.

B. In the Event of an Abuse or Neglect Concern

1. As a **mandated reporter**, if the Care Coordinator suspects or learns that there is any abuse or neglect of any youth under the age of 18 (or any past abuse or neglect is reported by the youth or family member at any time for the youth who was under the age of 18 when the alleged abuse/neglect occurred), the Care Coordinator must immediately (**i.e., the same business day**) report the concerns to the Child and Family Services Hotline or the hotline in the youth's jurisdiction of residence. In the District of Columbia, the Hotline number is: 202-671-SAFE (7233).
2. The report of the suspected abuse or neglect must be documented in the "Case Notes" section of the youth's file in the DYRS Database within two (2) business days.

C. In the Event of Other Safety Concerns

1. If there are any safety or supervision concerns after a Home Visit, the results should be discussed with Unit Supervisor and mitigated by the parent(s)/guardian(s) before a youth returns to the home.
2. Once the parent(s)/guardian(s) has mitigated the safety concerns they must notify the Care Coordinator. The Care Coordinator will then conduct another Home Visit within five (5) business days.
3. The Unit Supervisor will attend the follow-up visit and discuss the results with the Care Coordinator before approval.
 - a. If the concerns have been addressed, the youth's placement will continue and the Care Coordinator will continue to monitor the case during the regular Home Visits.
 - b. If the concerns remain and/or the youth will be in clear danger, the Care Coordinator/ Unit Supervisor should bring the documentation directly to the Care Planning and Coordination Program Manager.
 - c. If concerns still exist after the visit, the Care Planning and Coordination Program Manager will seek DYRS executive leadership approval, if necessary.
4. All steps above must be documented by the Care Coordinator in the "Case Notes" section of the youth's file in the DYRS Database within two (2) business days.



Home Assessments

The purposes of the Home Assessment are to ensure: 1) the youth is placed in a safe home where his or her needs can be met, and 2) the youth can be adequately supervised. **Care Coordinators are strongly encouraged to conduct Home Assessments with a colleague to support youth and family needs as well as to alleviate any possible safety concerns.**

Please Note: Home placements should never be denied based on gender, race, culture or class biases.

Procedures:

A. When a Home Assessment is Required

1. All sections of the DYRS Home Assessment Form must be thoroughly completed (*for an electronic copy of a blank Assessment, refer to the Resource Location Lists in Appendix B*). The form will guide the Care Coordinator on what to look for in the home.
2. The Home Assessment must be completed:
 - a. **Prior to a youth earning a day or weekend pass while in placement.** The youth must have successfully (e.g., No unusual incidents, maintaining curfew, attending school) completed seven (7) calendar days at the placement before being eligible for a day pass and 14 calendar days at the placement before being eligible for a weekend pass.
 - i. A day pass is defined as a youth being allowed to leave placement to visit approved family members or other supportive adults but youth must depart and return to placement within the daily curfew hours delineated on the youth's CPA (e.g., depart group home no earlier than 8:00 am and return to group home no later than 8:00 pm on the same day).
 - ii. A weekend pass is defined as a youth being allowed to leave placement to spend the weekend with **approved** family members or other supportive adults. The youth must depart placement at a time approved by the Care Coordinator on either Friday evening or Saturday morning, and return to the placement by curfew on Sunday evening (e.g., depart group home no earlier than 4:00 pm Friday evening and return to the group home no later than 8:00 pm Sunday evening).
 - b. **Prior to a youth transitioning from placement back to the home setting with parent(s)/guardian(s).** The Home Assessment must be completed 14 calendar days prior to the youth returning home.
 - c. **If the family moves or the youth's home placement changes and the Care Coordinator is aware of the move.** The Home Assessment must be conducted 14 calendar days prior to the youth being placed, if possible. If the Home Assessment cannot be completed prior to the move (i.e., the family doesn't have access to the new home until the day of the move), it must be completed within two (2) business days of the move.

3. The Unit Supervisor will attend the follow-up Assessment and discuss the results with the Care Coordinator before approval.
 - a. If the concerns have been addressed, scan and upload a copy of the Home Assessment into the “Scanned Documents” section of the youth’s file in the DYRS Database within one (1) business day of completion. Additionally, a copy should be emailed to the youth’s group home or foster home placement before approving a day or weekend pass.
 - b. If the concerns remain and/or the youth will be in clear danger, the Care Coordinator/ Unit Supervisor should bring the documentation directly to the Care Planning and Coordination Program Manager.
 - c. If concerns still exist after the Assessment, the Program Manager will seek the approval of DYRS executive leadership, if necessary.
4. Documentation of each Home Assessment must be completed in the “Home Assessment” section of the youth’s file in the DYRS Database within one (1) business day of completion.
5. All steps above must be documented by the Care Coordinator in the “Case Notes” section of the youth’s file in the DYRS Database within two (2) business days.



Supervised Independent Living Programs

A Supervised Independent Living Program (SILP) is a placement option reserved only for qualified youth. The goals of an SILP are for a youth to obtain his or her own apartment and prepare to live independently with no assistance. The program will assist the youth in:

- Developing self-sufficiency skills;
- Learning personal responsibility, financial literacy and life skills such as cooking, cleaning and maintaining his or her living space;
- Learning soft skills for employment, such as being on time, dressing appropriately and working with others; and
- Obtaining and maintaining employment.

Procedures:

A. Eligibility

1. In order to be eligible for a SILP, the youth must:
 - a. Be at least 16 years of age or (preferably) older;
 - b. Have completed (or be near completion of) his or her high school diploma, General Education Development (GED) or Certificate of Completion;
 - c. Be employed;
 - d. Be compliant with their CPA;
 - e. Attend DYRS services regularly;
 - f. Attend school/work consistently;
 - g. Demonstrate a willingness to save money and learn independence skills; and
 - h. Demonstrate maturity and sound decision making skills.

Please Note: If the youth does not have a viable home to return to in the community, the SILP program may become the only available option to support his or her success.

B. To Refer a Youth to a SILP

1. The Care Coordinator must ensure the youth meets all of the criteria listed above. If the criteria are met, a SILP Placement Referral is sent to the Unit Supervisor for initial review.
2. Approvals must be received from the Unit Supervisor, Care Planning and Coordination Program Manager and Deputy Director of Youth and Family Programs (or designee).
3. If approved by all parties, the Placement Manager will send the Referral to the SILP providers and await acceptance or denial.
4. If accepted, the youth will be placed; if denied, the Care Coordinator and Unit Supervisor will consult on a new placement plan for the youth.



Releasing Youth from Secure and Out-of-State Placements

Releasing youth from secure and out-of-state placements requires planning and organization to ensure that the youth is well connected with supports upon his or her return to their family and to the community.

Care Coordinators will ensure there is a clear plan for the youth, and include the youth and family in the discharge planning process. Services and supports should be identified based on the youth's strengths and needs. Connections should occur immediately upon his or her return to the community. With proper planning and support, youth will have higher rates of success when they return.

Procedures:

A. General Guidance

1. Any youth who is being released from a RTC, PRTF or an out-of-state facility, other than an out-of-state foster home, must first have a Re-entry/Discharge Meeting to determine the appropriate level of supervision, supports, opportunities and services the youth will receive in the community.
2. The Care Coordinator should help the youth prepare for discharge and transition back to the community from the time the youth begins treatment. All identified services and appointments, as well as school placement, should be identified and scheduled **prior** to youth's discharge.
3. Additionally, a Home Assessment must be completed within 14 calendar days prior to the youth's discharge back to the community.

*For more information about **conducting an assessment**, refer to the **Home Assessments** procedures also found in this section of the handbook.*

B. Discharging Youth from NBYDC

1. For youth discharging from NBYDC, the re-entry TDM Meeting is to take place approximately two to four (2-4) months prior to release. After this meeting, the youth's Success Plan should be updated to reflect goals related to the successful transition back to the community. At this time, a referral for a Credible Messenger should be done in order to allow for intake to occur prior to the discharge TDM Meeting.
2. A discharge TDM Meeting will occur at Level VI. After the discharge TDM Meeting, the Care Coordinator will make any necessary changes to the youth's Success Plan based on services and goals identified. The youth's Treatment Manager at NBYDC will complete the Discharge Summary within 14 business days of the Level VI meeting and send it to the Care Coordinator.
3. Once received, the Care Coordinator will draft a Release Memorandum (Memo) within five (5) business days of receiving the Discharge Summary outlining intended next placement, all services, supports and requirements for the youth upon release from

NBDC (for an electronic copy of the Release Memo template, refer to the Resource Location Lists in Appendix B).

4. The Release Memo must be reviewed and signed by the Care Coordinator, Unit Supervisor, Care Planning and Coordination Program Manager and the Deputy Director of Youth and Family Programs (or designee). The Care Coordinator should allow at least five (5) business days to obtain all required signatures and make any required changes to the Release Memo.
5. After obtaining the Release Memo signatures, the Care Coordinator will contact the youth's Unit Treatment Manager at NBDC to collaborate on a date of discharge, and a discharge date will be agreed upon. **There are no releases from NBDC on Fridays or holidays unless the youth's commitment expires on one of these days.**
6. The signed Release Memo, along with the youth's CPA and Electronic Monitoring Referral and Transportation Request Form, if applicable, will be sent to the Care Planning and Coordination Program Manager, Deputy Superintendent of Treatment, Unit Treatment Manager, and Juvenile Justice Institutional Counselor (JJIC) at NBDC. The team at NBDC will then proceed with the youth's discharge on the specified date.
7. The Care Coordinator will schedule a Service Care Meeting for the day after the youth is discharged **to the community** from NBDC to ensure the youth connects with the service providers and services begin immediately. This meeting will also allow the Care Coordinator to review expectations of the CPA with the youth and family and ensure that they are aware of all available supports.
8. After the Service Care Meeting, the Care Coordinator will email the DYRS Referral Specialist with youth's name, address, best contact information, and all services requested.
9. The approved and signed Release Memo must be uploaded to the "Scanned Documents" section of the youth's file in the DYRS Database within one (1) business day.

C. Discharging Youth from RTC, PRTF or Out-of-State Group Homes

1. For the youth being released from a RTC, out-of-state group home or PRTF, the Re-entry Discharge Meeting is to occur no later than 30 days prior to discharge, but discharge planning should occur throughout the youth's treatment.
2. The Care Coordinator will notify the TDM Team of the youth's need for a discharge meeting so a TDM Team member can facilitate this meeting.
3. The District of Columbia Public Schools (DCPS) representative should be invited to the youth's Discharge Meeting, along with parent(s)/guardian(s), DBH representative (if youth is at a PRTF) and any other key stakeholders. In the Discharge Meeting, service, supports and expectations for the youth will be discussed.
4. After the Discharge Meeting, the Care Coordinator will document the meeting notes within the "Case Notes" section of the youth's file in the DYRS Database and update the Success Plan based on services and goals identified in the Discharge Meeting.



5. The Care Coordinator and treatment team at the facility will determine a discharge date, and the facility will draft a Discharge Summary. If the Discharge Summary is not available prior to completing the Release Memo, the Discharge Meeting notes, most recent Treatment Plan and Progress Summary from the facility should inform the Release Memo, and should be attached when the Release Memo is sent for signatures.
6. The Care Coordinator will then draft a Release Memo outlining placement, all services, supports and requirements for the youth upon release from the facility at least seven (7) business days prior to release.
7. The Release Memo will be reviewed and signed by the Care Coordinator, Unit Supervisor, Care Planning and Coordination Program Manager, and the Deputy Director of Youth and Family Programs (or designee).
8. The Care Coordinator must schedule a Service Care Meeting for the day after the youth is discharged from the RTC/PRTF/out-of-state group home **to the community** to ensure the youth connects with his or her service providers and services begin immediately. This meeting will also allow the Care Coordinator to review expectations of the CPA with the youth and family and ensure they are aware of all available supports.
9. After the Service Care Meeting (youth must be released and in the community), the Care Coordinator should email the DYRS Referral Specialist with the youth's name, address, best contact information and all services requested.
10. The Care Coordinator must organize this discharge effort and ensure all discharge documents are scanned and uploaded into the "Scanned Documents" section of the youth's file in the DYRS Database within one (1) business day.

*For information on arranging travel from a secure or out-of-state placement, refer to **Coordinating Travel for Youth Returning from Secure or Out-of-State Placements** also located in this section of the handbook.*



Process for Releasing Youth from NBYDC

Attend Discharge Meetings - TDM at Level VI



Conduct Home Assessment



Upon receipt of Discharge Summary, draft Release Memo and submit to the Unit Supervisor within five (5) business days; Ensure home and school placement, services identified and dates of appointments are on the Release Memo



Supervisor to submit Release Memo and receive approval for release from Care Planning and Coordination Program Manager and Deputy Director of Youth and Family Programs (or designee)



At least three (3) business days before release, schedule a Service Care Meeting for the day after the youth's release



Release the youth and meet with him or her on the next business day at the Service Care Meeting



After the Service Care Meeting, email the DYRS Referral Specialist with all identified and needed services



D. Discharging Youth from YSC or any Awaiting Placement Facility

1. All youth at Youth Services Center (YSC) or any Awaiting Placement Facility must be visited by their Care Coordinator within two (2) business days of being detained. This should occur **before** any youth is released. A youth should not be further detained solely because the visit did not occur.
2. For youth discharging from YSC to the community, send the CPA and Release Packet (i.e., Commitment Order, Face Sheet, Release Form) to the JJIC.
3. The Care Coordinator is expected to pick up the youth and transport to his or her community placement. Notify the YSC and JJIC of the pick-up time.
4. If there are circumstances that impede the Care Coordinator's availability to transport the youth (e.g., placement is not available until after business hours, parent(s)/guardian(s) are unavailable until after business hours, approved leave, mandatory training, court), then the Care Coordinator must submit a Transportation Request Form to dysr.transportationunit@dc.gov.
 - a. **If the youth requires GPS:** Send the GPS Referral Form to the YPST prior to 3:00 pm for same-day release.
 - b. **For the youth being released to a RTC, PRTF or an out-of-state placement:** Ensure that travel has been arranged. If DYRS is responsible for the road travel, submit a Transportation Request to dysr.transportationunit@dc.gov along with the CPA and Release Packet.

*For more information on arranging travel from a secure or out-of-state placement, refer to **Coordinating Travel for Youth Returning from Secure and Out-of-State Placements** also located in this section of the handbook.*

5. The Care Coordinator must follow up with the JJIC to receive a copy of the signed CPA if the document was not scanned and uploaded into the "Scanned Documents" section of the youth's file in the DYRS Database after it was signed by the youth.
6. The Care Coordinator will review the CPA with the youth within one (1) business day of release from YSC.
7. All relevant scanned documents should be uploaded to the "Scanned Documents" and notes should be entered into the "Case Notes" section of the youth's file in the DYRS Database within one (1) business day.

E. Discharging from a DYRS Foster Home or Local Group Home

1. Review the youth's progress in the group/foster home with the youth, his or her family and group home staff in a monthly progress meeting. Discharge planning should be discussed at each monthly progress meeting.
2. At the monthly progress meeting or at the quarterly TDM Meeting, if it is determined that the youth has met goals and is ready to transition home, set a date for discharge to home.
3. At least 14 calendar days prior to discharge to home, the Care Coordinator will complete a Home Assessment, to determine the appropriateness of the home placement and to address any outstanding needs before placement.



4. Ensure the youth has had at least four (4) successful home passes (e.g., abided by the expectations of the CPA) before discharging home.
5. On an agreed upon discharge date, update the CPA to reflect the home address and any new conditions. Transport the youth from the group/foster home to his or her home placement.
6. Review the updated CPA with the youth and parent(s)/guardian(s). Obtain all signatures on the new document.
7. All relevant scanned documents should be uploaded to the “Scanned Documents” and notes should be entered into the “Case Notes” sections of the youth’s file in the DYRS Database within one (1) business day.

*For more information **on arranging travel from a secure or out-of-state placement**, refer to **Coordinating Travel for Youth Returning from Secure and Out-of-State Placements** also located in this section of the handbook.*



Coordinating Travel for Youth Returning from Secure and Out-of-State Placements

Once all other procedures have been addressed and the date and time for the youth returning from a secure placement is determined, Care Coordinators will ensure that travel arrangements are made.

Procedures:

I. Discharging Youth from a Secure Placement

The Care Coordinator will set up the date and time with the placement for the youth's discharge and confirm if the placement or DYRS must arrange travel.

A. Placement-Arranged Travel

1. Care Coordinators must pick up the youth at the airport. If there are circumstances that impede the Care Coordinator's availability (e.g., approved leave, mandatory training, court) then the Care Coordinator must submit a Transportation Request Form for the youth to be transported to the Care Coordinator's office.
2. The Care Coordinator will review the CPA and have the youth linked to Electronic Monitoring (GPS), if necessary.
3. If GPS is required, coordinate with the Youth and Public Safety Team (YPST) to ensure a staff member can be available to link the youth to GPS upon the youth's arrival to the office.
4. The Care Coordinator will then transport the youth to his or her community placement and inform the YPST of the youth's address.

B. DYRS-Arranged Travel

1. If DYRS is arranging the youth's travel and the Care Coordinator is unable to travel with him or her, contact the Transportation Dispatcher at dyrs.transportationunit@dc.gov to determine the DYRS-approved staff person who will be traveling with the youth.
2. Obtain the name and birthdate for all DYRS-approved staff members traveling with the youth.
3. Submit the OCA Training, Travel and Reimbursement Form and supporting documents (e.g., flight information with proof of cost, memorandum to the Director requesting travel, hotel with proof of cost for overnight stays) for the youth and each staff member traveling to the Procurement Division's Travel Coordinator **at least three (3) weeks in advance of travel**.
4. Once travel has been confirmed by Procurement, notify the placement of the youth's pending travel and confirmed discharge date and submit a Transportation Request Form to dyrs.transportationunit@dc.gov so the youth and DYRS-approved staff member can be picked up from the airport.

5. Request for the Transportation Department to transport the youth to the Care Coordinator's office for review of the CPA and GPS linkage, if necessary.
6. If GPS is required, coordinate with the Youth and Public Safety Team (YPST) to ensure a staff member can be available to link the youth to GPS upon youth's arrival to the office.
7. The Care Coordinator will then transport the youth to his or her community placement and inform the YPST of the youth's address.

C. Discharging Youth from an Out-of-State Placement within Reasonable Driving Distance

1. Submit a Transportation Request Form **at least three (3) business days in advance** for youth to be driven back to the District of Columbia to the Care Coordinator's office for review of CPA and GPS linkage, if necessary.
2. If GPS is required, coordinate with the Youth and Public Safety Team (YPST) to ensure a staff member can be available to link the youth to GPS upon arrival to the office.
3. The Care Coordinator will then transport the youth to the community placement and inform the YPST of the youth's address.

D. Discharging Youth from NBYDC

1. The Care Coordinator will coordinate the departure time with the NBYDC Treatment Manager, JJIC, Deputy Superintendent, and/or Superintendent. The youth's CPA, Transportation Request (if applicable), signed Release Memo and GPS Referral (if necessary) must all be submitted to the staff above prior to youth's scheduled release. Youth may be linked to GPS at NBYDC upon discharge.
2. The Care Coordinator will notify the youth's community placement of the youth's estimated time of arrival. The Care Coordinator will transport the youth to his or her community placement.
3. If there are circumstances that impede the Care Coordinator's availability to transport the youth (e.g., placement is not available until after business hours, parent(s)/guardian(s) are unavailable until after business hours, approved leave, mandatory training, court), then the Care Coordinator must submit a Transportation Request Form for the youth to be transported to the community placement.

E. Discharging Youth from YSC or any Awaiting Placement Facility

1. For youth discharging from YSC to the community, send the CPA and Release Packet (i.e., Commitment Order, Face Sheet, Release Form) to the JJIC.
2. The Care Coordinator is expected to pick up the youth and transport him or her to the community placement. Notify the YSC and JJIC of the pick-up time.



3. If there are circumstances that impede the Care Coordinator's availability to transport the youth (e.g., placement is not available until after business hours, parent(s)/ guardian(s) are unavailable until after business hours, approved leave, mandatory training, court), then the Care Coordinator must submit a Transportation Request Form.
4. Care Coordinators should use the Fleet Share Program when driving to field activities. However, if emergencies arise, and Fleet Share vehicles are not available, personal vehicles can be used after Supervisor notification *(for a copy of the DC Fleet Share Policy, refer to the Resource Location Lists in Appendix B)*.

Please Note: Youth and families **should never be transported** in any employee's personal vehicle *[(for the policy on vehicle use, refer to the Official Use of Government Vehicle Policy on the Agency's Common Drive (i.e., Y Drive))]*.



Medical Necessity and Accessing Medicaid

Medicaid is a health insurance program administered collaboratively between the federal and state governments. State Medicaid programs can deny coverage for a particular treatment if the treatment is not medically necessary.

The term “Medical Necessity” is used to describe care that is reasonable, necessary and/ or appropriate based on clinical standards of care. Care Coordinators partner with insurance companies to ensure that there is a continuum of both medical and behavioral health care and services available for the youth served. It is important for youth to have access to healthcare for regular medical, dental and vision check-ups and any needed follow up as well as behavioral health assessment and treatment.

Extra Legal Protection for Children Under 21¹⁷

Medicaid has a program called Early Periodic Screening, Diagnosis, and Treatment (EPSDT) for children under the age of 21. States must offer all of the Medicaid mandatory and optional services and treatments to children, even though the state may decide to exclude some optional services for adults as a cost-saving measure.

In addition to requiring states to cover a comprehensive list of possible treatments for children, Medicaid requires state Medicaid programs to cover any treatment that is medically necessary (i.e., according to the particular state’s definition of “Medical Necessity”), regardless of whether the treatment would be available for an adult in the state. For example, a state may limit Medicaid coverage of inpatient hospital stays to 45 days for adults, but the state’s Medicaid program must pay for a longer hospital stay for a child if the hospital stay meets the state’s definition of Medical Necessity. In short, EPSDT gives children extra legal protection and may be the basis for requiring a state’s Medicaid agency to fund a particular treatment.

When a youth is enrolled with Health Services for Children with Special Needs (HSCSN) or another Managed Care Organization (MCO) as their insurance company, it is critical to maximize his or her insurance to pay for medical and behavioral health services.

If a youth is not currently enrolled with a health insurance company, the Care Coordinator will assist the parent(s)/guardian(s) with immediately enrolling or re-enrolling the youth. For those with private insurance, the Care Coordinator will work with the parent(s)/guardian(s) to determine what services the insurance company will fund. For youth with both private insurance and Medicaid, Medicaid is always the secondary insurance.

¹⁷ For more information about EPSDT, visit the Centers for Medicaid and Medicare Services website, www.cms.gov, and search EPSDT.



Procedures:

I. Accessing Services through the Youth's Insurance

A. District of Columbia (DC) Medicaid

1. To access these services through the youth's insurance, the Care Coordinator must first confirm the youth's insurance coverage through the Internal Voice Response (IVR) process (*for an electronic copy of "How to Determine Medicaid Status," refer to the Reference Guides listed in Appendix C*). To complete the IVR process, Care Coordinators can find the youth's Medicaid number in the "Demographics" section in the "Identifying Numbers" tab or a copy of the Medicaid card in the "Scanned Documents" section of the youth's file in the DYRS Database.
2. If the DC Medicaid number is not available in the DYRS Database, the Care Coordinator should provide the Social Security number of the youth to the Utilization Specialist. The Utilization Specialist will confirm if the youth has DC Medicaid by using the Economic Security Administration Automated Client Eligibility Determination System Database (ESA ACEDS).
3. Once the youth's insurance coverage is confirmed, the Care Coordinator can refer the youth to services via a CSA, and/or the Adolescent Substance Treatment Expansion Program (ASTEP) Providers and can petition insurance companies to fund a higher LOC in a PRTF, if the youth's mental health needs or his or her functioning in the community continue to deteriorate and outpatient services have been exhausted [*for electronic copies of "How to Petition for a Level of Care through the District of Columbia Department of Behavioral Health" and "How to Petition Medicaid Managed Care Organizations (MCO) for Pre-Authorization," refer to the Reference Guides listed in Appendix C*].

*For more information about **obtaining a LOC determination**, refer to the **Acute and Long-Term Psychiatric Residential** procedures in this section of the handbook.*

B. Out-of-State Medicaid

1. If the youth is a resident of Maryland, Virginia or another state, the Care Coordinator will seek direction from the DYRS Medicaid Resource Team to assess the status of the youth's insurance.
2. Once the youth is connected, the Care Coordinator will work with the youth's insurance company to ensure that there is a continuum of medical and behavioral health care and services available for the youth.

- C. Health Services for Children with Special Needs (HSCSN):** Covers all clinic-based services; inpatient hospitalizations including detox, inpatient substance abuse treatment; PRTF; and some home and community-based services (e.g., respite, behavioral coaching and after-school programming). The network has additional services that other insurance companies do not, including individual and family therapists and respite care. HSCSN will also fund inpatient substance abuse treatment if the youth meets "Medical Necessity" for this level of treatment.



1. If a youth has HSCSN, the Care Coordinator should immediately establish a relationship with the youth's Care Manager through HSCSN.
2. The Care Coordinator and Care Manager will work together to ensure the youth has the continuum of medical and behavioral health care and services available for the youth.

D. Managed Care Organization (MCO): Covers all clinic-based services, inpatient hospitalization including detox and PRTF for the first billing cycle (the youth is then moved into DC Medicaid Fee-for-Service). Home and community-based care services are not covered.

1. Youth with MCOs may also have a Care Manager available to them from their insurance company. The Care Coordinator should contact the MCO to obtain the name and contact information of the Care Manager to establish a relationship and collaborate on the youth's care.
2. Generally, when youth with an MCO are placed in a residential facility out of the community (i.e., other than NBYDC or YSC), their insurance will change to Fee-for-Service Medicaid after the first billing cycle. When youth in residential facilities require medical care and the facility requests permission from the Care Coordinator to authorize this medical care, it is imperative that the Care Coordinator inform the facility to submit a Request for Medical Necessity to DYRS' Medical Department for approval and have the parent(s)/guardian(s) sign consent for the medical treatment.
3. When a youth is placed at a PRTF on a MCO pre-authorization and a facility requires medical care during the first billing cycle, the facility must obtain authorization from the MCO and have the parent(s)/guardian(s) consent for medical treatment.
4. Care Coordinators **should never authorize funding** for any medical services **while the youth is in any type of residential facility** without first discussing the need with the Unit Supervisor, notifying the parent(s)/guardian(s) and referring the facility to complete the process above to obtain approval.
5. When a youth completes a residential program and returns to the community, his or her insurance often will return to the MCO. The DYRS Utilization Specialist will notify the insurance company when youth are placed at any out-of-state placement or are detained as well as when they return to the community.



II. Reinstating, Recertifying, or Applying for Medicaid

DBH (aka Fee-for-Service) provides and coordinates all home and community-based mental health services for HSCSN and the MCOs. In the District of Columbia, these mental health services are funded by Medicaid via the Mental Health Rehabilitation Services [(e.g., Community-Based Intervention (CBI), Multi-Systemic Therapy (MST), Transition to Independence Program (TIP) and Functional Family Therapy (FFT)].

A. Detained Youth

1. When youth are detained at NBYDC or YSC, under the federal Medicaid law (i.e., “Inmate of a Public Institution”), the youth is considered incarcerated and therefore his or her Medicaid is suspended during the period of incarceration. During this time, DYRS is responsible for paying the youth’s medical costs (e.g., eyeglasses, x-rays, dental). However, if the youth is in a hospital for more than 24 hours, Medicaid will cover all hospital-related expenses (*for an electronic copy of DYRS’ “Internal Process for Fee-For-Service Medicaid,” refer to the Reference Guides listed in Appendix C*).
2. If a youth’s Medicaid is inactive, the youth’s parent(s)/guardian(s) will need to go to their local Economic Security Administration (ESA) office to recertify for Medicaid. Care Coordinators are expected to assist families with the recertification process to ensure it occurs. Care Coordinators should advise parent(s)/guardian(s) to request retroactive coverage when recertifying [i.e., typically up to three (3) months].
3. If a youth is 18 years of age, he or she may be independently eligible for Medicaid and the Care Coordinator is expected to assist in helping the youth to apply. If the youth is a resident of DC and not included in his or her parent’s/guardian’s plan, the Care Coordinator will assist the youth in the DC Medicaid application process. The application can be completed online at www.dchealthlink.com or at the closest ESA Service Center. Care Coordinators should advise youth to request retroactive coverage when recertifying [i.e., typically up to three (3) months].
4. If the youth is a resident of another state, the Care Coordinator will assist with that jurisdiction’s application process.

Acute and Long-Term Psychiatric Residential Treatment

A youth who demonstrates behavior that is likely to cause immediate harm to himself or herself or others (e.g., homicidal, suicidal, ideations) should be assessed for acute hospitalization.

Procedures:

A. Acute Psychiatric Residential Treatment

1. If the youth is currently in secure detention or prison, an RTC or PRTF, the facility should have a staff member authorized to make this evaluation and determine if the youth needs to be involuntarily hospitalized (in DC, this is referred to as an FD-12).
2. Care Coordinators will notify treatment staff at the facility **immediately** for further assessment if they have contact with a youth at a facility and the youth demonstrates or verbalizes suicidal or homicidal ideations. Notification will be in the form of face-to-face conversation or phone call, followed up with an email (copied to the Unit Supervisor), to confirm that the facility staff has received the information.
3. If a youth in the community demonstrates homicidal or suicidal ideations, the Care Coordinator should notify the Youth Mobile Crisis Unit, called CHAMPS, at 202-481-1440, or the Adult Mobile Crisis Unit, at 1-888-793-4357, for youth over the age of 18.

The Care Coordinator should remain with the youth until the Crisis Unit arrives to make their assessment and wait to find out the determination of the Crisis Unit.

Please Note: The Mobile Crisis Unit will determine if the youth meets the criteria for involuntary hospitalization and will facilitate hospitalization, if needed. If the youth does not meet the criteria, the crisis team will complete a safety plan with the youth and follow up with him or her within 48 hours.

4. If the youth is currently linked to CBI or Assertive Community Treatment (ACT), or for youth age 17 or older, Transitional Assertive Community Treatment (TACT), notify the ACT, TACT, or CBI worker in addition to the Mobile Crisis Unit.
5. **If the youth is unwilling to remain with the Care Coordinator**, parent(s)/guardian(s) or group home staff for the Mobile Crisis Unit to complete the assessment, or the youth's behavior is not safe enough to wait for the Mobile Crisis Unit and **it is believed the youth or someone else is in imminent danger, call 9-1-1 immediately**. Notify the emergency dispatcher of the mental health crisis so a police officer specially trained in this area can be dispatched.
6. In the event that the youth is hospitalized, the Care Coordinator should immediately notify the youth's parent(s)/guardian(s) of the hospitalization.
7. Document all efforts in the "Case Notes" section of the youth's file in the DYRS Database within two (2) business days of each attempt.



B. Long-Term Psychiatric Residential: Obtaining a LOC

1. If a Care Coordinator and/or Unit Supervisor believe the youth requires mental health treatment in a PRTF, the Care Coordinator should complete a request for a LOC. LOC requests are submitted to either DBH, if the youth has DC Medicaid Fee-for-Service, or to the youth's current insurance company for approval (*for an electronic copy of the LOC Request template, refer to the Resource Location Lists in Appendix B*).
2. In order to obtain approval for a PRTF placement funded by the youth's insurance, the youth must meet "Medical Necessity" for the placement.

*For more information about a youth's insurance coverage, refer to the **Medical Necessity and Accessing Medicaid** procedures in this section of the handbook.*

For an electronic copy of "How to Petition for a Level of Care through the District of Columbia Department of Behavioral Health" refer to the Reference Guides listed in Appendix C.

3. LOC requests must include current clinical evaluations articulating the youth's need for long-term psychiatric treatment as well as any other relevant clinical documentation, such as reports from community-based mental health service providers. Generally, outpatient treatment must be exhausted before a LOC request will be approved.
4. If the Care Coordinator and Unit Supervisor believe the youth needs a PRTF and intend to seek placement, the DYRS Procurement Division will require that the Care Coordinator attempt to obtain a LOC for funding of placement.
5. If the LOC request is denied by the youth's insurance, DYRS Procurement will require a copy of the denial letter before granting DYRS funding. The PRTF must have a HCA with DYRS to be approved for funding.

Please Note: Anytime a Care Coordinator is requesting a LOC, the Procurement Resource Manager should be notified immediately and **before** the request is submitted.

6. Youth committed to DYRS and in need of PRTF or RTC placement must be at a "High" placement level. If the PRTF or RTC is the initial placement for the youth, the YAU will handle the placement determination and LOC during pre-commitment.

*For more information about **placement decision making during pre-commitment**, refer to the **Pre-Commitment Referral** procedures in the **Pre-Commitment** section of the handbook.*

7. If the youth is currently committed and the placement level is not "High," the Care Coordinator must request a CSRH to raise the youth's level to "High," or seek a waiver from the youth. The youth may consult his or her attorney or waive the right to counsel. If the youth does so, he or she should write that they waive the assistance of counsel on the waiver, sign and date the statement.



*For more information about the **CSRH**, see the **Placement Determination** procedures in this section and the **Community Status Review Hearings** procedures in the **Community-Based Services and Youth Supervision** section of the handbook.*

8. If the youth's level is not raised to "High" but the youth's insurance company approves the LOC, DYRS cannot place the youth at the PRTF. However, the youth's parent(s)/guardian(s) still has the right to place the youth at the PRTF and DYRS will support the parent(s)/guardian(s) in facilitating this placement.
9. The Care Coordinator must obtain an Article VI and an Interstate Compact on the Placement of Children (ICPC) clearance must be granted by the receiving state.

*For more information about **ICPC**, see the **Interstate Compacts** procedures also in this section of the handbook.*



Obtaining Consent for Psychotropic Medication

For youth in facilities or in the community, psychotropic medication may be recommended and prescribed by a psychiatrist. Psychotropic medications include those that affect mental activity, behavior or perception and/or that treat depression, anxiety, schizophrenia or other similar mental health diagnoses.

Care Coordinators **are not authorized to consent to psychotropic medication prescriptions at any time** for any youth that they supervise. It is the Care Coordinator's responsibility to seek consent from the parent(s)/guardian(s) of the youth under the age of 18 (or from the youth directly who is 18 or above) for the use of psychotropic medications.

Please Note: Care Coordinators can consent to non-psychotropic prescriptions or over-the-counter medication for youth (e.g., antibiotics, birth control, allergy medications).

Care Coordinators are expected to advise youth, where applicable (i.e., youth 18 or over), and their parent(s)/guardian(s) on the processes for having the medication prescribed and to assist the youth and/or family with scheduling timely medication refills. Additionally, Care Coordinators will work with the youth and/or family to monitor consistent medication use and management by the youth as needed.

Procedures

1. If a psychiatrist or placement recommends psychotropic medication for a youth, the Care Coordinator must seek the youth's parent(s)/guardian(s) consent, if the youth is under the age of 18. If the youth is over the age of 18, the youth can consent on his or her own.
2. In the event that a medical professional has deemed psychotropic medication medically necessary for a committed youth under the age of 18, and a parent cannot be reached, or a youth over the age of 18 refuses to consent, Care Coordinators should consult with the youth's attorney of record regarding how to best proceed on the administration of the medication to assist the youth.
3. Once prescribed, the Care Coordinator will support the youth and/or parent(s)/guardian(s) to review active prescriptions every 30 days, ensure that medical appointments are scheduled to monitor dosage and use and facilitate timely refills.
4. All consent efforts, 30-day reviews and refill support must be documented in the "Case Notes" section, and written consent documents scanned and uploaded in the "Scanned Documents" section, of the youth's file of the DYRS Database.

Youth Detained in the District of Columbia or Other Jurisdictions

At times, committed youth may be arrested and charged as adults in both the District of Columbia and other jurisdictions. When this occurs and youth are detained pending trial or adjudicated and given a sentence short enough to prevent transfer to the state or federal prison system, Care Coordinators are responsible for maintaining visitation and monitoring of the youth's case. These youth may be detained at the District of Columbia (DC) Jail or Correctional Treatment Facility (CTF) (i.e., an annex to DC Jail, which holds female offenders and juveniles being charged as adults), or in adult detention facilities within 50 miles of DC.

Procedures:

1. When youth are detained at DC Jail or jurisdictions within 50 miles, Care Coordinators must request a Detainer for use as a Custody Order to ensure youth are returned to DYRS custody when released.
2. Care Coordinators must visit youth in DC Jail or jails within 50 miles on a monthly basis.
3. Care Coordinators must check the Justice Information System (JUSTIS) monthly to verify that the youth has not been moved to a different detention facility or released, and to check the status of the youth's case, including court dates and sentencing orders.
4. Care Coordinators must maintain contact with youth's Pretrial Services Officer, when applicable, to collaborate on the case and maintain the most up-to-date information.
5. If a youth is found involved in an adult case and sentenced to a jail/prison term longer than his or her DYRS commitment, the Care Coordinator will draft a memo to the OAG requesting early termination of the youth's DYRS commitment and attach the youth's sentencing orders in the adult matter. The memo will be submitted to the Care Planning and Coordination Program Manager for review and submission to OAG.
6. If a youth is found involved in the adult case and sentenced to a jail/prison term shorter than his or her DYRS commitment, the Care Coordinator will continue to monitor the case and communicate with the youth's Case Manager at the jail where the youth is placed, at least once a month via phone and email. The Care Coordinator will fax or email a copy of the Detainer to the youth's Case Manager at the jail to ensure the youth is released back to DYRS.
7. Care Coordinators will maintain monthly contact with the youth's family to provide them with any updates on the youth's status and explore if any additional supports are needed to assist the youth with a successful transition home after detention.
8. Care Coordinators will document all updates, visits and collaboration efforts in the "Case Notes" section of the youth's file in the DYRS Database within one (1) business day.
9. All documents regarding the youth's adult case including Detainers, sentencing orders, etc. will be uploaded in the "Scanned Documents" section of the youth's file in the DYRS Database within one (1) business day.

Please Note: For youth detained over 50 miles outside of the DC, Care Coordinators are expected to follow all of the above procedures with the exception of step number two (2).

*For more information about **early commitment termination**, refer to **Request for Case Closure** procedures in the **Commitment Expiration** section of the handbook.*



Interstate Compacts:

Interstate Compact on Juveniles and

Interstate Compact on the Placement of Children

There are two compacts that govern the movement of children and youth across state lines: The Interstate Compact on Juveniles (ICJ) and the Interstate Compact on the Placement of Children (ICPC).

These compacts are federal law and supersede any state law. The purpose of the ICJ and the ICPC are as follows:

- **ICJ:** Provides for the welfare and protection of juveniles and the public. This is accomplished through cooperative supervision of delinquent juveniles on probation or parole (i.e., aftercare), return of runaways, absconders and escapees, return of juveniles charged as delinquent, and additional measures, which any two or more party states may find desirable. Maximum age of service delivery is determined by the home or requesting state.
- **ICPC:** Provides a safe and nurturing environment for youth placed in residential facilities, therapeutic foster homes and therapeutic group homes. In addition, it provides for the affixing of financial, medical and legal responsibilities for the youth being placed in its facilities/ programs.

Procedures:

I. When Do You Use ICJ vs. ICPC?

- A. ICJ:** When committed youth are placed in the home of a parent(s)/guardian(s) outside DC or attending college out of state. ICJ is also utilized when an adjudicated youth is traveling to another state for visitation purposes for more than 24 hours.

ICPC: Youth placed in residential facilities outside the District of Columbia. If **DYRS places** the youth with an out-of-state family member, ICPC must be submitted in addition to the ICJ request.

1. If the **family member places** the youth with family in another jurisdiction, ICPC is not needed (ICJ is still required), but the Care Coordinator must receive a copy of the notarized letter from the parent granting guardianship to the family member. This letter must be uploaded in the “Scanned Documents” section of the youth’s file in the DYRS Database within one (1) business day.
2. **When a youth, under the age of majority** (i.e., 18 years of age), is placed by DYRS outside of the District of Columbia placement or with a family member with ICPC-approval and the youth **has a child that will be residing with them**, the Care Coordinator must **submit ICPC documentation for the child**.
 - a. **If the youth under the age of majority is pregnant** at the time of placement by DYRS, **ICPC approval must be requested for the child** once he or she is born. **Youth that are placed with family members by their parent(s)/guardian(s)**

are exempt. The Care Coordinator must receive a copy of the notarized letter from the parent(s)/guardian(s) granting guardianship to the family member. This letter must be uploaded in the “Scanned Documents” section of the youth’s file in the DYRS Database within one (1) business day.

II. Related Documentation

A. The following documentation must accompany either request:

Document	ICJ*	ICPC**
Social Study	X	X
Court Order	X	X
Article VI		X
Article 1A/IV	X	
Form IV	X	
Form V	X	
Form 100A (Placement Unit Generates)		X
Form 100B (Placement Unit Generates)		X
Travel Permit	X	
Procurement Approval (Placement Unit Generates)		X
Aftercare Agreement (aka Community Placement Agreement)	X	
Acceptance Letter		X
Mental Health Reports	X	X
Medical Reports	X	X
Educational Report/IEP	X	X

**ICJ documentation required in triplicate with original signatures for interstate approval, and is submitted in the Juvenile Interstate Data System.*

***ICPC Documentation is submitted to the Agency’s ICPC Unit*

1. All Care Coordinators and Unit Supervisors must obtain access to the Juvenile Interstate Data System (JIDS), the electronic database used to monitor ICJ cases. **Completion of the online training courses is required prior to obtaining JIDS access.**



2. For access to the JIDS website, online trainings and for JIDS related questions, please utilize the website www.juvenilecompact.org. DYRS also has an ICJ Deputy Administrator who can be utilized for questions or concerns after the Care Coordinator or Unit Supervisor has completed the training and gained access to JIDS.
3. When a committed youth has been approved for Transfer of Supervision **by the receiving state**, the Deputy Compact Administrator (or designee) will enroll the youth as an “ICJ Sending Youth” in the “Enrollments” section of the youth’s file in the DYRS Database.
4. When a committed youth **has been accepted** by the DC ICJ **from another state**, the Deputy Compact Administrator (or designee) will enroll the youth as an “ICJ Receiving Youth” in the “Enrollments” section of the youth’s file in the DYRS Database.
5. When an ICJ sending or receiving **case has ended**, the Deputy Compact Administrator (or designee) will disenroll the youth as an “ICJ Receiving Youth” or “ICJ Sending Youth” in the “Enrollments” section of the youth’s file in the DYRS Database.



Extradition of Youth

From time to time, youth that have been involved in criminal activities in other jurisdictions may need to be transferred from the District of Columbia, or vice versa, to the applicable jurisdictions to address his or her outstanding matters. This process is done via the ICJ.

If a Care Coordinator becomes aware of charges or a warrant in another jurisdiction, they should contact the DYRS Court Liaison and/or ICJ staff for assistance in obtaining a copy of the warrant.

I. Extradition of Youth with Outstanding Juvenile Warrants from an Outside Jurisdiction to the District of Columbia

The following procedures are required when a youth is being held in another jurisdiction, and DYRS is requesting to have the youth extradited back to custody. It is not necessary for all youth placed in other jurisdictions to have a Detainer issued (i.e., to ensure that the youth is returned to DYRS custody and not released to the community). Depending on the case, some youth can be extradited through the ICJ process.

A. Request for Custody Order as a Detainer

1. The Care Coordinator will contact the ICJ Office to determine whether a Custody Order is to be used as a Detainer or submission of ICJ Requisition Forms should be issued depending on the reason for detainment in the holding state.
 - a. Communication and submission of documents to the ICJ Office are required for appropriate processing of cases (*for blank copies of the forms, go to www.juvenilecompact.org*).

B. Extradition

1. An Extradition Hearing is held in the holding state to determine the validity of the warrant, Writ of Attachment or ICJ Requisition.
2. **If the youth voluntarily consents to return:** the youth and the presiding judge will sign the ICJ Form III (i.e., "Consent for Voluntary Return by a Runaway Escapee or Absconder," a document signed by the youth consenting to voluntarily return to the requesting state), and it will be forwarded to the holding state's ICJ Office for Release Authorization to the requesting state.
3. The holding state will then forward the Release Form and ICJ Form III to the requesting state's ICJ Office with notification that the youth is to be picked up by DYRS within five (5) business days.
4. **If the youth does not sign the ICJ Form III:** the following procedures are necessary to have the youth return to DYRS custody:
 - a. The Care Coordinator will complete three (3) copies of the ICJ Requisition Form II obtained from JIDS Database.
 - b. The Care Coordinator will provide the three (3) copies of the completed ICJ Requisition Form II, three (3) copies of the youth's Commitment Order(s) and three (3) copies of the Custody Order to the DYRS Court Liaison Office. A staff



member from the DYRS Court Liaison Office will present the three (3) copies of the documents provided to Superior Courts of the District of Columbia (DCSC) to be “Sealed as True Copies” within one (1) business day.

- c. The Care Coordinator will have each copy of the ICJ Requisition Form II notarized.
- d. The Care Coordinator will provide the ICJ Office (ICJ Commissioner or Deputy Compact Administrator) with all three (3) Sealed/True Copies (i.e., notarized) of the ICJ Requisition Form II, Commitment Order(s) and Custody Order for processing.
- e. The District of Columbia ICJ Office will review the Requisition Packet and then submit it to the requesting state’s ICJ Office through their electronic data system.
- f. The ICJ Office in the requesting state will review and process the ICJ Requisition Form II with the supporting documents and request that a court hearing be held within 30 calendar days of receipt.

Please Note: Days can be extended if both ICJ Offices agree.

- g. If the Requisition is found to be in order (i.e., appropriately completed), the judge will order the youth’s return to the requesting state. If the Requisition is denied, the judge will issue written findings detailing the reason for denial.
- h. Once approved, the ICJ Office will notify the Care Coordinator and arrange transportation of the youth back to the District of Columbia within five (5) business days. Overall the process can take up to 90 days.

C. Return to District of Columbia

Youth in custody in out-of-state facilities for juvenile matters and runaways can only be returned to the District of Columbia through the ICJ process.

1. If the youth returns to the District of Columbia through the ICJ process, he or she will be picked up by duly sworn or delegated officers (i.e., police officers, U.S. Marshals) and brought into custody within five (5) days of receipt of approved requisition.

II. Extradition of Youth from District of Columbia to Outside Jurisdictions

The following procedures are required when a youth is in the custody of DYRS and an outside jurisdiction has an outstanding warrant. The Court Liaison Office will verify that the youth has an active outstanding warrant in another jurisdiction.

A. Processing Warrant

When a youth is in the custody of DYRS and has an outstanding warrant in another jurisdiction, the Care Coordinator will do the following:

1. Obtain a copy of the warrant.
2. Complete a Transportation Request Form to have the youth transported to Juvenile Processing at the District of Columbia Metropolitan Police Department for booking [depending on the youth’s current Court Order(s) and placement status, the Care Coordinator can transport]. Once the youth is booked, a court hearing is scheduled to address extradition.

B. Extradition

1. An Extradition Hearing is held in the holding state in attempt to have the youth sign the ICJ Form III.
2. **If the youth signs the ICJ Form III:** it is sent and processed through the ICJ Office. The youth is required to be picked up by the requesting state within five (5) business days.
3. **If the youth does not sign the ICJ Requisition Form III:** the requesting state will complete the necessary procedures through the ICJ Process to have the youth return to their custody.
4. **If a youth is securely detained in a pending District of Columbia matter or has an outstanding active warrant, adult or juvenile:** the youth cannot be transported to another jurisdiction until the court resolves the matter.

C. Returning to DYRS

1. After the youth is transported to the requesting state to address an outstanding warrant and DYRS determines that the youth should return to the Agency's custody, a Request for Custody Order should be submitted by the Care Coordinator.
2. The Custody Order will be used as a Detainer immediately when the youth arrives to facilities outside the District of Columbia. This process ensures that after addressing the outstanding warrant in an outside jurisdiction, the youth will return to the custody of DYRS.

III. Extradition of Youth Being Charged as an Adult by Outside Jurisdictions

The following procedures are required when a youth committed to DYRS has an outstanding warrant in a jurisdiction outside of the District of Columbia in an adult matter. The ICJ process is not used for youth committed to DYRS that have been charged in adult matters. The Court Liaison Office will verify that the youth has an active outstanding adult warrant in another jurisdiction.

A. Processing Warrant

When a youth committed to DYRS has an outstanding adult warrant in another jurisdiction, the following procedures occur:

1. **For youth at YSC, NBYDC or Awaiting Placement:** the Care Coordinator will obtain a copy of the warrant.
2. The Care Coordinator will submit a Transportation Request Form to transport the youth to the Fifth District Precinct for booking on the outstanding adult warrant. Once the youth is booked, a court hearing will be scheduled to address extradition.
 - a. For youth in the community, the Care Coordinator may escort the youth to any Precinct for booking on the outstanding adult warrant.



B. Extradition

1. After being booked on the outstanding adult warrant, the youth will await his extradition hearing at the DCSC.
2. Thereafter, the requesting state has three (3) business days to pick up the youth from DC Jail.

C. Returning to DYRS

1. After the youth is placed in the outside jurisdiction to address the outstanding warrant, the Care Coordinator will “immediately” [**i.e., within the same business day**] complete and submit a Request for Custody Order to be used as a Detainer to the DCSC. This process ensures that after addressing the outstanding warrant in the outside jurisdiction, the youth will return to the custody of DYRS.
2. All applicable documentation must be scanned and uploaded within two (2) business days to the “Scanned Documents” section of the youth’s file in the DYRS Database.

*For more information about the **requirements of ICJ**, refer to the **Interstate Compacts** procedures also in this section of the handbook.*





Care Planning and Supervision

Most of the important things in the world have been accomplished by people who have kept on trying when there seemed to be no hope at all.

Dale Carnegie
American Writer, Lecturer

Today, let us become aware of the healing power within and dedicate ourselves to uplifting those we touch.

Iyanla Vanzant,
Inspirational Writer and Speaker, Life Coach

- The Care Planning Flow Chart
- Assessments and Screens
- Care Planning Meetings
- Developing the Success Plan
- Dual-Jacketed Youth
- Care Planning and Coordination Reviews
- Supervision

Section Overview:

Comprehensive care planning practices at the Department of Youth Rehabilitation Services (DYRS, also known as the Agency) begin at pre-commitment with the Youth Assessment Unit (YAU). The YAU takes into account an array of factors, including, but not limited to, the results of assessments, family and youth input and recommendations from court-ordered evaluations. All of this information is used to make a treatment plan for the youth, which may or may not include a recommendation for commitment, and also includes an initial placement recommendation and early service referrals.

Once a youth is committed, he or she undergoes a strategic care planning process that is informed by interviews and a series of assessments, including completion of the Child and Adolescent Functional Assessment Scale (CAFAS); a Team Decision Making (TDM) Meeting; and a Success Plan that guides service enrollments and goal completion activities every 90 days until the youth's commitment ends.

Integral to the care planning process is engagement of the youth and his or her family in the identification and support of goals that will build on and strengthen the youth's core competencies and address areas of need. Additionally, DYRS collaborates with external stakeholders, including other youth-serving agencies [e.g., Child and Family Services Agency (CFSA), Court Social Services (CSS), Pretrial Services Agency (PSA)] to ensure a holistic approach to care planning and coordination. Right from the start of the youth's commitment, planning and support will focus on what is needed throughout commitment to ensure successful re-entry and contribution to the youth's community.

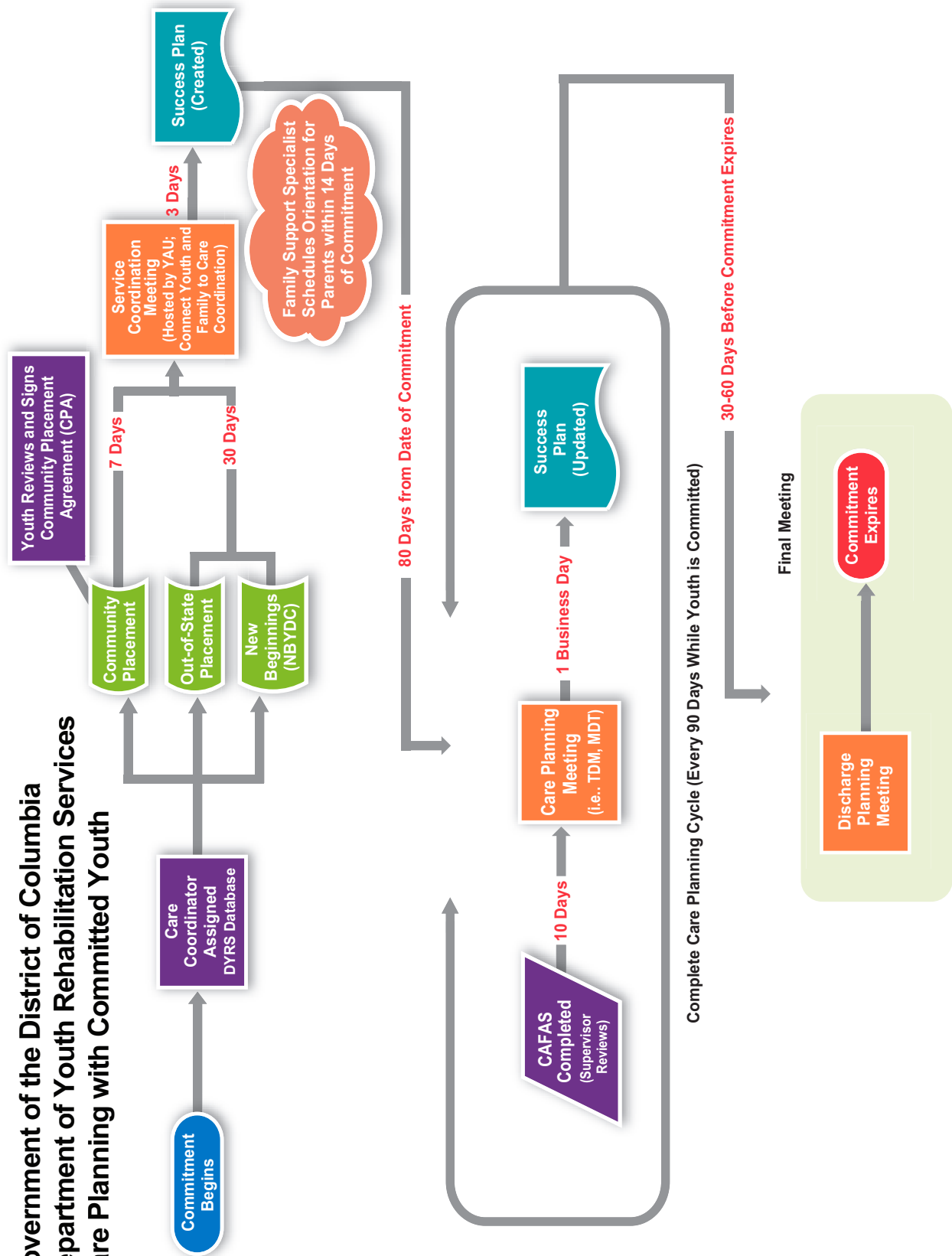


Unit Supervisors will conduct ongoing supervision with Care Coordinators to foster open communication about the needs of the youth and families; problem solve issues, where necessary; and support the efforts of Care Coordinators, as needed. When necessary, a youth's case may be examined by an internal team to assist with addressing issues and barriers to success.

Every fiscal year, all DYRS employees receive a year-end evaluation. There is an opportunity to submit a self-evaluation prior to the completion of the Supervisory Evaluation. All Supervisors and Managers will discuss and review the evaluation with their team members. Adherence to procedures in this handbook will be integral to employee performance reviews.



Government of the District of Columbia Department of Youth Rehabilitation Services Care Planning with Committed Youth



Assessments and Screens

DYRS uses a number of assessments and screens to inform decision making at different points in a youth's involvement with the Agency. Each of the assessments or screens listed below are used at different stages of the commitment process and provide information related to mental health, substance use, risk level, educational achievement, work readiness, and youth behavior.

I. The Child and Adolescent Functional Assessment Scale (CAFAS)

The CAFAS allows the Care Coordinator to rate the day-to-day functioning of a youth across important life domains: school, home, community, behavior towards others, moods/emotions, substance use, self-harm, and thinking. DYRS uses this tool as part of the District of Columbia's citywide System of Care Initiative monitored by the Department of Behavioral Health (DBH). A new CAFAS is completed every 90 days prior to the TDM Meeting.

The tool shows a score for each subscale that identifies areas of strengths and impairments in day-to-day functioning. When presenting the findings of the CAFAS, it is important that the strengths of the youth are highlighted along with the areas in need of support. This tool is used during TDM and other care planning meetings to facilitate the conversation and direct goal planning towards areas that are needed most. During the TDM Meeting, service referrals are made based on the CAFAS scores and Success Plan Goals.

Procedures:

A. Prior to Completing the Youth's CAFAS

1. The Care Coordinator must do the following:
 - a. Review all relevant data and youth records for the rating period (i.e., the last 90 days) including school records and progress reports from placements and service providers; and
 - b. Speak to the youth, parent(s)/guardian(s) and any treatment providers, including those that work with the youth at an out-of-state placement, on a monthly basis and within one (1) week of completing the assessment.
2. If a youth has been in jail or on abscondence for the entire preceding 90-day period, a CAFAS will not be completed until the youth returns to custody. Once a youth returns to custody, a CAFAS must be completed within five (5) business days.
3. The CAFAS is completed in the Functional Assessment System (FAS) Database: www.fasoutcomes.com. All Care Coordinators must complete a two (2)-day CAFAS Reliable Rater training and pass the training exam prior to being authorized to utilize the CAFAS Database and complete the assessment.
4. Before a youth is committed to DYRS, the Assessment Specialist must complete a CAFAS within 14 days of receiving the youth's case.
5. Once committed, the assigned Care Coordinator must complete the CAFAS within 90 days of the previous CAFAS. A CAFAS should be updated immediately after a youth is committed, if the CAFAS done during pre-commitment is over 90 days old.



- a. The Care Coordinator will change the youth's status from "Pre-commitment" to "Committed" in the FAS Database.
 - b. When a youth is on abscondence or in jail for the entire 90-day rating period, the Care Coordinator must change the youth's status in the FAS Database to "Abscondence" or "Jail" until the youth returns.
6. A CAFAS is considered "up-to-date" if it is completed within 30 days of any TDM Meeting or other meeting type.
- a. If a pre-committed youth is not committed until more than 90 days after the last CAFAS has been completed, then the Care Coordinator will update the CAFAS within 30 days of receiving the case.

II. Structured Decision Making (SDM)

A. SDM: What is It?

DYRS uses a validated risk assessment known as the SDM. Risk assessments estimate the likelihood of a youth committing a new offense. Risk assessments inform placement decisions and help guard against unnecessarily placing youth out of their home or in a secure facility. Placing youth out of their homes removes youth from their families and the supports in the community that can have a positive influence on a youth's development. Secure placement specifically, can increase the chances that a youth will commit another offense¹⁸ and has a negative effect on educational and work outcomes.¹⁹ Risk assessments are designed to increase public safety, focus resources appropriately and ensure that youth with the same risk levels are treated similarly.

The SDM was developed by the Annie E. Casey Foundation and the National Council on Crime and Delinquency (NCCD). It is a tool designed to help determine the appropriate placement for a youth upon commitment. It is an evidence-based process that weighs scientifically validated aspects of a youth's social history to estimate the likelihood of re-arrest. For example, research has found that a youth who has a history of substance use is more likely to be rearrested.²⁰

The SDM is intended to:

- a. Identify youth who are most at risk for committing a new offense;
- b. Identify youth who would be potentially harmed by a more secure placement;
- c. Help distribute resources to the most vulnerable youth;
- d. Ensure that youth with the same risk levels are treated similarly;
- e. Promote transparency in placement decision making; and
- f. Serve as one tool of many in the placement decision-making process.

¹⁸ National Research Council, "Reforming Juvenile Justice: A Developmental Approach," (2013), <http://www.nap.edu/catalog/14685/reforming-juvenile-justice-a-developmental-approach>.

¹⁹ Anna Aizer and Joseph J. Doyle, "Juvenile Confinement, Human Capital, and Future Crime: Evidence from Randomly Assigned Judges," *National Bureau of Economic Research Working Paper No. 19102* (2013).

²⁰ Mike Stoolmiller and Elaine A. Blechman, "Substance Use is a Robust Predictor of Adolescent Recidivism," *Criminal Justice and Behavior* 32, no. 3 (2005), <http://cjb.sagepub.com/content/32/3/302.short>.



The SDM does NOT:

- a. Predict future behavior;
- b. Serve as a needs assessment;
- c. Make the decision about placement; or
- d. Serve as a replacement for youth and family involvement or professional judgment.

While other juvenile justice agencies use a version of the SDM, DYRS' SDM has been tailored to the specific youth that the Agency serves. In 2012, five (5) years after SDM was implemented by DYRS, the Annie E. Casey Foundation and the NCCD assessed and validated SDM for DYRS. Their findings indicated that the Agency's use of SDM has been successful in classifying youth: Fewer low-risk youth recidivated than medium-risk youth and fewer medium-risk youth recidivated than high-risk youth.²¹

B. SDM and Positive Youth Justice

The SDM is meant to be completed once at the start of commitment. It is valid for only a short period of time. Following the initial SDM, a new SDM is only triggered by a new commitment or a re-commitment. Because the SDM relies on the offense as an indicator, redoing the SDM is unlikely to yield a different risk level even if the youth's behavior or accomplishments have changed.

Perhaps more importantly, because the SDM determines risk related to public safety, it is highly focused on a youth's deficits, which is inconsistent with DYRS' strength-based, Positive Youth Justice (PYJ) approach. The SDM is only one tool in a spectrum of assessments and youth and family engagement opportunities that guide placement decisions, all of which, rely heavily on determining the strengths of a youth, their challenges and their goals. Finally, the SDM does not replace professional judgment or experience.

C. Determining Level of Restriction Using the SDM Matrix

The SDM automatically generates two scores: The first score is related to Offense Severity. The total risk assessment score represents the numerical total of all the items on the SDM instrument but does not include the current offense in the calculation. As a result, the SDM generates two scores that need to be used in combination to determine a recommended placement/level of restriction using the matrix in Figure 1.

The Offense Severity is located along the left-hand side of the matrix, while the Risk Level is located across the top portion of the SDM matrix. Risk Level may NOT be determined without the matrix in Figure 1. **Do NOT use** only the "Offense Severity" or "Total Risk Score" to determine the "Risk Level."

²¹ For more information about the study and/or results, contact the DYRS Office of Research and Evaluation.



Figure 1: Risk Level Matrix

	High Risk Level	Medium Risk Level	Low Risk Level
High Offense Severily	HIGH	HIGH	HIGH OR MEDIUM
High Offense Severily	HIGH	MEDIUM	MEDIUM or LOW
Low Offense Severily	MEDIUM	LOW	LOW

This figure shows all possible levels of restriction for committed youth. The SDM assessment in the DYRS Database will show the Offense Severity, Total Risk Score and corresponding Risk Level. Using those levels and Figure 1 will help to determine where the youth should be placed.

Procedures:

A. Completing the SDM

1. When a youth is committed (or during pre-commitment), the YAU Assessment Specialist and staff in the Office of Research and Evaluation (ORE) will complete the SDM. The Court Liaison will update the arrest information with dispositions in the DYRS Database. The Assessment Specialist or the Care Coordinator will complete questions five through 11 (5-11), which refer to social history.
2. If the youth's name is included on the Care Coordinator's "Caseload Dashboard" on the main page of the DYRS Database, then click the youth's name. A dropdown menu will appear near the youth's name. Select "Assessments."
3. In the second dropdown menu that appears, select "Structured Decision Making."
4. Click "Add" and scroll down to the assessment.
5. Complete questions five (5) through 11 by selecting the appropriate answers.
6. Email the ORE to complete questions one through four (1-4) regarding "Offense History." ORE will complete the questions related to the offense. "Offense Severity" is based on the most serious offense from the most recent conviction.
7. The rest of the questions about "Offense History" take into account age at first conviction, number of violent/assaultive offense convictions and number of convictions overall. If a youth has multiple charges in one jacket and was convicted of all of them, it counts as one prior offense. All fields must be complete to get an accurate SDM.
8. If a final SDM seems too "High" or "Low" for a youth, the Assessment Specialist may suggest an override option. If a consensus is not reached, an override must be reviewed and approved by the Override Review Committee (*see details about this process in the pages that follow*).



B. SDM Override Committee

When it is determined during the Placement Review Committee meeting in the Pre-Commitment phase that it is in the best interest of the youth to be placed outside of the Level of Restriction suggested by the Structured Decision Making (SDM) Meeting, the SDM Override Committee will make the final determination around the youth's Level of Restriction. The Committee includes but is not limited to, the Deputy Director of Youth and Family Programs (or designee), Care Planning and Coordination Program Manager, Placement Manager, Resource Manager, and the assigned Unit Supervisor(s).

Procedures:

1. Based on receipt of the recommendation, the Assessment Specialist will submit a written request within two (2) business days to the Care Planning and Coordination Program Manager to convene the SDM Override Committee. The Committee will convene within five (5) business days of the request.
2. The Assessment Specialist will present the youth's case to the Committee by making recommendations for placement and providing explanation as to why placement outside the SDM decision is being recommended.
3. The Assessment Specialist will complete the SDM Override Request Form (*for an electronic blank copy of the form, refer to the Resource Location Lists in Appendix B*) and obtain signatures from the Committee. The completed and signed SDM Override Request Form will be submitted to Care Planning and Coordination Program Manager.
4. The Committee will either approve or deny the SDM Override Request and document the decision on the SDM Override Request Form.
5. The Assessment Specialist will scan and upload documentation of the SDM Override Committee request and Committee decision into the "Scanned Documents" section of the youth's file in the DYRS Database within one (1) business day of receiving the Committee's decision.



Other Assessments and Screens

In addition to the CAFAS and the SDM, each of the assessments or screens listed below is also used at different stages of the commitment process. And while all of these assessments and screens will not necessarily impact care planning, it is valuable to know that the youth take them and that they play a role in decision making at other points in the youth's involvement with DYRS.

A. Massachusetts Youth Screening Instrument 2 (MAYSI)

The MAYSI is a computerized self-report inventory of 52 questions designed to assist juvenile justice facilities in identifying the mental health needs of youth 12 to 17 years of age. Youth answer “yes” or “no” as to whether each item has been true for them “within the past few months.” The items are written at a 5th grade reading level. It takes about 10 to 15 minutes for a youth to complete the MAYSI, and scoring requires approximately three (3) minutes.²²

The MAYSI is self-administered by computer in either the intake area or exam room at the Youth Services Center (YSC) and New Beginnings Youth Development Center (NBYDC) within four (4) hours of admission and is meant to help intake staff identify youth who might require an immediate mental health response (e.g., suicide precautions, need for further evaluation and/or immediate referral for clinical consultation). It is not meant to provide “long-term treatment recommendations.”²³ The results of the MAYSI should be uploaded to a youth's file in the DYRS Database, but can always be found in a youth's medical file, available through DYRS medical staff.

B. Global Appraisal of Individual Needs–Short Screener (GAIN–SS)

The GAIN-SS takes five (5) minutes and has 23 items covering substance use, engagement in crime and violence and mental health disorders. The GAIN-SS is a screener for three things: 1) it identifies youth who might have one or more behavioral health disorders so they may be referred to behavioral health services; 2) it can be used as a quality assurance tool to ensure consistency of service delivery; and 3) it serves as a measure of change over time in behavioral health.²⁴

The GAIN-SS is administered in person, but it can be self-administered. The tool is designed for use in a variety of settings and requires minimal training or direction to administer.²⁵ The GAIN-SS results in a score that falls in a range that informs behavioral health referrals. Assessment Specialists administer the GAIN-SS during the pre-commitment process.

²² For more information about any of the screens or assessments described above, refer to the following links: National Youth Screening and Assessment Partners, <http://nysap.us/MAYSI2.html>.

²³ Thomas Grisso, Samantha Fusco, Melissa Paiva-Salisbury, Rachael Perrault, Valerie Williams and Richard Barnum, “The Massachusetts Youth Screening Review – Version 2 (MAYSI-2): Comprehensive Research Review,” University of Massachusetts Medical School, <http://nysap.us/MAYSI-2%20Review.pdf>, p. 3.

²⁴ Global Appraisal of Individual Needs (GAIN) Coordinating Center, GAIN Instruments, <http://gaincc.org/GAINSS>.

²⁵ Ibid.



C. Woodcock Johnson–Tests of Achievement

The Woodcock Johnson measures many aspects of academic achievement with a wide variety of relatively brief tests. It is used in a variety of educational settings, and is not specific for a juvenile justice population. All youth at NBYDC take the Woodcock Johnson through the Maya Angelou Academy.

D. Comprehensive Adult Student Assessment Systems (CASAS)

DYRS uses the Comprehensive Adult Student Assessment Systems (CASAS). This is a reading and math appraisal for pre-employment and workforce development programs, which contains 25 test items for both reading and math with an estimated completion time of less than one (1) hour. The questions are similar to educational assessments such as the Woodcock Johnson in terms of the skills involved, but they are presented in an “applied” format. For example, instead of a reading comprehension question related to a story, CASAS will ask comprehension questions about an employment advertisement or a cover letter. The appraisal developers indicate it is accurate through an “adult secondary” level.²⁶

DYRS staff members in the Office of Education and Workforce Development (OEWD) administer the CASAS during registration. They will use the results to help them work with youth to improve their skills related to gaining employment and pursuing careers and to place them in appropriate jobs and internships. In addition, OEWD staff sometimes use the CASAS for youth who have close to the number of credits to graduate with a high school diploma to help decide whether the youth should finish high school through DCPS or work toward a General Education Development (GED) certificate. CASAS scores can be found in the youth’s file in the DYRS Database.

E. New Futures Career Navigator

OEWD uses the New Futures Career Navigator to help youth explore careers and educational opportunities in the District of Columbia Metropolitan Area (DC Metro Area). It is specifically designed to support career development and education in DC Metro Area, including careers ranging from construction to arts, finance and law, among others. The assessment takes approximately 15 minutes. The organization that supports the assessment focuses on the career development and education of low-income youth in the District of Columbia and collaborates with local partners to provide scholarships and mentoring to help youth in post-secondary educational pursuits.

OEWD uses the results of the assessment to help youth choose educational and vocational training options that fit with their desired career path. Ideally, youth will be trained to have a long-term career, rather than shorter-term jobs.

²⁶ CASAS, Appraisals for Accurate Placement, <https://www.casas.org/product-overviews/assessments/appraisals>.



Care Planning Meetings

In order to meet committed youth where they are and to facilitate positive progression toward successful participation in the community, frequent review of the youth's progress and refinement of goals will occur throughout commitment. Care Coordinators should be prepared to work collaboratively with the youth, the youth's family (or guardians), other professionals, and key stakeholders to gather and review current information about the youth and to inform the youth's plans for moving forward.

The majority of youth will have a care planning meeting every 90 days throughout their commitment. A care planning meeting is held with each youth, his or her Care Coordinator and other key stakeholders, to review goals, milestones and achievements during the last 90 days. Progress is discussed and the team is available to address any barriers to success. The Agency's standard for this meeting is the TDM process. However, other meeting types may be convened (refer to the chart below) in order to review the youth's progress.

I. Team Decision Making (TDM) Meetings

TDM Meetings are a collaborative process between youth, families, Care Coordinators, service providers, and other key stakeholders. Effective inclusion of the youth and family in service planning requires dedication by everyone in the Agency and the community involved. It is essential to reach an agreement with the youth about his or her needs and to include the family in the process.

Prior to any care planning meeting, it is important for the Care Coordinator to prepare the youth and family to voice their thoughts and actively engage in the meeting discussions. The meetings will draw upon the youth's and family's strengths, experiences, knowledge, and resources to create a plan for the youth while committed to DYRS. TDM Meetings are one element of strength-based practice and work best when the youth's talents and needs with regard to daily living are recognized.

Once agreement is reached on the youth's strengths and needs, the TDM Team will design a Success Plan that will be a combination of services and supports that will build on those strengths and meet each need. The Success Plan will also ensure that the family, relevant agencies and service providers understand their roles in supporting the completion of these goals.

Procedures:

A. For Youth In the Community

1. The initial TDM Meeting will be scheduled for 90 days after the initial date of commitment. All subsequent TDM Meetings will be scheduled every 90 days thereafter for youth in the community.
2. It is the responsibility of the Care Coordinator to provide the TDM Team with any information requested to assist with the coordination process within two (2) business days of receiving the notification that the TDM Meeting is due to occur.



Care Coordinators provide this information using the TDM Snapshot Demographic Summary (*also known as the TDM Referral Form. For an electronic copy, refer to the Resource Location Lists in Appendix B*). The Summary should include the following:

- a. Updated contact information for the youth and his or her family;
- b. The list of dates and times the Care Coordinator is available;
- c. Any relevant information about the youth that will impact the dialogue in the meeting; and
- d. The names of other service providers/key stakeholders who should be included in the meeting.

B. For Youth at New Beginnings Youth Development Center (NBYDC)

1. For youth at NBYDC, a TDM Meeting will be held every 90 days.
2. One month after admission to NBYDC, a “30-Day Meeting” will be held to develop the Success Plan.
3. When the youth reaches Level VI, a Discharge TDM Meeting will be held to determine their community re-entry and discharge Success Plan.

C. For Youth Awaiting Placement

1. For youth that will remain in a DYRS Awaiting Placement for 30 calendar days or more, a TDM Meeting is required. By the 20th calendar day, the Care Coordinator must make a referral to the TDM Team. The TDM Team will schedule the TDM Meeting to occur no later than the 30th day.

Please Note: If the youth is placed prior to the 30th calendar day, the Care Coordinator will cancel the scheduled TDM Meeting.

2. This TDM Meeting will discuss goals and services/treatment needed during the youth’s commitment. Behavioral Health Specialists from these facilities will attend this TDM Meeting to make specific recommendations regarding the behavioral health services needed. A Success Plan is developed during this meeting.
3. The Care Coordinator will also receive a Behavioral Health Discharge Memo, which must be uploaded into the “Scanned Documents” section of the youth’s file in the DYRS Database.

D. For Youth in Out-of State Placements

1. For youth in out-of-state placements, Care Coordinators are required to participate in each youth’s monthly Treatment Team Meeting and Success Plans are to be updated based on outcomes of the meeting. Care Coordinators must participate by phone if they cannot be there in person.

Please Note: Regular TDM Meetings are not held for youth who are currently in out-of-state placements. Instead, the monthly Treatment Team Meetings are utilized for care planning and documented as a “Multidisciplinary Team Meeting (MDT)/ Treatment Team Meeting.”

2. When a youth is nearing the completion of his or her out-of-state program, a Discharge TDM Meeting is held to determine his or her community re-entry and discharge Success Plan. Care Coordinators must ensure that parent(s)/guardian(s) are always aware of and are encouraged to participate in these meetings.

E. For Youth in Jail or Abscondence

1. Youth who are in jail, in prison or on abscondence for the entire preceding 90-day period will not receive a TDM Meeting. However, when the youth returns to DYRS custody, a TDM or Service Care Meeting should be scheduled within five (5) business days of his or her return.
2. The Care Coordinator should inform the TDM Team of the youth's release from jail/prison for coordination of a TDM Meeting within one (1) business day of release.
3. Although parent(s)/guardian(s) participation is not mandatory, they are strongly encouraged and invited to attend TDM Meetings to provide input about their youth.

Please Note:

- If a youth has been assigned a Credible Messenger, the Care Coordinator will invite them to each scheduled care planning meeting.
- Every youth has the right to request that their attorney be invited to a TDM Meeting. If this occurs, the Care Coordinator will make reasonable efforts to include the attorney in the Meeting, if it advances the goals of the TDM.

II. Additional Care Planning Meetings

- A. Care Coordinators are required to attend all care planning meetings.** When applicable, Credible Messengers are also required to attend all care planning meetings. The charts on the following pages provide a description of the meeting type, frequency, purpose, and list of participants.

Procedures:

1. With the exception of the TDM, all of these meetings should be documented in the youth's file as the "Multi-Disciplinary/Treatment Team Meeting" procedure code in the "Case Notes" section of the DYRS Database within two (2) business days of the meeting.
2. TDM Coordinators are responsible for completing the Decision Making Meeting Form in the "Case Management" section of the youth's file in the DYRS Database at the completion of a TDM Meeting to facilitate Service Referrals (*for an electronic copy of the form, refer to the Resource Location Lists in Appendix B*).
3. At the completion of all other care planning meetings the Care Coordinator is to send the meeting notes, identified services and the youth's availability to the DYRS Referral Specialist, who will then complete the DYRS Service Referral Form to initiate services.
4. The TDM Facilitator will complete the Decision Making Meeting Form within one (1) business day of the TDM Meeting.
5. Any care planning meeting notes will be completed by the Care Coordinator and sent to the DYRS Referral Specialist within one (1) business day.



Care Planning Meetings

Meeting Type	Frequency	Purpose	Participants (to invite)
30-Day Meeting (Placement at NBYDC)	Once, at time of commitment if placed at NBYDC	To review program goals and develop initial Success Plan. NBYDC team members can also initiate community-based services	Required: <ul style="list-style-type: none"> ▪ Youth ▪ Parent(s)/Guardian(s)* ▪ Care Coordinator ▪ NBYDC Treatment Team Staff ▪ YAU Assessment Specialist ▪ Credible Messenger (if applicable) Suggested: <ul style="list-style-type: none"> ▪ Service Providers ▪ Youth Attorney ▪ Any Other Key Stakeholders
Service Care Meeting (SCM)	As needed	<p>To initiate or modify community-based services and problem-solve barriers to services participation</p> <p>A SCM is a type of MDT meeting. The Success Plan can be updated after a SCM, if goals change</p>	Required: <ul style="list-style-type: none"> ▪ Youth ▪ Parent(s)/Guardian(s)* ▪ Care Coordinator ▪ Credible Messenger (if applicable) Suggested: <ul style="list-style-type: none"> ▪ Service Providers ▪ Youth Attorney ▪ Any Other Key Stakeholders
Multidisciplinary Team Meeting (MDT)	As needed	<p>Any meeting held with multiple stakeholders, in order to review progress and develop care plan</p> <p>The Success Plan can be updated after a MDT meeting if goals change</p>	Required: <ul style="list-style-type: none"> ▪ Youth* ▪ Parent(s)/Guardian(s)* ▪ Care Coordinator ▪ Credible Messenger (if applicable) Suggested: <ul style="list-style-type: none"> ▪ Care Coordinator ▪ Service Providers ▪ Youth Attorney ▪ Any Other Key Stakeholders



Care Planning Meetings

Meeting Type	Frequency	Purpose	Participants (to invite)
Treatment Team Meeting	Monthly (or as requested by the Care Coordinator or Placement Staff)	30-day review of the youth's progress and goals while in any placement/facility The Success Plan can be updated after this meeting, if goals change	Required: <ul style="list-style-type: none"> Treatment Facility Staff Youth Parent(s)/Guardian(s)* Care Coordinator Credible Messenger (if applicable) Suggested: <ul style="list-style-type: none"> Youth Attorney Any Other Key Stakeholders
TDM and Level VI Discharge Meetings at NBYDC	Every 90 days and at Level VI	Discharge planning meeting focused on community placement and reintegration services Success Plan can be updated after this meeting, if goals change	Required: <ul style="list-style-type: none"> Treatment Manager Behavioral Health Youth Parent(s)/Guardian(s)* Care Coordinator JJIC School Staff Credible Messenger (if applicable) Suggested: <ul style="list-style-type: none"> Youth Attorney Any Other Key Stakeholders
Team Decision Making (TDM) Meeting	Every 90 days (or after 30 days in an Awaiting Placement Facility)	90-day meetings to review the youth's CAFAS, strengths, needs, progress, and goals The Success Plan MUST be updated after this meeting	Required: <ul style="list-style-type: none"> Youth* Parent(s)/Guardian(s)* Care Coordinator TDM Facilitator TDM Coordinator Credible Messenger (if applicable) Behavioral Health (if the youth is at YSC, NBYDC, or any Awaiting Placement Facility) Suggested: <ul style="list-style-type: none"> Service Providers Youth Attorney Any Other Stakeholders

*There may be times where a TDM/MDT Meeting moves forward without the presence of the youth and/or parent(s)/guardian(s). This will only occur when it is necessary for staff and stakeholders to problem solve issues around the youth and/or parent(s)/guardian(s) engagement with DYRS and to plan how best to move forward.



Developing the Success Plan

Success Plans are the plan of care developed for each youth based on his or her strengths, needs and goals as discussed in TDM and/or other care planning meetings. Success Plans include specific goals for the youth as well as measurable outcomes to achieve these goals. The entire planning team should have input in the youth's Success Plan, with the youth and family being the drivers of the plan.

Procedures:

A. Developing the Plan

1. Prior to the meeting, the Care Coordinator should help the youth and family think through the goals they would like to work toward for which the youth will take ownership.
2. Success Plans are created during the TDM Meetings with the entire team present. For other care planning meetings, the Care Coordinator is expected to update the Success Plan within one (1) business day of the meeting, including Success Plans for youth at Awaiting Placement Facilities.
3. Success Plans must be updated when there are changes to a youth's goals after a care planning meeting has occurred. Additionally, the Care Coordinator must update the youth's progress towards each Success Plan goal at least one (1) business day prior to the next scheduled care planning meeting.
4. Service referrals should be made based on recommendations that come from the TDM or other care planning meetings and goals that are articulated in the Success Plan. Services should be in place to help a youth reach his or her unique Success Plan goals.
5. Care Coordinators must ensure that service enrollments are accurately reflected in the "Enrollments" section of the youth's file in the DYRS Database. Contact the Utilization Specialist for updates on additions and modifications of enrollments in the DYRS Database.
6. The youth and parent(s)/guardian(s) must receive a copy of the youth's Success Plan after it has been completed and each time it is updated. The Care Coordinator is responsible for ensuring that the youth has a copy of the Success Plan. The Success Plan will be sent electronically or by regular mail to the family and all TDM Meeting participants within two (2) business days of the meeting. The Care Coordinator will request that the Program Assistant mail copies, as directed.

B. Goal Setting

During TDM Meetings, the TDM Coordinator will input all goals into the Success Plan section of the youth's file in the DYRS Database using the following SMART Goals format:

Specific: Clearly described

Measurable: Results and behaviors must be quantifiable

Attainable: Challenging, but realistic

Relevant: Identified based on youth's strengths/needs and DYRS' vision for youth

Timely: Have a specific timeframe and end date



The Success Plan is highly personalized and designed to help each youth experience long-term success consistent with the six domains within the PYJ framework and elevate their sense of self-worth and self-efficacy. SMART Goals are the framework that guides the development of the Success Plan.

Using the planning tools—the CAFAS, the TDM Meeting and the Success Plan—DYRS provides a comprehensive method for effective service delivery, care planning and coordination. This approach is consistent with the Agency's PYJ approach as it leverages youth strengths to move past challenges and incorporates multiple strategies that help youth succeed.



Dual-Jacketed Youth

Youth who are involved in both the juvenile justice and another supervising agency are often referred to as “dual-jacketed.” Assessment Specialists and/or the Coordinators must notify the Unit Supervisor and Care Planning and Coordination Program Manager whenever one of their assigned youth is dual-jacketed with DYRS and any of the following agencies: Child and Family Services Agency (CFSA), Community Services and Offender Supervision Agency (CSOSA), Pretrial Service Agency (PSA), and/or Court Social Services (CSS).

Once committed to DYRS, Care Coordinators and the assigned staff from collaborating agencies will work together to meet the youth’s range of needs and requirements per each agency, and in support of his or her successful re-entry into the community post commitment.

Procedures:

Assessment Specialists and/or Care Coordinators are responsible for the following:

1. Keeping the collaborating agencies informed of care plan updates and any changes in placement or critical acts of non-compliance (e.g., abscondence, electronic monitor tampering, re-arrest) and immediately reporting those changes within one (1) business day of the event.
2. Inviting all collaborating agency professionals responsible for the youth to all care meetings.
3. Documenting all efforts of care collaboration under the “Case Notes” section of the youth’s file in the DYRS Database within one (1) business day of each meeting.
4. Including the Care Planning and Coordination Program Manager and Unit Supervisor on all email communication regarding dual-jacketed youth, and notifying the Unit Supervisor immediately if there are issues or concerns with the collaboration.
5. Notifying the DYRS Utilization Specialist by email of the start date of supervision by the other agency to create this enrollment in the youth’s file in the DYRS Database within one (1) business day of becoming aware of the dual-jacketed status.
6. Maintaining monthly contact with all professionals responsible for the youth’s case to ensure the role expectations are met.

Please Note: DYRS is always the primary agency responsible for conducting the CAFAS for DYRS youth who are also connected to other agencies.

Care Planning and Coordination Reviews

Care Planning and Coordination Reviews allow Care Coordinators to receive peer feedback on their care planning and coordination efforts. Care planning and coordination reviews allow the Agency's executive leadership to become aware of more challenging issues and to develop strategies for supporting youth. Care Coordinators are often the most aware of issues, changes and crises that serve to potentially destabilize youth and trigger problematic behavior, including violence.

Procedures:

A. Monthly Unit Care Planning and Coordination Conferences

1. Each Unit Supervisor will conduct a monthly care planning and coordination conference group discussion with his or her team to enhance care coordination, collaboration and team building. The meeting should be scheduled for at least two (2) hours.
2. This monthly conference should be formal, thoroughly planned and structured. The main purpose is to provide an avenue for all Care Coordinators and Unit Supervisor(s) to:
 - a. Clarify issues regarding specific youth problems and goals, review activities such as progress and barriers and strategize solutions;
 - b. Give Care Coordinators who might be struggling with a case the extra tools to address the primary issues;
 - c. Talk about and share thematic ideas or issues related to case planning and coordination;
 - d. Dialogue about various topics to develop a holistic approach on how to address care planning and coordination challenges; and
 - e. Enhance team building among professionals.
3. A follow-up conversation for the cases discussed in the previous meeting(s) should be revisited at the beginning of each meeting for a status report on care planning and coordination.
4. **The meeting is mandatory for all the Care Coordinators in each Ward.** The Unit Supervisors will select the youth to be presented and will notify workers one (1) week in advance to prepare for the presentation. Care Coordinators can request to present a case to the Unit Supervisor when they feel additional support is needed.
5. During the conference the Unit Supervisor will facilitate discussion of the identified youth with his or her team of Care Coordinators with a focus on understanding the causes for concern. Based on Care Coordinator peer feedback, the Supervisor and group will develop a plan to provide services and monitoring based on the type and intensity needed.
6. After the group discussion, if the Care Coordinators and the Unit Supervisor determine that a triage meeting is needed to examine thoroughly all areas of concern and plan further interventions, the Unit Supervisor will send the name of the youth to the Care Planning and Coordination Program Manager for a Youth Intervention Strategy meeting to be convened within five (5) business days.



7. Within one (1) business day of the meeting, the outcome of each case dialogue should be documented by the Care Coordinator in the “Case Notes” section of the youth’s file using the procedure code “Case Conference” in the DYRS Database.

B. Youth Intervention Strategy Meetings

A Youth Intervention Strategy Meeting serves to inform upper level management of high-profile or significantly challenging cases, which will require additional resources, support or problem solving. The Agency’s executive leadership may select these cases, or the Unit Supervisor or Care Planning and Coordination Program Manager can request them. These meetings do not include the youth or their families, but are intended for internal problem solving.

1. Care Coordinators will be responsible for presenting the case to DYRS leadership for these meetings. The Care Coordinator should be able to articulate the strengths, needs, concerns, services, family dynamics, education, behavioral health, and placement history for the youth and answer any questions as they are asked.
2. A plan of action to move the case forward will be developed during these meetings.
3. Given the sensitive nature of these cases, Youth Intervention Strategy Meetings can be scheduled at any time and Care Coordinators must be prepared to present with minimal notice.
4. Within two (2) business days of the meeting, the outcome of each case dialogue should be documented by the Care Coordinator in the “Case Notes” section of the youth’s file using the procedure code “Case Conference” in the DYRS Database.



Supervision

Continual and meaningful supervision is an important part of the Care Coordinator's work on behalf of youth and families as well as his or her professional development. It is a means to ensuring there are checks, balances and quality assurance in the work being performed with youth and families. Supervision should be a mechanism to review the clinical and procedural elements of care planning and coordination as well as the administrative requirements and general expectations of day-to-day work.

As a form of professional development, even the most experienced and skilled professional benefits from regular supervision as it enables him or her to think differently about cases, overcome obstacles and celebrate successes.

Supervision provides the space to discuss work performance, conduct and growth with one's supervisor. Care Coordinators should expect and attend regular supervision with their Unit Supervisors to receive support and coaching.

Both the Unit Supervisor and Care Coordinator are expected to be willing participants who provide and receive constructive feedback in an open, respectful environment. Collaborative problem solving, where applicable, should be a key goal of supervision and reflected in the decisions made. At times, Unit Supervisors will use directive approaches to ensure that Care Coordinators achieve stated professional performance goals based on Agency expectations and standards for complete care planning and coordination.

Procedures:

1. The Unit Supervisor, in collaboration with the Care Coordinator, will identify a standing one (1)-hour block of time to hold individual supervision with the Care Coordinator that will occur, at a minimum, bi-weekly.
2. The Unit Supervisor will send a calendar invitation to the Care Coordinator for the scheduled supervision time.
3. The Care Coordinator is required to attend supervision sessions as scheduled by his or her Unit Supervisor.
4. If the Care Coordinator is unable to attend supervision on the day and time scheduled, he or she will notify his or her Unit Supervisor at least one (1) business day in advance, except in cases of an emergency, to request an alternate meeting date and time.
5. Supervision does not replace daily check-ins or case-related discussions with the Unit Supervisor.
6. The Care Coordinator can request an increase in supervision duration or frequency at any time if additional support or coaching is needed.
7. Unit Supervisors can require an increase in supervision duration or frequency at any time if there are concerns about a Care Coordinator's performance or conduct, or if the Unit Supervisor believes the Care Coordinator may need additional support.



8. Unit Supervisors will keep running notes of supervision meetings and, when necessary, follow up the supervision session with an email to the Care Coordinator summarizing the discussion and any follow-up action items.
9. Care Coordinators will be evaluated annually. There will be an opportunity to submit a self-evaluation prior to the completion of the Supervisory Evaluation. Unit Supervisors will discuss and review the evaluation with their Unit Team Members. Adherence to procedures in this handbook will be integral to employee performance reviews.





Family Engagement and Empowerment

If I am in harmony with my family, that is success.

Native American Proverb, Ute Tribe

***They held each other up.
They patted each other's back
as if each had fallen and scraped a knee
and had no one else to turn to for comfort.
It seemed as if they hugged each other
for the past and for the future.***

Terry McMillan, Writer
Excerpt from *Mama*

Family is not an important thing. It's everything.

Michael J. Fox
Actor, Author, Producer, Activist

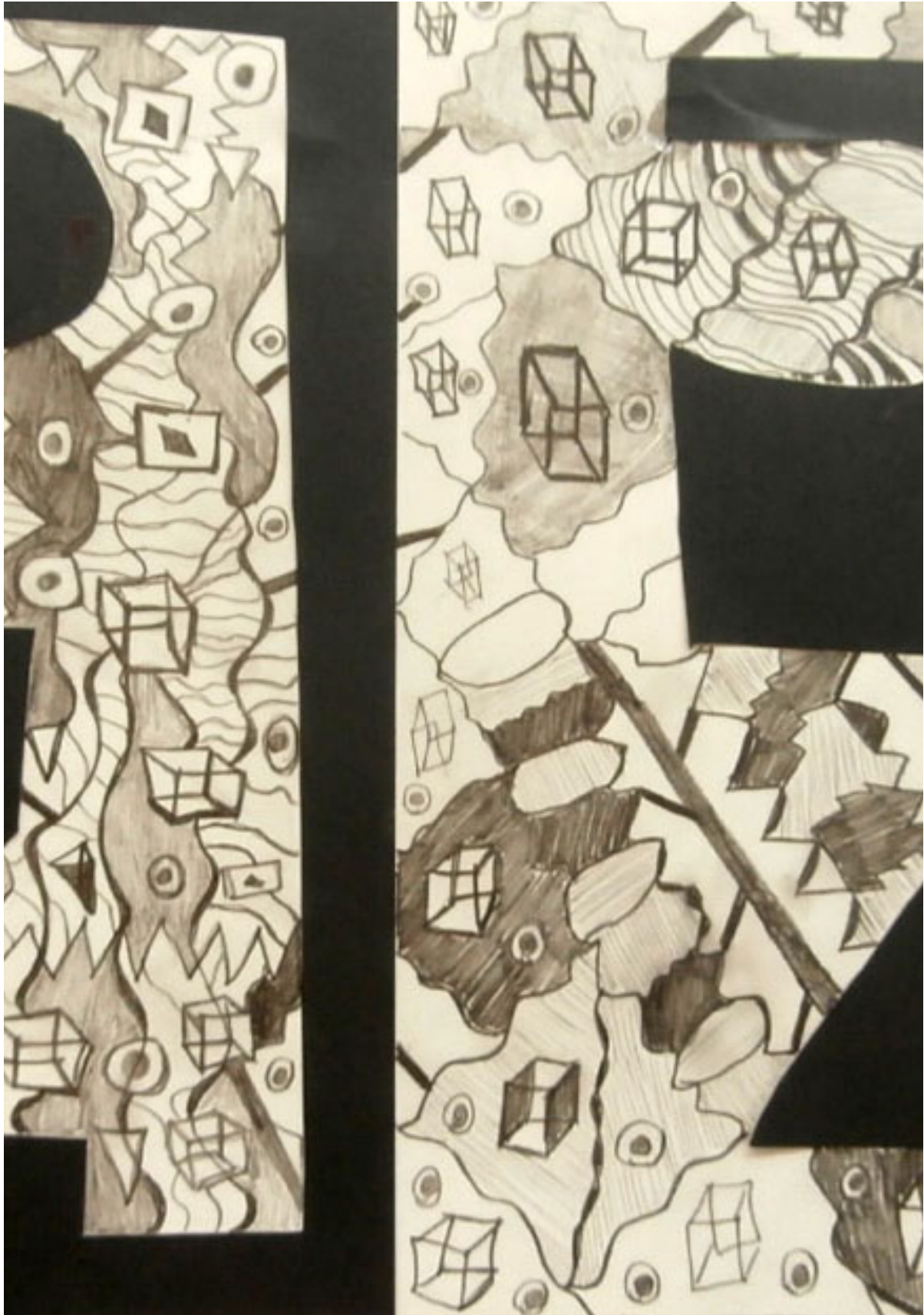
- Referrals to *Anchored in Strength* Family Support Group
- Facility Visitation
- Direct Services

Section Overview:

The Department of Youth Rehabilitation Services' (DYRS, also known as the Agency) commitment to family engagement and empowerment is rooted in the core belief that partnering with families is critical to ensuring youth success throughout all stages of commitment and to supporting a successful transition back home (or other safe setting) at commitment's end.

The Agency recognizes that the role of the family and its power in supporting youth cannot be overlooked. This begins with the Family Bill of Rights, which outlines the expectations that families should have of the Agency (*for an electronic copy of the Family Bill of Rights, refer to the Resource Location Lists in Appendix B*). DYRS seeks family input during care planning and coordination activities, provides targeted opportunities for caregivers to meet with others who have navigated similar challenges and offers services that support youth and family goals.





Referrals to “Anchored in Strength” Family Support Group

The “Anchored in Strength” Family Support Group gives parent(s)/guardian(s) of current and former DYRS youth a chance to:

- Share their honest thoughts and feelings about challenges their families are facing;
- Learn about resources available to their families; and
- Give support to and gain strength from fellow parent(s)/guardian(s) and family members.

Procedures:

1. Referrals for “Anchored in Strength” should be sent via email to the Family Empowerment Specialist and should include the following information:
 - a. Name of the youth;
 - b. Name of the youth’s parent(s)/guardian(s);
 - c. Address, telephone number and email; and
 - d. Reasons why the Care Coordinator feels the parent(s)/guardian(s) need the support.
2. Once the Family Empowerment Specialist receives the referral, he or she will call the parent(s)/guardian(s) to introduce the group and share logistical information (i.e., date and location of meetings).
3. The Family Empowerment Specialist will notify the Care Coordinator of family or caregiver participation.



Facility Visitation

Connection to family is essential, especially when youth are detained or receiving treatment in secure confinement. Care Coordinators play a critical role in creating seamless access to youth by making sure families are briefed on the policies that govern visitation and by ensuring that documentation needed for entry is provided to the facilities in a timely manner.

DYRS staff will ensure that youth at New Beginnings Youth Development Center (NBYDC) and Youth Services Center (YSC) receive regular access to their family members and other members of their support network. Families and supporters are to be encouraged to visit and welcomed, and every effort should be made to facilitate visitation for eligible visitors. The family will receive a copy of the visitation guidelines that correspond to the facility from the facility staff.

Procedures:

A. Visitation

- 1. Permitted Visitors:** All visitors must be on the youth's Permitted Visitation List. Individuals permitted to be on the youth's visitation list include: parents, legal guardians, foster parents, legal spouse, children, siblings, grandparents, and any person who has an established household, familial or mentoring relationship with the youth. This includes significant others, godparents, aunts, uncles, cousins, clergy, teachers, tutors, mentors, neighbors, and family friends. Other persons who have an important relationship with the youth may be added to the youth's visitation list with approval of Facility Superintendent (or designee).
- 2. Identification:** Visitors over the age of 14 must present valid, government-issued photo identification (ID) with name, address and date of birth. Visitors under the age of 14 must present valid identification (e.g., school ID) and must be accompanied by an adult with a valid ID. The Facility Superintendent has discretion to accept alternative forms of ID. Legal representatives must present a District of Columbia State Bar Card, Public Defender Service credentials or other comparable identification in addition to a valid ID.
- 3. Visitation Schedule:** Youth will be permitted to visit with family members and loved ones at least twice (2 times) per week for a minimum of 30 minutes per visit. The visitation schedule will be posted in each facility and on the DYRS website. Family members and loved ones may schedule visits at other times with permission from the Facility Superintendent (or designee). Staff may not deprive youth of visits as discipline or punishment.
- 4. Visitation Area:** Visitation areas will provide for informal communication between youth and visitors. This includes opportunity for physical contact, except in instances of substantiated, documented security risks. Staff will supervise the visitation area but may not monitor conversations absent a reasonable suspicion that a crime, escape or threat to safety or security may occur.
- 5. Visitation Rules:** All visitors are subject to searches, pursuant to the DYRS Policy on Identification and Searches. Visitors must wear appropriate clothing with sufficient coverage and free of images reflecting profanity, illegal substances, alcohol, tobacco,



or sexually explicit material. Please refer to facility guidelines for specific instructions or requirements.

6. **Transportation to DYRS Facilities:** DYRS will provide the youth's family members and loved ones with transportation to NBYDC (e.g., bus departing from the District of Columbia), free of charge, on a weekly basis. DYRS will also provide transportation to YSC, free of charge, if family members and loved ones are unable to travel to the facility via car or public transportation.
7. **Transportation to Out-of-State Facilities:** DYRS will assist family members with visiting youth in out-of-state placements.
 - a. The request must be given to the Care Coordinator **at least four (4) weeks in advance** of the desired visit to ensure timely approval.
 - b. Parent(s)/guardian(s) are responsible for arranging their own transportation to and from the airport/train station for out-of-state visits, but Care Coordinators are encouraged to assist the family with this transportation in a DC Fleet Share vehicle if their schedule allows.
 - c. Once the travel dates are confirmed with both parent(s)/guardian(s) and the out-of-state placement, Care Coordinators will submit the Office of the City Administrator (OCA) Training, Travel and Reimbursement Form and supporting documents (e.g., flight information with proof of cost, memorandum to the Director requesting travel, hotel with proof of cost for overnight stays) for the parent(s)/guardian(s) traveling to the Procurement Division's Travel Coordinator **at least three (3) weeks in advance of travel** (*for an electronic copy of the form, refer to the Resource Location Lists in Appendix B*).
 - d. Once travel has been confirmed by Procurement, notify the parent(s)/guardian(s) and the placement of the confirmed upcoming visit and provide them with the itinerary.
 - e. Document all visit information in the "Case Notes" section of the youth's file in the DYRS Database within two (2) business days.

Please Note:

- DYRS will fund parent(s)/guardian(s) visits to youth in out-of-state placements every 90 days.
- DYRS cannot fund car rentals for parent(s)/guardian(s) visits unless the Care Coordinator accompanies them on the visit and the car rental is in the Care Coordinator's name.

B. Phone Use

1. **Outgoing Social Calls:** Upon admission to the facility, each youth at NBYDC and YSC will be permitted and assisted in completing a minimum of two (2) telephone calls to an adult family member or loved one (i.e., parent(s)/guardian(s) or other adults with close relationships to the resident) with approval of Facility Superintendent (or designee) and to a legal representative. After admission, youth will be provided opportunities to call family members and loved ones (i.e., parent(s)/guardian(s), siblings, parent of the youth's child, youth's child, or other people with close relationships to the youth) with approval of Facility Superintendent (or designee) at no charge at least twice a week for a minimum of 10 minutes in length, after a connection is established. Youth will be permitted to



use the telephone at times arranged in advance and convenient to staff and the call recipient. Staff will verify the telephone number and call recipient prior to the call, place the call directly and ensure the approved party answers before the youth accesses the telephone.

2. **Outgoing Legal Calls:** Youth will be able to place phone calls to their legal representatives at no charge and at reasonable times consistent with the facility's daily schedule. Youth will be permitted to use the telephone at times arranged in advance and convenient to staff and the call recipient. Staff will verify the telephone number and call recipient prior to the call, place the call directly and ensure the approved party answers before the youth accesses the telephone.
3. **Incoming Calls:** Youth may receive calls from legal representatives, court workers and governmental officials at no charge and at reasonable times consistent with the facility's daily schedule.
4. **Emergencies:** In the event of an emergency, youth may receive and place calls to and from family members and loved ones (i.e., parent(s)/guardian(s), siblings, parent of the youth's child, youth's child, or other adults with close relationships to the youth) with approval of the Facility Superintendent (or designee) at other than the usual designated hours and without restrictions.
5. **Accommodations:** Youth with hearing impairments or speech disabilities, and youth who wish to communicate with family members or loved ones who have such disabilities, will have access to a relay service, text telephone (TTY device), video phone, or other comparable equipment. Telephones with volume control will be made available for youth with hearing impairments.



Direct Services

In addition to providing direct services to youth, DYRS is committed to also offering the families of youth opportunities for support, growth and enrichment. Helping families earn a certificate, start a career, obtain an education, or address youth behavioral health challenges will not only provide a more stable environment for the youth, but also set a positive example within the family.

While the Agency provides a number of services for parent(s)/guardian(s) and other family members, DYRS also connects families to an array of services across the city.²⁷ Through the Community Programming Initiative [i.e., Achievement Center (AC) sites, DC YouthLink (DCYL)] and the Credible Messenger Initiative, DYRS offers the following direct services:

- **Vocational Training:** DYRS offers skill-building and certification courses to help families of DYRS youth expand their employment options. Family members can enroll in vocational certification courses. For a list of current offerings, contact the DYRS Referral Specialist and/or AC Program Manager.
- **Family Support:** Families in need of in-home support can be referred to the Community Programming Initiative, connected to a Core Service Agency (CSA) or receive support from a Youth Engagement Specialist. Family support and reunification services are aimed at assisting youth and families with maintaining a successful home placement through skill development such as improved communication, increased quality time together and boundary/rule setting. Family members must be willing participants in this service in order for the referral to be accepted.
- **Parent Engagement Specialist:** This Specialist, as part of the Credible Messenger Initiative, works with the parent(s)/guardian(s) and coaches them to strengthen household success. Those parent(s)/guardian(s) who express interest in, or a need for, a Parent Engagement Specialist, will have a referral submitted by the youth's Care Coordinator.

Procedures:

1. For any of these services, the Care Coordinator will email the service requests to the DYRS Referral Specialist who will coordinate the referral process and notify the Care Coordinator when services are in place.
2. When families are in need of more intensive therapeutic interventions outside of what DYRS can specifically offer, Care Coordinators can assist the parent(s)/guardian(s) with connection to a CSA.

*For more information about **accessing services**, refer to the **Connecting with a Core Service Agency** procedures in the **Community-Based Services and Youth Supervision** section of the handbook.*

²⁷ DYRS connects families to services at the Department of Employment Services (DOES), the Department of Human Services (DHS), the Department of Parks and Recreation (DPR), the Department of Disability Services (DDS), and the Department of Behavioral Health (DBH), among others.



Community-Based Services and Youth Supervision

*All men are caught in an inescapable network of mutuality,
tied in a single garment of destiny.
Whatever affects one directly affects all indirectly.
I can never be what I ought to be
until you are what you ought to be,
and you can never be what you ought to be
until I am what I ought to be.*

Martin Luther King, Jr.
Civil Rights Activist, Minister, Author, Nobel Peace Prize Winner

- The Community Programming Initiative
 - ◆ The Achievement Centers
 - ◆ DC YouthLink
- The Credible Messenger Initiative
- The Office of Education and Workforce Development
- Connecting with a Core Service Agency
- Substance Use Services
- Giving Back: Youth Serving the Community
- Graduated Responses: Rewards and Sanctions
- Community Status Review Hearings
- Youth and Public Safety Team
 - ◆ Electronic Monitoring
 - ◆ Abscondence

Section Overview:

The Department of Youth Rehabilitation Services (DYRS, also known as the Agency) offers a variety of community-based programs designed to offer youth opportunities, supports and services that build skills and provide modes of self-expression as well as confront challenges identified during care, and outlined in their Success Plans. The options are designed to provide services in the least restrictive environment while preparing youth for the transition to productive participation in the community.

The services represent the six (6) domains of Positive Youth Justice (PYJ) and are available through DYRS-approved, community-based service providers, and/or other District of Columbia agencies.

*For a description of the domains, refer to **At the Foundation in Part I: Addressing the Needs of Committed Youth and Their Families** section of the handbook.*

Committed youth also can access services through Core Service Agencies (CSA), social services agencies (e.g., Catholic Charities, Latin American Youth Center), the District of Columbia's Healthy Families/Thriving Communities Collaboratives (the Collaboratives), insurance companies [e.g., Medicaid, Managed Care Organizations (MCOs), Health Services for Children with Special Needs (HSCSN) or private insurers], and/or other community resources.



There are many community-based organizations that provide programs and services that are free for DYRS youth. A comprehensive online resource highlighting this and other helpful information is managed by the Criminal Justice Coordinating Council (CJCC) and can be accessed at www.cjccresourcelocator.net/ResourceLocator/. Care Coordinators are encouraged to share community resources with their colleagues.

Youth are required to complete community service hours based on DYRS-approved options through the Achievement Center (AC) sites or the youth's choosing. Opportunities for service are encouraged in the spirit of "giving back" and with the goals of developing leadership skills, contributing to communities in positive ways, potentially addressing past wrongs, and promoting community safety.

It is the responsibility of the Care Coordinator to ensure that all assigned youth are connected to needed services and that each youth completes community service. The Care Coordinator will work with the DYRS Referral Specialist to link a youth to services as part of the care planning process. In order to maximize the engagement, however, a youth may need assistance in seeing and understanding the value of the services and the impact participation will have on achieving specific goals. The same may hold true for the youth completing community service. Helping each youth to connect with services and community service opportunities that support his or her areas of interest and need, along with engaging family support, will ensure that the youth has positive experiences and remains focused on meeting targeted goals.

Youth committed to DYRS are provided distinct levels of supervision, both to ensure proper care coordination that elevates strengths and meets needs, as well as to monitor youth compliance for public safety. DYRS utilizes a variety of modalities to supervise youth, including, but not limited to, Electronic Monitoring (GPS) and high-intensity supervision.

Care Coordinators are expected to know the social history, key relationships, educational and behavioral health needs, known hangouts, and peer groups for each of the youth assigned to them.

The Care Coordinator should have updated information and be able to answer questions relating to his or her assigned youth at any time. While supervision includes monitoring youth for the purposes of public safety, quality supervision is truly evidenced by building relationships with youth and families via home and community visits, spending time with youth in the community to understand their world and being an available support to them as needed.

I CALL IT HOME

*I'm from the Nation's Capital, Washington, DC
In the summer time that's the best place to be,
But in the winter it's very cold at night,
And people are still outside,
Especially up Columbia Heights
Life growing up was hard
Because of hood beefs
They wait and call the name of their victims
Especially when you are walking alone in the street,
My Grams tell me every night to pray,
So I don't have to keep looking
Over my shoulder every day
I'm from the Nation's Capital, Washington, DC
At times it's like a jungle,
But I call it home.*

By T.



The Community Programming Initiative

The Community Programming Initiative is designed to help court-involved youth and their families achieve personal goals and milestones through the provision of a wide range of community-based programs and opportunities that emphasize individual strengths, personal accountability, public safety, skill development, family involvement, and community support.

Three objectives help to support these goals:

1. To advance the rehabilitation of DYRS youth by connecting them to services, supports and resources that help them reach their goals and developmental milestones;
2. To enhance public safety by engaging youth in positive, developmentally appropriate and structured activities that complement and enhance DYRS methodologies for the care planning and supervision of youth; and
3. To create safer and stronger communities that support youth and families by investing directly in local organizations and the human resources in the neighborhoods where they reside.

A three-way partnership between DYRS, an administrative organization and a coalition of community-based service providers support the delivery of services to DYRS youth and their families:

- **DYRS** is responsible for the care planning and coordination of the youth as well as two (2) service-delivery vehicles: the Achievement Center sites and DC YouthLink (DCYL);
- **The Service Coalition** provides programming and services based on PYD principles and the PYJ domains through youth referral to either the Achievement Center and/or DCYL; and
- **The Capacity-Building and Administrative Partner (CAP)** provides technical assistance and administrative support to the Service Coalition as well as manages special events and programs that occur at each Achievement Center site.

I. The Achievement Center (AC) Sites

Designed as safe space, the AC sites provide drop-in activities as well as structured programming and classes that foster career development, life skills and healthy living, and community service. The programs include classes and activities that educate youth, prepare them to enter the workforce and teach them valuable life and leadership skills. Youth, their families and the community are able to collaborate in identifying and participating in positive options for skill building, socialization and engagement. Participants are also able to take advantage of special events that include, but are not limited to: job fairs, family nights, guest speakers, and faith-based initiatives.

AC services are provided at two District of Columbia DYRS sites:

- 450 H Street, NW
- 2101 Martin Luther King, Jr. Avenue, SE

Care Coordinators should contact each location for the current programming schedule.



Procedures:

A. Youth Engagement Specialists

1. The AC Program Manager will assign a youth caseload to all AC Youth Engagement Specialists. Youth Engagement Specialists will provide individual and ongoing support and mentorship, and will attend all scheduled Team Decision Making (TDM) Meetings to report on youth progress and/or to identify any challenges where additional assistance is needed.
2. Youth Engagement Specialists will also serve as resource persons to Care Coordinators by identifying alternative services to DYRS and assisting previously committed youth, community members and families with making connections to appropriate supports.
3. The Care Coordinator is the lead manager of the youth's care planning and coordination, including programming, but it is expected that they will seek input from the assigned Youth Engagement Specialist, the youth, his or her family, and all other relevant stakeholders before making referrals.

B. Community-Based Programming

1. If the services for the AC are recommended through the TDM Meeting, then the Referral Specialist will receive notification and make referrals to the Service Coalition Providers.
2. If services for the AC are recommended outside a TDM Meeting, the Care Coordinator must email the Referral Specialist the service recommendations, the time the youth is available and any other requests related to service provision.
3. The Referral Specialist will refer the youth to the appropriate provider(s) within one (1) business day of receipt of the DYRS Service Referral Form. If the service is full, it is up to the Referral Specialist to communicate any issues to the Care Coordinator and for both to work together to identify an alternative, comparable placement for the youth.
4. The youth will receive a face-to-face orientation by AC staff where all expectations will be discussed and agreed upon.
5. The AC staff will confirm youth enrollment and participation on a weekly basis and will notify Care Coordinators of any incidents or matters that require follow up.

C. Monitoring and Reporting Youth Progress

1. Service Coalition Providers and Youth Engagement Specialists will document the youth's participation in services in the "Case Notes" section of the youth's file in the DYRS Database within one (1) business day of the activity.
2. Service Coalition Providers will input monthly summaries in the "Case Notes" section of the youth's file in the DYRS Database to keep Care Coordinators abreast of youth's overall progress.



3. Care Coordinators should review the youth's progress in enrolled services in the DYRS Database on a weekly basis to ensure that the youth is connected and participating in the appropriate services.
4. Care Coordinators and Youth Engagement Specialists will speak on a weekly basis to communicate about the youth's progress, strengths and needs relevant to the TDM process. Care Coordinators will document the conversation in the "Case Notes" section of the youth's file in the DYRS Database within two (2) business days of occurrence.
 - a. Youth Engagement Specialists should be invited to all care planning meetings and are expected to attend.
5. Care Coordinators will ensure all enrollments are incorporated into the Success Plan.

D. Alternative Programming

The AC provides programming for youth to help maintain compliance with their Community Placement Agreement (CPA).

1. Care Coordinators can refer youth for this programming as part of Graduated Responses. Youth enrolled will participate in activities focused on positive community engagement.
2. To refer youth, the Care Coordinator will email the request to the DYRS Referral Specialist.

II. DC YouthLink (DCYL)

DCYL is a model initiative that relies on community-based services, supports and opportunities for justice-involved youth. The services focus on the PYJ framework and domains, and include, but are not limited to, Tutoring, General Education Development (GED) preparation, substance abuse education, family support, and mental health.

Procedures:

A. Referral and Enrollment

1. If the services for DCYL are recommended through the TDM Meeting, then the Referral Specialist will receive notification and make referrals to the Service Coalition Providers.
2. If services for DCYL are recommended outside a TDM Meeting, the Care Coordinator must email the Referral Specialist with the service recommendations, the time the youth is available and any other requests related to service provision as well as the youth's current contact information and address.
 - a. For youth returning to the community from an out-of-state placement, the referral specialist should be emailed with the service requests when the youth officially returns to the community, not immediately after the discharge meeting.



3. The Referral Specialist will refer the youth to the appropriate provider(s) within one (1) business day of receipt of the DYRS Service Referral Form. If the service is full, it is up to the Referral Specialist to communicate any issues to the Care Coordinator and for both to work together to identify an alternative, comparable placement for the youth.
4. The DYRS Utilization Specialist will ensure that all youth with DCYL services are appropriately noted in the “Enrollments” section of the youth’s file in the DYRS Database.
5. Care Coordinators must ensure all youth services, including substance abuse treatment through the CSAs or other local providers, are accurately reflected under “Enrollments” in the DYRS Database. If the service is not currently listed in the DYRS Database, notify the Utilization Specialist and the service will be added.
6. If resources are unavailable through contracted Service Coalition Providers, they may be brokered through external DYRS-approved providers and payment can be requested via Flex Funds from DCYL.
 - a. Care Coordinators are encouraged to develop relationships with service providers that may not be in the Service Coalition referral network, especially in their assigned Ward, in order to access the best possible services for the youth. There are many community-based organizations that provide programs and services that are free for DYRS youth. Care Coordinators are encouraged to share the names of community resources with their colleagues.
 - b. Service participation for non-DCYL services should be discussed in supervision with Care Coordinators to determine continued effectiveness and appropriateness for youth.

*For more information about the **use of Flex Funds** to purchase services from approved service providers, refer to the **Flex Funds** procedures located in the **Administrative Requirements** section of the handbook.*

B. Monitoring and Reporting Youth Progress

1. **For DCYL services:** At the time of the youth’s referral, the Service Coalition Provider will receive a Confidentiality Agreement along with a form to gain access to the youth’s file in the DYRS Database from the CAP.
2. **For all non-DCYL services:** Care Coordinators should receive a signed Release of Information from outside service providers to allow for regular exchange of documentation and information about the youth’s progress in services. The service provider may require a signed Release of Information from DYRS as well.
3. The Care Coordinator will ensure that there is an enrollment for the youth in all services (DCYL and non-DCYL) in the “Enrollment” section of the youth’s file in the DYRS Database.



4. Care Coordinators should review the youth's progress in enrolled services in the DYRS Database on a weekly basis to ensure the youth is connected and participating in the appropriate services.
5. Additionally, the CAP will send a weekly "No Show List" of youth who were absent from any DCYL services during the week to the Utilization Specialist who will forward the list to the Unit Supervisors.
6. Unit Supervisors should review this data and follow up with Care Coordinators accordingly to address youth who are not connected and/or non-compliant with service participation.
7. DYRS-approved, community-based service providers will enter the youth's progress directly into the "Case Notes" and "Scanned Documents" sections (for items to be uploaded) of the youth's file in the DYRS Database within one (1) business day of the activity.
8. When a youth is noncompliant, expressing disinterest in a current service or an interest in receiving a new service, a Care Coordinator can request a Service Care Meeting (SCM) to problem solve any barriers to the current services in place and/or discuss strengths, needs and enrollment in new services. If there are any changes to services, the youth's Success Plan goals should be updated.
9. Any DCYL, AC, and/or Credible Messenger provider connected to a youth can recommend SCMs to the Care Coordinator, as needed. The Care Coordinator is required to schedule and coordinate the scheduling of all SCMs.
10. The above-mentioned service providers are also expected to participate in TDM Meetings for youth in the community and/or at New Beginnings Youth Development Center (NBYDC), where possible and as needed, to report on the youth's progress and/or to identify any challenges where additional support is needed.
11. If a service provider cannot attend the TDM Meeting, they will enter a note in the "Monthly Summary" format in the "Case Notes" section of the youth's file in the DYRS Database at least one (1) business day prior to the meeting.
12. All information obtained by outside service providers should be scanned and uploaded into the "Scanned Documents" section of the youth's file in the DYRS Database by the Unit Program Assistant within one (1) business day. Any verbal updates from providers should be documented by the Care Coordinator in the "Case Notes" section of the youth's file in the DYRS Database.

C. Contact from Service Coalition Providers

1. Within seven (7) business days of receiving a referral, the Service Coalition Provider should contact the Care Coordinator to make introductions. Means of communication can include, but is not limited to, telephone calls, emails and in-person contact.
2. It is required that Service Coalition Providers create the youth's Monthly Summary within 30 calendar days of receiving the referral.



3. The Care Coordinator's input should be included in the creation of the document via the DYRS Success Plan. The Service Coalition Provider must review and implement the goals included in the Success Plan. It is recommended that the Care Coordinator forward a copy of the Success Plan.

D. Frequency of Contact

1. It is expected that the Service Coalition Provider will, at a minimum, contact the Care Coordinator every 30 calendar days (via Monthly Summary) to give general updates on the success of service delivery.
2. In addition to regular monthly contact, immediate contact should be made in the following instances if the youth has:
 - a. Demonstrated a major success;
 - b. Not adhered to the terms of the service and assistance is needed from the parent(s)/guardian(s) to help re-engage;
 - c. Missed three (3) consecutive appointments;
 - d. Been reassigned to another staff member (e.g., mentor, tutor) by the Service Coalition Provider or changed the conditions of service;
 - e. The Service Coalition Provider concerned regarding the safety of the youth;
 - f. Had an event/action take place in his or her life that could potentially impact rehabilitation efforts; or
 - g. If the Service Coalition Provider is planning on including him or her in a special activity or trip.

E. Documentation of Contact

1. All communication initiated by the Service Coalition Provider should be documented in the "Case Notes" section of the youth's file in the DYRS Database. Contact, and all communication should include the CAP.
2. All communication initiated by the Care Coordinator to the Service Coalition Provider should be documented by the Care Coordinator in the "Case Notes" section of the youth's file in the DYRS Database within two (2) business days.
3. If a Care Coordinator is not responsive, the CAP will contact the Care Coordinator's Unit Supervisor to apprise them of the situation.
4. Service Coalition Providers will upload a Service Provider Monthly Summary advising on the tasks and goals achieved by the youth.



III. Community Programming Initiative Service Inquiries and Grievances

A **Service Inquiry** is a question about day-to-day service delivery that needs to be answered.

Please Note: Not all service inquiries are grievances. The CAP should be utilized to address communication issues between Service Coalition Providers (e.g., AC/DCYL) and DYRS Care Coordinators. In addition, critical incidents involving youth or community safety do not constitute a grievance but must be referred to the Director of the CAP, the Unit Supervisor and the Care Planning and Coordination Program Manager for immediate intervention on an on-call basis.

A **Grievance** is considered an official statement about an egregious act (e.g., safety risk or inappropriate act) that has taken place between a Service Coalition Provider and a DYRS Care Coordinator, youth or parent(s)/guardian(s), or a complaint by a Service Coalition Provider about the CAP based on something believed to be wrong or unfair.

Please Note: For incidents that occur after hours, contact the Youth Services Center Control for assistance at 202-576-8460 or 202-576-8418.

Procedures:

A. Grievance: DYRS Care Coordinator and Service Coalition Provider

DYRS Care Coordinators and Service Coalition Providers both have the right to file grievances when an egregious incident or act between the Provider and Care Coordinator, youth or parent(s)/guardian(s) has taken place.

1. When either a Care Coordinator or Service Coalition Provider would like to file a grievance, he or she should complete a Grievance Form (*for an electronic copy of the form, refer to the Resource Location Lists in Appendix B*). The form should be submitted to the CAP Director and/or Quality Assurance Specialist within two (2) business days of the incident or the discovery of the occurrence.
2. Once the form is received, the CAP Director and/or Quality Assurance Specialist should suspend services immediately (if necessary).
3. The CAP Director and/or Quality Assurance Specialist will then investigate the complaint choosing the most appropriate method including, but not be limited to, contacting all involved parties listed on the Grievance Form or facilitating an Emergency Service Care Meeting.
4. The CAP Director and/or CAP Quality Assurance Specialist will finish the investigation within seven (7) business days and will share the resolution recommendations with the DYRS Care Coordinator, Unit Supervisor and Care Planning and Coordination Manager.
5. The CAP Director and/or CAP Quality Assurance Specialist will be responsible for delegating the implementation, coordination and communication of outcomes and corrective action steps.



B. Grievance: Youth or Parent(s)/Guardians Regarding a Service Coalition Provider

DYRS-committed youth or their parent(s)/guardian(s) have the right to file grievances against Service Coalition Providers when an egregious incident or act between the Provider and youth or parent(s)/guardian(s) has taken place.

1. When a youth or their parent(s)/guardian(s) would like to file a grievance against a Service Coalition Provider, he or she should complete the Grievance Form within two (2) business days of the incident. The youth or parent(s)/guardian(s) can receive this form from their assigned DYRS Care Coordinator.
2. The Care Coordinator should submit the form to the CAP Director and/or Quality Assurance Specialist within two (2) business days of receipt and monitor the outcome and corrective action.

C. Grievance: Youth or Parent(s)/Guardian Regarding the CAP

DYRS-committed youth or their parent(s)/guardian(s) have the right to file grievances against the CAP when an egregious incident or act between the Provider and youth or parent(s)/guardian(s) has taken place.

1. When a youth or their parent(s)/guardian(s) would like to file a grievance against a CAP, he or she should complete the Grievance Form within two (2) business days of the incident. The youth or parent(s)/guardian(s) can receive the form from their assigned DYRS Care Coordinator.
2. The Care Coordinator should submit the form to the DCYL/AC Program Manager within two (2) business days of receipt and monitor the outcome and corrective action.
 - a. If applicable: Once the form is received, the CAP Director and/or Quality Assurance Specialist should suspend services immediately (if necessary) pending investigation, and submit an Unusual Incident (UI) Report, if not submitted already, detailing the occurrence as required.

*For more information about filing an **UI Report**, refer to the **Unusual Incident** procedures also found in this section of the handbook.*

3. The CAP Director and/or CAP Quality Assurance Specialist will then investigate the complaint choosing the most appropriate method, including, but not limited to, contacting all involved parties listed on the Grievance Form or facilitating an Emergency SCM, and monitoring the outcome and corrective action. The resolution will be shared with the Unit Supervisor and Care Planning and Coordination Manager.
4. The CAP Director and/or Quality Assurance Specialist will finish the investigation within seven (7) business days and will share the resolution recommendations with the DYRS Care Coordinator, Unit Supervisor and Care Planning and Coordination Manager. The Care Coordinator is to share the recommendations with the youth or parent(s)/guardian(s).
5. The CAP Director and/or Quality Assurance Specialist will be responsible for delegating the implementation, coordination and communication of all resolution solutions as well as monitoring the outcome and corrective action.

The Credible Messenger Initiative

The Credible Messenger Initiative is a holistic approach to investing in the human resources of neighborhoods most impacted by youth involvement with the justice system, especially DYRS. Credible Messengers are community members who share similar life experiences with the youth and families served. They are able to relate to youth and their families because they share similar ethnic and racial backgrounds as those they mentor, live in the same neighborhoods and have experienced and overcome various challenges, including involvement with the justice system. They also have a unique ability to build trusting relationships.

The Credible Messenger approach draws from restorative practices and peace-building principles to serve in a variety of capacities including one-on-one transformative mentoring, group coaching, and workshops as well as parent-peer coaching.

It is expected that Care Coordinators and Credible Messengers will meet often, in person and by phone; conduct Home Visits together; attend care planning meetings; and plan and work collaboratively on behalf of DYRS youth. At times, both will have invaluable and complementary information in support of youth and their families: Care Coordinators around meeting long-term goals during commitment, connecting youth to services and overall care planning and coordination; Credible Messengers, with regard to real-time youth successes and challenges as well as the support needed to remain successful or overcome community barriers throughout commitment, and once the youth transitions home.

Procedures:

I. Connecting with Youth

A. Referring Youth

1. For all referrals, within one (1) business day of attending the TDM Meeting, the TDM Coordinator will complete the Decision Making Meeting Form in the DYRS Database, which will automatically be sent to the DYRS Referral Specialist and Credible Messenger Program Manager (or designee).
2. To initiate the Credible Messenger referral after other care planning meetings, the Care Coordinator should send an email to the DYRS Referral Specialist with the service requested and any specific information relevant for the Credible Messenger as well as the youth's contact information and address.
 - a. If a youth or Care Coordinator requests a specific Credible Messenger Service Provider, the request should be made in the TDM or other care planning meeting and followed up with an email to the Credible Messenger Program Manager. The request should include a brief justification for why the particular provider was requested.
3. The Credible Messenger Program Manager will access a copy of the most recent Child and Adolescent Functional Assessment Scale (CAFAS) report, the Youth Assessment Unit and/or Social Study report and/or the most recent Success Plan from the youth's file in the DYRS Database. The Credible Messenger Program Manager may also request this information from the Care Coordinator, if the information is not easily obtained in the DYRS Database.



Please Note: The Credible Messenger Program Manager's role is to utilize the information received to translate the youth's strengths and needs as well as to assign a Credible Messenger Service Provider based upon compatibility.

B. Enrolling Youth

1. The Credible Messenger Service Provider is required to acknowledge receipt of the referral within 24 hours after received from the DYRS Referral Specialist.
2. The Credible Messenger Program Coordinator (or designee) will make initial contact with the youth within two (2) business days of receipt of the referral. The Program Coordinator will notify the Credible Messenger Program Manager and Care Coordinator of initial contact within one (1) business day of the date initial contact is made with the youth.
3. The Credible Messenger Program Coordinator will be required to conduct a face-to-face intake and assessment with the youth. Once the face-to-face intake is completed, the Program Coordinator will notify the DYRS Referral Specialist within one (1) business day of contact in order to enroll the youth in the DYRS Database.
4. Within seven (7) calendar days after assignment to a Credible Messenger Mentor, the Service Provider Program Coordinator will follow up with the Credible Messenger Mentor(s) to confirm that face-to-face contact has been made (i.e., by the Credible Messenger).
5. If face-to-face contact has been made, the Service Provider Program Coordinator must enter a progress note in the "Case Notes" section of the youth's file in the DYRS Database specifying initial contact with the assigned Mentor.
6. If face-to-face contact has not been made, the Credible Messenger Mentor(s) will give the Service Provider Program Coordinator documentation detailing outreach efforts made to contact the youth and the barriers to accomplishment.
7. If face-to-face contact has not happened within seven (7) calendar days, the Service Provider Program Coordinator will follow up with the Care Coordinator to request assistance with contacting the youth.
8. If the Credible Messenger Mentor(s) remains unsuccessful in the attempts to make face-to-face contact with the youth after 14 calendar days, the referral will be closed. The Program Coordinator will "Reply All" to the initial referral email, explaining that face-to-face contact was not made within 14 calendar days after the initial referral was sent, therefore, it is closed.
9. In all cases, the Program Coordinator should document efforts in the youth's file in the DYRS Database to connect youth to services from the point of referral to the point of face-to-face contact or the referral being closed.

II. Service Requests for Parents

The DYRS Credible Messenger Initiative also provides an opportunity for parent(s)/guardian(s) to receive support from a Parent Engagement Specialist. This Specialist will work with the parent(s)/guardian(s) and coach them to strengthen household success. Those parent(s)/guardian(s) who express an interest in or a need for a Parent Engagement Specialist will have a referral submitted by the youth's Care Coordinator.

Procedures:

1. The referral for the parent(s)/guardian(s) should be completed on the DYRS Service Referral Form in the "Case Management" section of the youth's file in the DYRS Database.
2. After a Credible Messenger Service Provider Program Coordinator (or designee) receives the referral from DYRS Referral Specialist, the Program Coordinator will send a referral to the Credible Messenger via email and copy (i.e., cc) the Care Coordinator on the email.
3. The Program Coordinator will contact the parent(s)/guardian(s) to schedule intake.
4. Once face-to-face intake is completed, the Program Coordinator will notify the DYRS Referral Specialist in order to enroll the parent(s)/guardian(s) in the service in the DYRS Database. Parent(s)/guardian(s) will be entered into DYRS Database under the profile of the DYRS youth.
 - a. If a parent(s)/guardian(s) or Care Coordinator requests a specific Credible Messenger Service Provider, the Care Coordinator should specify in the DYRS Service Referral Form and submit to the DYRS Referral Specialist. The request should include a brief justification for why the particular service provider was requested.

III. Contact with Care Coordinators

A. Goals of Contact

1. Within seven (7) business days of a Credible Messenger Mentor(s) receiving a referral, that Credible Messenger Mentor(s) should contact the Care Coordinator to make introductions. Means of communication can include, but are not limited to, telephone calls, emails and in-person contact.
2. The Credible Messenger Mentor(s) must contact the Care Coordinator to discuss goals included in the Success Plan. It is recommended that the Care Coordinator forward a copy of the Success Plan in advance.

B. Frequency of Contact

1. It is expected that the Care Coordinator and the Credible Messenger Mentor(s) will be in frequent contact in-person and phone contact in support of the youth. At a minimum, the Credible Messenger will contact the Care Coordinator every 30 calendar days to give general updates on the success of service delivery.



2. The Credible Messenger and Parent Coach (if applicable) should be present with the Care Coordinator for at least one (1) Home Visit per month to ensure consistent communication about the needs and successes of the family.
3. In addition to regular monthly contact, immediate contact should be made in the following instances if the youth has:
 - a. Demonstrated a major success;
 - b. Not adhered to the terms of the service and assistance is needed from the parent(s)/guardian(s) to help re-engage;
 - c. Missed three (3) consecutive appointments;
 - d. Been reassigned to another staff member (e.g., mentor, tutor) by the Credible Messenger Mentor or changed the conditions of service;
 - e. The Credible Messenger Mentor concerned regarding the safety of the youth;
 - f. Had an event/action take place in his or her life that could potentially impact rehabilitation efforts; or
 - g. If the Credible Messenger Mentor is planning on including him or her in a special activity or trip.

C. Documentation of Contact

1. All communication initiated by the Credible Messenger to the Care Coordinator should be documented by the Credible Messenger in the “Case Notes” section of the youth’s file in the DYRS Database, and all communication (e.g., emails) should include the Credible Messenger Service Provider’s Program Coordinator.
2. All communication initiated by the Care Coordinator to the Credible Messenger should be documented by the Care Coordinator in the “Case Notes” section of the youth’s file in the DYRS Database within two (2) business days.
3. If a Care Coordinator is not responsive, the Program Coordinator will contact the DYRS Credible Messenger Program Manager and the Care Coordinator’s Unit Supervisor to apprise them of the situation.

The Office of Education and Workforce Development

The Office of Education and Workforce Development (sometimes referred to as OEWD), provides academic and vocational support to youth with the goal of strengthening and enhancing the youth's education and employment skills.

I. Education Services

The Education Office provides support around the following education-related matters:

- Suspensions, expulsions and other disciplinary issues
- Drop-out prevention
- Referrals to pro-bono educational advocates and the District of Columbia State Board of Education, Office of the Ombudsman, where appropriate
- Advice regarding out-of-state placements
- School enrollment
- General Education Development (GED) referrals
- Individualized Education Program (IEP) interpretations
- Data and document retrieval
- College enrollment
- Referral for college supports
- Program monitoring and support of educational programs
- Monitoring of all DYRS facilities for educational compliance
- Monitoring of all non Certificate of Approval (COA)-approved schools by the Office of the State Superintendent for Education for educational compliance
- Discharge and education transition
- Frontline contacts with District of Columbia Public Schools (DCPS), Office of the State Superintendent of Education (OSSE), and other agencies regarding education
- Collaboration with outside agencies on the local and federal levels regarding educational issues pertaining to DYRS students

Procedures:

A. Referring Youth and Requesting Records

1. To access any of these supports, please contact the DYRS Referral Specialist at dyrs.servicereferrals@dc.gov and provide the youth's name, type of service request and the youth's availability. The Referral Specialist will contact OEWD with the service request.
2. To request a youth's educational records, please send the Education Records Request Form to dyrs.education@dc.gov (*for an electronic copy of a blank form, refer to the Resource Location Lists in Appendix B*).
3. If DYRS is unsuccessful in obtaining a youth's record, after several attempts in trying to collaborate with the parent(s)/guardian(s) to get their signature, the Agency may sign on behalf of the parent(s)/guardian(s) as the surrogate parent since the youth is committed to the Agency.



4. The DYRS Education Office has walk-in office hours between 11:00 am – 5:00 pm on Wednesdays, during which time, Care Coordinators and/or youth may meet with members of the Education Office without a scheduled appointment. In order to schedule an appointment on a different day or time, and/or for all other inquiries, please send an email to dyrs.education@dc.gov.
5. To ensure that DCPS monitors all students with IEPs or regular education students outside of the District of Columbia enrolled at Non-Public or Residential Facilities, Care Coordinators must complete the DCPS Annual Enrollment Form and the DCPS Non-Public Unit Residential and Surrounding Counties Memorandum and submit to the Education Office (*for electronic copies of the blank documents, refer to the Resource Location Lists in Appendix B*).

Please Note: Rights given to parents under Part B of the Individuals with Disabilities Act (IDEA) automatically transfer to a child with a disability when that child reaches the age of eighteen. In the District of Columbia, a student shall be presumed competent to assume rights upon reaching age 18, including the rights to make all educational decisions and sign legal documents.²⁸ The school's Special Education Team must discuss the Pre-Transfer of Rights with the youth and his or her family. If the youth's disability classification prevents the youth from making these decisions, parent(s)/guardian(s) decision making may continue.

B. Youth Attending School in Another Jurisdiction

1. For youth attending school in a surrounding jurisdiction (i.e., MD or VA) that requires a tuition contract, the contract must be completed and submitted in Maryland to the Pupil Accounting Office (this information is located on the Prince George's County Public Schools Tuition Contract). In Virginia, the Immediate Enrollment of Child in Foster Care Form must be filled out and submitted at enrollment to the identified school (*for electronic copies of the blank forms, refer to the Resource Location Lists in Appendix B*).

C. Youth Returning from Residential Placement to the Community

1. The youth's Care Coordinator will notify the Education Team within two (2) business days of the youth's discharge and invite a member of the Education Team to the Discharge Meeting, if warranted.
2. Based on the youth's needs, the Education Team will either reach out to the DCPS Placement Office or collaborate with the Special Education Progress Monitors within two (2) business days to set up an appointment that will initiate the enrollment process upon the youth's discharge.

²⁸ District of Columbia Public Schools, "Transfer of Rights," <http://dcps.dc.gov/page/transfer-rights>.

D. Post-Secondary Education Support

There are two financial resources available through DYRS for eligible youth:

- **The Jerry M. College Support Scholarship:** Assists committed and post-committed youth with vocational or college/university tuition expenses
 - **Student Incentives:** Provide financial rewards to encourage successful academic achievement while enrolled in a vocational program or college/university
1. Staff members looking to access post-secondary education supports for committed or recently approved post-commitment youth through DYRS must email the service request to the DYRS Referral Specialist who will complete the DYRS Service Referral Form and forward it to the Education Team to determine eligibility.
 - a. If the youth is no longer committed, the Post-Commitment Youth Advocate will email dysr.education@dc.gov directly to determine eligibility.
 2. Once the Education Team receives a referral, receipt of the referral will be sent within one (1) business day to the Care Coordinator. A member of the Education Team will contact the youth and family within two (2) business days of acknowledged receipt of the referral.
 3. Members of the Education Team will monitor the youth's progress once enrolled, stay in touch with the program to ensure support of the youth's success and document any relevant notes in the youth's files in the DYRS Database.

The Jerry M. College Support Scholarship

College and Vocational Support Program Eligibility Requirements

The student must have earned either a high school diploma or GED within six (6) months of the end of their commitment.

What are the Steps for Obtaining the Scholarship?

The student will complete a Jerry M. College Support Scholarship application by:

1. Submitting a 500-word essay answering these three (3) questions:
 - a. Why do you desire to attend college?
 - b. What are your career goals?
 - c. How will the college support program help you achieve these goals?
2. Being accepted to a career/vocational Institute, community college or college/university.
3. Providing verification of acceptance by producing a letter of acceptance and class schedule.
4. Filling out a Release of Records Form at the school that they will attend.
5. Providing, upon acceptance, the username and password for their school's online system (if applicable).



6. Successfully completing the Free Application for Federal Student Aid (FAFSA) and DC Tuition Assistance Grant (DCTAG) applications (if applicable).

Deadline:

- For Fall enrollment, the deadline for the Scholarship application and essay is July 1
- For Spring enrollment, the deadline for the application and essay is November 1

Continued Eligibility for Jerry M. Support

[Beyond First (1st) Semester]

- Eligibility to receive scholarship monies is five (5) years from the date of acceptance into a program.

Second (2nd) Semester Eligibility

- The student must be enrolled for at least six (6) credit hours with a minimum GPA of 2.0 or better for continued eligibility.

Third (3rd) Semester Eligibility and Beyond

- The student must maintain a 2.0 GPA and take at least nine (9) credit hours.

Maximum Eligibility Amount

- The maximum amount that a student can receive on the Jerry M. College Support Scholarship is: \$6,000 per academic year.

Student Incentives for Vocational and College Youth

Incentives go toward resources needed outside of room and board to subsidize items such as: electronic equipment for school, toiletries, bed sheets, hygienic products, paper, pens, or some other needed equipment or tools (i.e., at career institutes). Each student will be allowed a maximum of \$2,500 per academic year based on the following Grade Point Averages (GPAs) and credit hours:

- Semester Final GPA of 2.5 with at least six (6) credit hours = \$500 of eligible funds
- Semester Final GPA of 2.5 with at least 12 credit hours = \$1,000 of eligible funds
- Semester Final GPA of 3.0 with at least 6 credit hours = \$1,000 of eligible funds
- Semester Final GPA of 3.0 with at least 12 credit hours = \$1,250 of eligible funds

Student Incentive Eligibility Amounts

- The maximum incentive amount allowed per academic year is \$2,500, or \$1,250 per semester

Tuition, Room and Board, Administrative Fees

- Students enrolled in a four-year college, university, community college, and/or vocational program can access up to \$3,000 each Fall and Spring semester.
- A maximum of \$6,000 per academic school year, per student is available that will be paid directly to the institution by DYRS.

Disbursements may not subsidize:

- Emergencies
- Loan forgiveness
- Off-campus housing



II. Workforce Development Services

Workforce Development will work with DYRS youth to become successful applicants for employment. Care Coordinators can serve as partners in the process by checking on the youth's progress once enrolled in Workforce Development Services, helping the youth to address any barriers to their progress and continuing to follow up to support and celebrate the youth's success.

Procedures:

A. Referring Youth

1. Care Coordinators must ensure that each youth has government-issued photo identification (ID) and a Social Security Card at the time of referral.
2. To access unsubsidized employment, on-the-job-training and/or apprenticeship opportunities on behalf of youth, please contact the DYRS Referral Specialist at dys.servicereferrals@dc.gov and provide the youth's name, type of service request and the youth's availability. The Referral Specialist will contact the OEWD with the service request.
3. The DYRS Workforce Development Office has office hours between 8:00 am - 5:00 pm, Monday through Thursday, during which time, Care Coordinators and/or youth may meet with members of the Workforce Development Office.
4. The DYRS Workforce Development Office will contact the youth within two (2) business days of the referral to schedule an appointment to register for Workforce Development Services.

B. Registration

1. The youth will complete an Individual Career Plan (ICP), the Comprehensive Adult Student Assessment System (CASAS) (if not previously completed), and a Career Assessment during registration.
2. After completing the online registration, the youth and the Workforce Development Specialist will review the results of the CASAS and Career Assessment. Based on the results, the youth will be assigned to the two-week Professional Development Training conducted at an AC site. (For more information about the training location and schedule, contact OEWD.
3. If the youth is attending school, he or she will enroll in the 4:00 pm training session, and if the youth is not in school, the 8:00 am session.

C. Professional Development Training

1. During the Professional Development Training, the youth will participate in sessions on job readiness, soft skills development and workplace etiquette.
2. The Workforce Development Specialist will assist the youth in creating resumes and developing interview skills, including practice through mock interviews. Professional clothing will also be provided.



D. Job Placement

1. The youth must have 90 percent attendance in the Professional Development class to be eligible for job interviews.
2. Once the youth has completed 75 percent of the class consistently, the Workforce Development Specialist will begin scheduling interviews for Employment Placement.

Please Note: OEWD strives to identify opportunities and schedule interviews for youth in their area of career interest. However, there is no guarantee that a relevant opportunity will be open at the time the youth is seeking employment. Most youth will interview for entry-level positions. The level will depend on the youth's skills and experience.

E. Retention Incentive Program

1. Once the youth becomes employed, he or she can participate in the Retention Incentive Program.
2. The Workforce Development Specialist will review the Incentive Program with the youth.
3. The youth must provide paystubs to receive gift cards at every incentive point. The Youth also must attend the Financial Literacy class (currently offered at either AC site), open a bank account and develop a working budget.

F. Job Placement Supportive Services

1. The OEWD will continue to communicate with employed youth for up to six (6) months via telephone and/or text weekly.
2. The youth and the Workforce Development Specialist will discuss the youth's employment successes, and if there are any barriers preventing the youth from going to work, will help the youth address them.
3. The Workforce Development Specialist will also attempt to follow up bi-weekly with the employer regarding the youth's progress.

G. Drug Testing

1. The youth must pass (i.e., test "negative") a mandatory drug test through DYRS, where applicable, to apply for certain positions.
2. If the youth tests "positive," he or she will be given the option by the Care Coordinator to enroll in an out-patient treatment program. Upon completion of the program and a clean test, the OEWD, where possible, will resume supporting the youth in targeting the original position the youth was seeking.

H. Monitoring and Reporting Youth Progress

1. The Workforce Development Specialist will document all Workforce Development Program activities (i.e., phone calls, assessments, training sessions, incentives, and employer contacts) in the "Case Notes" section of the youth's file in the DYRS Database.

Please Note: Codes may include Workforce Preparation, Workforce Job Development, Workforce Job Readiness, and Workforce Unsubsidized Employment.

2. A member of the Workforce Development Team will also participate in a youth's TDM Meeting, where possible and as needed, to report on the youth's progress and/or to identify any challenges where additional support is needed.



Connecting with a Core Service Agency

Many committed youth have a mental health diagnosis or co-occurring disorders. For youth with mental health diagnoses, Care Coordinators must ensure youth are linked to a local Core Service Agency, which is monitored by the District of Columbia Department of Behavioral Health (DBH).

Procedures:

I. Connecting Youth to a Core Service Agency (CSA)

A. Making the Referral

If a youth is in need of mental health services and is not already connected to a CSA, a referral can be made the following way:

1. With the parent(s)/guardian(s) and youth (or just the youth, if over age 18), call the DBH Access Helpline at 1-888-7WE-HELP. A representative will guide the Care Coordinator and parent(s)/guardian(s) through the process of linking to a CSA and obtaining an initial diagnostic and assessment intake appointment. **The Care Coordinator cannot call the access helpline without having the parent(s)/guardian(s) or adult youth on the phone with them.**
 - a. The CSA will complete the intake and determine the youth's eligibility and the recommended services.
 - b. The youth may be referred back to a CSA they have worked with previously, but will still require another intake appointment if it has been a significant amount of time since the youth has worked with the agency.
 - c. If the youth or parent(s)/guardian(s) is requesting a specific CSA or specifying a CSA with which they do not want to work, please let the Access Helpline representative know when making the request.

II. For Youth Connected to a CSA

A. Connected but Not Attending Services

If the youth is connected to a CSA but not attending services:

1. The Care Coordinator must schedule a meeting with the youth, parent(s)/guardian(s) and CSA to discuss the barriers to engagement and participation and problem solve solutions.
2. The Care Coordinator will work with the CSA to make every effort to assist the youth in need with connecting to services.

B. Linked at Commitment

If the youth is already linked at the time of Commitment:

1. The Care Coordinator must follow up with the CSA to establish a relationship and determine which service(s) the youth is receiving.
2. In addition, the Care Coordinator must obtain the contact information for the CSA professional(s) assigned to the youth for collaboration purposes.

Substance Use Services

Youth who test positive for illicit substances or who demonstrate behavior indicative of substance use (e.g., smelling like marijuana or alcohol, red eyes, bizarre behavior, behavior patterns centered around acquisition and use) should be referred for substance abuse treatment through an Adolescent Substance Treatment Expansion Program (ASTEP) Provider (<http://dc.gov/service/adolescent-substance-abuse-treatment-astep>).

These are the only providers in the District of Columbia who can make a referral to the Addiction Prevention and Recovery Administration (APRA) to fund inpatient substance abuse treatment. For youth who are HSCSN Plan beneficiaries, the Care Manager at HSCSN should be contacted to make the appropriate referrals.

Procedures:

A. Referring Youth

1. An ASTEP Provider should be contacted to make a referral for an intake assessment. At intake, a Global Appraisal of Individual Needs-Initial (GAIN-I) assessment will be completed to determine the level of treatment needed. Services can begin thereafter.
2. The Care Coordinator must monitor the youth's attendance and engagement in outpatient substance treatment. The Care Coordinator should provide a Release of Information Form to the service provider so information can be shared regularly and progress reports can be obtained (*for an electronic copy of a sample form, refer to the Resource Location Lists in Appendix B*).
3. If the youth is unsuccessful in outpatient treatment, even after intervention from the ASTEP Provider and Care Coordinator, the ASTEP Provider should make a recommendation to APRA for inpatient treatment and the Care Coordinator should begin the DYRS placement process to meet this need.
4. **Youth cannot be linked to a CSA or ASTEP Provider if they do not have active DC Medicaid Health Insurance.** Prior to linking to a CSA, use the Interactive Voice Response (IVR) system to determine the youth's current insurance status (*for an electronic copy of "How to Determine DC Medicaid Status," refer to the Reference Guides listed in Appendix C*).
5. The Care Coordinator must assist the parent(s)/guardian(s) (or youth, if over 18 years of age and without parental support) with reapplying for DC Medicaid if the youth's insurance has lapsed.
6. To apply or recertify for DC Medicaid with a youth or his or her parent(s)/guardian(s), go to the nearest District of Columbia Human Services Economic Security Administration (ESA) Service Center (check this website for the list of locations, if needed: <http://dhs.dc.gov/node/117522>).
7. If a youth has private insurance, substance abuse and mental health services should be identified through the private insurance's network of providers.

*For more information about **accessing a youth's insurance**, refer to the **Medical Necessity and Accessing Medicaid procedures** located in the **Placement Determination and Support for Committed Youth** section in the handbook.*



Giving Back: Youth Serving the Community

Community service enables committed youth to reconnect with their community in a positive way and if structured appropriately, can reduce recidivism and improve public safety by engaging youth in the community and teaching them leadership skills. Community service allows youth to see a community need and to meet it. It also provides a way to understand the impact of positive action in service to others.

A. Requirements

All youth committed to DYRS must complete the following community service hours, if applicable, preferably within their own community, prior to their commitment expiration:

- a. A minimum of five (5) hours of community service per month that youth are placed in the community;
- b. Community service hours required by out-of-home placement providers, if any; and/or
- c. For youth enrolled in District of Columbia Public Schools, a **minimum** of 100 hours is required to graduate.

B. Agency Offerings

Care Coordinators can help youth identify community service opportunities by way of the following:

- **Community Activities:** Youth and their families are able to select opportunities from the monthly calendar provided by email to Care Coordinators and DYRS staff. These activities will also be published in the DYRS newsletter. If a Care Coordinator becomes aware of an opportunity they may refer a youth.
- **DYRS Youth Council:** By participating in the Youth Council, youth have access to an array of community service opportunities and can earn community service hours. The Youth Council is a DYRS service group focused on youth development and is an opportunity for justice-involved youth to present a different image of themselves. Youth Council members also take the lead in planning events. Youth who are compliant with their CPA may be referred by their Care Coordinator for unique leadership and service opportunities only open to Youth Council members (*for an electronic copy of the eligibility and referral criteria, refer to the Resource Location Lists Appendix B*).
- **Youth Proposal for a Project:** The youth must be able to demonstrate that his or her project will provide a community benefit. The project will be approved, verified and documented by the Care Coordinator.
- **Youth in Secure Placements:** These youth may also have an opportunity to engage in community service offsite, based on the criteria at each placement, and/or where applicable, court-ordered requirements of the youth (e.g., restitution).

For all community service, it is recommended that a discussion of opportunities and the youth's service progress be a natural part of each TDM Meeting or monthly team meeting (based on the youth's placement) and included in the Success Plan (if appropriate).

Procedures:

A. Referring Youth

1. Care Coordinators will help youth to understand the requirements and the options for community service.
2. Youth can be referred for community service to the AC and/or the Youth Council via their Care Coordinator. Any DYRS staff member or parent(s)/guardian(s) can suggest a youth for these opportunities, but the referral must come from the Care Coordinator.
3. For the AC, the Program Manager and for the Youth Council, a Youth Council Advisor will reach out to the youth once the referral is received. Referred youth must be compliant with their CPA, demonstrate positive behavior and have an interest in promoting effective change locally and/or internationally.

B. Monitoring and Reporting Youth Progress

1. It is the Care Coordinator's responsibility to track all youth service hours and to ensure that the youth provide all required documentation for completion. Depending on the point of entry (e.g., the AC), an "Activity" or "Outcome" note should be entered into the youth's file in the DYRS Database by the AC or Youth Council staff responsible for supervision of the community service placement(s).
2. Any accompanying documentation of completed hours must be scanned and uploaded to the "Scanned Documents" section of the youth's file in the DYRS Database within one (1) business day of receipt. Otherwise, an "Activity" or "Outcome" note detailing the community service (i.e., who, what, where, when and why) may be used.
3. For DCPS students, complete the Community Service Form and forward it to the youth's DCPS placement to ensure credit for completion of the requirement (*for an electronic copy of a blank form, refer to the Resource Location Lists in Appendix B*).



Graduated Responses: Rewards and Sanctions

An effective graduated response system includes sanctions that are “swift, certain and proportionate” and incentives that “promote and reinforce” compliance.²⁹ Ideally, a combination of both strategies is used with a ratio of 4:1 rewards to sanctions.³⁰ Graduated responses can potentially impact the level of supervision and the level of placement restriction youth are subject to, depending on how the sanctions or incentives are implemented. A sanction for a High-level violation of the CPA could lead to higher levels of supervision in the community, such as Electronic Monitoring (GPS). Interventions are included in the strategy to change unwanted behavior and may also be used to reduce the likelihood of a higher level of placement.

A. Graduated Responses: Positive Youth Behavior, Incentives and Rewards

Achievement in education or work or other evidence of positive engagement in activities (including keeping all appointments with DCYL, AC, OEWD, the Credible Messenger Initiative or other services), can all be opportunities to reward youth and encourage continued progress. Additionally, positive recognition for abiding by the terms of the CPA is an important and integral part of helping youth develop sound decision-making skills. Rewards should match the significance of the achievement, be individualized and based on youth’s interests, motivators and needs.

Procedures:

1. AC, DCYL and OEWD staff and contractors may request that a youth be rewarded for their achievements. However, all requests and decisions around rewards must go through the Care Coordinator.
2. A review of youth behaviors should happen on a regular basis, and at a minimum, coincide with the 90-day care planning meeting. Ideally, rewards are given soon after the positive behavior occurs, whenever possible.
3. The following tables provide examples of positive youth behaviors and ideas for graduated responses that provide incentives for and/or reward for those behaviors.
4. Graduated rewards should be recorded in the “Graduated Responses – Rewards” section of the youth’s file in the DYRS Database within two (2) business days of the delivery of the reward.

³⁰ American Probation and Parole Association, in partnership with National Center for State Courts and the Pew Charitable Trusts, “Effective Responses to Offender Behavior: Lessons Learned for Probation and Parole Supervision (2013),” <https://csgjusticecenter.org/reentry/publications/effective-responses-to-offender-behavior-lessons-learned-for-probation-and-parole-supervision/>.

The continuum of incentives and rewards is meant to align with a youth's achievement of short- and long-term goals. Suggested incentives for youth range from providing acknowledgement for shorter-term goals [e.g., attending meetings regularly for one (1) month], to reducing a youth's level of supervision for longer-term goals [e.g., attending meetings regularly for six (6) months].

Table 1: Incentives and Rewards
(Examples are not exhaustive)

The list below describes a continuum of incentives and rewards for youth who demonstrate positive behaviors. This list does not suggest youth should be rewarded every time they engage in positive behavior, but the overall aim is to celebrate youth success.

Incentives for Positive Behaviors Short-Term		Incentives for Positive Behaviors Long-Term	
Positive Acknowledgement and Recognition for Progress and Compliance	Earned Privileges	Modifications to Non-Treatment Conditions of the CPA	Reduced Level of Supervision and Early Termination
<ul style="list-style-type: none"> Express verbal praise Send a praise letter to youth Send a praise letter to parent(s)/guardian(s) Provide a certificate of achievement Publicly display work Send a positive letter home from DYRS Director Pizza party, ice cream sundaes, group celebration 	<ul style="list-style-type: none"> Extend curfew for a special occasion Allow attendance at a special event Provide a home pass Allow a recreational outing Provide a movie pass, gift card, sporting event ticket Purchase a desired item (e.g., electronics, clothing, shoes, make-up) 	<ul style="list-style-type: none"> Remove exclusion zone Remove GPS Reduce frequency or discontinue drug screens Extend curfew generally Allow previously restricted activity 	<ul style="list-style-type: none"> Step down to less restrictive placement Reduce frequency of contacts with Care Coordinator Close the youth's case and end court-involved supervision



Table 2: Positive Youth Behaviors
(Examples are not exhaustive)

Here are **examples** of the types of behaviors that enable youth to achieve both short- and long-term goals. The list highlights positive behaviors that might be distinguished throughout the PYJ domains and includes basic compliance with the CPA and DYRS GPS Basic Guideline Agreement Contract.

Domain	Behaviors	
	Short-Term	Long-Term
Education	<ul style="list-style-type: none"> ▪ Attend school consistently ▪ Achieve academically <ul style="list-style-type: none"> ◆ Show good test scores ◆ Show good grades ◆ Show good progress reports ▪ Establish connectedness with school <ul style="list-style-type: none"> ◆ Join extracurricular organization ◆ Take leadership role in organization ◆ Form relationship with counselor ▪ Have no office disciplinary referrals ▪ Make progress toward goals in Individualized Education Program (IEP) 	<ul style="list-style-type: none"> ▪ Advance a grade level, complete Carnegie Units ▪ Obtain GED ▪ Obtain high school diploma ▪ Pursue post-high school education ▪ Prepare for SAT ▪ Take SAT ▪ Apply to college ▪ Plan for vocational/technical skills program ▪ Attend vocational/technical skills program ▪ Apply for financial aid
Workforce Development	<ul style="list-style-type: none"> ▪ Develop resume ▪ Participate in job shadowing ▪ Submit job application ▪ Complete mock interview ▪ Obtain job ▪ Attend work consistently ▪ Attend work on time ▪ Participate in a workforce development program consistently ▪ Participate in vocational training program ▪ Enroll in driver's education program ▪ Participate in driver's education program ▪ Obtain Learner's Permit ▪ Obtain government-issued identification (ID) ▪ Obtain birth certificate ▪ Obtain Social Security Card 	<ul style="list-style-type: none"> ▪ Successfully complete workforce development programs ▪ Successfully complete vocational training program ▪ Obtain trade certificate ▪ Obtain driver's license ▪ Maintain employment for an extended period of time



Domain	Behaviors	
	Short-Term	Long-Term
Safe and Supportive Living Arrangements	<ul style="list-style-type: none"> ▪ Youth at home: <ul style="list-style-type: none"> ◆ Abide by curfew ◆ Do chores ◆ Follow household rules ◆ Maintain good relationships with neighbor(s) ◆ Follow good safety practices (e.g., fire prevention, keeping weapons out) ▪ Youth in Independent Living: <ul style="list-style-type: none"> ◆ Abide by curfew ◆ Follow good hygiene practices ◆ Follow program rules ◆ Keep apartment clean ◆ Follow good safety practices (e.g., fire prevention, keeping weapons out) ◆ Maintain good relationship with roommate(s) ◆ Avoid complaints from management ▪ Youth in group home: <ul style="list-style-type: none"> ◆ Abide by curfew ◆ Do chores ◆ Follow program rules ◆ Maintain good relationship with roommate(s) ◆ Maintain good relationships with staff (e.g., no Unusual Incident Reports) ◆ Participate in programming ▪ Register for subsidized housing 	<ul style="list-style-type: none"> ▪ Youth in Independent Living: <ul style="list-style-type: none"> ◆ Obtain own apartment ▪ Youth in group home: <ul style="list-style-type: none"> ◆ Successfully transition from group home to home
Positive Relationships with Family Members	<ul style="list-style-type: none"> ▪ Participate in parenting class consistently ▪ Develop parenting skills ▪ Pay child support/contribute to child's needs ▪ Participate in anger management program consistently ▪ Participate in family therapy/MST/FFT consistently ▪ Mentor younger sibling(s) ▪ Initiate or rebuild relationship with family member 	<ul style="list-style-type: none"> ▪ Successfully complete parenting class ▪ Successfully complete anger management program ▪ Successfully complete family therapy/MST/FFT
Connections with the Community	<ul style="list-style-type: none"> ▪ Complete community service ▪ Register to vote ▪ Attend community meeting [e.g., Advisory Neighborhood Commission (ANC), Pretrial Services Agency (PSA), City Council meeting] 	<ul style="list-style-type: none"> ▪ Vote ▪ Testify/speak at ANC / PSA/City Council/ community meeting

Domain	Behaviors	
	Short-Term	Long-Term
Health and Mental Health	<ul style="list-style-type: none"> ▪ Get tested for HIV/STDs ▪ Pass a drug test ▪ Get annual physical ▪ Go to dentist ▪ Participate in smoking cessation class/intervention ▪ Maintain good hygiene ▪ Take first aid/CPR class ▪ Attend gym/exercise consistently ▪ Maintain a healthy diet ▪ Follow prescribed usage for medication prescribed ▪ Practice good medication management ▪ Participate in healthy cooking/ culinary arts classes ▪ Participate in therapy consistently ▪ Complete discussion of safe sex with Care Coordinator or mentor 	<ul style="list-style-type: none"> ▪ Stop smoking ▪ Stay drug free
Self-Expression and Creativity	<ul style="list-style-type: none"> ▪ Keep journal ▪ Compose poetry/story ▪ Compose music ▪ Participate in arts programming ▪ Record music/rap ▪ Participate in drama ▪ Participate in drawing/painting ▪ Participate in dance (e.g., Beat the Feet) ▪ Participate in photography 	<ul style="list-style-type: none"> ▪ Publicly present art or other form of self-expression ▪ Participate in youth radio/ TV (e.g., Access TV)
Basic Compliance with Community Placement and Electronic Monitoring Agreements	<ul style="list-style-type: none"> ▪ Attend all meetings with Care Coordinator for set number of months ▪ Complete terms of Electronic Monitoring Agreement for set amount of time ▪ Comply with curfew for set amount of time ▪ Consistently attend and participate in services ▪ Have clean urine screens or reduced levels for set amount of time ▪ Make restitution payments independently 	<ul style="list-style-type: none"> ▪ Complete restitution payments ▪ Attend all meetings with Care Coordinator for six (6) months ▪ Comply with curfew for six (6) months ▪ Attend all service appointments and programs for six (6) months in a row. ▪ Have clean drug screens for six (6) months in a row ▪ Comply with terms of Electronic Monitoring Agreement for set amount of time ▪ Complete other CPA requirements/goals
Personal Goal Achievement	<ul style="list-style-type: none"> ▪ Complete an action step in Success Plan 	<ul style="list-style-type: none"> ▪ Complete a personal goal in Success Plan

B. Graduated Responses: Sanctions

A system of graduated responses is designed to calibrate the youth's unwanted behavior, which usually is also in violation of the CPA, to an appropriate consequence. Consequences will increase in severity with multiple infractions. Graduated responses allow for a more consistent and systematic approach to applying consequences to behaviors and should prevent the placement of youth in a facility for more minor incidents (e.g., not attending school), while also creating alternatives for Care Coordinators to address more serious or repeated behaviors. Notably, graduated responses are not meant to eliminate staff discretion but to provide a range of options to address unwanted behavior. The Graduated Response System includes consequences ranging from verbal admonishments and earlier curfews to a Community Status Review Hearing (CSRH).

Placing youth in secure facilities removes them from their communities and families, which can deprive youth of valuable supports and opportunities that promote long-term success. In addition, placement in secure facilities has been found to have unintended negative consequences on youths' long-term outcomes,^{31 32} including decreased educational attainment and work prospects.³³ To that end, **DYRS aims to make placement in secure facilities a response of last resort.**

Procedures:

1. AC, DCYL, OEWD and Credible Messenger staff and contractors may request that a youth face consequences for their behavior. **However, all requests for sanctions must go through the Care Coordinator.**
2. Use Table 3: Ranking Violations by severity as a guide to assigning a Severity Level of "Low," "Medium" or "High."
3. Using the DYRS Graduated Sanctions Matrix, find the sanctions and interventions that match both the youth's **Violation by Severity Level** and the youth's **Community Placement Type**.
 - a. Sanctions and interventions are purposefully separated in order to highlight that unwanted behavior may be best addressed using either interventions or sanctions or some combination thereof. Interventions are intended to address underlying problems.

Please Note: It is critical that these two categories be kept distinct and that interventions and/or services are not viewed by youth as sanctions so as not to jeopardize their willingness to engage and participate.
 - b. The watermarked numbers in each box of the grid were added to clarify how individual cells correspond to one another. The numbers represent the level of the graduated response with **Level 1** being the least serious to **Level 3** being the most serious.

³¹ Holly Nguyen, Thomas A. Loughran, Ray Paternoster, Jeffrey Fagan and Alex R. Piquero, "Institutional Placement and Illegal Earnings: Examining the Crime School Hypothesis," *Journal of Quantitative Criminology*, (2016), Advance online publication

³² Uberto Gatti, Richard E. Tremblay and Frank Vitaro, "Iatrogenic Effect of Juvenile Justice," *Journal of Child Psychology & Psychiatry* 50 (2009): 991-998.

³³ National Research Council, "Reforming Juvenile Justice: A Developmental Approach," Committee on Assessing Juvenile Justice Reform, Richard J. Bonnie, Robert L. Johnson, Betty M. Chemers and Julie A. Schuck, Eds., Committee on Law and Justice, Division of Behavioral and Social Sciences and Education (Washington, DC: The National Academies Press, 2013)



4. If a youth does not adhere to the terms of the sanction within the time set by the Care Coordinator, the Violation by Severity Level may be increased and the process will repeat.
5. Care Coordinators must address violations of the CPA within two (2) business days of the violation and should not wait for violations to accumulate, thereby skipping over the increased consequences in the Graduated Response Matrix. The Care Coordinator should use the CSRH as a last resort after a series of graduated sanctions have been used. A sanction of up to five (5) days at the Youth Services Center (YSC) may also be used as a last resort.
6. Graduated responses should be recorded in the “Graduated Responses – Sanctions” section of the youth’s file in the DYRS Database within two (2) business days of the notice of the behavior.
7. **Graduated Sanctions do not apply in the following cases:**
 - a. The youth is a clear and present danger to him or herself or others (as defined in the Title 29, Chapter 12 of the District of Columbia Municipal Regulations), which automatically initiates a CSRH.
 - b. The youth has been charged with a dangerous crime or a crime of violence as defined in District of Columbia Regulation 23-1331, which automatically initiates a CSRH.

Please Note: The table on the following page provides examples of violations by severity to be used with the Graduated Sanctions Matrix. Notably, most of the violations in this table are violations of the CPA; however, there may be some occasions where graduated sanctions are used to address CAFAS—defined illegal behavior. It is important to recognize the same type of violation may not represent the same level of severity for all youth.

Table 3: Ranking Violations by Severity
(Examples are not exhaustive)

Low Violation	Medium Violation	High Violation
1 Behavior occurs once or twice	2 Behavior occurs multiple times in a short period or a general increase in the intensity of non-compliant behavior	3 Behavior demonstrates a reoccurring or chronic pattern of non-compliance and/or non-compliance continues to escalate
Appointments: <ul style="list-style-type: none"> Missing one (1) or two (2) scheduled service appointments in one month Missing one (1) scheduled appointment (any type) with Care Coordinator 	Appointments: <ul style="list-style-type: none"> Missing more than two (2) scheduled service appointments in one month Missing more than one (1) scheduled appointment (any type) with Care Coordinator in one (1) month 	Appointments: <ul style="list-style-type: none"> No contact with Care Coordinator for more than 14 days Chronic non-attendance at service appointments
Curfew: <ul style="list-style-type: none"> Returning home or to group home past curfew more than an hour (but not away overnight) Returning home or to a group home past curfew once (1) or twice (2) in one (1) week (but not away overnight) Overnight/Runaway Behavior: <ul style="list-style-type: none"> Away from home or group home overnight for one (1) night School: <ul style="list-style-type: none"> One (1) or two (2) unexcused absences from school Performing poorly at school (e.g., poor behavior, lack of participation) GPS Conditions: <ul style="list-style-type: none"> Refusing to charge GPS device (allowing battery to get to "Low") CPA Compliance: <ul style="list-style-type: none"> Isolated incident of CPA non-compliance Substance Use: <ul style="list-style-type: none"> Missing scheduled drug test 	Curfew: <ul style="list-style-type: none"> Returning home or to group home past curfew more than two (2) hours (but not away overnight) Returning home or to a group home past curfew once (1) or twice (2) in one week (but not away overnight) Overnight/Runaway Behavior: <ul style="list-style-type: none"> Away from home or group home overnight for two (2) nights School: <ul style="list-style-type: none"> Multiple unexcused absences in a short period of time Getting a school suspension GPS Conditions: <ul style="list-style-type: none"> Refusing to charge GPS device (allowing battery to get to "Critical") CPA/Legal Compliance: <ul style="list-style-type: none"> Multiple instances of non-compliance with CPA over a short period Substantial evidence of/or engaging in illegal activity defined by the CAFAS as "Minor Legal Violations" and/or delinquent behavior Substance Abuse: <ul style="list-style-type: none"> Refusing to drug test or to produce sample 	Curfew: <ul style="list-style-type: none"> Returning home or to group home past curfew more than three (3) times in one (1) week (but not away overnight) Overnight/Runaway Behavior: <ul style="list-style-type: none"> Away from home or group home overnight three (3) or more nights School: <ul style="list-style-type: none"> Chronic non-attendance at school Getting suspended twice (2) or more in one (1) school year Getting expelled from school GPS Conditions: <ul style="list-style-type: none"> Cutting strap on GPS device Intentionally shielding or submerging GPS device Refusing to charge GPS device (allowing the device to go "Dead") CPA/Legal Compliance: <ul style="list-style-type: none"> Refusing to consistently comply with CPA Substantial evidence of/ or engaging in illegal activity defined by the CAFAS as "Serious Violations" and/ or REPEATED "Minor Legal Violations" and/or delinquent behavior Substance Abuse: <ul style="list-style-type: none"> Testing positive repeatedly for any drug Refusing to drug test or to produce sample more than once (1)

Table 4: DYRS Sanctions Matrix

Use Table 3: Ranking Violations by Severity above to determine the related Sanction Level and possible sanction in the table below.

Level of Violation Severity				
Low		Medium	High	
Community Placement Type	Less Restrictive (Home or CFSA Foster Home)	<ul style="list-style-type: none">Verbally reprimand youthRequire youth to complete writing assignmentRequire youth to obtain signatures to verify attendance at school and/or services for a maximum of two (2) weeksSet earlier curfew for youth for a maximum of two (2) weeksIncrease face-to-face contacts with Care Coordinator for a maximum of two (2) weeksSend non-compliance letter to youth and parent(s)/guardian(s)Suspend monetary incentive for one (1) week <p>Program Service/Intervention:</p> <ul style="list-style-type: none">Convene intervention meeting between youth and Care CoordinatorRefer youth to Youth Engagement Specialist/Credible Messenger for additional support	<ul style="list-style-type: none">Verbally reprimand youthRequire youth to complete writing assignmentRequire youth to obtain signatures to verify attendance at school and/or services for a maximum of two (2) weeksSet earlier curfew for youth for a maximum of two (2) weeksIncrease face-to-face contacts with Care Coordinator for a maximum of two (2) weeksSend non-compliance letter to youth and parent(s)/guardian(s)Suspend monetary incentive for one (1) week <p>Program Service/Intervention:</p> <ul style="list-style-type: none">Convene intervention meeting between youth and Care CoordinatorRefer youth to Youth Engagement Specialist/Credible Messenger for additional supportRefer youth to programming that addresses the behavior (e.g., Individual Therapy, Tutoring, Family Support)Convene Restorative Justice Circle or Conference	<ul style="list-style-type: none">Verbally reprimand youthRequire youth to complete writing assignmentRequire youth to obtain signatures to verify attendance at school and/or services for a maximum of 30 daysSet earlier curfew for youth for a maximum 30 daysIncrease face-to-face contact with Care Coordinator for a maximum of 30 daysSend non-compliance letter to youth and parent(s)/guardian(s)Place youth on GPS monitoring for a maximum of two (2) weeksSuspend monetary incentive for two (2) weeks <p>Program Service/Intervention:</p> <ul style="list-style-type: none">Convene intervention meeting with youth's parent(s)/guardian(s) and Care CoordinatorRequire parent(s)/guardian(s) and youth to meet with DYRS Program Manager/ SupervisorsConvene Emergency TDM or MDT MeetingRefer youth to programming that addresses the behavior (e.g., Individual Therapy, Tutoring, Family Support)Convene Restorative Justice Circle or Conference
	Moderately Restrictive (Group Home, DYRS Foster Home or SILP without GPS; Home or CFSA Foster Home with GPS)	<ul style="list-style-type: none">Verbally reprimand youthRequire youth to complete writing assignmentRequire youth to obtain signatures to verify attendance at school and/or services for a maximum of two (2) weeksSet earlier curfew for youth for a maximum of two (2) weeksIncrease face-to-face contacts with Care Coordinator for a maximum of two (2) weeksSend non-compliance letter to youth and parent(s)/guardian(s)Suspend monetary incentive for one (1) week <p>Program Service/Intervention:</p> <ul style="list-style-type: none">Convene intervention meeting between youth and Care CoordinatorRefer youth to Youth Engagement Specialist/Credible Messenger for additional supportRefer youth to programming that addresses the behavior (e.g., Individual Therapy, Tutoring, Family Support)Convene Restorative Justice Circle or Conference	<ul style="list-style-type: none">Verbally reprimand youthRequire youth to complete writing assignmentRequire youth to obtain signatures to verify attendance at school and/or services for a maximum of 30 daysSet earlier curfew for youth for a maximum of 30 daysIncrease face-to-face contacts with Care Coordinator for a maximum of 30 daysSend non-compliance letter to youth parent(s)/guardian(s)Place youth on GPS monitoring if not already for a maximum of two (2) weeksIf already on GPS, extend for an additional maximum of two (2) weeksAdd exclusion zone (if youth is on GPS)Place youth on house arrest for one (1) weekend (if on GPS)Suspend monetary incentive for two (2) weeks <p>Program Service/Intervention:</p> <ul style="list-style-type: none">Convene intervention meeting with youth, parent(s)/guardian(s) and Care CoordinatorRequire parent(s)/guardian(s) and youth to meet with DYRS Program Manager/Unit SupervisorsConvene Emergency TDM or MDT MeetingRefer youth to programming that addresses the behavior (e.g., Individual Therapy, Tutoring, Family Support)Convene Restorative Justice Circle or Conference	<ul style="list-style-type: none">Set earlier curfew for youth for a maximum of 45 daysIncrease face-to-face contacts with Care Coordinator for a maximum of 45 daysPlace youth on GPS monitoring for a maximum of 30 daysIf already on GPS, extend for an additional maximum of two weeksAdd exclusion zone (if youth is on GPS)Place youth on house arrest for one (1) weekend (if youth is on GPS)Restrict youth to Community Program Initiative programming onlySuspend monetary incentive for four (4) weeksRequest for CSRH <p>Program Service/Intervention:</p> <ul style="list-style-type: none">Convene emergency TDM or MDT MeetingRefer youth to programming that addresses the behavior (e.g., Individual Therapy, Tutoring, Family Support)Convene Restorative Justice Circle or Conference
	More Restrictive (Group Home, DYRS Foster Home or SILP with GPS)	<ul style="list-style-type: none">Verbally reprimand youthRequire youth to complete writing assignmentRequire youth to obtain signatures to verify attendance at school and/or services (for a maximum of 30 days)Set earlier curfew for youth (for a maximum of 30 days)Increase face-to-face contacts with Care Coordinator (for a maximum of 30 days)Send non-compliance letter to youth parent(s)/guardian(s)Extend GPS monitoring for an additional maximum of two (2) weeksAdd exclusion zone (if youth is on GPS)Place youth on house arrest for one (1) weekend (if youth is on GPS)Youth restricted to Community Program Initiative Programming onlySuspend monetary incentive for two (2) weeks <p>Program Service/Intervention:</p> <ul style="list-style-type: none">Convene intervention meeting with youth, parent(s)/guardian(s), and Care CoordinatorRequire parent(s)/guardian(s) and youth to meet with DYRS Program Manager/SupervisorsConvene Emergency TDM or MDT MeetingRefer youth for additional assessment (e.g., GAIN-I)Refer youth to programming that addresses the behavior (e.g., Individual Therapy, Tutoring, Family Support)Convene Restorative Justice Circle or Conference	<ul style="list-style-type: none">Verbally reprimand youthRequire youth to complete writing assignmentRequire youth to obtain signatures to verify attendance at school and/or services (for a maximum of 30 days)Set earlier curfew for youth (for a maximum of 30 days)Increase face-to-face contacts with Care Coordinator (for a maximum of 30 days)Send non-compliance letter to youth parent(s)/guardian(s)Extend GPS monitoring for an additional maximum of two (2) weeksAdd exclusion zone (if youth is on GPS)Place youth on house arrest for one (1) weekend (if youth is on GPS)Restrict youth to Community Program Initiative Programing onlySuspend monetary incentive for two (2) weeks <p>Program Service/Intervention:</p> <ul style="list-style-type: none">Convene intervention meeting with youth, parent(s)/guardian(s) and Care CoordinatorRequire parent(s)/guardian(s) and youth to meet with DYRS Program Manager/SupervisorsConvene Emergency TDM or MDT MeetingRefer youth for additional assessment (e.g., GAIN-I)Refer youth to programming that addresses the behavior (e.g., Individual Therapy, Tutoring, Family Support)Convene Restorative Justice Circle or Conference	<ul style="list-style-type: none">Set earlier curfew for youth for a maximum of 45 daysIncrease face-to-face contacts with Care CoordinatorExtend GPS monitoring for an additional maximum of two (2) weeksAdd exclusion zonePlace youth on house arrest for one (1) weekend (if youth is on GPS)Youth restricted to Community Program Initiative Programming onlySuspend monetary incentive for four (4) weeksRequest for CSRH <p>Program Service/Intervention:</p> <ul style="list-style-type: none">Convene Emergency TDM or MDT MeetingRefer youth for additional assessment (e.g., GAIN-I)Refer youth to programming that addresses the behavior (e.g., Individual Therapy, Tutoring, Family Support)Convene Restorative Justice Circle or Conference

Community Status Review Hearings

A Community Status Review Hearing (CSRH) is used to determine whether a youth has violated his or her CPA and to determine whether the level of supervision will change as designated by the level of placement restriction.

Procedures:

A. Mandatory Community Status Review Hearing (CSRH) Request

1. In accordance with District of Columbia Municipal Regulation, Title 29, 1202.2 (*for the full regulation, ask the DYRS General Counsel*), if a committed youth is charged, DYRS must initiate a review of community placement within three (3) business days of receiving notification of the youth being charged for any of the following offenses:
 - a. Homicide or assault with intent to commit homicide;
 - b. Sexual abuse in the 1st or 2nd degree, child sexual abuse or assault with intent to commit one of these offenses;
 - c. Robbery, robbery while armed, assault with intent to commit robbery while armed;
 - d. Carjacking/Armed carjacking;
 - e. Burglary;
 - f. Kidnapping;
 - g. Arson;
 - h. Malicious disfigurement; or
 - i. Mayhem.
2. If a youth is placed in secure detention pending a CSRH, the CSRH must occur within five (5) calendar days of the youth's placement.
3. Additionally, if a youth is placed in secure detention pending a CSRH, a Probable Cause Determination Form must be signed by the Deputy Director of Youth and Family Programs (or designee), within one (1) business day of the youth being in DYRS custody.
4. CSRH packets must be completed, signed by all parties, and submitted to the CSRH Officer within three (3) calendar days of placement in a DYRS secure facility.
5. Care Coordinators must provide a copy of the CSRH packet to the youth and notice of the hearing to the parent(s)/guardian(s) **at least** one (1) calendar day prior to the hearing.

B. Optional CSRH Process

1. In accordance with District of Columbia Municipal Regulation, Title 29, 1202.3 (*for the full regulation, direct the request to the DYRS General Counsel*), DYRS must also initiate a review of community status within three (3) business days and *may* convene a CSRH if:
 - a. DYRS becomes aware that a youth has violated two (2) or more terms of his/her CPA;
 - b. DYRS becomes aware that a youth has violated a single term of his/her CPA at least twice;
 - c. DYRS becomes aware that a youth has unjustifiably absconded from the placement specified in the CPA; or



- d. The Care Coordinator determines, based upon a complete evaluation of the youth's performance under the CPA, that he or she should initiate the Community Status Review process.

C. Documenting the Request for Community Status Review

1. **Rule of Thumb:** All recommendations for a CSRH should be made within four (4) business days of when DYRS becomes aware of a youth's arrest or violation of the community placement agreement.

Proper documentation is the key to ensuring that the requirements of the regulations are met. The proper documentation for recommending a CSRH includes:

- a. Details regarding the circumstances of an arrest, charges or violations of the Community Release Agreement, including the following (if/when applicable):
 - i. The date and time of the offense(s) or violation(s);
 - ii. The arresting officer's report (Form 379); and
 - iii. The nature and seriousness of the charge(s), arrest or violation(s).
 - b. The youth's progress in the community placement before the offense or violation took place.
 - c. A copy of the CPA with the required signatures.
 - d. Efforts made to identify and secure additional or alternative services that might be provided to the youth in the community.
2. **Main Things to Remember:** The Care Coordinator must transmit the required documentation to his or her Unit Supervisor within three (3) business days and include a police report if one exists; if not, the source of information must be indicated.

D. Making the Recommendation

1. **The Unit Supervisor:** Once the Care Coordinator has transmitted the recommendation for a CSRH with the proper documentation to his or her Unit Supervisor, the Supervisor has one (1) business day to review the services provided to the youth, along with all of the submitted documents and make a recommendation to the Care Planning and Coordination Program Manager (or designee).
2. The Unit Supervisor can approve the request for a CSRH or can recommend any of the following with explanation:
 - a. The implementation of additional services by the Care Coordinator;
 - b. A TDM or Service Care Meeting;
 - c. Monthly Group Conference for review and recommendation; or
 - d. Sanction(s).

Please Note: The Unit Supervisor must transmit all recommendations to the Care Planning and Coordination Program Manager (or designee) within one (1) business day of receipt from the Care Coordinator.

3. **The Program Manager:** Upon receiving the recommendation of both the Care Coordinator and Unit Supervisor and all of the supporting documentation, the Care Planning and Coordination Program Manager will make a recommendation to the Deputy Director of the Youth and Family Programs stating whether there is a sufficient basis to schedule a CSRH.

4. **The Care Planning and Coordination Program Manager:** Can approve the request for a CSRH or can recommend any of the following with explanation:
 - a. A TDM or Service Care Meeting;
 - b. Group Conference for review and recommendation;
 - c. Youth Intervention Meeting;
 - d. Alternative community services; or
 - e. Sanction(s).
5. The Care Planning and Coordination Program Manager will document the basis for the recommendation in the youth's file in the DYRS Database within one (1) business day of the decision.
6. **The Deputy Director of the Youth and Family Programs' (or designee)**
Recommendation: The final decision to schedule a CSRH rests with the Deputy Director of the Youth and Family Programs (or designee).
7. The Deputy Director of the Youth and Family Programs (or designee) can approve the request for a CSRH or can recommend any of the following with explanation:
 - a. A TDM or Service Care Meeting;
 - b. Group Conference for review and recommendation;
 - c. Youth Intervention Meeting;
 - d. Alternative community services; or
 - e. Sanction(s).
8. The Deputy Director's approval of the CSRH will occur through a signed Probable Cause Determination Form.
9. The Deputy Director of the Youth and Family Programs (or designee) must transmit all recommendations to the Care Planning and Coordination Program Manager (or designee) within one (1) business day of receipt of the recommendation for a CSRH.

E. Submitting a Complete CSRH Packet

1. The Care Coordinator will submit a complete CSRH packet to the Unit Supervisor in order to present to the CSRH Officer. The packet must include:
 - a. Complete CSRH Request Form (*for an electronic copy of the blank form, refer to the CSRH section under the "Case Management" section of the youth's file in the DYRS Database*);
 - b. Signed CPA;
 - c. Description of the alleged violation(s) with documentation supporting the specific violation(s), including a police report, if applicable;
 - d. Specific date and time of the violations;
 - e. Description of specific interventions to prevent the CSRH process;
 - f. Commitment Court Order; and
 - g. Signed Probable Cause Determination Form (*for an electronic copy of the blank form, refer to the Resource Location Lists in Appendix B*).



2. CSRH packets should be completed by the Care Coordinator in a manner to allow for any Care Coordinator or representative to present the case at the CSRH.

F. CSRH Proceedings

1. The Care Coordinator must attend the CSRH prepared to provide information and any additional documentation to support the need to raise the youth's level of custody. The youth's attorney (or designee) will be in attendance to present the youth's case.
2. If a youth fails to appear at the CSRH, the Care Coordinator is responsible for requesting a Custody Order, and should note in the youth's next TDM Meeting that the youth failed to appear for the CSRH. The CSRH Officer will conduct the hearing without the youth present. If a youth requests a CSRH when they return to their placement, notify the hearing officer.

*For more information about **youth absconding**, refer to the **Abscondence** in the **Youth and Public Safety Team** procedures in this section of the handbook.*

3. The CSRH Officer will issue written findings within five (5) business days.
 - a. The youth may appeal the decision to the DYRS Director within seven (7) business days of receiving the written findings.



Youth and Public Safety Team

The Youth and Public Safety Team (YPST) is responsible for connecting and monitoring youth who have been referred and placed on an Electronic Monitoring (also known as Global Positioning System or GPS) Device, and/or youth that have absconded from their placements. The YPST provides an additional layer of supervision of youth, with the goal of improving public safety.

Overall, the YPST is responsible for connecting and monitoring the electronic device for each applicable youth. In collaboration with the District of Columbia Metropolitan Police Department (MPD), it is also responsible for searching for youth who have absconded from various placements and building relationships with youth, their families and the community to reduce abscondence and enhance pro-social behaviors.

I. Electronic Monitoring (GPS)

GPS is used in conjunction with other programs, supports and services that encourage youth to take responsibility for their behavior and abide by the expectations of DYRS, family, other supervising agencies, or placements.

A. Criteria

1. A youth connected to an electronic monitoring device is placed in the community, but considered to be in need of a higher level of supervision. He or she may be placed on electronic monitoring for a variety of reasons, including, but not limited to:
 - a. On home confinement or house arrest for a specified timeframe;
 - b. Awaiting next placement at home;
 - c. In lieu of being sent to detention as a sanction (i.e., as directed by a Unit Supervisor and Care Planning and Coordination Program Manager) after failing to abide by the conditions of the CPA;
 - d. Affiliated with “crews” or gang members to prevent/monitor territories cross-over in real time;
 - e. Documented in the DYRS Database as having absconded more than three (3) times within 30 days or has met the threshold for electronic monitoring according to the **Graduated Sanctions Matrix** (*also located in this section of the handbook*);
 - f. Adjudicated for an offense from the list below:
 - i. Homicide or assault with intent to commit homicide;
 - ii. Sexual abuse in the 1st or 2nd degree, child sexual abuse or assault with intent to commit one of these offenses;
 - iii. Robbery, robbery while armed, assault with intent to commit robbery while armed;
 - iv. Carjacking, armed carjacking;
 - v. Burglary;
 - vi. Kidnapping;



- vii. Arson;
 - viii. Malicious disfigurement; or
 - ix. Mayhem
- g. As recommended by the Care Coordinator and Unit Supervisor after properly documented safety concerns. The Care Planning and Coordination Program Manager must approve the final decision.
 - h. If there is reasonable suspicion by Agency staff that he or she is engaged in behavior that may put the youth at a high risk for re-offending or for injury to the youth or community. The Program Manager must approve the final decision.
- 2. A youth leaving NBYDC, YSC, Residential Treatment Centers (RTCs), Psychiatric Residential Treatment Facilities (PRTFs), or other out-of-state placements may **only** be placed on Electronic Monitoring if they meet the criteria listed above.
 - 3. Youth will be connected to GPS while on home visits, holidays or special permission passes **only** if they meet any of the above criteria for Electronic Monitoring.

Please Note: Overall, the decision to place a youth on Electronic Monitoring is at the sole discretion of DYRS.

B. Duration

DYRS will place a youth on Electronic Monitoring for an initial period of 30 days.

- 1. The youth's Care Coordinator may request for an extension of the monitoring period for up to 90 days. However, the GPS device must not be utilized for longer than 90 days unless there are extenuating circumstances, which then require approval from the Unit Supervisor and the Care Planning and Coordination Program Manager.
 - a. The extension past 90 days must be done in 30-day increments.
 - b. The youth must maintain compliance with charging the GPS battery, abiding by curfew and exclusion zones and all other requirements of the DYRS GPS Basic Guideline Agreement Contract.

C. Expected Outcomes

- 1. These steps are completed to accomplish the following:
 - a. Minimize unnecessary incarceration of youth;
 - b. Decrease the number of GPS device non-compliance alerts (i.e., "Low"/"Dead Battery" alerts and/or curfew violations);
 - c. Decrease unsafe behavior among DYRS youth;
 - d. Enhance youth interactions with positive adults by increasing the numbers of face-to-face contacts with youth on Electronic Monitoring;
 - e. Increase DYRS' ability to locate youth in real-time; and
 - f. Increase youth compliance with the CPA.



Procedures:

A. Referring Youth

1. To connect a youth to an Electronic Monitoring Device, a Care Coordinator should complete a GPS Referral Form (*for an electronic copy of the form, refer to the Resource Location Lists in Appendix B*) and submit it to the YPST Supervisor.
2. The YPST Supervisor and the Care Coordinator should make arrangements for the youth to be connected to GPS and review the requirements for wearing the device. The youth will sign both the DYRS GPS Basic Guideline Agreement Contract and the GPS Anti-Tampering Emergency Act of 2008 Agreement.
3. In addition to being supervised by a Care Coordinator, the YPST Supervisor will assign each youth on Electronic Monitoring to a YPST member for additional monitoring, support and supervision.

B. Monitoring and Reporting

Both the assigned Care Coordinator and the YPST will receive the youth's GPS device alerts, but the Care Coordinator will be the primary staff person responsible for following up on the alerts. The YPST provides support to the Care Coordinator in the monitoring of the youth's GPS.

Before 9:30 am Monday – Friday

The YPST must make contact with any youth with a battery alert before 9:30 am each morning.

1. If contact is not made or the youth does not comply with charging the GPS device after contact is made, the YPST must conduct a field visit on the same business day to the youth's last known location to address the Electronic Monitoring violation.
2. The YPST will send an email to the Care Coordinator and Unit Supervisor with an update of what occurred and will document attempts and contact with youth in the "Case Notes" section of the youth's file in the DYRS Database.
 - a. In general, the YPST will receive the first "Low Battery" notifications when the GPS device reaches 30 percent battery life. The YPST member will make reasonable efforts to call the youth, group home, home or foster home and will email the Care Coordinator to encourage the youth to charge the device.
 - b. The second "Low Battery" notification will alert when the GPS device reaches 20 percent battery life. A YPST member will be deployed to the youth's location and encourage him or her to charge in the presence of the YPST member.
 - c. The final "Low Battery" notification will come at 10 percent battery life. When this notification is received, a YPST member will be deployed to bring the youth to 450 H Street, NW or 2101 Martin Luther King Avenue, SE to charge his/her device in the assigned location until the device is fully charged.

After 9:30 am Monday – Friday

The assigned Care Coordinator is responsible for addressing GPS device alerts **as they occur throughout the business day**.



1. The Care Coordinator will document attempts and contact with youth in the “Case Notes” section of the youth’s file in the DYRS Database as well as notify the Unit Supervisor of their efforts.
2. If the Care Coordinator receives a “Low,” “Dead” or “Master Tampering” reading during the course of the business day (after 9:30 am), the assigned Care Coordinator is responsible for contacting the youth to address the violation.
 - a. During the business day, the Care Coordinator will receive the **first** “Low Battery” notification when the GPS device reaches 30 percent battery life and will make reasonable efforts to call the youth, parent(s)/guardian(s), group home, home or foster home, and notify the Credible Messenger for assistance with charging the device.
 - b. The **second** “Low Battery” notification will alert when the GPS device reaches 20 percent battery life. The Care Coordinator will be deployed to the youth’s location and encourage him or her to charge in his or her presence.
 - c. The **final** “Low Battery” notification will come at 10 percent battery life. When this notification is received, the Care Coordinator will be deployed to bring the youth to 450 H Street, NW or 2101 Martin Luther King Avenue, SE to charge his/her device until it is fully charged.

Please Note: If the Care Coordinator confirms that the youth is at school when a “Low” or “Dead Battery” alert is received, the Care Coordinator should notify the youth and parent(s)/guardian(s) that the youth is expected to charge the GPS device immediately upon dismissal from the school day.

3. If at any time the youth refuses to charge when given a directive in the presence of a DYRS staff member or leaves before he or she is properly dismissed, the Care Coordinator will submit a Request for Custody Order and the youth will be taken into custody for non-compliance of their Electronic Monitoring Contract.

Please Note: If there are safety concerns with conducting a field visit to the last known location, the Care Coordinator should ask a member of the YPST, a Credible Messenger, colleague, or Unit Supervisor to accompany him or her on the visit.

*For more information about **Custody Order requests**, refer to the **Requesting a Custody Order or Withdrawal** procedures in the **Administrative Requirements** section of the handbook.*

After Hours

If there are GPS alerts or violations **Monday through Friday from 5:30 pm to 6:00 am, on the weekends and/or public holidays**, the YSC Control staff will reach out to the youth to address the violation and document this information in the “Case Notes” section of the youth’s file in the DYRS Database.

1. All efforts to engage the youth must be documented by all the applicable staff in the “Case Notes” section of the youth’s file in the DYRS Database and communicated (i.e., by phone, email, text) to the assigned Care Coordinator within one (1) calendar day.



2. If the Youth Services Center Control staff is unable to make contact with a youth by 6:00 am, he or she will refer the case by email to the YPST to continue efforts to contact the youth and/or bring him or her into compliance.

Please Note: The contracted Electronic Monitoring agency will notify the youth and parent(s)/guardian(s) via the phone number on the GPS referral when there are alerts or violations.

C. Removal of the GPS Device

When a youth has successfully completed the Electronic Monitoring Program or has the program terminated by his or her Care Coordinator, then it is the youth's responsibility to report to the YPST for removal of the GPS device. All GPS devices can only be removed by the YPST (or their designees).

II. Abscondence

When a committed youth does not report as scheduled or has run away from his or her placement, he or she is out of compliance and on "abscondence." Immediate action must be taken to ensure the youth is found and not in danger or a threat to public safety.

Procedures:

A. When a Youth Absconds from an Out-of-Home Placement

1. Placement providers (e.g., foster home, group home, RTC/PRTF) are required to submit a "Request for Custody Order" Form by email to dyrs.cco@dc.gov within the **same** business day.
2. It is the responsibility of a Care Coordinator to ensure the Court Liaison has received the Request for Custody Order within one (1) business day. The Court Liaison should follow up with the court to ensure the Request is signed within the next business day.
 - a. All "Request for Custody Order" Forms completed by the Care Coordinator **MUST** be signed by the Unit Supervisor (or designee). If both are unavailable, the Request should be signed by the Care Planning and Coordination Program Manager.
 - b. The Care Coordinator must ensure that the "Request for Custody Order" Form is scanned and uploaded to the "Scanned Documents" section of the youth's file in the DYRS Database within one (1) business day.
 - c. After the judge signs it, the Custody Order must be scanned and uploaded to the "Scanned Documents" section of the youth's file in the DYRS Database within one (1) business day of receipt by the Court Liaison. The Care Coordinator must ensure that the Custody Order is in the youth's file in the DYRS Database.
 - d. Whenever a "Request for Custody Order" is submitted, the Care Coordinator must enter a "Case Note" in the youth's file in the DYRS Database stating where he or she would like the youth to be placed and the follow-up plan upon apprehension. This Case Note should be entered under the procedure code "Abscondence Return Plan," within one (1) business day of receipt of the Custody Order.



An **example** of an “Abscondence Return Plan” note is as follows:

“After the Custody Order is quashed in court, the youth should be returned home to parent(s)/guardian(s) pending an emergency TDM Meeting to review appropriate services and supports and update the Success Plan. The Care Coordinator will suggest PRTF Diversion Wrap-Around referral to provide the youth and family additional supports as well as Multi-Systemic Therapy (MST), services to improve parent(s)/youth relationship. Youth and team will develop a safety/abscondence prevention plan during the TDM Meeting to help reduce the likelihood of future abscondences. The youth will remain in home placement after the TDM Meeting providing he/she agrees to the plan for safety and accepts additional community supports.”

3. The Care Coordinator will:
 - a. Notify the YPST, the youth’s parent(s)/guardian(s) and the Credible Messenger within the hour of becoming aware of the abscondence.
 - b. Notify the Utilization Specialist within one (1) business day following the abscondence.
 - c. Provide the YPST with a copy of the Custody Order Request and signed Order, once received.
 - d. Communicate with the youth’s family and Credible Messenger, if applicable, regarding known hangouts and explain the plan for the youth when located.
 - e. Ensure the youth’s abscondence is documented in the “Enrollments” section and check the youth’s last known family residence and known hangouts, which are documented in the “Case Notes” section of the youth’s file in the DYRS Database.
 - f. Notify all service providers of the youth’s abscondence the same day the Custody Order is requested.
 - g. For those youth that are enrolled in any Maryland school for which a tuition contract is required, the Care Coordinator must disenroll the youth from school within two (2) business days of the Custody Order being signed. **It is required that the Care Coordinator obtain a receipt at the time of the withdrawal request.** The proof of receipt must be uploaded in the “Scanned Documents” section of the youth’s file in the DYRS Database within one (1) business day of receipt.
4. The YPST will add the youth to their caseload.
5. The Family Court Judge will sign the Custody Order and send to the Criminal Special Proceedings Division.
6. The Criminal Special Proceedings Division will enter the Custody Order into MPD’s Washington Area Law Enforcement System (WALES).
7. MPD will begin looking for the youth.

B. When a Youth Absconds from Home or Ceases Contact with the Care Coordinator (and the Youth is not on GPS)

1. If the youth has not been seen by their parent(s)/guardian(s) within a 12-hour period, upon notification by the parent(s)/guardian(s), the Care Coordinator will request for a Custody Order. The Care Coordinator will also encourage the parent(s)/guardian(s) to file a Missing Person Report with the local police department.
2. The Care Coordinator will notify the Credible Messenger of the inability to locate the youth in order to ascertain information about the youth's whereabouts.
3. The Care Coordinator must notify the Unit Supervisor of the inability to locate youth.
4. If the parent(s)/guardian(s) have seen the youth, but the youth has not made herself/himself available to his or her Care Coordinator, the youth's Care Coordinator will make a weekly attempt to locate the youth for face-to-face contact by making visits to any of the youth's known locations including to the youth's home, school, hangouts, jobs, and friends' houses. The Care Coordinator may ask the Credible Messenger to accompany them during these attempts.
5. After two unsuccessful attempts, the Unit Program Assistant, at the request of the Care Coordinator, will send a certified letter to the residence mandating that the youth make himself or herself immediately available for a face-to-face visit (*for an electronic copy of a sample Non-Compliance Letter, refer to the Resource Location Lists in Appendix B*).
6. The Care Coordinator must notify the Unit Supervisor of the continued inability to locate youth.
7. All efforts are to be documented in the "Case Notes" section of the youth's file in the DYRS Database within one (1) business day of each attempt.
8. The Care Coordinator must continue looking for the youth, communicating with the family, Credible Messenger and other service providers on a weekly basis.
9. After unsuccessfully making two (2) face-to-face attempts, sending certified mail and still not locating the youth after 14 days, the Care Coordinator will confer with his or her Unit Supervisor and if the Supervisor agrees, request a Custody Order from the Family Court.

C. When a Youth Absconds from Home While on Electronic Monitoring

1. If the youth was connected to a DYRS Electronic Monitoring Device and the Care Coordinator receives a "Master Tampering" or "Dead Battery" alert, the Care Coordinator should immediately call the youth to tell him or her to charge the device and/or verify that tampering of the device has occurred. The Care Coordinator must also notify the YPST within the hour of receiving the alert.
2. If the Care Coordinator is unable to contact the youth, he or she must attempt to establish face-to-face contact within the same business day.



3. If the Care Coordinator makes contact with the youth, the Care Coordinator should notify the YPST to confirm that the youth's device is being charged and is working correctly.
4. If the Care Coordinator is unable to locate the youth, upon receiving supervisory approval, he or she should request a Custody Order from the Family Court and initiate a request for a CSRH, when necessary. The Care Coordinator will also encourage the parent(s)/guardian(s) to file a Missing Person Report with the local police department.
5. The same day as the Custody Order is requested, the Care Coordinator will notify the YPST, Utilization Specialist and the parent(s)/guardian(s) of the request for the Custody Order and CSRH.
6. The Care Coordinator will provide the YPST with a copy of the Custody Order Request and signed Order, once received.
7. The same day as the Custody Order is requested, the Care Coordinator will notify all service providers of the youth's abscondence.
8. The Care Coordinator will document the youth's abscondence in the "Enrollment" section, and update the youth's last known family residence, contact numbers and the youth's known hangouts in the "Case Notes" section, of the youth's file in the DYRS Database.
9. The YPST will add the youth to their caseload.
10. The Family Court Judge will sign the Custody Order and send to the Criminal Special Proceedings Division.
11. The Criminal Special Proceedings Division will enter the Custody Order into MPD's WALES.
12. MPD will begin looking for the youth.
13. The Care Coordinator is responsible for ensuring the signed Custody Order is scanned and uploaded into the "Documents" section of the youth's file in the DYRS Database.

D. When a Youth Returns from Abscondence and can Remain in Placement

1. If a youth returns to his or her placement and after discussion with the Unit Supervisor, it is determined that a youth does not need to be detained, the Care Coordinator must withdraw the Custody Order within one (1) business day.
2. To withdraw a Custody Order, the Care Coordinator should complete the Custody Order Withdrawal Request Form, to include the reason for withdrawal, and email it to dyrs.cco@dc.gov.
3. Care Coordinators must then follow up with the Court Liaison to ensure that the Form was received and processed (*for an electronic copy of the Request Form, refer to the Resource Location Lists in Appendix B*).



4. Whenever a Custody Order is issued or withdrawn, the Court Liaison must scan and upload the approved Order signed by the judge to the “Scanned Documents” section of the youth’s file in the DYRS Database within one (1) business day of receipt.

*For more information about **issuing or withdrawing a Custody Order**, refer to the **Requesting a Custody Order or Withdrawal in the Administrative Requirements** section of the handbook.*

The Process of Locating Youth on Abscondence

1. Within two (2) business days of receiving notice that a youth has absconded, the YPST will call and send a letter to the last known address for the youth (family residence) to inform the family that the youth has absconded and to encourage the family to help locate the youth.
2. Within two (2) business days of receiving notice that a youth has absconded, if there is not a photo of the youth in DYRS Database, the YPST will retrieve a photo of the youth from MPD’s Youth Division and provide the photo to the DYRS MPD Liaison.
3. The YPST will make 20 separate home or “known hangout” visits per week—five (5) of those visits will always be to ensure that a field visit is conducted every week for the “High Priority Youth” on Abscondence—and will document visits in the “Case Notes” section of the youth’s file in the DYRS Database within one (1) business day.
4. The YPST will make at least one (1) phone call a week to the family home of every youth on abscondence. This information should be documented in the “Case Notes” section of the youth’s file in the DYRS Database within one (1) business day of each call.
5. The YPST will document all efforts to locate youth on abscondence in the “Case Notes” section of the youth’s file in the DYRS Database.
6. The YPST will complete a weekly report that details each youth on abscondence, which includes:
 - a. The youth’s name;
 - b. Date of birth;
 - c. Current Care Coordinator;
 - d. Placement absconded from;
 - e. Date absconded;
 - f. Last known address and telephone number;
 - g. Known hangouts; and
 - h. Highlights from the “High Priority Absconder” list
7. DYRS will provide a weekly report on youth abscondence to MPD’s Fusion Unit.
8. By the fifth (5th) of every month, the YPST will complete a monthly report detailing the efforts made to return youth on abscondence the prior month. This information should be entered in the “Case Notes” section of each youth’s file in the DYRS Database.





Commitment Expiration

*It's better to look ahead and prepare
than to look back and regret.*

Jackie Joyner-Kersey
American Track And Field Athlete, Olympic Gold Medalist

- Preparing Youth for Commitment Expiration (Checklist)
- Request for Case Closure
- Closing Summary
- Post-Commitment Requests

Section Overview:

Care Coordinators must prepare youth for commitment expiration from the time they receive a youth's case. The Department of Youth Rehabilitation Services (DYRS, also known as the Agency) not only serves to rehabilitate youth, but also to help them reach their individual goals, achieve independence, maintain positive relationships, and understand how to navigate resources in their community. At the time of commitment expiration, each youth should have the tools to succeed as a positive, self-sufficient citizen.

KEEP MY FAITH

*I have been through a whole lot
But God told me stay strong,
I honor God
Pray to God
Do his will and live long,
God is going to be with me forever
Even when I'm long gone,
God blessed me with a lot and
Formed my soul as a star,
Fulfilled my mind with the best
And gave me a good heart
He showed me that my mind shined
Even when the world is dark
Think I'm smart
Talk smart
Act smart
Now they're shocked
I'm doing my best so I could change
Cause I want my life to finally start.*

By N.



Preparing Youth for Commitment Expiration

Given that the average length of commitment is two (2) years, below is a guideline Care Coordinators should follow to prepare youth for commitment expiration. In each phase, tasks should be completed within the six-month timeframe. For shorter commitments, phases will have to be combined in order to accomplish all tasks prior to commitment expiration.

The following checklist is divided into stages so that Care Coordinators and youth will be aware of what is to be completed during each phase and can track progress to date. Some items are repeated during each phase as a reminder, since some tasks may occur at different stages of the youth's commitment and are necessary only if applicable.

The checklist should be reviewed for each youth regularly during supervision. If the Care Coordinator needs assistance or support from other staff, youth or their families, the requests can be discussed in the care planning meetings and/or during face-to-face contact with youth and their families.

*For more information about **requesting post-commitment services** for a youth, refer to the **Post Commitment Requests** procedures in the **Commitment Expiration** section of the handbook.*

Preparing Youth for Commitment Expiration Checklist

Stage One: Zero (0) to Six (6) Months

- ☐ Obtain all important documents from Court Social Services (CSS) or begin working on document collection [e.g., birth certificate, Social Security Card, verification of health insurance, Medicaid or insurance card, school transcripts, Individualized Education Program (IEP), 504 Plan].
- ☐ Ensure that a commitment orientation meeting is provided for new families (e.g., set expectations, discuss discharge planning from the start).
- ☐ Set commitment goals for the youth and goals that the entire family would like to work towards to support the youth.
- ☐ Identify the youth's appropriate education track and begin the education placement process.
- ☐ Connect the youth and family to needed services.
- ☐ Identify the youth's support system, including, but not limited to, natural support systems, attorneys, school representatives, and others, and begin to include them in important care planning meetings.
- ☐ Interview family members about the barriers that may hinder the youth from being a functional part of the family or that may prevent him or her from returning home.



- ☐ Establish a relationship with the Care Manager from Health Services for Children with Special Needs (HSCSN) or the Managed Care Organization (MCO), if applicable.
- ☐ Link the youth to a Core Service Agency (CSA) or Adult Core Service Agency (if over 18 years of age) and escort to intake appointment (or establish relationship/collaboration with existing CSA provider).
- ☐ Ensure the youth's physical, dental and vision exams are up to date.
- ☐ Ensure that monthly appointments with the behavioral and physical health professionals are kept and prescriptions are filled.
- ☐ Collect or complete all initial assessments [e.g., psychological, career/vocational, Comprehensive Adult Student Assessment Systems (CASAS), educational/college readiness, housing, Child and Adolescent Functional Assessment Scale (CAFAS)].
- ☐ Assist the youth with obtaining a government-issued photo identification (ID) card.
- ☐ Assist the family with enrolling in Medicaid, if appropriate.
- ☐ If the youth is placed out of the home, meet with the family at least monthly to discuss the youth's progress, complete a Home Assessment, resolve any housing issues that might impact the youth's returning home after placement, and encourage and facilitate family participation in monthly treatment meetings with the placement.

Stage Two: Six (6) Months – 1 Year

- ☐ Continue to collect missing vital documents.
- ☐ Assist the youth with obtaining a government-issued ID.
- ☐ Update applicable assessments (e.g., Clinical, CAFAS).
- ☐ Reassess and update all youth and family goals.
- ☐ Encourage the youth and family to engage in services or therapy [including family therapy while at a Residential Treatment Center (RTC)/Psychiatric Residential Treatment Facility (PRTF) and provide the space for family members to bond (this includes putting definition and structure to home passes from group homes)].
- ☐ Ensure the youth continues to participate in the CSA. If Community-Based Intervention (CBI) services are ending, ensure the youth transitions to the CSA Community Support Worker (CSW).
- ☐ Maintain regular contact with and request progress reports from CSA providers.
- ☐ If the youth turns 18 years of age, transition him or her to an adult CSA.
- ☐ If the youth is placed out of the home, meet with the family at least monthly to discuss his or her progress, complete a Home Assessment, address any barriers to the youth returning home after placement and encourage and facilitate family participation in monthly treatment meetings with the placement.



- ☐ Identify the youth's appropriate education track and begin the placement process, if applicable.
- ☐ Monitor school attendance and grades.
- ☐ Identify the youth's appropriate workforce track.
- ☐ Link the youth to workforce development (based on track), to develop soft skills and job readiness, complete online job applications, participate in apprenticeships/ internships and job shadow.
- ☐ Ensure the youth's physical, dental and vision exams are up to date.
- ☐ Ensure that Medicaid remains active.
- ☐ Maintain contact with the Care Manager from HSCSN/MCO, if applicable.
- ☐ For college-bound youth, link the youth to college and technical trade school tours and identify financial aid/scholarships.
- ☐ For the youth who cannot return to the family home, place youth on community housing wait lists. Refer him or her to local transitional housing, Independent Living providers and/or adult CSA for assistance with housing referrals.
- ☐ If the youth is in Independent Living, encourage him or her to save at least 20 percent of income per month.

Stage Three: 1 - 1½ Years

- ☐ Continue to collect or obtain missing vital documents.
- ☐ Update applicable assessments (e.g., Clinical, CAFAS).
- ☐ Reassess and update all youth and family goals.
- ☐ Solidify community plans.
- ☐ Provide supports and put services in place to meet commitment and family goals.
- ☐ Encourage the youth and family to engage in services or therapy (including family therapy while at a RTC/PRTF) and provide the space for family members to bond (this includes putting definition and structure to home passes from group homes).
- ☐ Ensure the youth continues to participate in CSA. If CBI services are ending, ensure the youth transitions to the CSA CSW.
- ☐ Maintain regular contact with and request progress reports from the CSA provider.
- ☐ If the youth turns 18 years of age, transition him or her to an adult CSA.
- ☐ If the youth is placed out of the home, meet with the family at least monthly to discuss his or her progress, complete a Home Assessment, address any barriers to the youth returning home after placement and encourage and facilitate family participation in monthly treatment meetings with the placement.



- ☐ Monitor school attendance and grades. Ensure identified educational track is still appropriate.
- ☐ Revisit the workforce/career track and ensure it is still appropriate.
- ☐ Link the youth to workforce development (based on track), structured job search, job placement, and professional development.
- ☐ Ensure the youth's physical, dental and vision exams are up to date.
- ☐ Ensure that Medicaid remains active.
- ☐ Maintain contact with the Care Manager from HSCSN/MCO, if applicable.
- ☐ For the college-bound youth, link him or her to college and technical trade school tours and identify financial aid/scholarships.
- ☐ Assist the youth going to college with the admissions process.
- ☐ For the youth who cannot return to the family home, place youth on community housing wait lists. Refer him or her to local transitional housing, Independent Living providers and/or adult CSA for assistance with housing referrals.
- ☐ If the youth is in Independent Living, encourage him or her to save at least 20 percent of his or her income per month.
- ☐ Begin to wean off of DYRS-sponsored programming by identifying community supports and resources.

Stage Four: 1½ - 2 Years

- ☐ Ensure the youth has the daily schedule of all services, phone numbers for all available supports and provide him or her with copies of all vital documents in hard copy and on a thumb drive [e.g., birth certificate, Social Security Card, insurance card, resume, test scores (if applicable), assessments and evaluations, government-issued ID].
- ☐ If the youth is placed out of the home, meet with the family at least monthly to discuss his or her progress, complete a Home Assessment, address any barriers to the youth returning home after placement and encourage and facilitate family participation in monthly treatment meetings with the placement.
- ☐ Ensure the youth and family have a service directory and a listing of all important contacts including phone numbers and addresses to all community services, housing resources, pharmacy for prescription pick-up, contact information for insurance Care Manager of youth's health/mental health needs.
- ☐ Ensure the youth continues to participate in CSA. If CBI services are ending, ensure youth transitions to the CSA CSW.
- ☐ Ensure the youth has due dates for annual exams, schedule for CSA services, date for next medication management appointment, and refill all prescription medications prior to commitment expiration, if possible.



- ☐ Ensure the youth's physical, dental and vision exams are up to date.
- ☐ Ensure that the insurance Care Manager is aware of the upcoming commitment expiration and takes over as primary manager of the youth's health/mental health needs (if youth has HSCSN or MCO).
- ☐ Notify the family that they will need to re-certify for DC Medicaid after the youth is no longer committed to DYRS.
- ☐ Ensure that Medicaid remains active. If the youth is over 18 years of age and requires Medicaid as a "Family of One," due to lack of parental support, assist the youth with completing the application and enrollment.
- ☐ If the youth turns 18 years of age, transition him or her to an adult CSA.
- ☐ Monitor housing and other community resources for the youth.
- ☐ For the youth who cannot live in the family home, confirm housing in local transitional housing, an Independent Living Program or other housing resource.
- ☐ If the youth is in a DYRS Independent Living Program, work with the provider to identify an affordable and appropriate apartment for the youth and assist him or her with lease signing and moving.
- ☐ Ensure that the youth has enough savings to sustain independent living and has demonstrated life skills to live on his or her own.
- ☐ For college-bound youth, determine Jerry M. College Support Scholarship criteria eligibility.

*For more information about **funding eligibility**, refer to the **Office of Education and Workforce Development** procedures in the **Community-Based Services and Youth Supervision** section of the handbook.*

- ☐ For the college-bound youth, link him or her to college and technical trade school tours and identify financial aid/scholarship opportunities.
- ☐ Assist the youth going to college with the admissions process.
- ☐ Link the youth to workforce development (based on track), job coaching, and job retention and employment supportive services.
- ☐ Summarize all goal attainment.
- ☐ Provide copies of all assessments for the youth, including the IEP, if applicable.
- ☐ Assist the youth in registering to vote, if applicable.



Final Stage: Transitioning to Commitment Expiration

- ☐ Care Coordinators should hold a Discharge Planning Meeting no less than 60 days before a youth's commitment is scheduled to expire.

Please Note:

- This is a separate meeting in addition to the youth's quarterly Team Decision Making (TDM) Meeting or Multidisciplinary Team Meeting (MDT).
 - **Post-Commitment Service participation by a youth is voluntary.** However, the youth's plans for the future should be discussed and connection made to community-based services not reliant upon DYRS funding prior to the end of the youth's commitment.
- ☐ Ensure the youth has stable housing and is either enrolled in school and/or employed as well as receiving supportive community-based services by the time of commitment expiration.
- ☐ If the youth's TDM/MDT Team determines that Post-Commitment Services through DC YouthLink (DCYL) are necessary to help the youth reach a specific goal and the youth has been compliant with services during commitment, the Care Coordinator should prepare a request and justification for Post-Commitment Services. The justification goes to the Unit Supervisor for initial approval and then to the Care Planning and Coordination Program Manager for final approval.
- ☐ Upon approval, the Care Planning and Coordination Program Manager will notify the Utilization Specialist to enroll the youth in "Post-Commitment Services" in the DYRS Database.
- ☐ If Post-Commitment Services are approved, the youth will be assigned a Post-Commitment Youth Advocate to monitor his or her case in during Post-Commitment.

Please Note: Any youth who will receive Post-Commitment Services will be required to sign a contract detailing next steps and goals, mutual expectations (i.e., the youth's and the Agency's) for the additional time and any limitations (e.g., services, timelines) to the plan for Post-Commitment. This contract will also indicate the services are voluntary. **If the youth misses more than three (3) days of a service during post commitment, the service will be terminated.**

- ☐ Once the commitment expires, the case will be transferred to the Post-Commitment Youth Advocate. To support this transition, he or she should be invited to the Discharge Meeting.
- ☐ Upon commitment expiration, the Care Coordinator will complete a Closure Memorandum (memo) for the Office of the Attorney General (OAG) that is to be submitted to the Unit Supervisor for review prior to submission to the Care Planning and Coordination Program Manager (who then submits the memo to OAG). The memo should be developed based on the date of commitment expiration.

*For more information about **completing a Closure Memorandum**, refer to the **Request for Case Closure** procedures that immediately follow this checklist.*

- ☐ Upon commitment expiration, the Care Coordinator will complete a Case Closing Summary in the DYRS Database. This Closing Summary must be entered into the "Case Notes" section of the youth's file in the DYRS Database within two (2) business days of commitment expiration.



Request for Case Closure

Care Coordinators close cases when the term on the youth's Commitment Order expires. When a youth's commitment expires, the Care Coordinator is responsible for drafting a Request for Closure Memorandum (*for an electronic copy of a sample Closure Memorandum, refer to the Resource Location Lists in Appendix B*) to the OAG. The case can only be closed upon submission of the Closure Memorandum to the OAG.

DYRS can request early closure of cases if a youth meets any of the criteria below via an Early Closure Memorandum to the OAG. Upon receipt of the Closure Memorandum and supporting documentation, OAG will file a motion to the court to terminate jurisdiction of the youth. DYRS is responsible for supervising the youth's case until the Order to Terminate Jurisdiction (i.e., Commitment) is received from OAG.

Procedures:

Care Coordinators are to close cases or request early closure under the following circumstances:

A. The Commitment Expires

Commitment expiration is defined by the ending of the term indicated on the youth's Commitment Order. A commitment cannot exceed a youth's 21st birthday.

B. A Youth is Convicted of an Adult Charge and will be Incarcerated Longer than the Term of Commitment

1. This request can be made if the youth is detained in the District of Columbia or another jurisdiction. In these instances, a request for Early Closure Memorandum, along with the youth's adult sentencing orders are submitted to the Unit Supervisor for review.
2. The early closure request must include all committed jackets.
3. Upon approval, the Care Coordinator will submit the documents to the Care Planning and Coordination Program Manager for submission to the OAG.
4. OAG will file a motion to terminate jurisdiction early and notify DYRS if/when the motion is granted.

C. Early Closure of Commitment for Youth Who have been Successful Prior to Commitment Expiration

When a youth has met all their requirements and consistently demonstrated success before the expiration of commitment, DYRS may request that commitment end early. There are two types of commitment designated by the Superior Courts of the District of Columbia (DCSC) Judge:

- **Unrestricted Commitment:** Asserts that the commitment can be closed early at the discretion of DYRS and approval from OAG.

In consultation with the Unit Supervisor, the Care Coordinator will draft and submit the Early Case Closure Memorandum to the Care Planning and Coordination Program Manager, who will then submit it to OAG.



- **Restricted Commitment:** Means that the full term of commitment must be fulfilled, however, DYRS can request to lift the restriction.
1. Prior to requesting that the restriction be lifted, the Care Coordinator should consult first with the Unit Supervisor and then work collaboratively with Defense Counsel and OAG.
 2. The Care Coordinator must request a Review of Commitment Hearing. The Care Coordinator should be prepared to articulate why the youth has met the requirements to lift the restriction and submit a Review of Commitment Court Report (*for an electronic copy of the Review of Commitment Court Report, refer to the Resource Location Lists in Appendix B*).
 3. If the judge agrees to lift the restriction, the Care Coordinator must then submit an Early Case Closure Memorandum to the Care Planning and Coordination Program Manager, who will then submit it to OAG.
 4. Either type of request must include all jackets. At a minimum, the following conditions, must be met for the youth:
 - a. 17 ½ years of age or older;
 - b. Committed for more than a year with at least six (6) months of that time spent in a non-secure facility;
 - c. Compliant and participating with their Community Placement Agreement (CPA) and Success Plan; and
 - d. Possesses a high school diploma or General Education Development (GED), a job, and stable housing (all apply).
 5. The Care Coordinator also will provide the following:
 - a. Program name, dates enrolled, youth's attendance or participation history, and whether the youth completed the program successfully or unsuccessfully for each program or service the youth was enrolled in while with DYRS;
 - b. Youth's current placement, length of time in current placement and adjustment in current placement;
 - c. Youth's current educational, vocational and/or work situation, copy of diploma/transcript, pay stub, and vocational certifications;
 - d. Whether and when the youth incurred any additional juvenile or criminal charges and the outcome of those cases while under commitment to DYRS; and
 - e. The name(s), organization(s) and contact information of individuals at DYRS or the respective programs who will testify as witnesses in court as to the youth's participation and progress in the listed programs or services, in case the court requires a hearing on the motion.

D. For All Cases

1. The Care Coordinator will provide information that can be filed as an attachment to the motion.

2. At a minimum, the information should contain the date of the request, the youth's name, relevant court case numbers, and the name and contact information of the DYRS staff member submitting the request. If there is any supporting documentation to include with the motion (e.g., sentencing orders, evidence of compliance with services, Commitment Order), those items should be submitted as well.
3. The Case Closure Memorandum is to be submitted to the Care Coordinator's Unit Supervisor who will review and approve it, and then submit it to the Care Planning and Coordination Program Manager.
4. The Care Planning and Coordination Program Manager will submit the case to be closed through the OAG.
5. Once the youth's commitment has expired or terminated, all active Custody Orders for the youth must be withdrawn by the Care Coordinator, through the Request for Custody Order Withdrawal process. The Court Liaison will scan and upload the Order into the "Scanned Documents" section of the youth's file in the DYRS Database.

Please Note: The case cannot be closed until the Care Coordinator confirms that any and all Custody Orders have been quashed either by way of the Court Liaison, and/or checking the Justice Information System (JUSTIS) Database.

6. The Care Coordinator must enter a Closure Summary into the "Case Notes" section of the youth's file in the DYRS Database verifying the case has been closed, including the date of closure, within two (2) business days of commitment expiration or early termination.
7. The Unit Supervisor should also notify the Utilization Specialist of the approved closure so all other enrollments for the youth can be closed.
8. At that time, the Unit Supervisor should close the "Committed Case Management" enrollment in the "Demographics" section of the youth's file in the DYRS Database and the file should be made "Inactive." An end date must also be indicated for the assigned Care Coordinator in the DYRS Database.
9. After all of the above procedures have been completed, the Care Coordinator can end supervision of the youth.



Closing Summary

Upon commitment expiration, Care Coordinators must complete a Closing Summary to recap the youth's commitment term and provide a quick reference for DYRS and District of Columbia leadership if questions arise. A Closing Summary is required as an effective record keeping protocol and should involve conducting a final contact, preferably face-to-face, with the youth as part of the process.

Procedures:

1. The Care Coordinator will submit a Closing Summary of the youth's services and compliance to his or her Unit Supervisor within 15 days of the case's legal closure (*for an electronic copy of a sample Case Closing Summary and Template, refer to the Resource Location Lists in Appendix B*).
2. The Care Coordinator will meet with the youth to reflect on services provided and to make reasonable efforts to resolve any feelings the youth might have about DYRS services ending. Enter a summary of the meeting in the "Case Notes" section of the youth's file in the DYRS Database.
3. The Care Coordinator will make referral to any community resources for support [e.g., GED programming, CSA, continued care planning and management through a District of Columbia's Healthy Families/Thriving Communities Collaborative], then close the case as required.
4. The Unit Supervisor will approve and sign off on the Summary and ensure it is uploaded into the "Scanned Documents" section of the youth's file in the DYRS Database within two (2) business days of submission for approval.
5. The Unit Supervisor will notify Unit Program Support to mail a letter and the relevant Commitment Order(s) to the youth and his or her family notifying them of the official case closure (*for an electronic copy of a sample letter, refer to the Resource Location Lists in Appendix B*).
6. The Program Support person will also upload a copy of the letter to the "Scanned Documents" section of the youth's file in the DYRS Database within two (2) business days of the Unit Supervisor's request.



Post-Commitment Requests

DYRS is committed to supporting each youth's successful transition from the Agency to their community once commitment ends. Because post-commitment readiness is a key theme in care planning and coordination throughout the youth's commitment, the Agency is striving to ensure that youth have the skills, information and resource linkages needed to support their return to the community. As such, there is an assigned Post-Commitment Youth Advocate.

DYRS offers Post-Commitment Services on a voluntary and case-by-case basis for youth who are making progress, may need a little more time to complete services and/or link to post-commitment opportunities and have a desire to do so. Any youth who will receive Post-Commitment Services will be required to sign a contract detailing next steps and goals, mutual expectations (i.e., the youth's and the Agency's) for the additional time and any limitations (e.g., services, timelines) to the plan for Post-Commitment.

Procedures:

1. Sixty days prior to being discharged, the request for Post-Commitment Services can be made by the Care Coordinator through DCYL, based on recommendations made in the TDM/MDT Meeting. Services available through the Achievement Centers (AC) may also be recommended, but do not require supervisory approval and the youth must be a voluntary participant.
2. Prior to making a request for Post-Commitment Services, the Care Coordinator is to ensure that the service(s) cannot be provided by any other community-based support providers or District of Columbia agency [e.g., District of Columbia's Healthy Families/Thriving Communities Collaboratives (the Collaboratives), Department of Employment Services (DOES), Department of Human Services (DHS), Department of Disability Services (DDS), the Department of Behavioral Health (DBH)].
3. The referring Care Coordinator must send a referral to the Post-Commitment Youth Advocate 60 days prior to discharge in order to allow for attendance at care planning meetings. This will allow for identification of an appropriate plan for moving forward and connection of the youth to essential agencies.

Please Note: If the Care Coordinator and/or Unit Supervisor is aware the youth will require the additional support post-commitment, the referral to the Post-Commitment Youth Advocate can occur sooner than 60 days.

4. It is the responsibility of the referring Care Coordinator to ensure each youth has their personal documentation, inclusive of any applicable assessments/evaluations, Medicaid coverage, birth certificate, Social Security Card, ID, and a driver's license (if appropriate). The Post-Commitment Youth Advocate also should be prepared to assist the youth in acquiring any missing items or in the event that this information is lost during the Post-Commitment. The information gathered will facilitate recommendations to agencies that will foster positive relationships with the youth and family after commitment.

5. At the time of request for Post-Commitment Services through DCYL, the Post-Commitment Services Request Form (*for an electronic copy of a blank form, refer to the Resource Location Lists in Appendix B*) must be completed by the Care Coordinator and submitted to his or her Unit Supervisor.
6. For the youth whose commitment is scheduled to expire within 90 days and is enrolled in services with DCYL and/or the AC, Activity Codes must be reviewed by the Care Coordinator to see if the youth has been actively participating. This information will be discussed at the Discharge Meeting.
7. The Unit Supervisor will submit the Post-Commitment Services Request Form to the Care Planning and Coordination Program Manager to review. If approved, the Program Manager will then forward the request to Deputy Director of Youth and Family Programs (or designee) for final review and approval.
8. If the request for DCYL Post-Commitment Services is approved, the Post-Commitment Services Request is to be scanned and uploaded in the “Scanned Documents” section of the youth’s file in the DYRS Database by the Unit Program Assistant at the request of the Care Coordinator.
9. The Care Coordinator will need to ensure that the DYRS Post-Commitment Youth Advocate is aware of program goals for the youth through the care planning meeting(s) and documentation.
10. At a minimum, the Post-Commitment Youth Advocate will be responsible for checking once a week on the progress of the youth with all service providers the youth is connected to for Post-Commitment Services, and documenting that progress in the “Case Notes” section of the youth’s file in the DYRS Database within two (2) business days until authorization of services has ended.
11. Youth who appear on the “No Show” List a total of three (3) times will have their services terminated, with the exception of emergency situations (e.g., sickness, death of family members, fire, car accident). After the third absence, if the youth does not appear within 30 days, AC staff will close the youth’s file in the DYRS Database.
12. For youth who are arrested and detained at any jail or prison, services will be terminated immediately.
13. For youth receiving Post-Commitment Services who are not in compliance with the service provider (e.g., not attending the program, disrespectful to the service provider, lack of participation and/or progression of the Success Plan goals), enrollment will be terminated immediately.
 - a. Prior to termination, a meeting may be held to discuss the circumstances and/or options for moving forward if agreed upon by youth, post-commitment staff and service provider.
14. It is the responsibility of the service provider who is delivering the Post-Commitment Service to document all “Activity Codes,” “Case Notes,” “Unusual Incidents,” and “Outcomes” in the appropriate locations of the youth’s file in the DYRS Database within two (2) business days.





Administrative Requirements

*The genius thing we did was,
we didn't give up.*

Jay Z

American Rapper, Businessman, Investor

Strive to be a person who is never absent from an important act.

Native American Proverb, Osage Nation

- Maintaining Confidentiality
- Required Database Case Documentation
- Daily Check-In
- Community Visitation
- Late-Day Expectations
- Case Coverage While on Leave
- Requesting a Custody Order or Withdrawal
- Court Representation and Court Coverage
- Transferring and Receiving Cases
- Program Assistant Support
- Flex Funds
- Contract Monitoring and Procurement
- Grievances Against Care Planning and Coordination Team Members
- Unusual Incident Reports
- Trainings
- Language Access
- Adding and Updating Policies

Section Overview:

There are routine administrative tasks that are part of the Care Coordinator's responsibilities to ensure that youth are supported with case information readily available as needed and through excellence in customer service. Additionally, administrative requirements ensure the smooth operations of the Care Planning and Coordination Unit and allow for not only the continuous care planning and oversight of committed youth, but also the safety and management of an efficient staff.



Maintaining Confidentiality

Individuals working with youth committed to the Department of Youth Rehabilitation Services (DYRS, also known as the Agency) are entrusted with each youth's personal and confidential information. Maintaining confidentiality is an important part of the rehabilitative process for justice-involved youth and is one means by which the Agency can safeguard future educational and employment prospects encourage accountability and prevent the public stigmatization of youth for youthful transgressions. If at any time a Care Coordinator has questions related to confidentiality or the release of information, he or she should contact the General Counsel's office.

Sharing the personal information of a youth committed to DYRS is illegal under DC Law. Except in limited circumstances as outlined by statute, and with proper approvals up to and including a Court Order, it is illegal to disclose any information about an individual's involvement with the juvenile justice system. DC Code §16-2336 specifically provides that:

Whoever willfully discloses, receives, makes use of, or knowingly permits the use of information concerning a child or other person in violation of sections 16-2331 through 16-2335, shall be guilty of a misdemeanor and, upon conviction thereof, shall be fined not more than \$250 or imprisoned not more than ninety days, or both. Violations of this section shall be prosecuted by the Attorney General in the name of the District of Columbia.

Procedures:

A. General: No Disclosure of Confidential Information Unless Authorized by this Policy

1. Case records, social records and law enforcement records pertaining to youth are confidential. DYRS staff, contractors, subcontractors, and volunteers shall not disclose such records to any person or agency unless permitted in this policy.
2. Confirmation of confidential information that is in the possession of another person is a disclosure. Consequently, unless authorized as provided in this policy, DYRS staff, contractors, subcontractors, and volunteers shall not disclose such records to any person or agency unless permitted in this policy. **Disclosure or confirmation of the identity or status of a youth as a DYRS youth is also unlawful.**

B. Authorized Disclosures: Exceptions to General Rule of Non-Disclosure

District of Columbia and federal law provide for authorized disclosure of confidential information to specific persons and agencies. In order to comply with applicable laws, DYRS staff, contractors, subcontractors, and volunteers shall respond to the following types of requests by performing the following specified actions:



1. Requests from the following agencies, which are either authorized by statute, order or have an information-sharing agreement with DYRS, are permitted to facilitate care planning: Court Social Services (CSS), Court Services and Offender Supervision Agency (CSOSA), the Pretrial Services Agency (PSA), the Child and Family Services Agency (CFSa), the Department of Behavioral Health (DBH), the District of Columbia Public Schools (DCPS), and the Office of the State Superintendent of Education (OSSE).
2. Requests from the youth's attorney, the youth's parent(s)/guardian(s) or an attorney for the youth's parent(s)/guardian(s) **must go through the DYRS General Counsel**.
3. Requests from the Metropolitan Police Department (MPD) are permitted only when a youth committed to DYRS is suspected of involvement in or is witness to a crime that is under investigation or if the Agency has requested a Custody Order for a youth who has absconded. **These requests must go through the DYRS General Counsel**.
4. Requests from the media shall be directed to the DYRS Public Affairs Specialist, who will consult with the General Counsel to determine what information, if any, may be disclosed.
5. Requests from the Department of Juvenile Services in the state of Maryland are permitted for care planning purposes due to an administrative order from the Superior Courts of the District of Columbia (DCSC) currently in place.
6. Requests from any other person or agency shall be directed to the DYRS General Counsel, who will determine what information, if any, may be disclosed.

C. Youth Consent to Release of Information

1. Information should not be shared with outside entities without consent from the youth.
2. The Release of Information Form must be signed by the youth before information can be shared (*for an electronic copy of the blank form, refer to the Resource Location Lists in Appendix B*).
 - a. The youth's attorney of record should be contacted prior to having the youth sign the Release of Information Form for legal guidance.
3. Concerns or questions about sharing information should be directed to the Care Coordinator's Unit Supervisor, who will contact DYRS General Counsel.

D. Confidentiality Policy and Form

1. DYRS staff, contractors, subcontractors, and volunteers should review the DYRS Confidentiality Policy.
2. DYRS staff, contractors, subcontractors, and volunteers must sign the DYRS Database Access Form, which informs of confidentiality protections, to have access to the DYRS Data Management System. Forms are submitted to the Chief Information Officer (or designee).



E. Interactions with Youth in the Community

In all interactions with youth in the community, Care Coordinators should be diligent to protect DYRS youth's confidentiality that they are system involved. As such, Care Coordinators should be careful identifying themselves as DYRS employees when discussing the youth with others in the community (e.g., family members or service providers), who are not involved in the youth's immediate case.

F. Breaches of Confidentiality

Any staff member found to be in violation of the provisions of the DYRS Confidentiality Policy with respect to the disclosure of confidential youth information may have their employment with the Agency terminated and be subject to prosecution, fines and imprisonment at the discretion of the Attorney General of the District of Columbia.



Required Database Case Documentation

The following conditions require “Case Notes” and/or “Notifications” within the DYRS Database. Care Coordinators are responsible for entering the data or notifying the appropriate person to update the data within the timelines indicated.

Procedures:

1. **Youth Contact:** After each contact with youth, including, but not limited to, face-to-face and phone contact, a “Case Note” must be entered into the DYRS Database within one (1) business day.

CASE NOTES

General Notes: Describe any activity that a Care Coordinator or other provider does on behalf of youth or as part of regular care planning and coordination activities. Such activities include, but are not limited to, phone calls with youth, face-to-face meetings with youth or their families and/or outreach to external service agencies.

Activity: Describes a service, support or some other effort in which the youth is engaged. Activities typically occur over a period of time. Activities could also include services that the youth’s family engages in directly. Activities include, but are not limited to, mentoring, tutoring or counseling.

Outcome: Describes a youth’s achievement. It is generally a one-time occurrence and does not have a timeframe associated with it. Outcomes include, but are not limited to, a high school diploma, completing a grade level or obtaining work.

Transition: Describes activities related to preparing a youth for the end of his or her commitment.

2. **Change in Placement:** After each change in placement, including placements at home, the Care Coordinator must notify the Utilization Specialist within one (1) business day.
3. **Monthly Summary:** The Case Monthly Summary on each youth must be completed every 30 days and entered as a “Case Note” with the Procedure Code “Monthly Summary” in the youth’s file in the DYRS Database (*for an electronic copy of the Monthly Summary Template, refer to the Resource Location Lists in Appendix B*). The Summary is due the fifth (5th) of every month; however, if the 5th falls on the weekend the Summary is due the Friday before.
4. **Unusual Incident:** After any major incident (e.g., abscondence, fight, arrest), a “Case Note” must be entered into the youth’s file in the DYRS Database with a follow-up plan within one (1) business day.
5. **Outcomes:** When a youth achieves an Outcome [e.g., diploma, certification, General Education Development (GED), obtaining a job], a “Case Note” describing the Outcome and the documentation verifying the Outcome should be scanned and uploaded in the “Case Notes” and “Scanned Documents” sections, respectively, of the youth’s file in the DYRS Database within one (1) business day.



Care Coordinators are critical to ensuring accurate and timely reporting of Outcomes as the youth's Care Coordinator is often the first person to learn of a youth's achievement. While all Outcomes should be collected, verified and reported, the Agency will focus primarily on the Outcomes below. The Office of Research and Evaluation will collect, assess and report Outcomes on a quarterly basis. Care Coordinators are encouraged to reward youth for positive outcomes.

Outcome or Milestone Type	Indicator/Examples
Achieving Personal Goals	<ul style="list-style-type: none"> ✓ Better relationship with parent(s)/guardian(s) ✓ Attend school more often ✓ Learn a new skill
Public Safety	<ul style="list-style-type: none"> ✓ Rearrests ✓ Recidivism ✓ Abscondence
Educational Attainment	<ul style="list-style-type: none"> ✓ Grade progression [Comprehensive Adult Student Assessment System (CASAS)] ✓ High school diploma ✓ GED ✓ College enrollment
Work-Related Milestones	<ul style="list-style-type: none"> ✓ Employment ✓ Certification
Youth Engagement (Learning/Doing, Attaching/Belonging)	<ul style="list-style-type: none"> ✓ Length of stay (90 days/quarterly) ✓ Hours participating ✓ Broad experiences

6. **School Enrollment:** Update school enrollment information at the end of each school year, and/or every time the youth changes school placements within three (3) business days.
7. **Change of Address:** When notified of a change of the youth or parent(s)/guardian(s) address or phone number, the DYRS Database should be updated within one (1) business day.
8. **Detention:** When a youth is detained at a detention/correction center outside of DYRS, a Custody Order must be requested to the court as a Detainer. The Court Liaison should scan and upload the Request for Custody Order into the "Scanned Documents" section of the youth's file in the DYRS Database within one (1) business day of filing.
9. **Gang/Crew Affiliations:** Care Coordinators must document their youth's known crew/gang affiliation in the "Intake/Demographics" section of the youth's file in the DYRS Database.
10. **Case Summary:** The Care Coordinator must enter a Case Closing Summary under "Case Notes" three (3) days prior to case closure, and scan and upload the Closure Memorandum into the "Scanned Documents" sections of the youth's file in the DYRS Database (*for an electronic copy of a sample Closure Memorandum, refer to the Resource Location Lists in Appendix B*).

11. **Abscondence:** When a youth absconds, it is the Care Coordinator's responsibility to submit and/or ensure the submission of a Request for Custody Order to dyrs.cco@dc.gov within one (1) business day of known abscondence. The Care Coordinator should scan and upload the Request for Custody Order into the "Scanned Documents" section of the youth's file in the DYRS Database.
- a. The Court Liaison will upload the signed Custody Order. It is the Care Coordinator's responsibility to ensure that the Request for Custody Order is signed by the judge and uploaded into the DYRS Database. **All Request for Custody Orders MUST be signed by the Unit Supervisor (or designee).** If both are unavailable, the Request should be signed by the Care Planning and Coordination Program Manager.
 - b. In addition, **the Care Coordinator MUST enter a note in the "Case Notes" section of the youth's file in the DYRS Database** using the Procedural Code "Abscondence Return Plan" **within one (1) business day of the youth's abscondence.**
 - c. To withdraw a Custody Order, the Care Coordinator should complete the Custody Order Withdrawal Request Form and email it to dyrs.cco@dc.gov within one (1) business day. Care Coordinators must then follow up with the Court Liaison to ensure that the Form was received and processed.
 - d. If after two (2) business days the notification of approval has not been received, the Care Coordinator must then contact the Court Liaison to follow up with the Court.
 - e. Whenever a Custody Order is withdrawn, the Court Liaison must scan and upload the approved Quash Order to the "Scanned Documents" section of the youth's file in the DYRS Database. It is the responsibility of the Care Coordinator to ensure that the Quash Order is in the youth's file in the DYRS Database.



Daily Check-In

Care Coordinators are required to report to the office each morning to check in with and notify their Unit Supervisors of their plans, schedule and any support they may need for the workday. The goals of daily check-ins are to ensure accountability and the Care Coordinator's safety as they regularly go into the field.

Procedures:

Care Coordinators will:

1. Sign in each morning upon arrival for his or her scheduled Tour of Duty at DYRS and sign out each evening upon departure in the Unit's Sign-in/Sign-out Book.
2. Notify the Unit Supervisor as soon as possible before all community and/or field activities and by way of the Community Activity Sheet (*for an electronic copy of the sheet, refer to the Resource Location Lists in Appendix B*).
3. Notify the Unit Supervisor of any time-sensitive issues or cases, in which, they may need immediate support.
4. Submit by email the list of court hearings for the following week to the Unit Supervisor each Friday by noon.

Please Note:

- It is requested that all Care Coordinators use Microsoft Outlook to share calendars with team members. The Unit Supervisor and Care Planning and Coordination Program Manager will have access to Outlook as well. However, **the use of the Microsoft Outlook calendar is optional.**
- The purpose of using the Outlook Calendar is to track the scheduled activities of all team members, which includes dates of leave, training, outside meetings, court appearances, etc. Care Coordinators also have the option of providing a weekly schedule to their Supervisor. **Care Coordinators are required to utilize one of the above options for communicating daily activities.**
- The shared calendar is not meant to limit any activities, stifle creativity nor curtail the professional's sense of freedom.



Community Visitation

It is expected that Care Coordinators will conduct visits with the youth and family in the home and/or community. **Care Coordinators are strongly encouraged to conduct Home Visits and/or Home Assessments with a colleague to support youth and family needs as well as to alleviate any possible safety concerns.** The following steps should be enlisted in the interest of Care Coordinator safety and accountability.

Procedures:

1. Prior to conducting community visits (e.g., school, home), Care Coordinators must notify their Unit Supervisor of the planned visit and document the planned visit by using the Community Activity Sheet (*for an electronic copy of a blank sheet, refer to the Resource Location Lists in Appendix B*).

- a. In the Unit Supervisor's absence, the "Covering" Unit Supervisor or Care Planning and Coordination Program Manager should be notified.

2. Submit the Community Activity Sheet one (1) business day in advance of the field activity.

Please Note: It is recognized that there may be emergency situations that prevent advance notice or instances in which community work may be approved without advance notice. The Care Coordinator must amend the Activity Sheet for the day in question and document the visit within one (1) business day of the activity.

3. Care Coordinators should use the Fleet Share Program when conducting field activities. However, if emergencies arise, and Fleet Share vehicles are not available, personal vehicles can be used after Unit Supervisor approval (*for a copy of the DC Fleet Share Policy, refer to the Resource Location Lists in Appendix B*). **Youth and families should never be transported in any employee's personal vehicle.**

- a. In the event the Care Coordinator's Unit Supervisor is not available at the time of request, submit the request to the Care Planning and Coordination Program Manager and/or Deputy Director of Youth and Family Programs.

For the policy on vehicle use, refer to the "Official Use of Government Vehicle Policy" on the Agency's Common Drive (i.e., Y Drive).

4. All community activities on behalf of youth must be documented within one (1) business day as a "General Note" in the "Case Notes" section of the youth's file in the DYRS Database.

*For more information about **Home Visits** or **Home Assessments**, refer to the procedures for each in the **Placement Determination and Support for Committed Youth** section of the handbook.*



Late-Day Expectations

Care Coordinators are required to work after 5:00 pm one (1) evening per week to meet the needs of the youth and families the Agency serves. The purpose of the “late day” is to allow for community visits with youth and family outside of normal business hours. An evening shift allows Care Coordinators to meet with a parent(s)/guardian(s), who works during the day and/or youth who have busy daytime schedules with school and/or services. An evening shift also allows for participation in DYRS activities and events with youth that occur after normal business hours.

Procedures:

1. On late days, Care Coordinators should report to the DYRS office at 10:30 am and are expected to remain at work until 7:00 pm.
2. If the Care Coordinator has court or another mandatory event on the morning of his or her late day, he or she can adjust the late day for the week or reduce working hours for another day in the week based on prior approval from the Unit Supervisor.
3. The request for approval must be submitted **by email no less than one (1) business day prior to the originally scheduled late day**. The Unit Supervisor must approve the requested schedule change.

Case Coverage While on Leave

Youth in the custody of the DYRS are entitled to full case coverage for the duration of their commitment. On those occasions when the assigned Care Coordinator will be out of the office on annual, personal or sick leave, it is important that provision be made for all the youth on his or her caseload to prevent any break in coverage.

Procedures:

1. All requests for leave must be approved in advance, unless a medical emergency or other situation occurs, which may prevent advance approval. All Care Coordinators are required to speak with their Unit Supervisor if advance requests are not possible.
2. If direct contact is not established with the Unit Supervisor (e.g., email, telephone), the assumption should not be made that leave has been approved. If an immediate response is required and the Unit Supervisor is not available, the Care Coordinator is expected to seek approval from the Care Planning and Coordination Program Manager or the Deputy Director of Youth and Family Programs (or designee).
3. When taking scheduled leave for more than one (1) day, the Care Coordinator is responsible for meeting with their Unit Supervisor at least one (1) week in advance of their scheduled leave to co-develop a case coverage plan.
4. After review of the cases with the Care Coordinator, the Unit Supervisor will assign other Care Coordinators to provide coverage for each case in the Coordinator's absence.

Please Note: It is strongly recommended that a Care Coordinator use the same coverage plan for all of his or her leave as it allows each youth and family to have a consistent "Covering" Care Coordinator in the assigned Care Coordinator's absence. This also allows covering staff to be better acquainted with, and therefore better able to support, the youth and family served.

5. Care Coordinators should also notify the youth's Credible Messenger and Youth Engagement Specialist of pending leave and to identify the Covering Care Coordinator.
6. Care Coordinators are required to provide a Case Summary and details of any appointments/ court dates, outstanding issues or needed follow up in their absence to the Covering Care Coordinator.
7. For any scheduled leave, regardless of the amount of time taken off, the Unit Supervisor must be made aware of any court dates, appointments or required follow up on any cases while the Care Coordinator is out. Covering Care Coordinators are required to document their work in the "Case Notes" section of each youth's file in the DYRS Database within two (2) business days.
8. It is the Care Coordinator's responsibility to follow up with the Covering Care Coordinator upon his or her return to the office to receive updates on his or her cases.



Requesting a Custody Order or Withdrawal

Custody Orders are requested when a youth's whereabouts are unknown or when he or she has left placement without authorization. Custody Orders can be withdrawn at any time once the youth has been located or returns on their own. All requests or Withdrawals must be approved by the Unit Supervisor (or designee) prior to submitting the Request to the Court Liaison Office.

Procedures:

1. Before submitting the request, the Care Coordinator must completely fill out each section and ensure that his or her signature and that of the Unit Supervisor are both visible at the bottom of the form.
2. The Request for Custody Order or Withdrawal should be sent to dyrs.cco@dc.gov and copied to the Unit Supervisor and the Youth and Public Safety Team (YPST) Supervisor via email.
3. Once the Court Liaison Office receives the request, an email will be sent to confirm that the Request for Custody Order or Withdrawal has been submitted to DCSC for processing.
4. After the Order or Withdrawal is approved and signed by the Presiding Judge, the Court Liaison Office will email the Custody Order or Quash Order to the Care Coordinator, his or her Supervisor and the YPST Supervisor. The Court Liaison will upload the Order to the "Scanned Documents" section of the youth's file.
5. All questions and concerns regarding this process should be directed to the Court Liaison Supervisor and/or Care Planning and Coordination Program Manager.

Court Representation and Court Coverage

A significant part of the Care Coordinator's role in supporting committed youth is providing necessary information to the court that will help make a determination about the youth's commitment status and keeping the court informed of the youth's progress during commitment. The Care Coordinator must attend the following court hearings for all youth on their caseload:

- Review of commitment hearings;
- Article VI hearings;
- Any hearing where a youth is detained or committed, including adult matters;
- Disposition hearings when a committed youth obtains a new charge; and
- Status hearings when requested by the judge.

Procedures:

A. Preparing for Court

1. Court Reports must be reviewed, approved and signed by the Unit Supervisor (or designee) before being submitted to chambers. Reports should be submitted to the Unit Supervisor at least seven (7) business days in advance of the court hearing.
2. For all court hearings, a Court Report (*for an electronic copy of the reporting template, refer to the Resource Location Lists in Appendix B*) should be submitted by email to the Presiding Judge's chambers no less than three (3) business days in advance of the hearing. Unit Supervisors must be copied on the email submission.
3. Court Reports should be scanned and uploaded into the "Scanned Documents" section of the youth's file in the DYRS Database within one (1) business day of receiving the Unit Supervisor's signature.
4. The assigned Care Coordinator must report to the office prior to any court appearance, sign in and return to the office once court has ended, except when the daily Tour of Duty has expired.

Please Note: In instances when a hearing occurs prior to or after the Tour of Duty, approval should be granted from the Unit Supervisor, or if not available, the Care Planning and Coordination Program Manager or Deputy Director of Youth and Family Programs.

5. A request to receive overtime pay, unless the Care Coordinator and Unit Supervisor agree mutually to compensatory time in lieu of pay for overtime work, should be submitted to the Unit Supervisor for time spent in court beyond the Care Coordinator's Tour of Duty. This agreement must be made prior to the overtime work being performed. The Care Planning and Coordination Program Manager must provide approval for all overtime pay.
6. If a Care Coordinator is unable to attend a court hearing due to unscheduled sick or personal leave on the day of the hearing, he or she must notify the Unit Supervisor immediately (i.e., no later than 6:30 am) to ensure that adequate coverage is found.



7. If the Care Coordinator is unable to attend a court hearing due to scheduled annual or sick leave, the Care Coordinator should notify the Unit Supervisor and identify a colleague to attend the court hearing in his or her absence no less than seven (7) business days in advance of the hearing.
8. The Court Report must be submitted and approved by the Unit Supervisor prior to taking the scheduled leave.

B. Court Presentation

1. Care Coordinators should also be present in court for any cases on their caseload when requested by their Unit Supervisor.
 - a. When a youth is committed, it is the Care Coordinator's responsibility to know each and every court date for that youth and follow up on all matters that arise from family court in any jurisdiction. Missing a court hearing is unacceptable and a poor representation of DYRS' commitment to youth and of the Agency as a whole.
2. Upon arrival at the courtroom, the Care Coordinator will give notice to the Courtroom Clerk that he or she is present.
3. If it is determined that the hearing will not be called within two (2) hours, the Care Coordinator is expected to contact the Unit Supervisor(s) and advise of the court delay, using any one of the following options including: the phone in the rear of the courtroom or in the interview room, government-issued cell phone, email, or approach the Clerk, if court is not in session.
4. The Unit Supervisor will provide instructions as to how the employee is to proceed. If the Supervisor is unavailable to receive the call, the employee should leave a detailed message and return to the courtroom immediately.
5. If the immediate Unit Supervisor is not available, the Care Coordinator should send an email notifying the Supervisor, with the Care Planning and Coordination Program Manager and Deputy Director of Youth and Family Programs copied on the circumstances that prevented the call from being made.

C. After the Hearing

1. It is the Care Coordinator's responsibility to wait outside the courtroom for the Court Order at the completion of the hearing. This requires notifying the Courtroom Clerk that the Care Coordinator is awaiting the Order.
2. The Order must be scanned and uploaded into the "Scanned Documents" section of the youth's file in the DYRS Database on the same business day of the court hearing.
3. The Care Coordinator must document a summary of the court hearing, including the date of the next court hearing, in the "Case Notes" section of the youth's file in the DYRS Database within one (1) business day of the court hearing.

4. When a court hearing is scheduled, the Care Coordinator must send an Outlook Calendar Invite to him or herself, the assigned Unit Supervisor and the DYRS Case Management Court Calendar in Microsoft Outlook within the same business day of receipt that the hearing is scheduled.

D. Saturday and Holiday Court Coverage

1. Care Coordinators are also responsible for providing court coverage on Saturdays and holidays for any DYRS-committed youth who is arrested. A Saturday and Holiday Court Coverage Calendar is distributed prior to the beginning of the calendar year, and each Care Coordinator is assigned to at least one (but typically more than 1), Saturday or holiday to provide coverage.
2. Care Coordinators must come into the office when working Saturday and Holiday Court Coverage in the event that their presence is required in court.
3. As soon as a Care Coordinator becomes aware of being unavailable for court coverage, he or she must immediately notify his or her Unit Supervisor. The Care Coordinator is responsible for reaching out to his or her colleagues to identify a replacement for court coverage.
4. If the Care Coordinator is unable to find a replacement, he or she should notify his or her Unit Supervisor immediately for assistance with identifying coverage.
5. **For Court Coverage:** Upon arrival, contact the Juvenile Intake Office at Youth Services Center (YSC) and the At-Risk Room in the DCSC to obtain information regarding the youth's arrest (*for an electronic copy of current phone numbers, refer to the Resource Location Lists in Appendix B*).
6. Review the DYRS Database to see if the youth is still under the DYRS' supervision.
7. Once the youth's status is established, send a group email to inform the individuals below of the youth's new arrest or his or her apprehension (i.e., if picked up for an outstanding Custody Order) and to request the intended placement for the youth:
 - a. Deputy Director of Youth and Family Programs;
 - b. Care Planning and Coordination Program Manager;
 - c. Placement Manager;
 - d. Court Liaison;
 - e. Superintendent and Deputy Superintendent of Youth Services Center;
 - f. Utilization Specialist;
 - g. Assigned Care Coordinator; and
 - h. Unit Supervisor.
8. Once a response is received from the youth's assigned Care Coordinator and/or Unit Supervisor, make an entry in the "Case Notes" section of the youth's file in the DYRS Database indicating the pending case or Custody Order. Note the projected placement or plan for the youth.



9. If the Care Coordinator or Unit Supervisor does not provide a response, make the note in the “Case Notes” section of the youth’s file in the DYRS Database and have the youth returned to YSC.
10. Contact the Juvenile Intake Office at YSC and the At-Risk Room at the DCSC to inform them of the plan for the youth.
11. Be available to present in court and if necessary for the release of the youth.

E. Out-of-State Court Representation

1. When a youth is involved in criminal activities and an arrest has occurred out-of-state, the Care Coordinator will send an Out-of-State Court Memorandum (*for an electronic copy of a sample Memorandum, refer to the Resource Location Lists in Appendix B*) to the courts outside of the District of Columbia.
2. The memorandum must be sent within one (1) business day of knowledge of the matter and uploaded in the “Scanned Documents” section of the youth’s files in the DYRS Database within one (1) business day.

Transferring and Receiving Cases

Ideally, each youth will have the same Care Coordinator throughout the duration of his or her commitment to allow for consistency and a strong, positive relationship. However, at times, it may be necessary to transfer a youth's case to another Care Coordinator. Reasons for transferring cases include, but are not limited to:

- The youth's parent(s)/guardian(s) have moved to a different Ward in Washington, DC and the youth's case will transfer to another Unit;
- The Care Coordinator and the youth have not been able to build a positive, trusting relationship despite exhaustive efforts on behalf of the Care Coordinator;
- The Care Coordinator has been involved with the family previously and there is a conflict of interest;
- The Unit Supervisor or Care Planning and Coordination Program Manager has deemed a case transfer is necessary for the best interest of the youth; and/or
- The Care Coordinator has taken on another position within, or has left, the Agency.

*For more information about **transferring pre-commitment youth**, refer to the **Transferring Pre-Commitment Cases** procedures in the **Pre-Commitment** section of the handbook.*

Procedures:

1. **At no time can a Care Coordinator refuse to work with a youth or parent(s)/guardian(s), or refuse to receive a case assigned by the Unit Supervisor.** If a Care Coordinator has concerns for his or her safety in regard to a youth on his or her caseload, these concerns should be brought to the Unit Supervisor, who will make a determination if a case transfer is necessary or if the concerns can be mediated.
2. Before preparing to transfer a case, the Care Coordinator should first meet with his or her Unit Supervisor to discuss the case and ensure it is appropriate for transfer.
3. When transferring a case to another Care Coordinator, the Care Coordinator must confirm that all documentation and "Case Notes" are up to date, including the youth's current progress, current Success Plan and most recent face-to-face contact.
4. A Transfer Summary must be completed (*for an electronic copy of the Transfer Summary, refer to the Resource Location Lists in Appendix B*) and uploaded into the "Scanned Documents" section of the youth's file in the DYRS Database prior to the transfer.
5. Once a Care Coordinator ensures the youth's file is current and completes the Transfer Summary, the request for transfer along with the Transfer Summary must be submitted to the Unit Supervisor.
6. The Unit Supervisor will then audit the case for completion and accuracy in the DYRS Database. If there are any discrepancies, the Supervisor will notify the Care Coordinator to make the corrections before the transfer is initiated.



7. If the Unit Supervisor deems the case ready for transfer, he or she will communicate the request for case transfer to the Supervisor of the receiving Unit (or to the new Care Coordinator in the Supervisor's Unit if the case is remaining within the Unit).
8. If the case is going to another Unit, the receiving Unit Supervisor will review the case and determine the most appropriate Care Coordinator for the case. This Care Coordinator's name will be communicated to the sending Unit Supervisor requesting the transfer.
9. The Care Coordinator transferring the case and the Care Coordinator receiving the case will be notified of the pending transfer. Both Care Coordinators will be responsible for coordinating a joint face-to-face contact with the youth to notify the youth of the transfer.
10. If the youth is placed at home, the parent(s)/guardian(s) should also be present for the face-to-face contact. If the youth is at an out-of-state placement, a joint telephone conference with the youth and parent(s)/guardian(s) is appropriate.
11. Once the contact with youth and family has been completed, the Unit Supervisor should be notified and the Unit Supervisor receiving the case should officially assign the new Care Coordinator to the case in the "Intake/Demographics" section of the youth's file in the DYRS Database.
12. There should be no case transfers when a youth is in jail or has absconded, unless the Care Coordinator has left the Agency.
13. There are times when a Care Coordinator or Unit Supervisor may leave the DYRS unexpectedly and cases may have to be transferred without the support and documentation of the Care Coordinator previously managing the case. In these instances, Care Coordinators must be flexible about receiving these cases without a Transfer Summary or other required documentation, or a joint face-to-face or telephone contact with the youth and parent(s)/guardian(s).
14. **At no time should a youth NOT have a Care Coordinator assigned to him or her in the DYRS Database.** The Care Coordinator is responsible for continuing to manage the case until the Unit Supervisor notifies him or her that the case has been officially transferred.
15. The receiving Care Coordinator is also responsible for adding the youth to his or her caseload in the DYRS Database.
16. The Program Assistant in the Unit of the receiving Care Coordinator will also send a letter to the family with the new Care Coordinator's contact information and that of their Unit Supervisor within two (2) business days. The letter should be scanned and uploaded to the "Scanned Documents" section of the youth's file in the DYRS Database within one (1) business day.

Program Assistant Support

Program Assistants work with the Care Planning and Coordination Team to support Care Coordinators and Unit Supervisors with administrative tasks, such as putting together Placement Referral Packets as well as preparing and submitting a youth's release paperwork.

Care Coordinators and Unit Supervisors will notify Program Assistants when their support is needed and provide the necessary information to ensure the Program Assistant can complete the request.

Support Tasks:

The following are specific tasks that will be completed by the Program Assistants to support the Care Planning and Coordination Team. Additionally, other duties and tasks may be assigned as needed to support the team.

A. Collect and Input School Progress Reports

1. The Program Assistant will be responsible for collecting and inputting school progress reports, school attendance and report cards for each committed youth.
2. These reports are to be obtained monthly/quarterly (as required) from each Care Coordinator and uploaded into the DYRS Database system for each youth.
3. Additionally, under the "Education" section in the DYRS Database, the Program Assistant will match school records to school enrollment and correct any discrepancies, if necessary.

B. Create DYRS Ward Letters

1. The Program Assistant will create Ward Letters for all Committed and Post-Committed youth when requested by the Care Coordinator or Unit Supervisor.
2. Program Assistants will draft other letters and memoranda (memos) for youth and families as requested.

C. Complete Transportation Requests

1. The Program Assistant will assist the Care Coordinators with completing Transportation Request Forms for youth to be transported to and from their placements and appointments (e.g., New Beginnings Youth Development Center INBYDC), YSC, youth residence and court).

D. Complete Custody Orders and Referral Forms

1. The Program Assistant will support the Care Coordinator with completing the Custody Orders and Quash Custody Orders at the request of the Care Coordinator or Unit Supervisor.

E. Complete Case Closure Memoranda (Memos)

1. The Program Assistant will obtain a list of all commitment expirations for the current month from the DYRS Utilization Specialist and complete the case Closure Memo for all youth on the list within one (1) business day of commitment expiration.



2. Program Assistants will submit the Closure Memo to the Care Coordinator and Unit Supervisor and then upload to the “Scanned Documents” section of the youth’s files in the DYRS Database within one (1) business day of completion.

F. Notify Team of the Supervisor on Duty

1. Program Assistants will keep track of Unit Supervisor’s schedules and be able to alert Care Coordinators about who is on duty and available for signatures or case consultation in a Unit Supervisor’s absence.

G. Manage the Saturday/Holiday Court Coverage Calendar

1. Program Assistants will manage the Saturday/Holiday Court Coverage Calendar.
2. Once the calendar is developed, Program Assistants will send calendar invites to the individual Care Coordinator or Court Liaison providing coverage as well as the Unit Supervisor and Care Planning and Coordination Program Manager.
3. Program Assistants will set the invite to issue a reminder the day before court coverage occurs. Additionally, Program Assistants will send a reminder email at the beginning of every month to those providing coverage.

H. Record All Committed Meeting Minutes

1. One of the Program Assistants will attend the All Committed Staff Meetings and take notes.
2. Program Assistants will have a rotating monthly schedule for attendance and note taking at this meeting. Notes will be provided to the Care Planning and Coordination Program Manager within one (1) business day of the meeting for approval.
3. Once approved, the Program Assistant will send the notes via email to all Care Planning and Coordination staff within two (2) business days.

I. Record RTC/Placement Review Committee Meeting Minutes

1. One of the Program Assistants will attend all Placement Review Committee Meetings and take notes. This meeting typically occurs weekly and Program Assistants will develop a schedule for their attendance.
2. After the meeting, the notes for each youth will be typed into a spreadsheet on the DYRS Common Drive (i.e., Y drive) with pertinent information about the meeting and the decisions made by the Committee.
3. Notes for each respective youth should be uploaded into in the “Scanned Documents” section of the youth’s file in the DYRS Database with the title “Placement Review Committee Meeting and Decision Notes” (include date of meeting in title).
4. Program Assistants are responsible for receiving Referral Packets for the Placement Review Committee from Care Coordinators and will send these packets to the committee members in advance of their weekly meetings.

5. The Program Assistant attending the meeting will print the packets and bring them to the meeting for staff to review.

J. Scan and Upload Documents into the DYRS Database

1. The Program Assistants will scan and upload documents in the DYRS Database.
2. A Request Form will be completed by the Care Coordinator or Unit Supervisor and the documents will be placed in a box near the copier/printer with the Request Form on top.
3. A confirmation email will be sent to the requesting staff member, stating that the request was received with a projected date of completion. A follow-up email will be sent when the request is completed.
4. Alternatively, the Care Coordinator can email the documents to the Program Assistant to be uploaded into the youth's file in the DYRS Database. In these instances, the Program Assistant will reply to the email to notify the Care Coordinator that the request has been received, and will email the Care Coordinator again when the request has been completed.

K. Complete Release Packets

1. The Program Assistant will complete the Release Forms and Packets for youth who are leaving DYRS Awaiting Placement Facilities. The Release Packet consists of the following:
 - a. Transportation Request Form;
 - b. GPS Referral Form;
 - c. Commitment Order;
 - d. Face Sheet (found in the youth's file in the DYRS Database); and
 - e. Facility Release Form
2. The Care Coordinator will provide the needed information and other pertinent documentation to the Program Assistant to complete this task, or notify him or her of the location of these documents in the youth's file in the DYRS Database.

L. Send Letter of Introduction and Welcome Packet

1. The Unit Supervisor will alert the Program Assistant of newly committed youth in their Unit.
2. The Program Assistant will then send a Welcome Letter to the parent(s)/guardian(s) that also includes the DYRS "Anchored in Strength" Parent Support Group flyer and the most current Achievement Center calendar.

M. Conduct Vital Records Audit of New Cases

1. Program Assistants will review files for newly committed youth in the DYRS Database for copies of the youth's:
 - a. Social Security Card;
 - b. Insurance card (front and back); and
 - c. Birth certificate



2. Program Assistants will send an email to the YAU Assessment Specialist, YAU Supervisor and Unit Supervisor receiving the case regarding any missing documents. Program Assistants will order birth certificates for all youth from the District of Columbia Vital Records Office and pick them up when ready.

Please Note: When possible, Program Assistants can arrange for birth certificates to be picked up and delivered to them by DYRS Interagency mail.

3. Program Assistants will also coordinate and organize the “No Fee ID” Request Form process as well as submit the tracking spreadsheet and obtain new forms through the Department of Human Services when needed.

N. Coordinate and Distribute Gift Cards and Transportation Cards

1. Program Assistants will assist in the processing, tracking and distribution of youth incentive gift cards and SMART Trip transportation cards.
2. Program Assistants will collaborate with the gift card and SMART Trip Coordinator for the Care Planning and Coordination Team (i.e., the designated holder of gift cards).

Please Note: At times when the Coordinator is not present, Program Assistants may be designated to assist with distribution coordination.

O. Greet Youth and/or Visitor; Triage to Care Coordinators (MLK Office only)

1. Program Assistants will receive youth and/or visitors (e.g., service providers, parents) who enter the MLK office and gather key information about the purpose of their visit, including who they came to see.
2. If the visit is to a Care Coordinator, the Program Assistant will notify him or her and include information about the nature of the visit.

P. Manage Incoming Mail

1. Program Assistants will receive incoming mail and sort it for distribution to members of the Care Planning and Coordination Team.
2. Mail concerning committed youth will be opened and scanned into the “Scanned Documents” section of the youth’s file of the DYRS Database before delivery to the youth’s Care Coordinator. Opened mail will be scanned within one (1) business day.

Q. Order Office Supplies

1. Program Assistants will attend Unit Meetings to inquire if there are any office supplies needed, and upon approval from the Unit Supervisor, order the needed supplies. Any needs will be recorded and ordered using the appropriate supplier.
2. Program Assistants will notify staff when their requested supplies arrive.
3. Program Assistants will also keep inventory of communal supplies on the Unit floors, such as computer paper, file folders and post-its, and re-order as needed with Unit Supervisor approval.

R. Support Interstate Compact of Juveniles (ICJ)/Juvenile Interstate Data System (JIDS) Requests

1. Program Assistants will have access to the JIDS System and be able to complete travel permits/placement supervision requests for youth at the request of Care Coordinators.

S. Manage DYRS Clothing Closets

1. Program Assistants will have access to the DYRS Clothing Closets and be able to distribute items to Care Coordinators for youth or to the youth directly.
2. Program Assistants will ensure the Referral Forms for the DYRS Clothing Closets are completed and uploaded into the “Scanned Documents” section of the youth’s file of the DYRS Database.

T. Complete Procurement Letters

1. Program Assistants will complete procurement letters upon the request of the Placement Manager and email them to all necessary parties.

Please Note: Necessary parties will be indicated in the request email from the Placement Manager.

U. Address Other Duties as Requested

From time to time, other assignments may be given to Program Assistants to support the administrative and recordkeeping tasks associated with complete care planning and coordination for the DYRS youth and families served.



Flex Funds

DYRS Flex Funds are monies allocated for DYRS-committed youth to allow for payment of certain goods and services. These goods and services include, but are not limited to, services and activities outside of the Community Programming Initiative Service Coalition as well as basic needs for youth when emergency assistance is required (e.g., clothing, groceries). The Flex Funds are distributed as gift cards, money orders or checks. At no time will cash be disbursed.

Flex Fund purchases are intended for those wraparound services that:

- Are not available or cannot be accessed within DYRS or another public service agency, such as the Department of Behavioral Health (DBH), DC Medicaid or Department of Health Care Finance (DHCF);
- Are not readily available without cost to DYRS in the community; or
- Require an expedited procurement mechanism due to an urgent or emergency situation.

Flex Funds are only available to committed youth that are living in a Community Placement (nonresidential) and connected to DC YouthLink (DCYL). Youth are eligible for one (1) Flex Fund per Fiscal Year, unless approved by the Agency's executive leadership. Flex Funds must be requested by the Care Coordinators using the Flex Fund Request Form. **The Care Coordinator requesting the Flex Fund must show proof that all other community resources have been exhausted before requesting a Flex Fund.**

Flex Funds can only be spent on items specifically requested on the Flex Fund Request Form. There are no exceptions. Flex Funds can only be used on the individual youth and if the Flex Fund is to include the family, the youth must reside at the home for which the funds have been requested. Flex Fund requests requiring payment in advance of receiving goods or service must also provide proof of cost with the Request Form. When a check or money order is requested, the Care Coordinator will need to identify the addressee in order to make out the check or money order.

The DYRS Utilization Specialist has approving authority for all Flex Fund requests, unless in the instance of a request over \$500, for which the Care Planning and Coordination Program Manager must provide final approval. **No cash will be distributed to youth.**

The monies for Flex Funds are managed and distributed by the Community Programming Initiative Capacity-Building and Administrative Partner (CAP). The Care Coordinator is solely responsible for proof of all Flex Fund purchase receipts (i.e., signed by the youth receiving the goods or service), and the return of any unused, or partially used, gift cards to the CAP.

Procedures:

1. To receive Flex Funds, a Flex Fund Request Form must be completed and submitted to the DYRS Utilization Specialist for processing (*for an electronic copy of a blank form, refer to the Resource Location Lists in Appendix B*).
2. The Utilization Specialist will seek the Care Planning and Coordination Program Manager's signature for approval of any Flex Fund Request over \$500.

3. The Utilization Specialist will submit the approved Flex Fund Request to the CAP for fulfillment.
4. The Utilization Specialist will document the approved Flex Fund Request in the “Scanned Documents” section of the DYRS Database.
5. The CAP will process the request within three (3) business days and make contact with the requesting Care Coordinator to arrange for pick-up/drop-off of the Flex Fund.
6. The Care Coordinator will sign for receipt of the Flex Fund and the CAP will keep a record of the date the Flex Fund was issued and the receiving Care Coordinator.
7. Within five (5) business days of receiving the Flex Fund, **the Care Coordinator must accompany the youth/family member to purchase the requested items and retrieve receipts. All DYRS-committed youth must sign the receipts.**
 - a. Flex Funds can only be utilized for the committed youth for which they have been requested.
 - b. **Flex Funds must be utilized to purchase the requested goods or service ONLY.** Purchases cannot be made for items outside of the needs listed on Flex Fund Request Form.

Please Note: At no time is a provider, mentor or parent(s)/guardian(s) permitted to take the youth shopping alone.

8. The Care Coordinator must return original receipts and the gift card (used or partially used) to the CAP that issued the Flex Fund within five (5) business days of receiving the Flex Fund. Receipts must show proof of appropriate purchase and cost. The youth’s signature must be on original receipts.



Contract Monitoring and Procurement

The Contract and Performance Monitoring Unit (CPMU) provides custodial oversight for all community-based residential facility vendors under contract with DYRS, while collaborating with local and out-of-state offices to ensure the safety and security of youth committed to DYRS and probation populations. All contents of the contracts with each placement vendor are tracked by this Unit in partnership with the Licensing Division to ensure program compliance and to track youth outcomes. The CPMU also administers and executes contract management and contract compliance operating procedures in strict accordance with the prescribed guidelines and provisions outlined in Chapter 12, Title 27 of the District of Columbia Municipal Regulations [(DCMR) Contract Management and Administration].

The CPMU and the DYRS Placement Unit, in collaboration with the Care Planning and Coordination Team, coordinate to determine the types of placements that will be made available for youth based on population and need. The CPMU keeps an updated list of current placements and available bed space that the CPMU Manager provides regularly to Care Planning and Coordination Unit Supervisors. A list of current placements is housed in the Residential Placement Capacity folder on the Agency's Common Drive (i.e., Y Drive). It is updated monthly by the CPMU based on active contracts.

Procedures:

A. Facility Non-Compliance

1. Care Coordinators most frequently communicate with the Placement Unit in order to fulfill the needs of youth. However, in the event a Care Coordinator discovers issues of non-compliance with Human Care Agreements (HCA) or other related physical plant or personnel issues with a facility, they should report any concerns or issues by email to the CPMU Manager within one (1) business day.
2. All critical occurrences should be reported immediately. Care Coordinators should report the concern or issue discovered by contacting the CPMU Manager and Assistant Manager by email.
 - a. The email should include details of the issue discovered, the name and location of the placement, and any other relevant details available.

B. Site Visits

The CPMU maintains strict compliance protocols and monitors all contracted facilities on a regular basis to ensure compliance with HCA and other contractual obligations.

1. Care Coordinators will be informed of any issues or concerns regarding youth placed at a facility as Contract Administrators learn of them during site-visits. Care Coordinators are expected to follow up on the issues or concerns within one (1) business day of the reported concern or issue. The severity of the issues or concern will determine the immediate notification of all stakeholders involved and the action taken, in consultation with the Care Coordinator's Unit Supervisor.
2. Contract Administrators must (at a minimum) visit residential and community-based providers on the following monitoring frequency basis:

- a. Providers within 50-mile radius of Washington, District of Columbia Metropolitan Area (DC Metro Area): Bi-weekly
- b. Providers outside 50-mile radius of Washington, District of Columbia Metropolitan Area in the states of Maryland and Virginia: Quarterly
- c. Providers outside 50-mile radius of Washington, District of Columbia Metropolitan Area in states other than Maryland and Virginia: Annually

Please Note: The site visit frequency will change based on level of compliance and performance monitoring systems.

C. Procurement

The Procurement Division ensures the acquisition of property, supplies or services for the direct benefit or use of the government, generally via a contract. The DYRS Procurement Division solicits resources, prepares awards for contracts and manages contract administration duties for the property, services or supplies acquired for DYRS.

Protocols, policies and procedures are followed in accordance with the District of Columbia's Office of Contracting and Procurement (OCP) and Jerry M. Consent Decree mandates. All protocols are designed to maximize contract compliance, monitor progress and ensure accountability among contractors with the goal of providing contract terms, setting standards and attaining deliverables. All contracted programs, placements, services, and activities are monitored to ensure they meet the needs of youth in the care and custody of DYRS.

Care Planning and Coordination Unit Supervisors are an integral part of providing technical content for Statements of Work when there are new solicitations for goods or services as well as placements, Emergency Procurements for Placement, Sole Source Procurements for specific placement needs, and contract modifications for current providers.

D. Statement of Work

A Statement of Work (SOW) is the explanation of goods and services and all related requirements for working with DYRS necessary to procure a vendor and create a contract.

1. Care Coordinators can find resources regarding any SOW on the DYRS Intranet and can also access training on SOW writing via PeopleSoft (i.e., an online DYRS Human Resource Management tool).
 - a. The DYRS Procurement Division provides the processing and communication of any SOW and contract needs to OCP.
2. Every placement-related SOW must be reviewed by the CPMU, prior to launching a new solicitation.

E. Emergency Procurements

1. In the event of an Emergency Procurement for Placement, the Procurement Division will contact OCP. OCP can award a contract on an emergency basis when there is an imminent threat to the public health, welfare, property, or safety; or to prevent or minimize serious disruption in District services; or when an emergency condition exists. Emergency procurements must be limited to those goods or services necessary to meet the emergency or provide resolution to emergency conditions.



2. Care Coordinators should contact the Placement Unit when emergency placement needs arise. They must provide the Placement Unit with the content necessary for the SOW and justification for the emergency placement. The Placement Unit will contact the appropriate procurement staff to begin processing the emergency contract documents.
3. Critically, it is the responsibility of the Care Planning and Coordination Team to prepare the SOW and justification for the Emergency Placement Procurement.

The Emergency Placement justification must include:

- a. A statement that emergency procurement procedures will be used for the procurement;
- b. A description of the placement needs and required services;
- c. A description of the emergency conditions;
- d. The estimated value or cost;
- e. A determination that the anticipated costs to the District of Columbia will be fair and reasonable in light of the emergency; and
- f. Any other pertinent facts that support the emergency justification.

An emergency contract shall not be justified on the basis of:

- a. The lack of adequate advance planning for the procurement of the required goods or services;
 - b. Delays in the procurement caused by administrative delays, lack of sufficient procurement personnel;
 - c. Improper handling of procurement requests or competitive procedures; or
 - d. Pending expiration of budget authority.
4. Any questions regarding SOWs or requirements for emergency contracts should be forwarded by the Unit Supervisor and directed to the Procurement Division, Contracting and Procurement Officer.

F. Contract Modifications

Contract Modifications are any formal revision of the terms of a contract, either within or outside the scope of an agreement. OCP achieves modifications through use of supplemental agreements where the vendor is asked to modify current requirements or add or remove requirements from the original agreement.

1. The Unit Supervisor and Care Planning and Coordination Program Manager are responsible for assisting in the preparation of a SOW when a contract modification is requested. The Care Coordinator can assist with details of the required modification related to specific youth circumstances as needed.
2. The SOWs must contain a justification for the contract modification. All contract modifications regarding placements must be submitted to the Program Manager of the CPMU for review and approval (*for a copy of the electronic SOW Template, refer to the Resource Location Lists in Appendix B*).
3. The timeframe from review to approval will be 30 to 90 days.

G. Sole Source Procurement

A Sole Source Procurement is issued when there is only one (1) vendor that is capable of performing a service or providing a necessary good. When a Sole Source Procurement is

requested, it must be accompanied by a justification that explains why the vendor is the only qualified vendor available. The justification for the Sole Source Procurement of goods or services may not be used to avoid competitive procedures for obtaining other goods or services.

OCP awards Sole Source agreements ONLY when there is only one (1) source available or capable of fulfilling the need for requested goods or services.

1. The Unit Supervisor and Care Planning and Coordination Program Manager must assist in the Sole Source Procurement process by helping to prepare SOWs that set forth the justification for the Sole Source Procurement.
2. All Sole Source Procurement requests must be submitted to the Procurement Division and/or the CPMU Division (if placement related) for review and approval by the CPMU Manager.
3. The request will then be forwarded to be approved and issued by OCP.
4. The timeframe from submission to approval will be 30 to 90 days.
5. The Statement of Work and justification for Sole Source Procurement must include:
 - a. A statement that the request for goods or services is a Sole Source request;
 - b. A description of the requested good or service and any related requirements, including the estimated cost or value;
 - c. A description of the factors that establish that the proposed vendor is the only source that can fulfill the need for requested goods or services; and
 - d. Any other relevant factors to support the use of Sole Source Procurement.

A Sole Source contract shall not be justified on the basis of:

- a. The lack of adequate advance planning for the procurement of the required goods or services;
 - b. Delays in the procurement caused by administrative delays, lack of sufficient procurement personnel or improper handling of procurement requests or competitive procedures; or
 - c. Pending expiration of budget authority.
6. The Procurement Manager will provide the Sole Source Procurement status detailing all approvals or denials. Denials are managed on a case-by-case basis and may require additional justification documentation. OCP will issue any additional information about next steps.



Grievances Against Care Planning and Coordination Team Members

The Care Planning and Coordination Team is committed to providing courteous and quality customer services at all times to the youth and families it serves. However, there may be times where a youth or parent(s)/guardian(s) is dissatisfied with the quality of service received. If so, youth and families have the right to express concerns or complaints through the proper channels. If a Care Coordinator is made aware that a youth or youth's family member would like to file a formal or anonymous grievance or express a complaint/concern about a team member, they should direct the youth and/or family member as outlined below.

Procedures:

1. When a youth and/or family member expresses the desire to file a grievance, the Care Coordinator should provide the youth or family member with his or her Unit Supervisor's contact information and request that the youth and/or parent(s)/guardian(s) inform the Supervisor of their concerns.
2. If a grievance is being filed, the Unit Supervisor should provide the youth and/or parent(s)/guardian(s) with a Grievance Form as soon as possible and ask them to complete and return the form within two (2) business days (*for a copy of the form, refer to the Resource Location Lists in Appendix B*).
3. Upon receipt of the completed Grievance Form, the Unit Supervisor and Care Planning and Coordination Program Manager will investigate the grievance. The youth and/or parent(s)/guardian(s) will receive a written follow-up response to their grievance within seven (7) business days.
4. When the **desire to express a concern or complaint about the Care Coordinator or another Youth and Family Programs team member is requested**, the Care Coordinator should provide the youth and/or parent(s)/guardian(s) with his or her Unit Supervisor's contact information, and request that the youth and/or parent(s)/guardian(s) contact the Supervisor to express their concerns.
5. If the concerns or complaints are not mitigated by conferencing with the Unit Supervisor, the Care Coordinator and/or Unit Supervisor should provide the youth and/or parent(s)/guardian(s) with the contact information for the Care Planning and Coordination Program Manager. The youth and/or parent(s)/guardian(s) can continue to be provided with the contact information for Youth and Family Program Managers and DYRS leadership based on the chain of command until the issue is resolved.
6. All communication regarding grievances and/or complaints should be documented in the "Case Notes" section of the youth's file in the DYRS Database within two (2) business days.

Unusual Incident Reports

An Unusual Incident report (UI) is a document that describes any event or action that may occur by a youth or to a youth that is outside of the expected norms (*for an electronic copy of a blank UI Reporting Template, refer to the Resource Location Lists in Appendix B*).

When an unexpected or serious event occurs, DYRS personnel as well as contracted providers are required to **complete a UI and notify the youth's assigned Care Coordinator within 24 hours, or immediately if the youth has been harmed or is in imminent danger**. Examples of events that may initiate a UI include but are not limited to:

- Hospitalization
- Abscondence
- Injury
- Threats
- Property damage
- Physical or verbal altercation
- Victim of crime
- Witnessing of crime
- Self-harmful behavior
- Substance use or suspected substance use
- Bizarre or unusual behavior (a typical for the youth)

Procedures:

1. Care Coordinators are expected to read and respond to each UI received for any of their youth, and also notify the youth's parent(s)/guardian(s) on the same business day of receipt.
 - a. UIs may come from service providers, placement providers, the AC locations, or one of the DYRS secure facilities. UIs from the DYRS secure facilities are automatically uploaded into the "Incident Reports" section of the DYRS Database.
2. UIs typically require an immediate intervention from the Care Coordinator, and interventions can vary from, but are not limited to:
 - a. Making face-to-face contact and counseling the youth;
 - b. Holding an emergency Team Decision Making (TDM)/Multidisciplinary Team (MDT) Meeting to discuss behavior with the youth, family and team;
 - c. Utilizing graduated sanctions;
 - d. Referring the youth for a specific service or treatment; and
 - e. Requesting a Custody Order.
3. If a Care Coordinator is unsure how to proceed after receiving a UI, he or she should immediately discuss the UI with the Unit Supervisor.
4. All UIs (with the exception of those from DYRS secure facilities) should be uploaded into the "Scanned Documents" section of the youth's file in the DYRS Database. If a provider did not upload the UI to the DYRS Database, it is the Care Coordinator's responsibility to ensure the document is uploaded.



5. A Care Coordinator is required to complete a UI for a youth if any of the above incidents or other atypical events occur while the youth is in the presence of the Care Coordinator. If a Care Coordinator is completing the UI, it should be forwarded to the Unit Supervisor for review and to determine next steps. The Supervisor will also submit it to the Care Planning and Coordination Program Manager, if deemed necessary.
6. The Care Coordinator will scan upload the completed UI into the “Scanned Documents” section of the youth’s file in the DYRS Database within two (2) business days once approved by Unit Supervisor and shared with all necessary parties.



Trainings

DYRS strives to enhance employee development and learning while fostering a healthy work environment. The Care Planning and Coordination Team is committed to positive staff development by providing the opportunity for regular and refresher training as well as professional development. In addition to work-related training provided by DYRS, Care Coordinators are also encouraged to seek further knowledge enhancement and skill development training outside of the Agency.

Procedures:

1. Care Coordinators are required to participate in all mandatory trainings facilitated by DYRS.
2. At times, the Agency may offer optional trainings to enhance staff development. Generally, Care Coordinators are not required to attend optional trainings, but are encouraged to do so, if workload permits and with supervisory approval. At times, a Unit Supervisor or the Care Planning and Coordination Program Manager may mandate a training(s) to coach a Care Coordinator in a specific skill or enhance knowledge of particular subject matter.
3. For training requests outside of the mandatory trainings, approval must be given by the Unit Supervisor **before** the training occurs.
 - a. If the Care Coordinator is requesting the training be paid by DYRS, **the request must be made at least six (6) weeks in advance** of the training.
 - b. The Care Coordinator will complete all relevant tabs of the Office of the City Administrator (OCA) Training, Travel and Reimbursement Form (*for an electronic copy of the form, refer to the Resource Location Lists in Appendix B*).
 - c. Along with the travel and training forms, the Care Coordinator must include information about the training and proof of cost (e.g. flyer, email, pamphlet) as well as a Memorandum to the Director requesting the training and how it will benefit the Care Coordinator and DYRS.
 - d. These forms will be submitted to the Unit Supervisor for initial approval, and if approved, sent to the Deputy Director of Youth and Family Programs for approval.
 - e. Upon approval, the forms are sent to the DYRS Procurement Division's Travel Coordinator at least one (1) month in advance of the training for final approval and payment.
4. The District of Columbia Office of Professional Development offers training opportunities on a first-come, first-served basis. Care Coordinators are encouraged to take advantage of these opportunities, when possible, and with Unit Supervisor approval.
5. When making requests for training, Division leadership will take into consideration office coverage and whether other important activities are scheduled.



Language Access

DYRS ensures that Limited English Proficient (LEP) or Non-English Proficient (NEP) youth and/or their families will have equal access to information and services. It is the Agency's responsibility to:

- Provide oral language services to LEP and NEP youth and/or their families who seek to access or participate in the services, programs or activities offered by the Agency;
- Collect data about the languages spoken and the number or proportion of LEP and NEP individuals speaking a given language in the population that is served or encountered, or likely to be served or encountered, by the Agency; and
- Coordinate and facilitate the translation of vital documents in any non-English language spoken by LEP or NEP populations.

All DYRS employees must ensure that LEP and NEP youth and/or their families have equal access to all information and services. This means that LEP/NEP individuals must be offered the use of an interpreter on site or through an interpreting service. Employees must not discourage or refuse DYRS services to LEP/NEP individuals for any reason. **At no time should a family member be used to interpret conversations or written documents on behalf of the youth.** Employees must identify the need for LEP/NEP information to ensure that all future interactions with the youth and/or their families include the provision of interpretation services and translation of vital documents in accordance with the provisions in this policy.

Procedures:

1. To access a translator via telephone, call 1-800-752-6096 for the Language Line. A recording will state: "If you need an interpreter now, please press 1." After pressing 1, a representative will come on the line and ask for the client identification number. The Language Line account identification number is 511307 and the access code is 1026001. After the representative receives the identification number, they will ask the language for which interpretation services are needed. The Care Coordinator will give the representative the language for which help is needed. The representative will make the connection to someone who speaks that language.
2. To access an interpreter for face-to-face meetings, contact one of the following (for specific contact information, refer to the most recent copy of the Care Planning and Coordination Key Services Directory):
 - a. Multicultural Community Service (MCS), Dupont Computers or Comprehensive Language Center, Inc. (CLCI).
 - b. Questions or concerns also may be directed to the DYRS Language Access Coordinator at 202-576-8155.
3. Care Coordinators must document or verify the language spoken by the youth and their parent(s)/guardian(s) on the "Intake/Demographics Form" of the youth's file in the DYRS Database at the time the case is transferred to the Care Coordinator.
4. Care Coordinators must document any interactions with the youth or parent(s)/guardian(s) in a language other than English (including interactions in which the Care Coordinator speaks in another language to the youth or family), by writing the language spoken in the "Note Title" of an individual note in the "Case Notes" section of the youth's file in the DYRS Database. For example, the Note Title should read "SPANISH SPOKEN: Phone call with mother through Language Access or an interpreter."

Adding and Updating Policies

The DYRS Care Planning and Coordination Handbook will be reviewed annually to ensure that all policies and procedures are current and to identify any outstanding issues that need to be addressed.

Procedures:

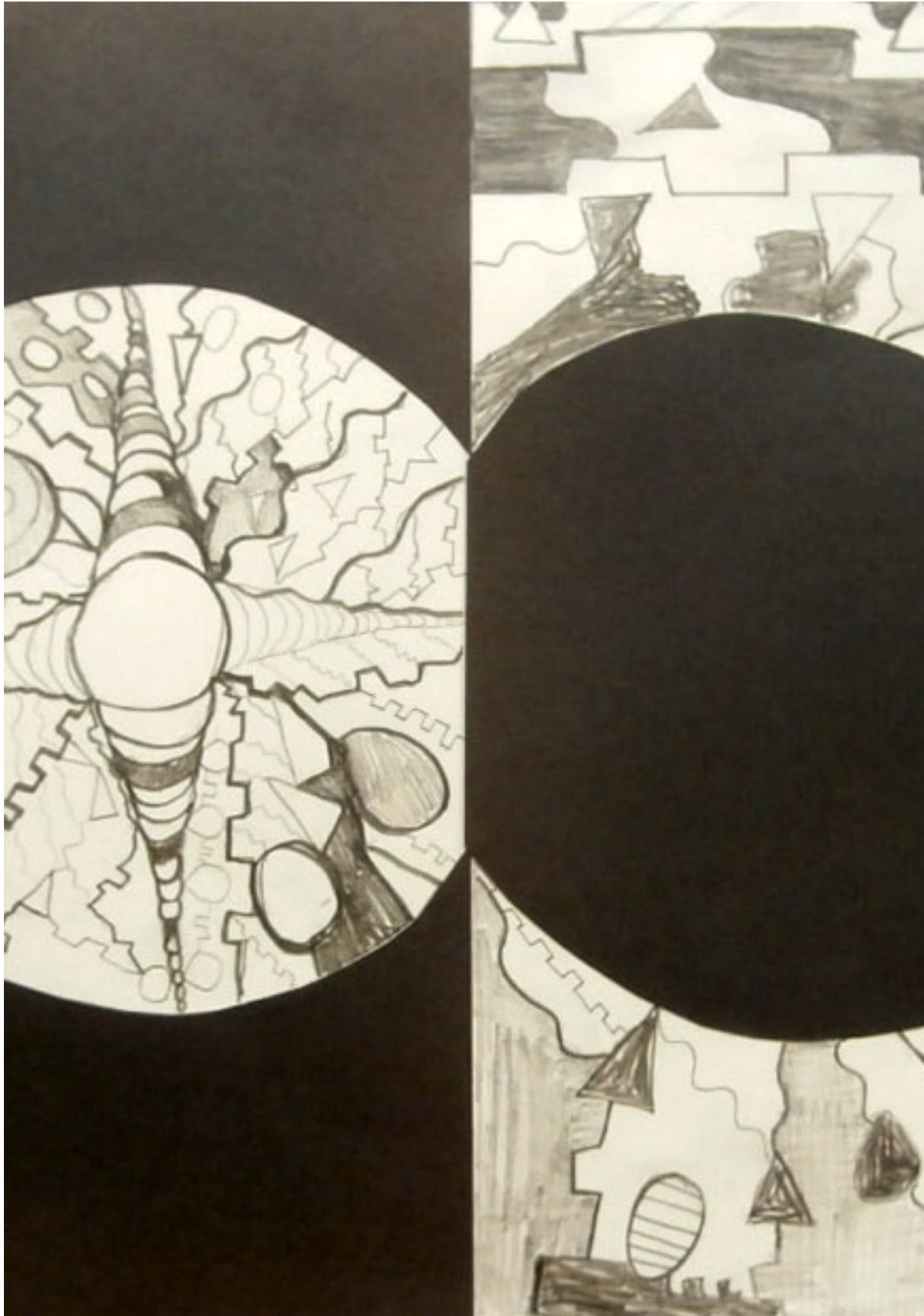
A. Annual Update

1. This handbook will be reviewed and updated, if needed, at least annually. However from time to time there may be the need for quarterly or more frequent review if new developments will impact the work of the Care Planning and Coordination Team.
2. The Care Planning and Coordination Program Manager will facilitate the annual updating process and convene a series of meetings to review, edit, finalize, and/or introduce any new policies and procedures. The following representatives will attend and participate in these meetings, including, but not limited to:
 - a. The Deputy Director of Youth and Family Programs and/or Designee;
 - b. The Care Planning and Coordination Program Manager;
 - c. Unit Supervisors;
 - d. A Parent/Guardian representative; and
 - e. A Union representative.
3. Editing and updating will occur by the Care Planning and Coordination Program Manager and be finalized and approved by the Deputy Director of Youth and Family Programs and DYRS General Counsel.
4. An electronic copy of the updated handbook will be date stamped and shared with all Care Coordinators, Unit Supervisors and relevant stakeholders (e.g., the Chief of Staff, Legal, Human Resources, Administrative Staff), who are impacted by any updates made.
5. The most recent version of the handbook will be provided electronically on the DYRS Intranet and staff will be notified of the availability of the revised edition.
6. Periodic training will occur consistent with the addition of new and/or revised policies.

B. Emergency Update

1. In the case of serious and consistent barriers in implementing a policy as written, the DYRS Care Planning and Coordination Program Manager will convene a team to meet and review the policy(ies) in question and recommend change(s).
2. The Care Planning and Coordination Program Manager will determine whether the change is feasible and, if so, will rewrite the policy with the change(s) incorporated. The Deputy Director of Youth and Family Programs and General Counsel will provide final approval.
3. The revised/new policy(ies) will be date stamped and uploaded to the Intranet. Care Coordinators, Unit Supervisors and other relevant stakeholders who are impacted by any updates made will be notified of the availability of the new and/or revised policies.







Quality Assurance

Be a yardstick of quality. Some people aren't used to an environment where excellence is expected.

Steven Jobs
American Entrepreneur, Inventor, Co-Founder Apple Computer

Quality is not an act, it is a habit.

Aristotle
Philosopher, Ancient Greece

- Complete Care Planning and Coordination Compliance Review Processes

Section Overview:

The Office of Performance Improvement (OPI) promotes a culture of continuous improvement by providing oversight and technical assistance to critical the Department of Youth Rehabilitation Services (DYRS, also known as the Agency) operations and programs by reviewing and monitoring current practices to ensure compliance with established policies, procedures and goals.

Objective 1: Establish a plan and schedule for the Compliance Review Team to monitor Care Planning and Coordination Team practices and processes, providing feedback and reports to support Unit goals.

Objective 2: Provide technical assistance and training to support the goals of the Youth and Family Programs Division.

Objective 3: Provide support to the Agency's overall Performance Management efforts.

The OPI is the DYRS business unit that is responsible for monitoring and reporting for the Care Planning and Coordination Unit. The OPI Compliance Specialist's primary function is to provide quality assurance and oversight of care coordination practices and processes for DYRS youth, ensuring "Complete Care Planning" through the use of the Child and Adolescent Functional Assessment Scale (CAFAS), care planning meetings (such as the Service Care and Team Decision Making Meetings) and the creation of goals in the Success Plan.



Complete Care Planning and Coordination Compliance Review Processes

Compliance audits and reviews are done on a weekly, monthly or quarterly basis. Regular case audits will be done by Compliance Specialists to ensure that each youth's file is up to date, their Care Coordinator has met with them as prescribed in this handbook and that they are enrolled in the services recommended in their Success Plan. **There will be opportunities for rewards and incentives for staff and/or Units that go above and beyond the expectations in this handbook.**

Procedures:

A. Weekly Complete Care Planning Compliance Reports

1. Each week the Compliance Specialist will prepare a report (i.e., an Excel Spreadsheet) to show whether a youth's case is in compliance with the DYRS Complete Care Planning requirements. Data will be collected from the DYRS Database and the Multi-Health Systems, Inc. (i.e., CAFAS Database), in order to capture the most current information. This report will show:
 - a. The youth's demographic information;
 - b. Assigned Care Coordinator and Unit Supervisor;
 - c. Current placement (i.e., type); and
 - d. The most recent date for each of the three (3) Complete Care Planning items: CAFAS, Team Decision Making (TDM) Meeting and Success Plan.
2. The report will be sent out mid-week and used in the weekly meeting with the Compliance Team, the TDM Manager and the Unit Supervisors. During the meeting, Supervisors will be made aware of deficiencies or outstanding documentation that prevents compliance.
3. On a monthly basis, the *Complete Care Planning Data Snapshot* will be prepared for DYRS leadership and then presented at the All Committed Meeting.

B. Weekly Quality Assurance Reviews

1. Using the data on the Weekly Compliance Report, Compliance Specialist(s) will conduct a review of youth records where a CAFAS, TDM Meeting or Success Plan (or any combination of these three (3) items) was completed in the last seven (7) calendar days.
2. After the review of the records for accuracy and completeness, using the Quality Assurance Guide, a report will be created and sent by email to the Care Coordinator and/or TDM Coordinator and the Unit Supervisor.
3. Working with the team, Compliance Specialists will ensure that all errors, omissions and work steps are completed within five (5) calendar days. In order to meet the "Gold Standard," complete care planning items will be addressed, on time and 100 percent error free.



C. Monthly Contact (Youth and Family) Audits

1. At the conclusion of every month, a Compliance Specialist will pull a report of all youth that were committed to DYRS for the entire previous month and review the “Case Notes” and “Documentation” in the DYRS Database for face-to-face contact and phone calls with both the youth and the youth’s parent(s)/guardian(s).
2. Using the “Reference Chart for Contact with Youth and Families” (*refer to the chart located in the Youth Contact procedures in the handbook*), the Compliance Specialist will provide each Unit Supervisor and Care Coordinator with an analysis of compliance for each youth, as well as a cumulative percentage for each category.
3. Unit Supervisors are to use the report in regular supervision meetings with each Care Coordinator to identify barriers to face-to-face and phone call contacts, and as an opportunity to improve the percentage of contact with each youth on the list that is still committed.

D. Quarterly Vital Documents Review (Birth Certificate, Social Security Card, Identification Card)

1. At the end of each quarter within the fiscal year (i.e., December, March, June and September), a Compliance Specialist will run a report of currently committed youth. This report will be used to ensure that every youth has each of the following documents and that a copy has been scanned and uploaded into each youth’s files in the DYRS Database: Birth certificate, Social Security Card, and government-issued identification or driver’s license. The information will be reviewed in the DYRS Database and confirmation of receipt of all documents tracked on a “Master Spreadsheet.”
2. The Master Spreadsheet will be sent to the Care Planning and Coordination Management Program Manager and Unit Supervisors by the 21st of the next month (i.e., January, April, July and October).
3. Unit Supervisors and Care Coordinators will have one (1) month to review the missing items and take the applicable steps to help the youth obtain the required documents or to ensure that a copy of those documents have been scanned and uploaded into each youth’s file in the DYRS Database.
4. The Compliance Specialist will update the spreadsheet once the items have been recorded in the DYRS Database.

E. Quarterly TDM Meetings/Services Analysis

1. Using the list of TDM/Multi-Disciplinary Team (MDT) Meetings conducted during the most recent quarter, Compliance Specialists and Office of Research and Evaluation staff will review the TDM Notes and the subsequent Success Plan (i.e., goals).
2. Using this information they will compare the services that were recommended for the youth to the past/current enrollments in programs and services. This review will help assess program participation and whether youth are enrolled in the services recommended during their team meetings.



3. A presentation will be prepared with charts showing the percentages of youth that have been enrolled in the recommended services as well as services that are being received, but where these recommendations are not documented in the youth's "Decision Making Meeting" notes or the Success Plan (*for an electronic copy of a Sample Quarterly Services Analysis Report, refer to the Resource Location Lists in Appendix B*). This information will be provided to the Care Planning and Coordination Program Manager and Unit Supervisors as well as the TDM Supervisor, to improve care planning practices and as an accountability tool.

F. 90-Day Youth Case File Audits

1. Unit Supervisors are to audit the files for each committed youth on a quarterly basis. A three-month schedule, prepared by the Performance Improvement Manager, will be sent to the Care Planning and Coordination Program Manager at the beginning of each quarter with a date by when each youth's file should be audited (i.e., the weekly schedule).
2. Using the Audit Template (v. 1 April 2016), Unit Supervisors will check the youth's file for up-to-date and accurate data (*for an electronic copy of the blank template, refer to the Resource Location Lists in Appendix B*).
3. On a monthly basis, the Unit Supervisor will review one (1) randomly selected case file from his or her caseload to ensure the Care Coordinator's compliance with this task.
4. The Unit Supervisor should note the completion date of the audit, any notable errors or omissions and that they have reviewed the results with the Care Coordinator.
5. Compliance Specialists will check the DYRS Database to ensure that a "Case Note" has been made in the youth's file after the audit was completed.
6. Compliance Specialists will provide the report of "non-compliance" to the Care Planning and Coordination Program Manager and Performance Improvement Manager by the 15th of the month after which the audits were to be completed.





Appendix A: Glossary of Terms

Abscondence: Youth status when they have left a DYRS authorized placement without permission or not returned as required, in addition to youth who have lost communication with Care Coordinators and the youth's whereabouts are unknown.

Achievement Centers (AC): Two DYRS sites that provide drop-in activities as well as structured programming and classes that foster career development, life skills and healthy living and community service. The programs include classes and activities that educate youth, prepare them to enter the workforce and teach them valuable life and leadership skills.

Assertive Community Treatment (ACT): Intensive mental health service provided by a Core Service Agency to assist adults with success in the community.

Assessment Specialist: The Licensed Social Worker in the Youth Assessment Unit (YAU) who completes the youth and family assessment during the pre-commitment phase and creates and presents the DYRS treatment plan to Court Social Services, the youth and family and the Superior Courts of the District of Columbia (DCSC) prior to commitment.

Awaiting Placement: Status of committed youth when they are waiting for a DYRS placement.

Capacity-Building and Administrative Partner (CAP): A member of a three-way partnership between DYRS, an administrative organization and a coalition of community-based service providers that supports the delivery of services to DYRS youth and their families. The Capacity-Building Administrative Partner provides technical assistances and administrative support to the Service Coalition as well as manages special events and programs that occur at each Achievement Center site.

Care Coordinator: A DYRS Licensed Social Worker or non-licensed Case Manager providing holistic case management services and support to committed youth at DYRS.

Care Planning Meeting: Any meeting that provides the youth with an opportunity to review current goal progress, strengths and needs. This meeting type will involve at least the youth, youth's family, Care Coordinator, and any community or agency partners.

Child and Adolescent Functional Assessment Scale (CAFAS): Comprehensive assessment based on information collected in a routine clinical interview through observation and review of the youth's case file from the past 90 days. These assessments are not administered; rather, they guide the clinician to objectively document day-to-day functioning across important life domains: school, home, community, behavior towards others, moods/emotions, substance use, self-harm, and thinking. DYRS uses this tool as part of the citywide System of Care Initiative monitored by the Department of Behavioral Health. CAFAS are done every 90 days.

Child and Family Services Agency (CFSA): The public child welfare agency in the District of Columbia responsible for protecting child victims and those at risk of abuse and neglect and assisting their families. One of several DYRS "Sibling Agencies," DYRS may serve youth that are also under the care of CFSA during the youth's commitment.

Commitment: Court Order from the Superior Courts of the District of Columbia (DCSC) remanding adjudicated youth to the care and custody of DYRS after unsuccessful probation or because a youth is identified by the court requires more intensive services and supervision than probation can provide.

Committed Case Management (CCM): Youth status in the “Enrollment” section of the DYRS Database identifying him or her as a committed youth to DYRS.

Committed Youth: Youth who have been adjudicated and committed to the care and custody of DYRS for a period of time determined by a Superior Courts of the District of Columbia (DCSC) Judge.

Community Based Intervention (CBI): Intensive community support mental health service for eligible youth, provided by a Core Service Agency. Youth are typically engaged in services at least three (3) times per week up to age 18.

Community Placement Agreement (CPA): Required contract between all committed youth in the community and DYRS, which establishes clear expectations for youth.

Community Services and Offender Supervision Agency (CSOSA): A federal, executive branch agency, created by Congress to perform the offender supervision function for District of Columbia (DC) Code offenders. It does so in coordination with the Superior Courts of the District of Columbia (DCSC) and the US Parole Commission. DYRS may serve youth, age 18 or older, who are under the supervision of CSOSA during their commitment.

Community Status Review Hearing (CSRH): DYRS’ internal administrative hearing where a youth’s performance in the community is reviewed to determine if he or she needs a higher level of placement restriction.

Community Support Worker (CSW): Mental health service provided by the youth’s CSA to assist youth with success and support in the community.

Comprehensive Adult Student Assessment System (CASAS): Reading and math appraisal for pre-employment and workforce development programs. The results are used to help the Office of Education and Workforce Development to work with youth to improve skills related to gaining employment and career pursuit.

Core Service Agency (CSA): Clinical home for youth with District of Columbia (DC) Medicaid that provides a variety of community-based services for youth and adults with mental health diagnoses.

Correctional Treatment Facility (CTF): An annex to District of Columbia (DC) Jail, which holds female offenders and juveniles being charged as adults.

Court Social Services (CSS): The District of Columbia’s juvenile probation agency. The Family Court Social Services Division is responsible for serving and supervising juveniles involved in the “front-end” of the District’s juvenile justice system. Those juveniles include: all newly arrested youth entering the court system in juvenile delinquency cases, “Persons In Need of Supervision (PINS)” cases and truancy cases as well as probation and diversion matters.



Covenant of Peace: An anti-violence initiative geared at addressing systemic issues of violence by engaging DYRS youth in intensive group workshops based on seven (7) pillars for helping youth develop strategies for living at home, the community and beyond.

Covering Care Coordinator: DYRS Care Coordinator who is temporarily assigned to provide youth and family case coverage while the regularly assigned Care Coordinator is on leave.

The Credible Messenger Initiative: Neighborhood leaders, experienced youth advocates and individuals with relevant life experiences whose role is to help youth transform attitudes and behaviors around violence. They serve youth whose needs go far beyond the traditional mentoring approach of companionship, confidence-building and typical academic, social or career guidance. Credible Messengers are able to connect with the most challenging youth because they:

- Come from the same communities
- Were formerly incarcerated or involved in the justice system
- Have turned their lives around
- Demonstrate integrity and transformation
- Are skilled and trained in mentoring youth

Criminal Justice Coordinating Council (CJCC): Serves as the forum for identifying issues and their solutions, proposing actions and facilitating cooperation that will improve public safety and the related criminal and juvenile justice services for District of Columbia residents, visitors, victims, and offenders. The CJCC draws upon local and federal agencies and individuals to develop recommendations and strategies for accomplishing this mission.

Custody Order: A juvenile arrest warrant, signed by a Superior Courts of the District of Columbia (DCSC) Judge, ordering for a youth to be taken into custody and brought before the court when apprehended.

DC YouthLink (DCYL): A coalition of District of Columbia community-based service providers contracted to serve DYRS youth. Services focus on Positive Youth Development (PYD) principles and Positive Youth Justice (PYJ) domains.

Department of Behavioral Health (DBH): Provides prevention, intervention and treatment services and supports for children, youth and adults with mental and/or substance use disorders including emergency psychiatric care and community-based outpatient and residential services. One of several DYRS “Sibling Agencies,” DBH establishes the Level of Care (LOC) for youth who require a Psychiatric Residential Treatment Facility (PRTF) Placement. It is also the way a DYRS youth in need of mental health treatment in the community is linked to a Core Service Agency (CSA).

Department of Employment Services (DOES): Provides career counseling, resume assistance, job placement, vocational training, access to online services and information about local and national labor markets. One of several DYRS “Sibling Agencies,” DOES assists with orientation for the Summer Youth Employment Program (SYEP) of DYRS youth, provides post-commitment employment referral opportunities and offers older youth, up to age 24, and adults employment services support.



Department of Health Care Finance (DHCF): The District of Columbia's state Medicaid agency. DHCF also administers insurance programs for immigrant children, the State Child Health Insurance Program (S-CHIP or CHIP) and Medical Charities (a locally funded program). DHCF monitors the Managed Care Organizations (MCO) that support DYRS youth.

Department of Human Services (DHS): Provides residents of the District of Columbia with connections to work opportunities, economic assistance and supportive services. One of several DYRS "Sibling Agencies, DHS assists eligible DYRS youth and their families with entitlements such as Temporary Assistance to Needy Families (TANF), food stamps and housing support.

Department of Youth Rehabilitation Services (DYRS also known as the Agency): The DYRS is responsible for the supervision, custody and care of young people charged with a delinquent act in the District of Columbia in one of the following circumstances:

- Detained in a DYRS facility while awaiting adjudication.
- Committed to DYRS by a District of Columbia Family Court judge following adjudication.

Youth can be initially committed to the Agency until the age of 18 and may remain in the care of DYRS until the age of 21. The Agency provides comprehensive support services to committed youth, both in its secure facilities and within the community and is designed to help young people get on the right track and successfully transition into adulthood. DYRS works with other District agencies, community partners and juvenile justice experts to implement innovative, research-based models that are in line with best practices in the juvenile justice and youth development fields.

Department of Youth Rehabilitation Services Foster Care Home: A family home where committed youth can be placed in the community to receive individualized support and work toward family reunification.

Detainer: A juvenile custody order that is submitted to the Superior Courts of the District of Columbia (DCSC) and signed by a judge to ensure committed youth who are detained at DC Jail, or facilities in other jurisdictions, will be returned to DYRS custody upon their release.

District of Columbia Office of the City Administrator (OCA): The City Administrator is appointed by the Mayor and is responsible for the day-to-day management of District government agencies, setting operational goals and implementing the legislative actions and policy decisions of the Mayor and District of Columbia (DC) Council.

District of Columbia Public Schools (DCPS): Serves the public education needs of all school-aged youth in the District of Columbia. One of several DYRS "Sibling Agencies," DCPS maintains student transcripts, provides special education testing, Individualized Education Plans (IEPs) development, and services for youth with special needs. The agency also handles school transfers and student enrollment.

District of Columbia Superior Court, also referred to as the Superior Courts of the District of Columbia (DCSC): Handles all local trial matters, including civil, criminal, family court, probate, tax, landlord-tenant, small claims, and traffic. The DCSC Criminal Division handles all trial matters for youth accused of or involved in a juvenile matter.



District of Columbia Vital Records Office: The division of the Department of Health responsible for collecting, preserving and administering the District's system of birth and death records.

DYRS Database: The Agency's web-based client management system (currently known as FAMCare) where youth records are managed and archived.

Early Periodic Screening, Diagnosis and Treatment (EPSDT): Medicaid program called for children under the age of 21. States must offer all of the Medicaid mandatory and optional services and treatments to children.

Economic Security Administration Automated Client Eligibility Determination System Database (ESA ACEDS): ESA is part of the District of Columbia Department of Human Services (DHS) and determines eligibility or benefits under the following programs:

- Temporary Cash Assistance for Needy Families (TANF)
- Medical Assistance
- Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps)
- Child Care Subsidy, Burial Assistance, Interim Disability Assistance
- Parent and Adolescent Support Services (PASS)
- Refugee Cash Assistance

The District of Columbia Health and Human Services Division of Information Systems plans, develops, oversees, and supports the Automated Client Eligibility Determination System (ACEDS) and the TANF Information System.

Electronic Monitoring Unit (Currently referred to as the "Youth and Public Safety Team"): The DYRS Unit responsible for linking and monitoring youth who require electronic monitoring (GPS) supervision.

Exclusion Zone: Area or areas defined by the Care Coordinator that the youth is prohibited from entering, or within which they may not engage in any activity. Care Coordinators will receive alerts when youth on electronic monitoring enter exclusion zones.

Family Group Conference (FGC): CSS's youth and family team meeting model.

Fee-for-Service Medicaid: A payment model where healthcare providers receive a fee for each service that they perform (e.g., an office visit, test or procedure).

Fleet Share: The District of Columbia Government's car fleet, which can be used to reserve vehicles to do field work and transport youth.

Flex Funds: Funding available through DC YouthLink (DCYL) to assist youth in the community with payment for necessary items such as clothing and furniture as well as classes and services outside of what DCYL can offer.

Functional Family Therapy (FFT): A short-term family therapy intervention and juvenile diversion program helping at-risk children and delinquent youth to overcome adolescent behavior problems, conduct disorder, substance abuse, and delinquency. Therapists work with families to assess family behaviors that maintain delinquent behavior, modify dysfunctional family communication and train family members to negotiate effectively, set clear rules about privileges and responsibilities and generalize changes to community contexts and relationships (<http://www.blueprintsprograms.com/factsheet/functional-family-therapy-fft>).



Global Appraisal of Individual Needs Short Screen (GAIN-SS): The GAIN-SS is a screener for three things: 1) it identifies youth who might have one or more behavioral health disorders so they may be referred to behavioral health services; 2) it can be used as a quality assurance tool to ensure consistency of service delivery; and 3) it serves as a measure of change over time in behavioral health.

Global Positioning System (GPS): Electronic monitoring device used to identify a youth's whereabouts at any time.

Group Home: A facility that provides 24-hour care for residents. A youth group home maintains staff to meet the physical, emotional and developmental needs of their residents and provide supervision, guidance and recreation for their residents.

Health Services for Children with Special Needs (HSCSN): Medicaid Waiver Insurance provider for youth with special needs (SSI eligible) that provides care planning management for enrolled youth.

Healthy Families/Thriving Community Collaboratives: (“The Collaboratives”): Neighborhood-based social service agencies that provide services to families with children under 18 years of age residing in the District of Columbia. The Collaboratives are: Edgewood/Brookland, East River, Far Southeast, Georgia Avenue, and Collaborative Solutions for Communities.

Human Care Agreement: A written agreement for the procurement of education, special education, health, human or social services, to be provided directly to individuals who have disabilities or are disadvantaged, displaced, elderly, indigent, mentally ill, physically ill, unemployed, or minors in the custody of the District.

Individualized Education Program (IEP): A written statement for any child qualifying for special education services that is developed, reviewed and revised at least annually. It describes the amount of time that the child will spend receiving special education services, any related services the child will receive and academic/behavioral expectations.

Inpatient Substance Abuse Treatment: Intensive residential treatment for substance use disorders, typically lasting 30-45 days.

Interactive Voice Response (IVR): District of Columbia (DC) Medicaid automated call-in system to identify a youth's DC Medicaid status and current insurance provider.

Interstate Compact of Juveniles (ICJ): The agreement pertaining to the legally authorized transfer of supervision and care as well as the return of juveniles from one member state to another.

Interstate Compact for the Placement of Children (ICPC): The legal authorization from a receiving state for youth to be placed in residential facilities outside the District of Columbia.

Justice Information System (JUSTIS): The District of Columbia's designated Integrated Justice Information System (IJIS) and is maintained and administered by the Criminal Justice Coordinating Council (CJCC). It is comprised of two main components: the information portal and the system-to-system exchange (aka “data feed”) module. The information portal allows users from authorized agencies to view information from multiple source agencies within a single, secure interface. The data feed module permits agencies to transfer entire data sets to



authorized agencies in close to real time throughput, day and night. JUSTIS serves as a vital tool for enhancing public safety by facilitating various federal and local criminal justice agencies' ability to share mission critical data quickly, efficiently and securely.

Juvenile Interstate Data System (JIDS): The electronic database for the monitoring of youth being supervised through the Interstate Compact on Juveniles (ICJ).

Juvenile Justice Institutional Counselor (JJIC): A Case Manager located in a facility [(e.g., New Beginnings Youth Development Center (NBYDC) or Youth Services Center (YSC)], who serves as the liaison between the Care Coordinator and the facility, supports the youth with family engagement and ensures the youth receives appropriate support while in the facility.

Letter of Acceptance (LOA): Document received by DYRS when a youth is accepted to any placement outside of the home.

Level of Care (LOC): Authorization from the District of Columbia (DC) Department of Behavioral Health when a youth meets "Medical Necessity" for a Psychiatric Residential Treatment Facility (PRTF) placement funded by DC Medicaid.

Managed Care Organization (MCO): Managed Care is a healthcare delivery system organized to manage cost, utilization and quality. Medicaid Managed Care provides for the delivery of Medicaid health benefits and additional services through contracted arrangements between state Medicaid agencies and MCOs that accept a set, per member per month (capitation) payment for these services. The MCO is contracted with the District of Columbia (DC) to provide medical and health services to beneficiaries to DC Medicaid Recipients.

Mayhem: A crime in which an individual willfully, maliciously and intentionally causes permanent disabling injury to another.

Medicaid: Healthcare program that pays for medical services for low-income and disabled individuals. For those eligible for full Medicaid services, the program pays for providers, including physicians, hospitals and pharmacies that accept Medicaid enrollment.

Medical Necessity (aka Medically Necessary): The healthcare services that a physician, exercising prudent clinical judgment, would provide to a patient for the purpose of evaluating, diagnosing or treating an illness, injury, condition, disease, or its symptoms and that are:

- a. In accordance with the generally accepted standards of medical practice;
- b. Clinically appropriate, in terms of type, frequency, extent, site, and duration and considered effective for the patient's illness, injury, condition, or disease; and
- c. Not primarily for the convenience of the patient or physician, or other physician and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as the diagnosis or treatment of that patient's illness, injury, condition, or disease.

Multidisciplinary Team Meeting (MDT): Any meeting held with the youth that involves multiple stakeholders, including the Care Coordinator. This meeting is used to review and create treatment goals or Success Plans for youth while committed to DYRS.

Multi-Systemic Therapy (MST): Intensive mental health service provided by a specialty provider for youth under the age of 18 who are placed at home or within 30 days of being placed at home. The services are utilized to support families of adjudicated youth and assist with behavior modification in the home.



New Beginnings Youth Development Center (NBYDC): DYRS' 60-bed secured residential treatment center that serves both male and female youth. It is located at 8400 River Road in Laurel, MD.

No Show List: Weekly list generated by the Community-Building and Administrative Partner (CAP) that highlights the youth who did not show up for their scheduled DC YouthLink (DCYL) services.

Notice of Intent to Recommend Commitment (NOITRC): The notice sent to DYRS when Court Social Services or Superior Courts of the District of Columbia (DCSC) believe a youth should be committed.

Office of the Attorney General (OAG): The District of Columbia agency that legally advises the Executive Branch and other District agencies, defends the city in court and protects the city's residents. This agency prosecutes juvenile delinquent and status offenders in the District of Columbia.

Office of Contracting and Procurement (OCP): The District of Columbia's contract approval authority for the city's government agencies.

Office of the State Superintendent of Education (OSSE): The State Education Agency for the District of Columbia charged with raising the quality of education for all District of Columbia residents. OSSE serves as the District's liaison to the U.S. Department of Education and works closely with the District's traditional and public charter schools to achieve its key functions. OSSE provides financial support for youth with special needs and will conduct residential testing for youth if needed to determine their educational needs.

Order to Terminate Jurisdiction (i.e., Commitment): A legal order signed by a Superior Courts of the District of Columbia (DCSC) Judge officially ending a youth's commitment.

Placement Review Committee: The multidisciplinary DYRS Committee that reviews cases when a Care Coordinator believes a youth's needs can only be served in an out-of-home placement. The purpose of the Placement Review Committee is to ensure that youth are: 1) being served in the appropriate and least restrictive environment; 2) served as close to home as possible given his or her treatment needs; and 3) in a manner consistent with public safety.

PeopleSoft: An online DYRS Human Resource Management tool.

Positive Youth Development (PYD): An intentional, pro-social approach that engages youth within their communities, schools, organizations, peer group, and families in a manner that is productive and constructive. PYD recognizes, utilizes and enhances youth's strengths and promotes positive outcomes for youth by providing opportunities, fostering positive relationships and providing the support needed to build on their leadership strengths.

Positive Youth Justice (PYJ): A framework for youth justice intervention informed by Positive Youth Development (PYD). The Positive Youth Justice Model targets juvenile offenders and focuses on assets needed by all youth—learning/doing, attaching/belonging—and developing these assets within the context of six (6) separate life domains: Work, Education, Relationships, Community, Health, and Creativity.

Probable Cause Determination: Form signed by the Deputy Director of Youth and Family Programs (or designee) indicating that there is substantial reason or evidence to hold a youth in a secure detention pending a Community Status Review Hearing (CSRH).



Procurement: The process by which placements, goods and services, as well as travel and training are paid for by DYRS.

Psychiatric Residential Treatment Facility (PRTF): An out-of-community treatment center for youth with significant mental health concerns.

Quash Order: Legal document signed by a Superior Courts of the District of Columbia (DCSC) Judge terminating a Juvenile Custody Order because it is no longer needed (e.g., the youth has returned to custody on his or her own).

Residential Treatment Center (RTC): Out-of-community treatment center for youth with significant behavioral concerns.

Restrictive Commitment: Determination on the Commitment Court Order that indicates the youth's case cannot be closed until the commitment term is completed, unless DYRS requests that the restriction be lifted.

Service Care Meeting (SCM): Multidisciplinary team meeting held to connect a youth to DC YouthLink (DCYL) services, address barriers to service compliance and review youth's progress in services to assist with care planning.

Sibling Government Agency (also known as Sibling Agencies): Describes any of several District of Columbia agencies (e.g., CFSA, DBH, DHS, DCPS) with which DYRS regularly collaborates to support the care planning and coordination for pre-committed and/or committed youth.

SMART Goals: Goals that are Specific, Measurable, Achievable, Realistic/Results-focused, and Time-bound. DYRS uses these goals for the development of youth Success Plans and employee performance plans.

Structured Decision Making (SDM): Risk assessment tool to help inform initial placement upon commitment as well as placement after a youth is found involved in a new charge during commitment.

Success Plan (SP): Individual plan of care, which outlines a youth's SMART goals and progress. Updated, at minimum, every 90 days after the youth's TDM Meeting.

Superior Courts of the District of Columbia (DCSC): Handle all local trial matters, including civil, criminal, family court, probate, tax, landlord-tenant, small claims, and traffic. The DCSC Criminal Division handles all trial matters for youth accused of or involved in a juvenile matter.

Team Decision Making (TDM) Meeting: A TDM Meeting draws upon the youth's and family's strengths, experiences, knowledge, and resources to create a plan for the youth while committed to DYRS. Participants include the youth, TDM Team member, Care Coordinator, family members as well as community and agency stakeholders. They occur every 90 days while the youth is committed. Team Decision Making is based on these six principles:

1. Everyone wants respect.
2. Everyone needs to be heard.
3. Everyone has strengths.
4. Judgments can wait.
5. Partners share power.
6. Partnership is a process.



Transition to Independence Program (TIP): Mental Health service for youth 17-24 years of age to prepare them for independence and self-sufficiency.

Transitional Assertive Community Treatment (TACT): Intensive mental health service provided by a Core Service Agency to assist transitional aged youth (ages 17-24) with success in the community. Eligible youth are engaged in services at least three (3) times per week.

Treatment Manager: The supervisors of each unit at New Beginnings Youth Development Center (NBYDC) responsible for overseeing youth progress.

Unrestricted Commitment: Determination on the Commitment Court Order that indicates DYRS has the discretion to request early closure of the case if the youth demonstrates successful rehabilitation. The Superior Courts of the District of Columbia (DCSC) must approve this request.

Utilization Specialist: Tracks, monitors and assesses the quantity and cost of service delivery for community services and residential placements at DYRS.

Waiver of Community Status Hearing Review: Document signed by youth, parent(s)/guardian(s) and attorney indicating the youth is waiving the right to the Community Status Review Hearing (CSRH), and raising the level of restriction.

Ward Letter: A document that indicates that a youth is committed to DYRS, and therefore a Ward of the District of Columbia. This document can be used to verify D.C. residency for purposes such as obtaining an Identification card, enrolling youth in school, etc.

Writ of Attachment (Often synonymous with “Custody Order” in other jurisdictions): A court order to “attach” or seize an asset. A court issues it to a law enforcement officer or sheriff. The writ of attachment is issued in order to satisfy a judgment issued by the court.

Youth Assessment Unit (YAU): The DYRS Unit that receives all NOITRC Referrals from Court Social Services (CSS) and completes a thorough assessment of both the youth and parent(s)/guardian(s) to determine the most appropriate treatment plan for the youth, if committed to DYRS.

Youth Engagement Specialist (working at Achievement Centers): DYRS employees who engage community youth in Positive Youth Development (PYD) activities through Achievement Center programming and community outreach.

Youth Engagement Specialist (working with Youth and Public Safety Team): DYRS employees who link and monitor youth participating in the Electronic Monitoring Program. They locate youth that have absconded and bring the youth into custody.

Youth and Public Safety Team (YPST): Formerly known as the Abscondence Unit and the Electronic Monitoring Unit. The YPST is responsible for connecting and monitoring youth who have been referred and placed on an Electronic Monitoring (also known as Global Positioning System or GPS) Device, and/or youth that have absconded from their placements. The YPST provides an additional layer of supervision of youth, with the goal of improving public safety.

Youth Services Center (YSC): The District of Columbia’s 88-bed short-term detention center located at 1000 Mount Olivet Road, NE in Washington, DC.





Appendix B: Resource Location Lists

DYRS Database Resources

The following forms are referenced in the handbook and listed below in the order in which they appear. They can be found in the DYRS Database.

- Community Status Review Hearing Request Form
- Decision Making Meeting Form
- DYRS Service Referral Form
- Home Assessment
- Letter of Introduction

DYRS Intranet

The following forms are referenced in the handbook and listed below in alphabetical order. They can be found on the DYRS Intranet:

- Anchored in Strength Referral Form
- Article VI Motion Template and Questionnaire
- Case Closure Memorandum Sample
- Case Closing Summary Sample
- Case Closing Summary Template
- Case Presentation Template
- Child Stress Disorders Checklist – District of Columbia (CSDC-DC)
- Community Activity Field Sheet
- Community Placement Agreement
- Community Status Review Form
- Consent for Treatment Form
- Counties Memorandum
- Court Report Template Community
- Court Report Template Residential
- Covenant of Peace
- Custody Order Request Form
- Custody Order Withdrawal Form
- District of Columbia Fleet Share Policy
- District of Columbia Public Schools (DCPS) Annual Enrollment Form
- District of Columbia Public School (DCPS) Community Service Form
- District of Columbia Public Schools (DCPS) Non-Public Unit-Residential and Surrounding Education Records Request Form
- Flex Fund Request Form
- GPS Referral Form
- Level of Care Request
- Monthly Case Summary Template
- Noncompliance Letter
- OCA Training, Travel and Reimbursement



- Out-of-State Court Memorandum Sample and Template
- Out-of-State Placement Request Form
- Placement Packet Checklist
- Post-Commitment Services Request Form
- Post-Secondary Education Supports Referral Form
- Pre-Commitment Court Report Template
- Prince George's County Public Schools (PGCPS) Tuition Contract
- Probable Cause Determination Form
- Release of Information Form
- Statement of Work Template
- SDM Override Request Form
- TDM Meeting Snapshot Demographic Summary (TDM Referral Form)
- Transfer Summary Template
- Transportation Request Form
- Unusual Incident Form
- Virginia Department of Education Immediate Enrollment of Child in Foster Care Form
- Waiver of Community Status Review
- Youth Council Criteria and Referral Form
- Youth Release Memorandum





Appendix C: Reference Guides for Case-by-Case Needs

The following items are resources to be used on a case-by-case basis for DYRS youth. Each is also available on the DYRS Intranet.

- Clothing Authorization Protocol for Youth in Out-of-State Placements
- Educational Funding Payment and Invoice Submission Instructions for Youth in Out-of-State Placements
- Health Insurance Verification and Billing Protocols for Medicaid Funded Out-of-State Placements
- Health Insurance Verification and Billing Protocols when DYRS is Responsible for Room and Board
- How to Determine DC Medicaid Status
- How to Determine Medicaid Status for Out-of-State Placement
- How to Petition for a Level of Care through the District of Columbia Department of Behavioral Health
- How to Petition Managed Care Organizations for Pre-Authorization
- Internal Process for Fee-for-Service Medicaid
- State Placements and Surrounding County Schools





Broken Cycle

*What is a broken cycle?
When you repeat and you stop?
Or is it a back and forth in your mind?
My life is like a washing machine
Wish wash
Wish washes off on off on
My family calls me
But sometimes they don't want to talk
What is a broken cycle?
Getting locked up
Back and forth in the juvenile system
Clink clank
The sound of doors slamming chains rattling
Only I can break this cycle.*

By J.

***Power without love is reckless and abusive,
and love without power is sentimental and anemic.
Power at its best is love implementing the demands of justice,
and justice at its best is power
correcting everything that stands against love.***

Martin Luther King, Jr.
Civil Rights Activist, Minister, Author, Nobel Prize Winner

I leave you love.

Mary McLeod Bethune
American Educator And Civil Rights Activist





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