



**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF YOUTH REHABILITATION SERVICES
POLICY AND PROCEDURES MANUAL**

POLICY NUMBER:	DYRS-016
RESPONSIBLE OFFICES:	Health Services Administration
EFFECTIVE DATE OF POLICY:	September 19, 2013
SUPERSEDES POLICY:	N/A
SUBJECT:	Community Transition Planning and Services

I. PURPOSE

The purpose of this policy is to set forth the standards and practice guidelines for Community Re-Entry Planning and services for DYRS youth with serious behavioral health needs who are placed in secure confinement facilities.

II. POLICY

It is the policy of DYRS Health Services Administration to ensure that youth with serious behavioral health problems are provided with transition plans and referrals to community based mental health services prior to release from secure confinement.

III. AUTHORITY

This policy is governed by all applicable District of Columbia and Federal law including: DYRS Establishment Act (2004), D.C. Official Code §§ 2-1515.01 through 2-1515.10 (2001), Mental Health Consumers' Rights Protection, D.C. Official Code §7-1231 et seq. (2008), D.C. Mun. Regs. Public Health and Medicine 22, § 600 (2008), Jerry M. Final Approved Amended Comprehensive Work Plan, December 5, 2007, as revised by Revised Final Approved Amended Comprehensive Work Plan, January 26, 2010, and all amendments thereto; District of Columbia District Personnel Manual §16.

IV. SCOPE

This policy applies to all DYRS behavioral health staff (including contract staff) and case management staff that are responsible to coordinate discharge planning for youth returning to the community from secure confinement facilities.



V. DEFINITIONS

Discharge Planning: The process of providing sufficient referral and linkage for necessary follow-up behavioral health services before the youth's release to the community.

Continuity of Care: A standard by which youth in DYRS custody who are identified as having serious behavioral health needs receive continuous care and treatment from admission to discharge in all areas of mental health care.

Serious Behavioral Health Needs Youth: Youth diagnosed with mental health and substance abuse disorders including those with; psychotic disorders, mood disorders, post-traumatic stress disorders, self-injurious behaviors, suicidality, behavioral dyscontrol problems, and chronic substance abuse

Mental Health Staff: Qualified health care professionals who have received instruction and supervision in identifying and interacting with individuals in need of mental health services.

Qualified Mental Health Professionals: Include psychiatrist, psychologist, psychiatric social workers, psychiatric nurses, and others who by virtue of their education credentials and experience are permitted by law to evaluate and care for the mental health needs of youths.

Mental Health Services: Services which include the use of a variety of psychosocial and pharmacological therapies, either individual or group, including biological, psychological, and social, to alleviate symptoms, attain appropriate functioning, and prevent relapse.

VI. PROCEDURES

1. Behavioral Health Staff will participate in a Youth Family Team Meeting (YFTM) for any youth who has serious behavioral health needs prior to their release to the community.
2. For youth identified with serious behavioral health needs in secure confinement for 30 days or less, behavioral health staff will make efforts to provide referral and linkage to community-based behavioral health services prior to their return to the community.
3. Behavioral health staff will provide clinical recommendations in YFTM and discharge planning meetings to develop a discharge plan which includes linkage (if indicated) to community-based services that are needed to address a youth's serious behavioral health needs.



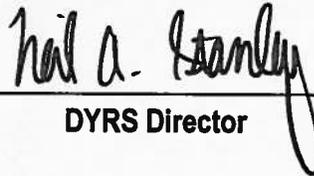
4. Clinical recommendations provided by behavioral health staff on behalf of youth with serious behavioral health problems will be used to develop a YFTM action plan which addresses the youth's treatment needs following release to the community.

5. Behavioral Health Staff in collaboration with the youth's Case Manager will make best efforts to secure enrollment with a community-based behavioral services provider at least seven days prior to release for committed youth who have a YFTM action plan indicating the need for behavioral health services.

VII. REFERENCES

NCCHC Y.E.12
NCCHC Y.E.13
NCCHC Y.G.04
Jerry M. December 2009 Comprehensive Work Plan

Approval of the Agency Director:



DYRS Director

19 September 2013

Date

