

# Case Management Manual

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Version IV  
March 2010



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# 1 Introduction

The Department of Youth Rehabilitation Services (DYRS) Committed Services Administration manages the care and supervision of the 700 plus youth committed to the agency. The agency's social workers and case managers are the primary staff responsible for these tasks and act as direct liaisons between the youth and the services provided by the agency.

After several months of assessing current protocols, policies, and procedures as well as convening an Improvement Team consisting of front line direct care staff, supervisors, and consultants, DYRS is publishing this revised Case Management Manual to better organize and manage the services provided to youth committed to the agency.

This revised case management manual is the foundation for improving the care and supervision of committed youth. This manual provides staff with succinct and clear policies, procedures, and protocols on case management. This manual will also be the standard by which case management staff will be held accountable.

DYRS is in the midst of a significant reform, moving away from a corrections based deficit model, which has proven ineffective here and around the country, to a Positive Youth Development model where we build upon young people's strengths and address their needs in a way that effectuates change in the youth and protects the community.

DYRS is developing a Continuum of Care to provide an adequate level and quality of programs, resources, and services to youth in a variety of settings; whether it's in secure confinement at New Beginnings Youth Development Center (NBYDC) in Laurel, MD, a residential treatment center or group home, or in the community under DYRS supervision.

DYRS assesses the needs and strengths of each youth while weighing public safety concerns to determine the most appropriate location and type of placement and level of services. At the time a youth is committed to DYRS by the courts, he/she is assigned a case manager who is responsible for supervising and overseeing the provision of services.

To improve case planning, supervision, and services, the agency is implementing internal structural changes. The case management units are being deployed into regions of the city to be closer to the youth they serve. These units will include field offices in Wards 8, 7, and 5. DYRS is also using Youth/Family Team Meetings (YFTM) as the primary method to develop and monitor case plans for youth charged to our care. These changes will produce better outcomes for committed youth.

## 2 DYRS Mission and Vision

### **Agency Mission**

The mission of DYRS is to improve public safety and give court-involved youth the opportunity to become more productive citizens by building on the strengths of youth and their families in the least restrictive, most homelike environment consistent with public safety.

### **Agency Vision**

DYRS will provide the nation's best continuum of care for court-involved youth and their families through a wide range of programs that emphasize individual strengths, personal accountability, public safety, skill development, family involvement and community support.

# 3 DYRS Committed Services Administration

The Committed Services Administration provides custodial care, supervision, services, supports, and opportunities to youth committed to the care and custody of DYRS. The array of placement options ranges from secure confinement, to residential and community placements, to home-based care. The Administration guarantees there is a case manager assigned to each committed young person. The Administration also manages the operation of a secure facility for committed youth in Laurel, MD and non-secure, community-based facilities and programs.

## Case Management Division

Case Management is provided to every committed youth for the duration of his or her commitment to DYRS. Youth are assigned to one of five units within the Case Management Division based on the ward in which they reside. Case managers supervise and support youth assigned to their caseloads and are responsible for developing and implementing individual development plans, which are informed by facilitated Youth/Family Team meetings. Case managers ensure that committed youth are placed in the least restrictive environment consistent with public safety and are provided with the supervision, services, supports and opportunities that will foster his/her successful transition to adulthood and reduce his/her likelihood to recidivate.

## Secure Programming Division

The Secure Programming Division operates the DYRS secure facility for committed youth, New Beginnings Youth Development Center (NBYDC) located in Laurel, MD. New Beginnings provides 24-hour supervision, custody and care including residential, nutritional, educational, recreational, workforce development, medical, dental and mental health services. The facility's six-to-twelve month behavior modification program, modeled after the acclaimed Missouri approach, serves the most serious and chronic young offenders. The program prepares youth for community reintegration within a home-like environment through a program grounded in the principles of positive youth development and guided peer interaction to promote transformation.

## Community Residential Programming Division

The Community Residential Programming Division manages small, community-based, residential facilities for committed youth in the District. These programs include the Transitional Living Home, a non-secure community-based residential program serving up to six youth who are being prepared for direct independent living or entrance into an independent living program, as well as youth who may need socialization/self-sufficiency training to re-unite with their family. The program is designed to last for three to six months, with follow up services and supervision for up to six months after successful completion of the "in-house" program.

An awaiting placement home, Exodus House, was opened in 2009 and serves low to moderate risk youth who are pending placement in a community setting (ie group home, foster care). Exodus House serves as an alternative to detaining youth at New Beginnings while awaiting placement. The youth in

this program can spend up to 30 days at Exodus House and receive services in preparation for a successful transition to their identified placement.

***The Absconders Unit*** locates and encourages youth committed to DYRS on abscondance status to turn themselves in and/or coordinates with the Metropolitan Police Department (MPD) to have youth picked up and returned to DYRS custody. The Absconders Unit also works with a community-based agency to help locate missing youth and bring them into custody.

# 4 DYRS' Positive Youth Development

Positive Youth Development (PYD) is the guiding principle within DYRS. The field defines PYD as the following:

PYD is a term that describes an approach to developing programs for children and youth. In contrast to traditional prevention models, PYD emphasizes building skills and assets in youth in addition to preventing common negative outcomes. The goal of the approach is to develop multi-faceted programs that help youth grow into mature and successful adults.

The PYD-approach suggests that helping young people to achieve their full potential is the best way to prevent them from engaging in risky behaviors. Organizations and communities that promote PYD give youth the chance to exercise leadership, build skills and get involved. The self-confidence, trust and practical knowledge that young people gain from these opportunities help them grow into healthy, happy, self-sufficient adults.

Common goals of PYD programming include:

- Promoting positive relationships with peers
- Emphasizing youths' strengths
- Providing opportunities to learn healthy behaviors
- Connecting youth with caring adults
- Empowering youth to assume leadership roles in programs
- Challenging youth in ways that build their competence

Washington, DC is among the first juvenile justice systems to embrace PYD as an overarching principle. Corrections-based punishment has permeated the juvenile justice field for many decades and has proven ineffective.

Incarceration is inherently harmful. Many recent studies show how incarceration itself leads to further criminal behavior, higher probability of unemployment and higher incidents of violence.

Therefore, DYRS seeks to ensure that we only incarcerate those youth who absolutely need to be incarcerated for his or her own and the public's safety. To help make such determinations, DYRS is

## DYRS' Positive Youth Development (Cont)

implementing a structured decision-making process, including a validated risk assessment.

Large, congregate care facilities for delinquent youth not only have harmful effects but additionally are not very effective in producing long-term post-release success. Youth have been able to adapt to institutional settings and “behave” while in custody, yet upon release, they exhibit worse behavior than when they entered.

Also, treatment is much more effective when families can participate; when youth are far away from their family, it inhibits successful treatment.

Non-compliance and even defiance are not reasons to incarcerate, 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.

DYRS is building a Continuum of Care that allows youth to have access to the same level of programs and services regardless of location so that we do not have to rely on incarceration or sending a youth away in order to get a particular service. DYRS seeks to infuse PYD into all the programs that serve committed youth.



# 5 The Prototypical Case Manager

A prototypical DYRS case worker is someone who genuinely cares about young people and wants to help the youth on their case load turn their lives around and become productive, successful adults. He or she enjoys seeing their youth and understands that they must work with the youth's family in order to help the youth become successful. He or she understands they are a part of a team of professionals serving the youth and that they support the other team members, including community service providers, colleagues within DYRS and other government agencies.

A prototypical DYRS case worker is someone who understands that youth thrive best in a positive, least restrictive environment. He or she also understands that public safety is a main goal of the agency.

A prototypical DYRS case worker is someone who is organized, courteous, professional, and efficient. He or she is a proficient writer and manages their time effectively to complete all the tasks of their job.

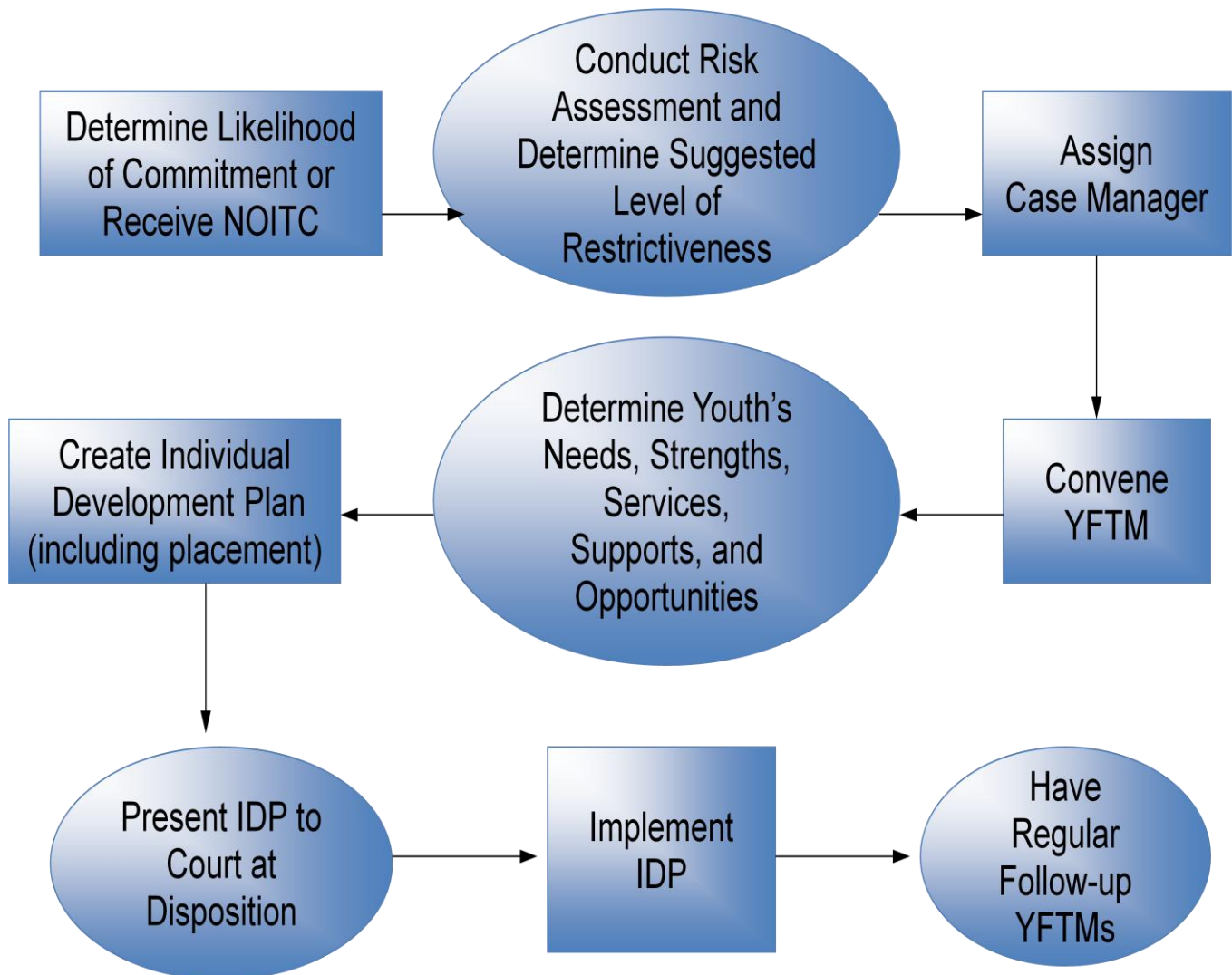
***DYRS case workers see their youth regularly, connect their youth to needed and appropriate services, and update their youth's YES! file as required.***

# 6 The Case Management Process

When a youth has been identified as being likely to be committed to DYRS, he/she is assigned to a DYRS case management unit based on the ward of the city he/she lives in. The supervisor of that unit will then assign the case to a specific case manager or social worker. If the Structured Decision Making Assessment (SDM) has not been conducted with the youth, the case manager will conduct it or have it conducted by DYRS institutional staff. The SDM tool can be found in the YES! system, an example is provided in the appendix. Following the scoring of the assessment, an YFTM will be held to determine the youth's strengths and needs and to determine what services will be put in place. Based on the assessment, the information gathered from the YFTM and a review of the background information on the youth, the assigned case manager develops an Individual Development Plan (IDP) with the youth.

The IDP is the guide for the provision of services for each youth for the duration of his/her commitment to DYRS. Continual reviews of the IDP and follow up YFTMs are held regularly to ensure the best plan is in place to properly serve the youth's needs and build upon his/her strengths.

# 7 Case Planning Flow Chart



# 8 Case Management Protocols

## Receiving New Cases

When an adjudicated youth is determined likely to be committed or a notice of intent to commit is received on a youth, the youth shall be assigned to the regionally based, Case Management Unit determined by his or her home address. The supervisor of that unit will assign that case to a specific case manager or social worker. The supervisor must also enroll the youth in "pre-commitment" status within the YES! system. If the youth is committed to DYRS, within 48 hours, the case manager must enroll the youth in "Committed Case Management" (in DYRS Programs tab) within the YES! system, assign themselves as the youth's primary worker (in the Open/Close tab) and make their status in YES! "committed."

## Structured Decision Making

When a youth is committed if the SDM Risk Assessment has not been completed, it is the responsibility of the case manager to complete the SDM. The case manager must also update the SDM of a youth when they have a new arrest of a revocation hearing. (A sample SDM tool and the SDM Matrix can be found in the Appendix – #2).

## Individual Development Plans

IDPs are created after the Structured Decision Making Assessment Tool has been conducted and a risk score and placement recommendation is determined and there has been an YFTM. The IDP is then developed utilizing information gained through this process.

While DYRS' goal is to have IDPs completed prior to a youth's commitment, it is mandatory that the assigned case manager complete the IDP within 15 days after a youth is committed to DYRS.

If an YFTM has been held prior to commitment, then the assigned case manager follows up on the plan that was produced from the YFTM to finalize the IDP.

If an YFTM was not held prior to commitment, the IDP is to be finalized after an YFTM, which is to be held no later than 15 days after commitment. (A blank IDP is in the Appendix – #1 and the official IDP form can be located in the "Plans" tab in YES!).

In addition to the YFTM, in developing the IDP the following materials are to be reviewed:

- DYRS Risk Assessment
- Social Study (from Court Social Service)
- Psychological and Psychiatric Evaluation (if completed)
- Needs Assessment
- Pre-Commitment Report

**In developing the IDP, the case manager must meet with each youth and when possible his or her family within the first five days after commitment.**

**IDPs are to be updated each time a youth has a change in placement that also results in a change in level of custody. For youth at home, the IDP must be reviewed at least every 90 days.**

# Case Management Protocols (Cont)

## Youth Family Team Meetings

The Family Group Conferencing model is fast becoming a best practice in case planning in the child welfare and youth development field. DYRS has adopted the use of Youth Family Team Meetings as the primary vehicle for developing an on-going assessment of case plans for committed youth.

Designing individualized services that successfully support a young person's move away from negative behaviors requires an accurate picture of the young person's strengths and needs and implementation of services that effectively meet those needs and build on his/her strengths. It is essential to reach an agreement with the young person about these needs and to include his/her family in the process. YFTMs are one element of strengths/needs-based practice and work best when the youth's talents and needs behind his/her behavior in daily interactions are recognized.

Effective inclusion of the young person and family in service planning requires dedication by everyone in the agency and the community involved with them. Once agreement is reached on strengths and needs, the YFTM designs a combination of services and supports to build on strengths and meet each need, ensuring that the young person's family, agencies and service providers understand their roles in meeting the agreed-on needs.

YFTMs are to be held prior to a youth's commitment to help develop the IDP. In cases where a YFTM was not conducted prior to commitment, there must be an YFTM held no later than 15 days after commitment.

For youth in the DC Model Units at New Beginnings, a YFTM is to be held either prior to the youth beginning the DC Model Unit or while they are on Level 1. A YFTM is also to be held when the youth reaches Level 4 to determine their re-entry / discharge plan.

Case managers must attend YFTMs for the youth on their case load, especially at initial case planning (which may be during to pre-commitment stage) and Level 4 movement for youth on the DC Model Unit. The YFTMs are facilitated by staff from the YFTM Unit of the Resource Management and Utilization Division.

YFTMs are also to be held for any youth who are exhibiting problems, before a revocation hearing is requested, for connecting youth in the community to the Regional Service Coalition and when there is going to be a change in placement. When utilizing a YFTM for placement planning purposes, the SDM scores will aid in determining the level of restrictiveness. If a decision is made to send the youth to a placement that is different from the SDM placement recommendation, the placement will move forward with a consensus from those participating in the YFTM. If a consensus is not reached, the YFTM placement recommendation will be reviewed by a YFTM Review Committee to determine if a new YFTM should be held and whether the level of restrictiveness can be overridden.

Plans developed during the YFTM should be the plans presented to the court and implemented. No one person has the authority to unilaterally change the case plan.

# Case Management Protocols (Cont)

## **Placement and Referrals**

It is the responsibility of the case manager to ensure all youth on their case load are connected to needed and appropriate services. All committed youth must receive services provided by DYRS contractors or partners.

In order to access DYRS contracted services, the case manager must complete a Service Referral Form (forms are in Appendix under Referral Forms) with all required supporting documentation and submit it to the Referral and Utilization Unit of the Resource Management and Utilization Division (RMUD). The case manager must follow up with the Referral and Utilization Unit and the provider to ensure the youth's admission into the program and that services are implemented throughout the authorized service period.

If resources are unavailable through contracted vendors, services may be brokered through external providers. These services must be cleared first through RMUD.

Case managers are encouraged to develop relationships with providers that may not be in the DYRS referral network, especially in the ward they are assigned 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 the youth DYRS serves.

# Case Management Protocols (Cont)

## Placement and Referrals (Cont)

### *The Process of Placing Committed Youth*

- **Make Decision on Where Youth Will Go (Case Manager with help of Supervisor and/or YFTM)**
  - **General Guidance:**
    - **SDM High:** DC Model Unit or RTC
    - **SDM Medium:** Therapeutic Group Home or other out of home placement
    - **SMD Low:** Home with services
- **Referral Packet Submitted to Placement Unit (Case Manager)**
  - **Referral Packets should include the following:**
    - Completed Request for Services Form, as well as Social Study, all evaluations and assessments, and court order
  - *Referral packets sent to provider, provider interviews youth, youth is accepted or denied*
- **Receive Approval Letter from Provider (Provider/Placement Unit)**
  - Approval Letter Sent to the Case Manager from the Provider
- **Submit Procurement Request (Case Manager, Placement Unit and Procurement Office)**
  - To secure procurement, Case Managers need to submit the following:
    - Completed Procurement Request Form, Acceptance Letter and Court Order
  - Procurement office receives request and approves payment → Procurement office sends the procurement authorization letter to placement office → placement office forwards procurement authorization to the case manager

### *If placement is outside of DC:*

- **Get Interstate Compact Approval (Case Manager and Interstate Compact Office)**
  - Get Article VI signed by Judge, complete Form 100, collect approval letter, procurement authorization, court order and youth assessments (most recent psychological/psychiatric and social study)
- **Arrange Transportation (Case Manager, Procurement, New Beginnings)**
  - Set up date and time with the placement for when the youth will be transported.
  - If out of area, purchase tickets through procurement and arrange for airport transportation.



# Case Management Protocols (Cont)

## Sub-Acute Placements

Youth who are likely to be placed in a residential treatment center or psychiatric residential treatment facility are eligible to be placed in a sub-acute facility for up to 30 days. Sub-Acute facilities are in RTCs/PRTFs that provide assessments and evaluations and some initial treatment for youth with identified mental health challenges. With supervisory approval, some youth can be sent to sub-acute for just the 30 day period before being stepped down to a group home or their own home as well.

Case managers must coordinate with DYRS Behavioral Health to complete the pre-authorization admission form to sub-acute (see Appendix - #5g). Documentation required to process authorization includes the youth's psychiatric assessment, treatment plan updates, medication assessments, probation social reports, and summaries from professionals at DYRS.

Case Managers are responsible to clear ICPC prior to the 30<sup>th</sup> day if the plan is to move to PRTF.

## Interstate Compacts: ICJ and ICPC

There are two compacts that govern the movement of children and youth across state lines: Interstate Compact on Juveniles (ICJ) and Interstate Compact on the Placement of Children (ICPC). These compacts are federal law and supersede any state law. The purpose of ICJ and ICPC are as follows:

**ICJ** - To provide for the welfare and protection of juveniles and the public. This is accomplished through cooperative supervision of delinquent juveniles on probation or parole (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 services delivery is determined by the home or requesting state.

**ICPC** - To provide a safe and nurturing environment for youth under the age of 18 years placed in residential facilities therapeutic foster homes, and therapeutic group homes. However, ICPC is required for youth over the age of 18 in Alabama, Colorado, Mississippi, Nebraska, Ohio and Virginia. In addition, it provides for the affixing of financial, medical and legal responsibilities for the youth being placed in its facilities/programs.

### ***When do you use ICJ vs. ICPC?***

ICJ – Adjudicated youth placed in home of a parent or guardian outside the District of Columbia.

ICPC – Youth placed in residential facilities outside the District of Columbia.

Social Study	X	X
Court Order	X	X

Article VI (ICPC)	X	
Article 1A/IV (ICJ)		X
Form IV (ICJ)		X
Form V		X
Travel Permit		X
Procurement Approval	X	
Aftercare Agreement		X
Acceptance Letter	X	
Mental Health Reports	X	X
Medical Reports	X	X
Educational Report/IEP	X	X

*\* ICJ Documentations required in triplicate with original signatures for interstate approval.*

## Case Management Protocols (Cont)

### Targeted Length of Stay

Out of home placements are to be utilized as resources for treatment or transitional placement to facilitate a youth's return to the community. Each placement type has a targeted length of stay which requires discharge planning to begin at the time of placement.

The following represents maximum length of stays for out of home placements:

- Residential Treatment Center: 6 months up to 1 year
- Therapeutic Group Home: 150 days
- Traditional Group Home: 120 days
- Independent Living Program: 1 year

### Releasing Youth from Secure Custody

Any youth who is being released from New Beginnings or from a Residential Treatment Center (RTC) must first have a re-entry/discharge Youth Family Team Meeting (YFTM) to determine the appropriate level of supervision, supports, opportunities, and services the youth will receive in the community.

For youth graduating from a DC Model Unit at New Beginnings, the re-entry YFTM is to take place when the youth reaches Level IV, which is approximately two to four months prior to release.

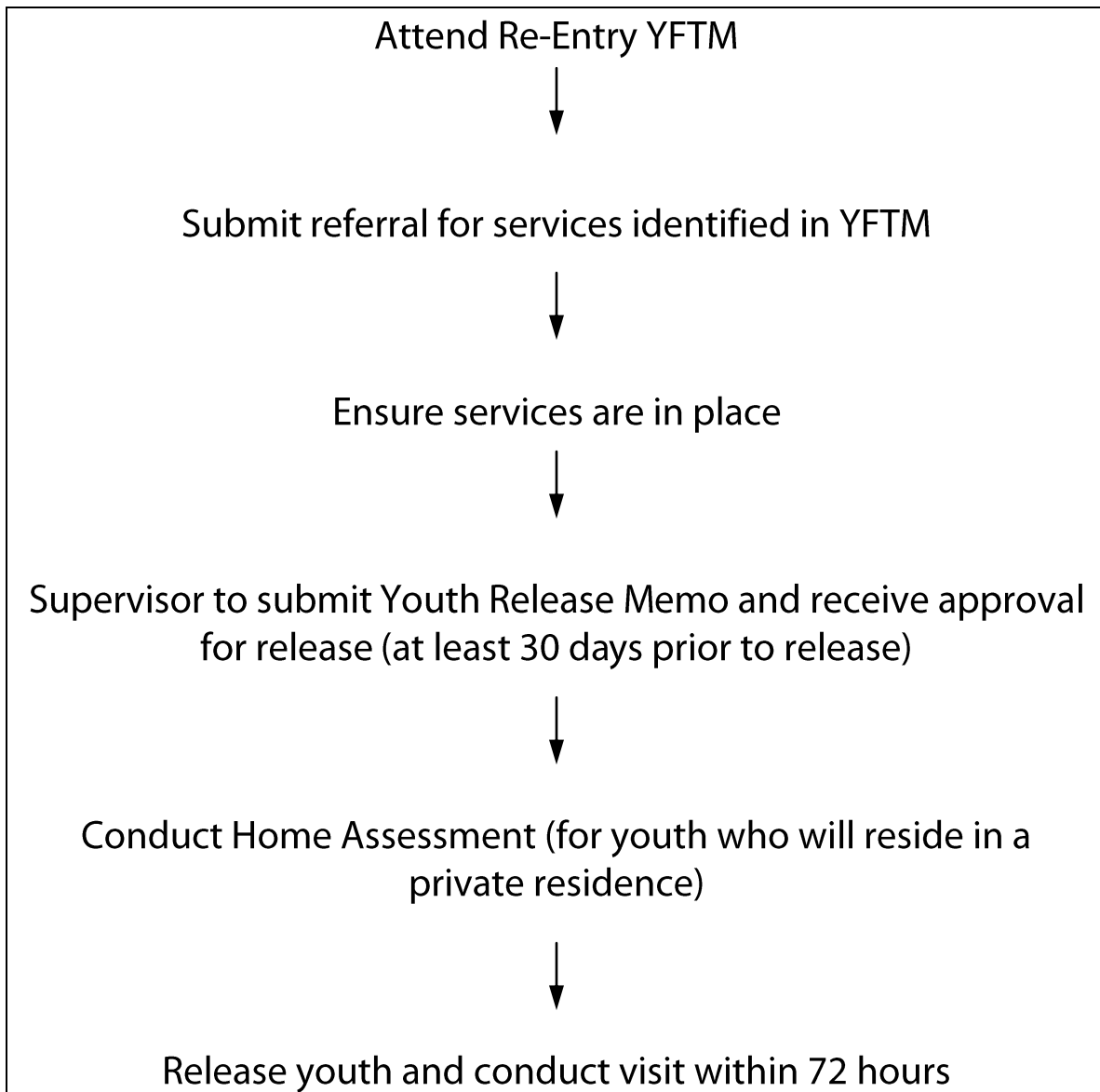
For youth being released from a RTC, the re-entry YFTM is to occur no later than 30 days prior to discharge.

For any youth with a High SDM, violent offense, or gun offense the case manager must submit a Release Memo (see Appendix - #9) no later than 30 days prior to release for youth graduating from the model unit and no later than 21 days prior for youth being discharged from a RTC.

Prior to a youth being released from New Beginnings or a RTC, all the services identified in the re-entry YFTM must be in place. If the youth is being released to their family home or any non-DYRS contacted private residence, a home visit must be completed prior to the release by the case manager or their designee to determine if the home is appropriate for the youth to reside. Youth returning from RTCs must be picked up by their case manager or their Intensive Third Party Monitor.

## Case Management Protocols (Cont)

### Process for Releasing Youth from Secure Custody



# Case Management Protocols (Cont)

## **Community Partnership for Public Safety**

In conjunction with community organizations who work in the neighborhoods DYRS youth come from and with knowledge of the community dynamics youth are being returned to, DYRS' Community Partnership for Public Safety mandates that case workers notify the Chief of Committed Services prior to releasing certain youth.

Prior to releasing any committed youth from New Beginnings or a RTC who have been committed for a violent offense, gun offense, or score high on the Structure Decision Making Risk Assessment – the case manager must notify their supervisor, who must then complete the Releasing Youth Memo (see Appendix - #9). After the Chief of Committed Services has reviewed and approved the release and the memo – the case management supervisor is to place the memo into the youth's YES! file.

Any youth that is being released from New Beginnings or a RTC and has been committed for a violent offense, gun offense, or scored high on the Structure Decision Making Risk Assessment – must be seen by their case manager within 72 hours of their release.

DYRS will notify certain community based organizations participating in the Community Partnership for Public Safety of all youth being released from New Beginnings or a RTC who have been committed for a violent offense, gun offense, or scored high on the Structure Decision Making Risk Assessment, or any youth returning to live in one of the five most violent Police Service Areas (PSAs).

DYRS will also notify the Metropolitan Police Department of all youth committed to the department for violent crimes prior to their release back into the community.

# Case Management Protocols (Cont)

*The following protocols must be adhered for each youth on your caseload:*

## Contact With Youth and Family

Talk to and not simply leave messages for each youth on your caseload at least once per week and document that conversation in the case notes in YES!

- Case managers can make it mandatory for their youth to call them, but the responsibility is on the worker to actually talk with each youth or document the multiple unsuccessful attempts (at least five).

Regularly have in-person visits with each youth on their caseload. **Each case manager must have an in-person contact with each youth on his or her case load twice per month for youth who are living at home or in independent living.** At least one of those in-person visits per month must be at the home, school or neighborhood of the youth.

- For youth in residential treatment centers more than 50 miles outside DC, the case manager or case management staff is responsible for in-person contacts every 90 days.
- For youth at New Beginnings or local group homes, the assigned case manager must see him or her at least once per month.
- ***For youth who score high on the SDM Risk Assessment, the case manager must either see him or her weekly for the first 60 days following their release into the community or the youth must have daily ITPM monitoring and the case manager must review the compliance weekly for the first 60 days.***
- Case Managers are to maintain regular contact with each youth's family and must talk to the primary guardian of the youth at least every 30 days.

At the discretion of each case manager's supervisor, mandated contacts can be relaxed for certain youth who have been in the community for more than three months and are doing well in order to increase the amount of contacts with youth who have been recently released from New Beginnings or who need more intensive supervision. Such cases must be formally identified by case manager's supervisor.

## DYRS Differential Case Management

The following modified level of mandated contacts can apply for the identified populations:

- Youth in the community with Med or High SDM, have been out of NB or home from RTC for less than 12 months, or youth is in the community and not in compliance with their IDP:
  - Twice monthly face-to-face contacts
  - Weekly phone calls
  - Monthly Family contacts
  - Connected to a supervision service and the reports are being reviewed monthly by the case manager
  
- Youth with Low SDM or any youth who have been in the community for six months or longer, have been consistently compliant with their IDP, are attending school or have a job:
  - Once monthly face-to-face contact
  - Connected w/ services and the reports are being review monthly by the CM
  
- Youth in Local Group Homes:
  - Once monthly face-to-face contact
  - Three monthly phone calls
  - Monthly family contact
  - Connected with services and the reports are being review monthly by the case manager
  
- Youth In DC Model Unit in New Beginnings:
  - Bi-weekly phone calls
  - Once every two months face-to-face contact
  - Monthly family contact
  
- Youth in RTCs:
  - Bi-weekly phone calls
  - Once every six month face-to-face
  - Monthly family contact
  
- Youth who live with family outside of DC:
  - The case manager must request ICJ supervision in the jurisdiction the youth is living in.
  - Once ICJ has been confirmed, the DYRS Case Manager can reduce contacts to once bi-monthly face-to-face.

- Youth who are 18 or older and are on active Adult Probation or Parole:
  - With confirmation that the youth is on Probation or Parole and a copy of the conditions, the DYRS Case Manager can reduce their contacts to:
    - Once monthly face-to-face
    - Twice monthly phone call.

## Case Reviews and Reports

Progress Reviews: Case managers must review each youth on their caseload every 30 days and make a general summary in the youth's case notes in YES! Each summary must include current placement, school attending, what services are in place, whether the youth is employed or not and general statement regarding youth's progress.

Every 45 days, the case manager along with their supervisor are to review all the youth on his/her case load.

The supervisor is required to document in each youth's case notes in YES! when they have audited that case and provide a summary of the youth's progress.

DYRS will conduct a thorough review of cases where a youth has been killed or arrested for homicide. DYRS will also conduct case reviews of youth who have shown significant success.

## Service Provider Reports and Documentation

Case managers receive monthly documentation from service providers for their youth. The case manager is to review the monthly reports and scan a copy into the youth's case file in YES! under the document section. Administrative staff should be utilized to support this task.

## Required Case Notes Documentation in YES!:

- After each contact with youth (*Note must be entered in YES! within 5 business days*)
- After each change in placement (*Note must be entered in YES! within 2 business days*)
  - For youth living at home: select "Home-Committed Services" under the External Programs section
- Monthly summary every 30 days
- After any major incident (abscondance, fight, arrest, acquiring of a job, graduation from HS, etc.) (*Note must be entered in YES! within 24 hours*)
- All open cases must be placed under "Committed" status in the Open/Close section
- Case managers must ensure that all youth assigned to them are enrolled in "Committed Case Management" under the DYRS Programs section
- Case Managers must document their youth's known crew/gang affiliation in the Demographics section



- Discharge summary at case closure and placed under “Inactive” status in the Open/Close section

## **Dual Jacket Youth**

Case managers must notify the Chief of Committed Services whenever a youth on their case load is dual jacketed in DYRS and the Child and Family Services Agency (CFSA). DYRS Case managers and CFSA social workers are to work in collaboration in case planning. Case managers are responsible for keeping the CFSA social worker informed of case plan updates and any changes in placement. See the Appendix for the DYRS/CFSA Memorandum of Agreement.

Case Managers are to enroll any dual jacket youth on their caseload in the Dual Jacket status under External Programs in YES.

# Case Management Protocols (Cont)

## Abscondance

When a youth absconds from where he or she is placed (whether it be a facility, group home, home, etc.), it is the responsibility of the case manager to ensure that a custody order is issued and that the DYRS Absconders Unit is informed within 24 hours following the abscondance.

As soon as a custody order has been issued, the case manager also must submit a revocation request packet with all supporting documentation. (See the Appendix - #5f for the Revocation Request / Community Status Review Form)

If a youth returns to his or her placement without the need to be incarcerated, the case manager must withdraw the custody order immediately.

Whenever a custody order is requested, the case manager must immediately enter a note in YES! stating where he or she would like the youth to be placed upon apprehension.

### **When a youth absconds from a residential placement:**

- The placement requests a Custody Order from the Family Court
- The placement notifies the youth's DYRS case manager
- The youth's DYRS case manager notifies the DYRS Absconder Unit.
- **The case manager documents the youth's abscondance in YES and updates the youth's last known family residence in YES and notes the youth's known hangouts.**
- The Absconder Unit adds the youth to their case load
- The youth's committing Judge signs the custody order and it is sent to the Juvenile Clerk's office
- The Juvenile Clerk's office enters the custody order into MPD's WALES system.
- MPD begins looking for the absconder.
- When the Absconder Unit receives a signed Custody Order they scan the order into the Document Section of the youth's YES file.

### **When a youth absconds from home:**

- The youth's DYRS case manager makes attempts to contact the youth, including making visits to the youth's home. If the youth has not been seen in 30 days and after several unsuccessful attempts, the case manager is to send a certified letter to the residence mandating that the youth make themselves immediately available for a face to face visit.
- The case manager must continue looking for the youth, communicating with the family and service providers.
- If after 45 days, the youth cannot be located and has not communicated with the case manager and the case manager has made home visits in attempt to meet face to face with the youth, the case manager then confers with their supervisor and if the supervisor agrees, the case manager requests a custody order from the Family Court.
- The same day as the custody order is requested, the case manager submits a request for a Revocation Hearing.

- The same day as the custody order is requested, the case manager notifies the DYRS Absconder Unit of the request for custody order.
- The same day as the custody order is requested, the case manager notifies all service providers of the youth's abscondance.
- The case manager documents the youth's abscondance in YES and updates the youth's last known family residence in YES and notes the youth's known hangouts.
- The Absconder Unit adds the youth to their case load.
- The youth's committing Judge signs the custody order and it is sent to the Juvenile Clerk's office.
- The Juvenile Clerk's office enters the custody order into MPD's WALES system.
- MPD begins looking for the absconder.
- When the Absconder Unit receives a signed Custody Order they scan the order into the Document Section of the youth's YES file.

**The Process of Locating Absconders:**

- Within two days of receiving notice that a youth has absconded, the Absconder Unit calls and sends 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.
- Within two days of receiving notice that a youth has absconded, if there is not a photo of the youth in YES, the Absconders Unit retrieves a photo of the youth from MPD's Youth Division and provides the photo to DYRS' MPD liaison.
- On a weekly basis, the Chief of Committed Services determines the Top 5 High Priority Absconders.
- The Absconder Unit makes 20 separate home visits or known hang out visits per week – five of the those visits always being to the High Priority Absconders to ensure that a filed visit is conducted every week on the Top 5 High Priority Absconders.
- The Absconder Unit makes at least one phone call a week to the family home of every youth on abscondance.
- The Absconder Unit works in conjunction with the Service Coalitions to locate youth on abscondance.
- The Absconder Unit documents all efforts to locate youth on abscondance in the youth's YES notes.
- Every Monday morning, the Absconder Unit completes a weekly report that details each youth on abscondance, which includes: name, DOB, Case Manager, placement absconded from, date absconded, last known address, known hang out, and highlights the Top 5 High Priority Absconders.
- DYRS provides the weekly absconder report to MPD's Fusion Unit.
- By the fifth of every month, the Absconder Unit completes a monthly report detailing the efforts made to retrieve youth on abscondance the prior month.

# Case Management Protocols (Cont)

## DYRS Sanctions & Revocation Matrix

		SDM RISK SCORE		
		High	Medium	Low
V I O L A T I O N  S E V E R I T Y	High	<ul style="list-style-type: none"> <li>Revocation Hearing:               <ul style="list-style-type: none"> <li>High Level<sup>1</sup></li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Revocation Hearing:               <ul style="list-style-type: none"> <li>High Level</li> <li>Medium Level<sup>2</sup></li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>ERC</li> <li>EM</li> <li>ITPM</li> <li>Earlier Curfew</li> <li>Revocation Hearing:               <ul style="list-style-type: none"> <li>Medium Level</li> </ul> </li> </ul>
	Medium	<ul style="list-style-type: none"> <li>EM</li> <li>Revocation Hearing:               <ul style="list-style-type: none"> <li>High Level</li> <li>Medium Level</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>ERC</li> <li>EM</li> <li>ITPM</li> <li>Earlier Curfew</li> <li>Revocation Hearing:               <ul style="list-style-type: none"> <li>Medium Level</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Increased Contacts w/ Case Manager</li> <li>Writing Assignments</li> <li>Community Service</li> <li>Earlier Curfew</li> </ul>
	Low	<ul style="list-style-type: none"> <li>ERC</li> <li>EM</li> <li>ITPM</li> <li>Earlier Curfew</li> <li>Revocation Hearing:               <ul style="list-style-type: none"> <li>Medium Level</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Increased Contacts w/ Case Manager</li> <li>Earlier Curfew</li> <li>Writing Assignments</li> <li>Community Service</li> </ul>	<ul style="list-style-type: none"> <li>Writing Assignments</li> <li>Community Service</li> <li>Earlier Curfew</li> </ul>

## DYRS Sanctions & Revocation Matrix (cont)

### Policy Guidance

1. The DYRS case manager is not required, but may, schedule a Youth Family Team Meeting (YFTM) to address violations of the Community Release Agreement if the youth's violation severity and SDM risk score are both low.
2. The DYRS Case Manager shall schedule a YFTM to address violations of the Community Release Agreement prior to filing a request for revocation of community status in all instances except when (1) it has been determined that the youth is a clear and present danger to self or others (as defined in the Title 29, Chapter 12 of the DC Municipal Regulations); (2) the youth has a high violation severity and high SDM risk score; or (3) the youth has been arrested for a dangerous crime or a crime of violence as defined in D.C. Regulation 23-1331.
3. The DYRS Case Manager shall request a custody order upon learning of the youth's abscondance and within one (1) business day of the reported abscondance initiate a review of the youth's community placement.
4. Sanctions and higher levels of supervision may be imposed prior to the convening of a YFTM or revocation hearing and the youth's compliance under the increased level of supervision may be considered by the YFTM participants or Community Status Review Panel.
5. If a sanction is imposed on a youth and the youth fails to adhere to the sanction within a reasonable amount of time, the youth's Violation Severity level may be increased.
6. The Community Status Review Panel shall first determine if community placement status is to be revoked and then determine the level of restrictiveness to be imposed.
7. A YFTM convened after a youth's community placement is revoked shall only consider treatment and placement options available within the level of restrictiveness imposed by the Community Status Review Panel.

### Violation Severity Definitions

**Low:** Non-compliance and minor violations of the community release agreement

*Examples:*

- Inconsistent contact with case manager
- Minor school absenteeism (5-8 unexcused absences in a month)
- One (1) to two (2) school suspensions
- Less than five (5) curfew violations in a month
- One (1) to two (2) positive new use marijuana drug screens within four (4) months

**Medium:** Consistent non-compliance and moderate violations of the community release agreement

*Examples:*

- New misdemeanor arrest
- Credible reports youth is regularly associating with delinquent peers
- Credible reports youth is entering neighborhood(s) he/she has been prohibited from entering
- One (1) to two (2) abscondance incidents (abscondance = 24 hours)
- Moderate school absenteeism (9-12 unexcused absences in a month)
- Three (3) to four (4) school suspensions
- Five (5) or more curfew violations in a month
- Three (3) or more positive marijuana drug screens within four (4) months

- One (1) positive new use drug screen for serious drugs (e.g. PCP, cocaine, heroin)

**High:** Consistent non-compliance and serious violations of the community release agreement

*Examples:*

- New felony arrest or any firearm arrest
- Three (3) or more abscondance incidents
- Credible reports youth is associating with a gang or gang members
- Credible reports youth is involved in sexual trafficking
- Credible reports youth is carrying a firearm
- Serious school absenteeism (13 or more unexcused absences in a month)
- Five (5) or more school suspensions
- Expulsion from school
- More than one (1) positive new use drug screen for serious drugs. (e.g. PCP, cocaine, heroin)

**Levels of Restrictiveness Imposed by Community Status Review Panel:**

- **<sup>1</sup>High Level of Restrictiveness**
  - Placement in a secure or staff-secure setting for a period of no less than 30 days.
- **<sup>2</sup>Medium Level of Restrictiveness**
  - Placement in a secure or staff-secure setting for less than 30 days.
  - Placement in a community-based residential program

## Case Management Protocols (Cont)

### Rewards

When a youth is consistently complying with the terms of his or her Community Release Agreement and making progress, the case manager should also provide rewards as incentive to maintain and improve their progress. Rewards can range from movie passes all the way up to closing the youth's case and ending court involved supervision (in accordance with the Case Closing section of this manual).

The range of options case managers have in providing rewards to youth include:

- Providing movie passes
- Providing gift certificates
- Taking the youth on recreational outings and excursions
- Reducing the supervision or monitoring level the youth is on (reduced ITPM or reduced case manager contacts)
- Closing the youth's case and ending court involved supervision (for youth who have exhibited at least six months of continuous compliance, have a GED or diploma, and are employed or in college)

# Case Management Protocols (Cont)

## Revocation / Community Status Review Hearings

Revocation / Community Status Review hearings are to determine a youth's custody level. When a committed youth absconds, is arrested for a new serious offense, or is considerably non-compliant with their community release agreement, the case manager must submit a revocation request.

The case manager must complete the following in order to present to the Community Status Review Board:

1. Submit a complete revocation packet to their supervisor including:
  - Complete Community Status Review form (see Appendix - #5f)
  - The signed community release agreement
  - Description of the alleged violation(s) with documentation supporting the specific violation
  - Court order
2. Case managers must attend the Community Status Review prepared to provide supporting information and any additional documentation to support the need to revoke the youth's level of custody.

In accordance with **District of Columbia Municipal Regulation, Title 29, 1202.1**, if a committed youth is arrested and charged with any of the following offenses an automatic request for revocation must be submitted:

- Homicide, attempted homicide, or assault with intent to commit homicide
- Sexual abuse, forcible rape, attempted forcible rape, assault with intent to commit forcible rape, or sodomy
- Robbery while armed, attempted robbery while armed, robbery, attempted robbery, assault with intent to commit robbery while armed
- Burglary in the first or second degree
- Kidnapping
- Arson



# Case Management Protocols (Cont)

## Court Representation

When case managers appear in court for Review of Commitment hearings, Pre-commitment Disposition hearings, or any other hearings before the Family Court – they are to be dressed appropriately, courteous, respectful, and provide as much appropriate information to the court as possible.

For Review of Commitment Hearings, case managers must complete a court report no later than five (5) days before the hearing date and submit it to their supervisors. The supervisor must review the report, sign it, and ensure the case manager submits the report to court no later than two days prior to the hearing. The reports must be done using the Review of Commitment Court Report template ( see Appendix - #4).

For youth who are committed and have a new case and are in Detained/Committed Status, the case manager must complete a Detained/Committed Report or provide the information for the report to the DYRS Expeditor no longer than five days after the committed youth has been detained on the new charge. When completing the report, case managers must use the Detained/Committed Report Template (see Appendix - #4).

Case managers are responsible for submitting court reports on time and attending all court hearings. If for any reason a case manager cannot make a court hearing, they must coordinate with their supervisor and communicate with the court to ensure the hearing is covered. DYRS court liaison staff can be utilized to stand in on hearings when the case manager is unavailable.

## Closing Cases

Case managers are to close cases under the following circumstances:

- When a youth turns 21 or when the commitment expires
- When a youth is convicted of an adult charge in the District of Columbia or in another jurisdiction and will be incarcerated in a non-DYRS facility for longer than the term of his or her commitment
- When a youth has been committed for more than a year, with at least six months of that time spent in a non-locked facility, and has been compliant and responsive to the services received from the IDP
- When a youth is 17 ½ years or older, has been compliant and participating with their IDP, has a HS diploma or GED, has a job and secure housing

If a youth meets any of the above criteria and the case is a restricted commitment by the court, DYRS must first request that the judge lift the restriction before closing the case. If the commitment is unrestricted, then the case can move directly to closing.

When closing cases, the case manager must write a memo outlining the youth's case, the services received, and the progress of the youth that includes the reason for the closure. The memo is to be submitted to the case manager's supervisor who reviews and approves it and submits it to the Program Manager of Case Management. The Program Manager of Case Management then submits the case to be closed through the Office of the Attorney General.

Case managers are to continue carrying the case until they receive confirmation from the Program Manager of Case Management. Once confirmation has been given, the case manager must enter a discharge summary into the youth's YES! case notes verifying the case has been closed, including the date of closure. At that time, the YES! file should also be made "inactive."

After all of the above procedures have been completed, then the case manager can end supervision of the youth.

## **Case Management Supervision**

Supervisory Social Workers and Supervisory Case Managers are to make sure the case workers in their unit are held accountable in terms of following the policies, protocols and procedures in this manual. Supervisors are also coaches, leaders and resources for the staff in their units in order to help them adhere to this manual and to have successful outcomes with their youth.

Supervisors are to keep detailed documentation on the performance of the case workers in their unit. Supervisors are required to meet once every 45 days with each case worker in their respective units to review each case. During those case reviews, the Supervisor is to review the following:

- Physical file of each youth on the case worker's caseload
- YES! file of each youth on the case worker's caseload
- Court reports for any upcoming court hearings
- Whether any cases are ready to be closed

Supervisors are to use the 45 day audits to ensure that workers are seeing youth twice a month, talking to youth once a week, connecting their youth to services, and updating the youth's file in YES! in accordance with the Case Management Manual. The supervisor is responsible for placing a summary case note in each youth's YES! file after the case has been audited.

When case management staff has separated from the agency, the supervisor is to review the all of the case manager's cases within 15 days to ensure all cases are reassigned and appropriate services are in place.

# 9 Appendix

1. **Blank Individual Development Plan (IDP) Form**
2. **Structured Decision Making Tool and Matrix**
3. **Community Release Agreement**
4. **Court Reports**
  - a. Review of Commitment
  - b. Detained/Committed Court Report
5. **Notification of Youth Release**
6. **Referral Forms**
  - a. Supportive Documentation Grid
  - b. Request for Services Form
  - c. Procurement Request Form
  - d. Request for Extension or Re-Instatement Form
  - e. System of Care – Family Team Meeting Referral Form
  - f. Community Status Review Form
  - g. Sub-Acute Unit Referral Form (Zahm)
7. **Service Descriptions**
  - a. APRA Referral and Contact Info
  - b. DC Model Units Overview and Population Criteria
8. **Unusual Incident**
  - a. Unusual Incident Report
  - b. Request for Custody Order
  - c. Request to Quash Custody Order
9. **Memorandum of Agreement between CFSA and DYRS**

Enter Youth's Name- Individual Development Plan Dated (Enter Current Date)

DC Department of Youth Rehabilitation Services  
Committed Services Administration



**Individual Development Plan**

**Section I. Demographics** (Please provide the most current demographics)

**Youth**

Youth's Name \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone \_\_\_\_\_ Alternative Telephone \_\_\_\_\_

Race \_\_\_\_\_ Social File # \_\_\_\_\_

**Parent/Guardian**

Parent/Guardian's Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone \_\_\_\_\_ Alternative Telephone \_\_\_\_\_

**Social Worker/Case Manager**

Social Worker/Case Manager \_\_\_\_\_ Telephone \_\_\_\_\_

Alternative Telephone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Enter Name of Youth- *Individual Development Plan (Enter Date Created or Revised)*

**Commitment Information**

Commitment Date(s) \_\_\_\_\_ Commitment End Date \_\_\_\_\_

Tier/Risk Score \_\_\_\_\_

Commitment Offenses

Offenses	Jacket Numbers	Judge

Section II- Youth’s Identified Needs

<b>Section III- Youth's Identified Strengths</b>

<b>Section IV- Short Term Goals (List a minimum of three (3) goals that should be accomplished within the next year)</b>

<b>Section IV- Long Term Goals (List a minimum of three(3) goals that should be accomplished within the next 2-5 years)</b>

## Section V. Service Plans

Address service plans for youth in the following domains of development. Describe the current condition/situation of the youth and the goal/plan for each area along with any services the youth will receive.

<b>Housing</b> (examples -own home ILP, group home, foster care, etc.)				
Goals	Services to Receive	Provider Contact Information	Length of Stay	Curfew

<b>Family Strengthening Services</b> (examples- family counseling, MST, FFT, services delivered to guardian of youth, etc.)					
Goals	Services to Receive	Provider Contact Information	Length of Program (Start & End Dates)	Attendance Days & Times	Transportation

<b>Education Services</b> (examples - IEP, special school, transition school)					
Goals	Services to Receive	Provider Contact Information	Length of Program (Start & End Dates)	Attendance Days & Times	Transportation

Enter Name of Youth- *Individual Development Plan (Enter Date Created or Revised)*

<b>Workforce Development Services</b> (examples - ECC, training, Project Empowerment, etc.)					
Goals	Services to Receive	Provider Contact Information	Length of Program (Start & End Dates)	Attendance Days & Times	Transportation

<b>Network of Caring Adults/Positive Peer Engagement</b> (examples - ITPM, mentoring, sports, etc.)					
Goals	Services to Receive	Provider Contact Information	Length of Program (Start & End Dates)	Attendance Days & Times	Transportation

<b>Medical or Behavioral Health Services</b> (examples- connection to CSA, medication to receive, individual counseling, substance abuse treatment, etc.)					
Goals	Services to Receive	Provider Contact Information	Length of Program (Start & End Dates)	Attendance Days & Times	Transportation

<b>Additional Services</b> (examples- child care, arts, leadership development, parenting classes, financial management, etc.)					
Goals	Services to Receive	Provider Contact Information	Length of Program (Start & End Dates)	Attendance Days & Times	Transportation



Enter Name of Youth- *Individual Development Plan (Enter Date Created or Revised)*

\_\_\_\_\_  
Youth's Name

\_\_\_\_\_  
Signature of Youth

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Name

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Case Manager's Name

\_\_\_\_\_  
Signature of Case Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Name

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date



## STRUCTURED DECISION MAKING

District of Columbia - Department of Youth Rehabilitation Services

<b>Youth's Name: (Last, First, Middle Initial)</b>		<b>DUPLICATE Eric t</b>	
<b>Program:</b>	Committed Case Management	<b>X-ref:</b>	
		<b>Date of Birth:</b>	3/28/1994
		<b>Age:</b>	14

<b>Total Risk Assessment</b>	<b>7</b>	High = 11 or more Med = 4 to 10 Low = 3 or lower
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<b>Offense Severity</b>	<b>Medium</b>	High = Felony Violent, Felony Weapon, Misd. Weapon Medium = Misd Violent, Felony Drug, Felony Property Low = Status, Misd Property, Misd Drug, Misd Other, Probation Violation
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		Risk		
		High	Medium	Low
Offense	High			
	Medium			
	Low			

### Questions 1 - 4 answered by Research Department from JUSTIS

1. Current Offense Severity	Medium
1a. Current Most Serious Offense	Possession with intent to distribute Cocaine
2. Age at Time of Arrest for First Adjudication	a. 16 or older (-1) I b. 14 or 15 (0) c. 13 or younger (2)
2a. Actual Age at First Offense	15
3. Total Number of Prior Adjudications	a. None (-1) b. One (0) I c. Two or Three (1) d. Four or More (2)
3a. Actual Number of Prior Adjudications	3
4. Total Prior Adjudications for Violent/Assaultive Offenses (Misdemeanors and Felonies)	a. None (-1) I b. One or More misdemeanors or One felony (1) c. Two or More felonies (2)
4a. Actual Number of Prior Adjudications for Violent/ Assaultive Misdemeanor Offenses	0
4b. Actual Number of Prior Adjudications for Violent/ Assaultive Felony Offenses	1



## STRUCTURED DECISION MAKING

District of Columbia - Department of Youth Rehabilitation Services

### Following questions answered by JJIC/DRU. Use records, assessments and interviews with youth & family

5. Number of Prior Out-of-Home Placements for Delinquency (post-adjudication)		a. None (0) b. One (1) c. Two or More (2)
5a. Actual number of Prior Out-of-Home Placements for Delinquency (post-adjudication)	3	
5b. Information Source and Comment		Youth interview and CSS pre-sentence report
6. Number of Abscondences from Post-Dispositional Placements		a. None (0) b. One to Two (1) c. Three or More (2)
6a. Actual number of Abscondences from Post-Dispositional Placements	2	
6b. Information Source and Comment		CSS pre-sentence report
7. School Discipline/Attendance During the Prior 12 Months		a. Enrolled, attending regularly, no suspensions; or, graduated or GED (-1) b. Some truancy; suspended 2 times; considered somewhat disruptive (1) c. Major truancy or dropped out; suspended 3+ times; considered seriously disruptive (2)
7a. Information Source and Comment		DCPS transcripts
8. Substance Abuse		a. No problem or experimentation only (0) b. Use sometimes interferes with functioning (1) c. Use frequently interferes with functioning; chronic abuse; dependency (2)
8a. Information Source and Comment		Probation Officer interview, youth interview, family interview
9. Peer Relationships		a. Friends provide positive influence (-1) b. Some delinquent friends with negative influence (0) c. Most friends are delinquent; strong negative influence; crew member (2) d. Gang member (3)
9a. Information Source and Comment		Probation Officer interview, youth interview, family interview
10. Caregiver/Guardian Supervision		a. Supervision and discipline usually effective; youth usually obeys rules; minor, sporadic conflict (0) b. Supervision often ineffective or inconsistent;



**STRUCTURED DECISION MAKING**

**District of Columbia - Department of Youth Rehabilitation Services**

		frequent caregiver-child conflict (1)
		c. Little or no supervision/discipline; or constant conflict; youth usually disobeys (2)
10a. Information Source and Comment	Youth and Family	
11. Parent/Sibling Criminality		a. No parents/guardians or siblings incarcerated during past three years (0)
	I	b. Parents/guardians or siblings incarcerated during past three years (1)
11a. Information Source and Comment	Sibling, Joey Duplicate, currently detained	

# SDM Matrix

	High Risk Level	Medium Risk Level	Low Risk Level
High Offense Severity	HIGH	HIGH	HIGH or MEDIUM
Medium Offense Severity	HIGH	MEDIUM	MEDIUM or LOW
Low Offense Severity	MEDIUM	LOW	LOW

## **COMMUNITY PLACEMENT AGREEMENT**

**TO:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PARENT/GUARDIAN NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

You are being returned to the community under the following requirements placed upon you by The Department of Youth Rehabilitation Services. You will continue under commitment to the Department of Youth Rehabilitation Services by Court Order. You are to conduct yourself in a lawful and responsible manner at all times in the community. The Department of Youth Rehabilitation Services may revoke your conditional release at any time if you do not conduct yourself in accordance with the requirements of your release. Failure to comply with the requirements listed below can result in your being returned to New Beginnings Youth Development Center or another out of home placement.

### **GENERAL REQUIREMENTS:**

1. Obey all laws, ordinances, rules and regulations of the District of Columbia.
2. Adhere to the plans and conditions of your Individual Development Plan.
3. Obey your Parent(s), Relative(s) or Guardian(s) with whom you are placed. This includes: School, Independent Living, Group/Shelter Home, Foster Care, and Service Provider Staff.
4. Keep your appointments with your Social Worker/Case manager and follow the Social Worker's advice and instructions.
4. Report any change of address to your Social Worker/ Case manager within (48) forty eight hours.
5. Abstain from the use of narcotics, hallucinatory or other habit forming, illicit drugs and alcohol.
6. Do not leave the Washington, DC, Metropolitan area without the permission of the Social Worker and the permission of a parent or guardian.
7. Adhere to curfew hours set by Social Worker/Case manager and Care Providers (Parent, Guardian, Foster Care, Group/Shelter, and Independent Living).

Your Curfew Hours are:

**Curfew Exception:** Special permission granted by both parent/guardian and/social worker/  
Case manager

**SPECIAL REQUIREMENTS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Youth's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
DYRS Social Worker/Case Manager Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Other: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF YOUTH REHABILITATION SERVICES**



**REVIEW OF COMMITMENT HEARING  
DATE**

**TO: The Honorable**

**RESPONDENT:**

**SOCIAL FILE #:**

**DATE OF BIRTH:**

**JACKET #:**

**GUARDIAN:**

**ADDRESS & NUMBER:**

**DATE OF COMMITMENT:**

**DATE OF EXPIRATION:**

**COMMITMENT OFFENSES:**

**CURRENT PLACEMENT:**

**PLACEMENT HISTORY WHILE COMMITTED:**

**1/1/1: Placed at X**

**1/2/3: Placed at Y**

**CURRENT SCHOOL PLACEMENT/ATTENDANCE:**

**EMPLOYMENT or EMPLOYMENT TRAINING (if any):**



**SUBSTANCE ABUSE ISSUES OR SERVICES (if any): (include drug test results)**

**SUMMARY OF REVIEW PERIOD:**

**Include:**

- **Accomplishments and Achievements**
- **Adherence to curfew**
- **abscondance if any**
- **# of new arrests if any**
- **# of contacts by worker and providers**
- **progress at placement**
- **any other important info**

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Case Manager/Social Worker  
DYRS  
450 H St., NW  
Washington, D.C. 20001  
(202)

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Supervisor  
DYRS  
450 H St., NW  
Washington, D.C.20001  
(202)



**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF YOUTH REHABILITATION SERVICES**

**Detained/Committed Case Plan**

**Youth's Name:** \_\_\_\_\_

**Date of Report:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**SDM Level:** Low

**Case Number:** \_\_\_\_\_

**Next Court Date:** \_\_\_\_\_

**Current Charge(s) & Date of Arrest/Detention:**

**Committing Offense(s)/Date:**

**Date of Commitment & Date of Release to Community:**

**Residence at Time of New Arrest:**

**Compliance with Community Release Agreement/Community Adjustment:**

## NEW RECOMMENDED CARE PLAN

<i>Domain</i>	<i>Type of Service</i>
<b><i>Placement:</i></b>	
<b><i>Supervision and Monitoring:</i></b>	
<b><i>Education:</i></b>	
<b><i>Individual Therapy:</i></b>	
<b><i>Substance abuse:</i></b>	
<b><i>Employment/ Workforce Development:</i></b>	
<b><i>Recreation:</i></b>	

**How will this new plan serve the needs of the youth that were not served by the original plan?**

**Contacts:**

<b>Guardian:</b>	
<b>Guardian:</b>	
<b>Emergency Contact Person:</b>	
<b>Attorney:</b>	
<b>Probation Officer:</b>	
<b>DYRS Case Manager:</b>	

\_\_\_\_\_  
Case Manager's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Department of Youth Rehabilitation Services**



**Committed Services Administration**

**MEMORANDUM**

**TO:** David Muhammad, Chief of Committed Services

**FROM:** , Case Management Supervisor

**DATE:**

**RE:** Notification of Youth Release

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After considering the youth's rehabilitation and the public safety the Department of Youth Rehabilitation Services is planning for this youth to transition back to the community. The following youth has received rehabilitative services in secure confinement and will be released to the community on .

**Youth:**

**Committing Charge:**

**Commitment Date:**

**Release From:**

**Release Date:**

**Original Placement Date:**

**Services Received at Current Placement:**

**Release Information:**

**Community Placement:**

**Services Youth Will Receive:**

**Case Manager:** , **Phone:**

**Department of Youth Rehabilitation  
Special Placement Unit - Request for Services  
Supportive Documentation Grid**

<b>RTC (Mental Health and Juvenile Justice)</b>	<b>Community Based Residential</b>
<ul style="list-style-type: none"> <li>▪ Updated psychiatric – within 1 year</li> <li>▪ Updated psychological – within 3 years</li> <li>▪ Social History</li> <li>▪ Updated Medical Screen/Evaluation</li> <li>Individualized Education Plan (IEP)- current</li> <li>▪ Discharge Summary (completed by prior placement, if applicable)</li> <li>▪ Level of Care authorization document for Fee-For-Service Medicaid placements (Required for Mental Health Facility Placements <u>ONLY</u>)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Updated psychiatric (if available)</li> <li>▪ Updated psychological (if available)</li> <li>▪ Social History</li> <li>▪ Individualized Education Plan (IEP) – current</li> <li>▪ Medical Screen/Evaluation</li> <li>▪ Updated Summary of Youth's Current Level of Functioning (Monthly Summary in JIM, Recent Court Report, Detailed Treatment Team Notes, Revocation Report, etc.)</li> <li>▪ Discharge Summary (completed by prior placement, if applicable)</li> <li>▪ YFTM minutes (Required for Foster Care referrals)</li> <li>▪ Enrollment in Core Service Agency for Medication Management Services</li> </ul>

<b>Independent Living</b>	<b>Community Based Services</b>
<ul style="list-style-type: none"> <li>▪ Updated psychiatric (if available)</li> <li>▪ Updated psychological (if available)</li> <li>▪ Social History</li> <li>▪ Individualized Education Plan (IEP) – current</li> <li>▪ Medical Screen/Evaluation</li> <li>▪ Updated Summary of Youth's Current Level of Functioning (Monthly Summary in JIM, Recent Court Report, Detailed Treatment Team Notes, Revocation Report, etc.)</li> <li>▪ Discharge Summary (completed by prior placement, if applicable)</li> </ul> <p><b><i>Supervised Site</i></b></p> <ul style="list-style-type: none"> <li>▪ Youth between the ages of 16 and 20</li> </ul> <p><b><i>Scattered Site</i></b></p> <ul style="list-style-type: none"> <li>▪ Youth between the ages of 18 and 20</li> <li>▪ Employed or capable of employment</li> <li>▪ Education status <ul style="list-style-type: none"> <li>○ GED</li> <li>○ High School (Final Year)</li> <li>○ College</li> <li>○ Vocational Training</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ Updated psychiatric (if available)</li> <li>▪ Updated psychological (if available)</li> <li>▪ Social History</li> <li>▪ Individualized Education Plan (IEP) – current</li> <li>▪ Updated Summary of Youth's Current Level of Functioning (Monthly Summary in JIM, Recent Court Report, Detailed Treatment Team Notes, Revocation Report, etc.)</li> <li>▪ Discharge Summary (completed by prior placement, if applicable)</li> <li>▪ Enrollment in Core Service Agency for Medication Management Services</li> </ul>

**Items typically required prior to placement:**

- |   |                                    |
|---|------------------------------------|
| ▪ Active Medicaid Number                | ▪ Birth Verification Record (copy) |
| ▪ Social Security Number                | ▪ Birth Certificate (upon request) |
| ▪ Updated Individual Service Plan (ISP) |                                    |

3/5/2007

Updated 8/14/2007

# Department of Youth Rehabilitation Services

## Request for Services Form

### Section I. Demographics

Provide the most current information in this section.

Youth's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_  
SSN: \_\_\_\_\_ Race: \_\_\_\_\_  
SF#: \_\_\_\_\_ Ward: \_\_\_\_\_  
Medicaid Number: \_\_\_\_\_ HMO Provider: \_\_\_\_\_  
Primary Language: \_\_\_\_\_  
Legal Status: \_\_\_\_\_ Current Placement: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Parent/Guardians Name (s): \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Last School Attended: \_\_\_\_\_ Grade: \_\_\_\_\_  
Current School Status: \_\_\_\_\_  
Special Education Classification (if applicable):  
☐ Emotionally Disturbed ☐ Learning Disabled ☐ Mentally Retarded  
☐ Multiple Disability ☐ Other Health Impaired ☐ Other  
Referring Party Name/Title: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Commitment Date(s): \_\_\_\_\_ Expiration Date(s): \_\_\_\_\_

### Section II. Significant Health Issues

#### Physical Impairments

\_\_\_\_\_

#### Mental Health Diagnoses

Axis I \_\_\_\_\_  
Axis II \_\_\_\_\_  
Axis II \_\_\_\_\_  
Axis IV \_\_\_\_\_  
GAF Score \_\_\_\_\_

Medication(s)	Name	Dosage/Freq. of Use	Reason for Use
_____	_____	_____	_____
_____	_____	_____	_____

Substance Abuse	Drug(s) of Choice	Frequency of Use
_____	_____	_____
_____	_____	_____

### Section III. Commitment Offenses

	Committing Judge
Offense (s): _____	_____
Offense (s): _____	_____
Offense (s): _____	_____

Risk Score: \_\_\_\_\_ Tier Classification: ☐ Tier 1 ☐ Tier 2 ☐ Tier 3

Youth's Name: \_\_\_\_\_

#### Section IV. Current Services

	Provider	Type of Service
Mental Health	_____	_____
Educational	_____	_____
Health	_____	_____
Substance Abuse	_____	_____
Vocational	_____	_____
Youth Development	_____	_____
Family	_____	_____

#### Section V. Placement History

Dates	Placement	Type of Service
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

#### Section VI. Service Referral Checklist

Check the relevant and most appropriate response for each item listed below.

Social Behavioral Component									
<b>ANTI-SOCIAL BEHAVIOR</b>	<b>R</b>	<b>S</b>	<b>F</b>	<b>N/A</b>	<b>EATING IMPAIRMENTS</b>	<b>R</b>	<b>S</b>	<b>F</b>	<b>N/A</b>
Physically Assaultive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anorexia Nervosa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Destroys Property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bulimia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Setter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pica	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stealing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Animal Cruelty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>ATTENTION DEFICITS</b>				
<b>SEXUAL HISTORY</b>					Hyperactive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexually Abused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Predatory Sexual Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promiscuity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>AFFECTIVE DEFICITS</b>				
<b>ALCOHOL/DRUG HISTORY</b>					Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distribution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Physical/Intellectual Component</b>				
<b>ADJUSTMENT DIFFICULTIES</b>					Indicate severity level below	<b>Mi</b>	<b>Mo</b>	<b>S</b>	<b>N/A</b>
Withdrawn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hearing Impaired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oppositional/Defiance to Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Visually Impaired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbally Abusive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Epileptic Seizures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attachment Bonding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ambulatory Impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Passive/Victim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specific Learning Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SELF-DESTRUCTIVE BEHAVIOR</b>					Speech/Language Impaired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suicidal Ideations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suicide Attempts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self Mutilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Key</b>				
<b>FUNCTIONAL DISORDER</b>					<b>R = Rarely</b>	<b>Mi = Mild</b>			
Inappropriate Self-Care Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>S = Sometimes</b>	<b>Mo = Moderate</b>			
Encopresis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>F = Frequent</b>	<b>S = Severe</b>			
Enuresis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>N/A = Not Applicable</b>				

#### Section VII. Attached /Most Current Available Documents:

<input type="checkbox"/>	Court Order	<input type="checkbox"/>	Psychiatric	<input type="checkbox"/>	IEP	<input type="checkbox"/>	Social Study	<input type="checkbox"/>	FTM/LOC	<input type="checkbox"/>	GAINSQ
<input type="checkbox"/>	Psychological	<input type="checkbox"/>	Psycho-ED	<input type="checkbox"/>	Medical	<input type="checkbox"/>	ISP/current progress report	<input type="checkbox"/>	YFTM Minutes	<input type="checkbox"/>	Revocation Minutes
<input type="checkbox"/>	Intent to Commit Report	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	Other _____						

Youth's Name: \_\_\_\_\_

**Section VIII. Requested Services (Check services requested.)**

Community Based Services		
<input type="checkbox"/>	Re-Entry – Alliance for Concerned Men	
<input type="checkbox"/>	Re-Entry - Peaceoholics	
<input type="checkbox"/>	Partnership for Success – Alliance for Concerned Men	
<input type="checkbox"/>	Functional Family Therapy (FFT)	
<input type="checkbox"/>	Multi-Systemic Therapy (MST)	
<input type="checkbox"/>	Substance Abuse (Out-Patient)	
	Drug Testing	<input type="checkbox"/> Yes <input type="checkbox"/> No
	#Times per month	
<input type="checkbox"/>	Transformative Mentoring	
<input type="checkbox"/>	Intensive Third Party Monitoring	
	Level	# of Weeks
	One (1)	
	Two (2)	
	Three (3)	
	Four (4)	
<input type="checkbox"/>	Home Detention	
<input type="checkbox"/>	Evening Reporting Center	

Residential Placement	
<input type="checkbox"/>	Residential Treatment Center (Medical Necessity)
<input type="checkbox"/>	Juvenile Justice Facility
<input type="checkbox"/>	Substance Abuse Treatment (Inpatient)
<input type="checkbox"/>	Therapeutic Group Home
<input type="checkbox"/>	Therapeutic Foster Care
<input type="checkbox"/>	Therapeutic Family Home
<input type="checkbox"/>	Extended Family Home (Foster Care)
<input type="checkbox"/>	Multi-dimensional Treatment Foster Care (MTFC)
<input type="checkbox"/>	Independent Living (Supervised)
<input type="checkbox"/>	Independent Living (Scattered Sites)
<input type="checkbox"/>	Youth Shelter Home /Date of Order: _____
<input type="checkbox"/>	Group Home
<input type="checkbox"/>	Respite Care

Date Community Based Services Needed: \_\_\_\_\_

Date Placement Needed: \_\_\_\_\_

**Section IX. Current Situation**

Describe the youth and family's current situation. Clearly identify the concerns that prompted this referral, the specific service needs and goals for the treatment/service.

Signature of Social Worker/Case Manager: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Supervisory Approval: \_\_\_\_\_

Date: \_\_\_\_\_

Date Received by SPU: \_\_\_\_\_

☐ Acceptance

☐ Denial

Reason for Denial: \_\_\_\_\_

Signature of Referral Specialist: \_\_\_\_\_

Date Accepted: \_\_\_\_\_



## Department of Youth Rehabilitation Services Procurement/Residential Placement Request Form

**DEPARTMENT OF YOUTH REHABILITATION SERVICES  
SPECIAL PLACEMENT UNIT**

**REQUEST FORM  
EXTENSION OR RE-INSTATEMENT OF COMMUNITY BASED SERVICES**

Complete when there is a need to continue community based services and forward to the Special Placement Unit at a minimum of 5 working days prior to the discharge date.

Check one:

Extension of Services	<input type="checkbox"/>
Reinstatement of Services	<input type="checkbox"/>

Case Manager/Social Worker	
Phone Number	
Youth Name	
SF#	
DOB	
Current Placement Address	
Home Address	
City	
State	
Zip Code	
Phone Number	

Provider(s)	Service(s)	Req. LOS*	Date to Reinstatement Services	Reason for extension or reinstatement (Clearly identify the concern that prompted this referral and the ongoing specific service needs.

\*Req. LOS – Indicate number of days or months requested to extend or reinstate services.

Case/Social Worker Signature:	Date:		
Supervisor's Approval:	Approval Date:		
SPU Referral Specialist Signature	Date:	Approved <input type="checkbox"/>	Denied <input type="checkbox"/>
Reason for Denial:			

AUTHORIZATION FOR DISCLOSURE  
System of Care

I, \_\_\_\_\_, hereby request that all information regarding the mental health services, child welfare, juvenile justice and public/charter/private school information for \_\_\_\_\_ be disclosed by my physician or other mental health professional or provider(s) to:

DC System of Care (SOC). In authorizing this disclosure of mental health, child welfare, juvenile justice and public/charter/private school information I understand that the information will be used for the purpose of developing, coordinating and implementing a DC SOC 'Action Plan', both now and in the future. This authorization permits the release of information that is in existence today. I understand that I may permit the Provider to release information that it obtains after the date of this authorization for a period of up to **sixty (60) calendar days**. If I do not state below when this authorization expires, then it will expire sixty (60) calendar days from the date that I signed this form. If I do not want to authorize release of information not in existence today, I will indicate below. I understand that I have the right to inspect my record of mental health information. I understand that the person or organization that received it without my authorization cannot disclose this information and the law requires this notice:

**The unauthorized disclosure of mental health information violates the provisions of the District of Columbia Mental Health Information Act of 1978. Disclosures may only be made pursuant to a valid authorization by the client, or as provided in titles II or IV of that Act. The Act provides for civil damages and criminal penalties for violations.**

This disclosure is also made pursuant to protections stipulated in the following:  
D.C. Code 1623.31-36; 41202.06; 41321.05; and 41405.

This consent is subject to revocation in writing at any time.

Authorization for release of additional information expires on \_\_\_\_\_

\* date cannot exceed sixty (60) calendar days from date of signature.

I DO NOT authorize release of information not already in existence today.

	Signature	Date
Legal Guardian	_____	_____
Child/Youth	_____	_____
Attorney	_____	_____

**-For Official Use Only-**

Acceptance: \_\_\_\_\_ \*\*\*Non-Acceptance: \_\_\_\_\_

**DC SOC Meeting Acceptance**

**\*\*\*DC SOC Meeting Non-Acceptance**

Date scheduled:
Location:
Chairperson:

***Non-Acceptance for DC SOC meeting request shall be followed by a <i>written justification</i> to the referring entity within <u>five (5) business days</u> of the referral receipt date.
Date written justification forwarded:
Written justification forwarded by:



# Family Team Referral

**Reason for Referral (check all that apply):**

☐ Needs additional services provided

☐ Considering Residential Treatment Placement *(Please note: If client has HSCSN, Amerigroup, Chartered, Health Right, or Private Medical Insurance, all RTC requests should go to their insurer.)*

## Referring Person or Organization Information:

**Name**

**Organization**

**Address**

**Phone**

**Cell Phone**

**Fax**

**Email**

**Supervisors name**

**Phone**

**Cell Phone**

**Court-ordered Referral?** ☐ Yes ☐ No **Date of Court Order**

**Presiding Judge:**

**Next Court Date:**

## Identified Client Info

**Name**

**DOB**

**SSN**

**Gender** ☐ M ☐ F

**Hispanic/ Latino?** ☐ Y ☐ N

**Race/ Ethnicity**

**Primary Language**

**Legal custodian of child:** ☐ Parent ☐ CFSA ☐ DYRS ☐ Other

**Social file number** ☐ Pre-disposition ☐ Probation ☐ Committed

**Current housing location of child:** ☐ Parent/Guardian ☐ Institution ☐ Hospital

☐ Group home/Congregate Care Facility ☐ Foster home ☐ Shelter

**Address:**

**Phone**

**Cell**

**School last attended:**

**Special Ed?** ☐ Y ☐ N **Current IEP?** ☐ Y *(please send within 1 business day)* ☐ N

**Does child have an Axis I diagnosis?** ☐ Y ☐ N **Specify**

**Has child received a psychiatric evaluation within last year?** ☐ Y *(please send within 1 business day)* ☐ N

**Check all agencies involved with the child:** ☐ APRA ☐ CFSA ☐ CSS ☐ DCPS

☐ DMH ☐ DYRS ☐ other

**Medical Insurance Carrier**

**Medicaid Number**

**Core Service Agency**

**CSA Contact**

**Parent/Guardian Information**

Have parent's rights been terminated, waived or relinquished?

☐ Yes

☐ No

Which parent? ☐ Mother

☐ Father

☐ Both

Family's Ethnicity

Family's Primary language

Parent/Guardian (s)	Address	Phone Numbers	Relationship to Child

**Family Information**

**(Siblings and other relatives in child's life)**

Name	Address	Phone Number	Relationship to Child

Family needs to consider for meeting planning:

☐ Hearing or visually impaired

☐ Physical impairments

☐ Limited Literacy

☐ Transportation Needs

☐ Translation

☐ Mental Health Concerns

Provide details of concerns:

**Significant Others/ Other Persons Involved (Please include GAL information, a school representative, any mental health treatment providers, an educational advocate if one is appointed and any other attorney's involved with the family.)**

Name	Address/E-mail	Phone Number	Relationship to Child


### Current Situation

Describe the family and child's current situation. Clearly identify the concerns that prompted this referral and what you hope to gain through this process of teaming with the child's family.



DEPARTMENT OF YOUTH REHABILITATION SERVICES  
COMMITTED SERVICES ADMINISTRATION

**NOTIFICATION OF COMMUNITY STATUS REVIEW HEARING**

This is official notification ordering your presence at a Community Status Review Hearing to be held with the **Department of Youth Rehabilitation Services**. This hearing will consider whether your current community status should be revoked, adjusted or continued based on the violation of your signed community release agreement, disruption of residential placement, or pending charges.

Violation and/or pending charges are:

Attached is a copy of the Department of Youth Rehabilitation Services Community Status Review Request which explains why your community status is being reviewed. You may be represented at the hearing by parents, legal counsel or any other person you designate. If you are unable to provide your own counsel you may request the services of an alternate counsel. You may call **Mr. Frederick Rogers, (202)508-1885** to make that request.

The Hearing will take place on \_\_\_\_\_ at Enter Location.

**PLEASE BE ADVISED THIS IS A MANDATORY HEARING, YOUR PRESENCE IS REQUIRED.** If you fail to appear at the stated time and place, the hearing shall proceed and a decision will be made regarding your community status and level of restrictiveness. Furthermore, a custody order will be sought requesting that you be located and returned to DYRS custody immediately. If there are any questions about this document and pending hearing you must immediately contact Enter YOUR NAME HERE, **Case Manager** at telephone number \_\_\_\_\_.

cc: Youth  
Parent or Guardian  
Attorney of Record





DEPARTMENT OF YOUTH REHABILITATION SERVICES  
COMMITTED SERVICES ADMINISTRATION

**COMMUNITY STATUS REVIEW REQUEST**

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**DATE:**

**Primary Case Manager:** Social Worker Enter Your Name Here

**SECTION I**

**JUVENILE DATA**

**NAME:**

**DATE OF BIRTH:**

**SOCIAL FILE:**

**SDM SCORE:**

**COMMITTING CHARGES:**

*Please indicate the charge(s) as well as date, length and type of commitment*

**ADDRESS:** Enter Street Address

Enter City, state and zip code

**PARENT/GUARDIAN INFORMATION**

**NAME:**

**ADDRESS:**

**Telephone:**

**COUNSEL OF RECORD:** ENTER COUNSEL OF RECORD NAME HERE

**ADDRESS:** Enter Street Address and Suite Here

Enter City, state and zip code

**TELEPHONE:**

**FAX:**

**EMAIL ADDRESS:**



GOVERNMENT OF THE DISTRICT OF COLUMBIA





DEPARTMENT OF YOUTH REHABILITATION SERVICES  
COMMITTED SERVICES ADMINISTRATION

**COMMUNITY STATUS REVIEW REQUEST**

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**Specific Violations**

**Date and time of the offense(s) or violation(s):**

*please indicate if youth has been charged with the commission, attempted commission or conspiracy to commit any of the mandatory offenses*

**Report of the arresting officer, if applicable:**

*please provide brief narrative of the information and the source; if you have the official report please attach to the request*

**Signed Community Release Agreement:** ☐ YES ☐ NO

**Case Managers efforts to identify and secure alternative services for the youth:**

*prior to filing community status review request*

**Date & Recommendation of last YFTM:**



GOVERNMENT OF THE DISTRICT OF COLUMBIA



DEPARTMENT OF YOUTH REHABILITATION SERVICES  
COMMITTED SERVICES ADMINISTRATION

**COMMUNITY STATUS REVIEW REQUEST**

---

Case Manager Recommendation:

Community Status Placement:

Level of Restrictiveness: High

Specific Recommendation:

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Primary Case Manager Signature & Date



GOVERNMENT OF THE DISTRICT OF COLUMBIA



DEPARTMENT OF YOUTH REHABILITATION SERVICES  
COMMITTED SERVICES ADMINISTRATION

**COMMUNITY STATUS REVIEW REQUEST**

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SUPERVISOR REVIEW

Meeting Date:

Supervisor Recommendation: ☐ Additional Services ☐ YFTM ☐ Review Hearing

Supervisor Explanation: Please provide explanation if review hearing is necessary

Specific Service Plan:

\_\_\_\_\_  
Supervisor Signature & Date



GOVERNMENT OF THE DISTRICT OF COLUMBIA



DEPARTMENT OF YOUTH REHABILITATION SERVICES  
COMMITTED SERVICES ADMINISTRATION

**COMMUNITY STATUS REVIEW REQUEST**

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**PROGRAM MANAGER REVIEW**

Review Date:

Program Manager Recommendation: ☐ Additional Services ☐ YFTM ☐ Review Hearing

Basis for Conclusion:

\_\_\_\_\_  
Program Manager Signature & Date



GOVERNMENT OF THE DISTRICT OF COLUMBIA



DEPARTMENT OF YOUTH REHABILITATION SERVICES  
COMMITTED SERVICES ADMINISTRATION

**COMMUNITY STATUS REVIEW REQUEST**

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**ATTACHMENTS**

**(Checklist)**

- ☐ **Signed Community Placement Agreement**
- ☐ **Police Report if Applicable**
- ☐ **Report from credible source to substantiate allegations**
- ☐ **Unusual Incident Report(s)**
- ☐ **Attendance Report(s)-School/Work/Meetings with Case Manager**
- ☐ **Urine Screen Report(s)**
- ☐ **Brief Narrative of efforts to secure additional services**





DEPARTMENT OF YOUTH REHABILITATION SERVICES  
COMMITTED SERVICES ADMINISTRATION  
WAIVER OF  
COMMUNITY STATUS REVIEW FORM

NAME:

DOB:

Social File:

WAIVER OF COMMUNITY STATUS REVIEW HEARING  
“Due Process Hearing”

I, \_\_\_\_\_ (Youth’s Printed Name), \_\_\_\_\_ (d.o.b.), after having the opportunity to consult with my attorney, alternate counsel, or parent/guardian voluntarily agree to waive my right to have a Community Status Review Hearing (formerly called Revocation Hearing) for the following reasons:

I further acknowledge that the Case Worker or designee has explained the contents of this form.

I further acknowledge that efforts have been made to afford me the opportunity to consult with my attorney before signing this document.

I further acknowledge that by signing this form, I am authorizing DYRS to increase my level of restrictiveness without convening a Community Status Review Hearing.

I further understand that I am not automatically waiving my right to any subsequent Community Status Review Hearings.

Youth’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Attorney’s Signature (if consulted): \_\_\_\_\_ Date: \_\_\_\_\_

DYRS Case Worker: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (if consulted): \_\_\_\_\_ Date: \_\_\_\_\_

Program Manager: \_\_\_\_\_ Date: \_\_\_\_\_

cc: Attorney  
Parent  
DYRS, Case Manager  
Youth’s File



GOVERNMENT OF THE DISTRICT OF COLUMBIA



DEPARTMENT OF YOUTH REHABILITATION SERVICES  
COMMITTED SERVICES ADMINISTRATION

## PROBABLE CAUSE DETERMINATION

NAME:

Social File:

DOB:

Based on documentation provided by the primary case manger:

☐ PROBABLE CAUSE FOUND

I find that above named youth has violated the conditions of his/her community placement agreement or has failed to appear at a community status review hearing after receiving notice and is a clear and present danger to himself/herself or the community. The immediate removal of the youth from a non-secure placement is required. Furthermore, a custody order will be sought requesting the youth be located and immediately returned to DYRS custody. Upon return to DYRS custody he/she will be held securely. A Community Status Review hearing will be conducted within 5 calendar days.

☐ PROBABLE CAUSE NOT FOUND

I find that there is no probable cause to securely confine the above named youth. DYRS shall return the youth to his or her community placement. The Case Worker may request a Community Status Review Hearing in accordance with subsection 1202.3 of the District of Columbia Municipal Regulations.

\_\_\_\_\_  
David Muhammad Chief of Committed Services or Designee,

\_\_\_\_\_  
Date



GOVERNMENT OF THE DISTRICT OF COLUMBIA



**DEPARTMENT OF YOUTH REHABILITATION SERVICES  
COMMITTED SERVICES ADMINISTRATION**

**EMERGENCY REMOVAL CONSENT AGREEMENT**

---

I, \_\_\_\_\_ (Youth's Printed Name), \_\_\_\_\_ (d.o.b.), after having the opportunity to consult with my attorney, or alternate counsel, voluntarily agree to DYRS removing me from my community placement and placing me in a more restrictive setting, including, but not limited to, an in-patient drug, medical, mental health or similar in-patient facility for treatment.

I further acknowledge and agree that by signing this consent agreement I waive any right I have to a Community Status Review Hearing immediately prior to or during treatment. This agreement expires upon my authorized discharge from the treatment facility.

I further acknowledge that after my authorized discharge from the treatment facility, I will return to the placement I immediately left prior to treatment or return to a placement with the same or lower level of restrictiveness.

\_\_\_\_\_  
Youth's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Community Program Specialist or designee

\_\_\_\_\_  
Date

cc: Attorney  
Parent  
DYRS, Case Manager  
Youth's File





**Documentation for Consideration for Placement in Sub Acute Unit**

**Youth's Name:**

**DOB:**

**Date of Completion of Document:**

**Referring agency:**

**To be considered for this level of care, items 1, 2, 3, and 4 must be present and either 5, 6, or 7.**

**1. Is the youth under the age of 22? YES ☐ NO ☐ Actual Age:**

**2. Do they have an Axis I diagnosis? YES ☐ NO ☐  
What is the diagnosis (es)?**

**Name and degree of person assigning diagnosis:**

**3. Does the youth demonstrate current functional impairment in at least one of the following areas, please check all that apply:**

- ☐ Suicidal/homicidal ideation without intent, plans, or means
- ☐ Impulsivity and/or aggression
- ☐ Psycho-physiological condition (i.e.- bulimia, anorexia nervosa)
- ☐ Affect/Function impairment (i.e. withdrawn, reclusive, labile, reactivity)
- ☐ Sexually inappropriate/abusive behavior
- ☐ Psychomotor agitation or retardation
- ☐ Improving Mania. Hypomania, Psychotic, and/or Delusional symptoms that do not require acute inpatient care
- ☐ Habitual substance use with mood disturbances increasing

**Please provide clinical information that demonstrates the impairment and the degree of severity for all the areas checked above:**

**4. Symptoms/Behaviors are expected to improve with treatment. Please provide a brief clinical description indicating why treatment is believed to result in improvement.**

---

**Please indicate if the youth meets at least one of the following criteria:**

---

**5. Family situation and dynamics are such that the beneficiary cannot currently remain with his/her biological or adoptive family. YES ☐ NO ☐**

**If YES, please describe:**

**6. Disturbances/behaviors/symptoms are such that treatment cannot be successfully provided in a lower level of care. YES ☐ NO ☐**

**If YES, please describe:**

**7. Placement in a less restrictive and clinically appropriate setting is not available. YES ☐ NO ☐ If YES, please indicate what placement options are being considered and the status of their availability:**

---

**Signature & credentials of licensed professional completing the form**

DEPARTMENT OF YOUTH REHABILITATION SERVICES – APRA REFERRALS  
**Addiction Prevention and Recovery Administration (APRA)**  
**Referral Protocol for DYRS Youth**

Outpatient and inpatient substance abuse services are provided through the Department of Health's Addiction Prevention and Recovery Administration. The level of services provided to youth is determined by the GAIN-Q assessment instrument. This document establishes the referral process to obtain substance abuse services for committed youth in the juvenile justice system.

**Referral Process – Community Placed Youth**

1. DYRS case manager will complete a request for services packet and forward to the Special Placement Unit (SPU).
2. The SPU will review the referral, update the tracking log and forward to Mrs. Slye-Battle for scheduling and completion of the GAIN-Q assessment.
3. Mrs. Slye-Battle will contact the DYRS case manager within 2 (two) business days via phone and email to schedule an appointment for the youth's assessment to take place at 450 H Street or other agreed upon community location.
4. Mrs. Slye-Battle will hand carry the referral packet to the APRA youth Services office within 2 (two) days of completing the assessment to obtain an authorization form that links the youth to an APRA contractor.
5. The DYRS worker will schedule an admission appointment with the designated APRA contractor and accompany the youth to the appointment. The DYRS worker may opt to coordinate the admission appointment with the youth's community placement provider or other community provider to ensure attendance and ongoing participation in the substance abuse services.

**Referral Process – New Beginnings Youth Development Center (NBYDC) Placed Youth**

1. DYRS case manager or Juvenile Justice Institutional Counselor will complete a referral and forward to Behavior Health or Michael Moore.
2. The NBYDC screener completes a GAIN-Q assessment within 2 (two) business days of the referral.
3. The NBYDC screener will forward the referral packet and completed GAIN-Q assessment to Mrs. Slye-Battle. Mrs. Slye-Battle will forward the packet to APRA Youth Services office within 2 (two) business days to obtain an authorization form that links the youth to an APRA provider.

4. The DYRS worker will schedule an admission appointment with the designated APRA contractor and accompany the youth to the appointment. The DYRS worker may opt to coordinate the admission appointment with the youth's community placement provider or other community provider to ensure attendance and ongoing participation in the substance abuse service.

**APRA Youth Services – Intake Office:**

<b>Administrator</b>	Julie Donavon	202-645-0326
<b>Program Manager</b>	Lonnie Hutchinson	202-645-0342

**APRA Out-Patient Providers:**

Hillcrest Children's Center 1325 W Street, N.W. (202) 232-6100	Riverside Hospital 2041 MLK Avenue, S.E. Suite 311 (202) 889-3182	Latin American Youth Center 1419 Columbia Road, N.W. (202) 319-2225	IPEV 3717 Horner Pl, SE (202) 563-0680
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**APRA In-Patient Providers:**

<b>In-Patient Hospital</b>	<b>Detoxification</b>
<b>Mountain Manor</b> <b>3800 Fredrick Avenue</b> <b>Baltimore, Maryland</b> <b>(410) 233-1400</b>	<b>Psychiatric Institution of Washington</b> <b>4228 Wisconsin Avenue, N.W.</b> <b>(202) 885-5600</b>

**DYRS Screener's Contact Information:**

<b>DYRS COMMUNITY SCREENER</b>	<b>NBYDC</b>	<b>YOUTH SERVICE CENTER</b>
Charlene Slye-Battle 450 H street, N.W., 9 <sup>th</sup> Floor (202) 727-3577 (202) 207-7005	Freedom Dowdy Behavioral Health (240) 456-5231	Isaiah Webb Youth Service Center (202) 251-2726
<b>*Note: Charlene Slye-Battle is based at APRA Office on Mondays &amp; Wednesdays.</b>		

# New Beginnings Youth Development Center

## DC Model Units Program Summary

New Beginnings Youth Development Center has two distinct programs; Assessment and Orientation Behavioral Management Program and the DC Model. The Assessment and Orientation Unit is our intake unit where youth come to be assessed and oriented for placement and service needs. This program includes a token economy system, where youth earn points/tokens based on their behavior and how well they follow the program milieu and demonstrate skill acquisition. Tokens can be used to purchase products (rewards) for basic behavioral and program specific compliance. Items such as snacks and toiletries can be purchased as positive rewards for demonstrating appropriate behavior. Youth are eligible to cash in their tokens on two designated days each week for items from the canteen.

The DC Model and Assessment and Orientation Behavioral Management Programs are designed on the premise that in order for youth to truly change and not recommit crimes, they must go through a process of self-exploration that addresses their history, family issues and challenges, and how this has influenced their present situation. This approach works with perception (cognition), feelings/emotions, and how this has an impact on behavioral choices and decisions. It is our belief that a program based on youth and family needs offers the best chance for youth to learn, grow and change. Included in this therapeutic/rehabilitation process are individual and group work, family involvement, individual treatment planning and experiential learning activities. In addition youth participate in structured daily and weekly schedules that include educational, recreational, and treatment oriented activities, daily group meetings with a focus on building positive, healthy peer to peer relationships, youth to adult interactions, successful coping and decision-making skills and self awareness/insight and behavioral change.

If youth are assessed and assigned to one of our DC Model Units, they must successfully meet the criteria and expectations of a 6 phase level system. The phases of the level system are: The Learning Phase, The Self-Awareness Phase, The Self-Exploration Phase, The Growing Phase, The Collective Work and Responsibility Phase and The Transition Phase. These phases will be further explored in a later chapter.

All of our programs also include components of behavioral modification (encouraging and reinforcing positive behavior with structured techniques and feedback) and cognitive therapy (addressing unhelpful patterns of thinking). Youth and staff safety is the foundation of the treatment program and compliance as viewed as the 1<sup>st</sup> step in the change process.

## The Level System

### Phase One: [The Learning Phase](#)

During this initial phase of development and orientation to the unit, youth will begin to acquire knowledge about their surroundings.

### Phase Two: [The Self-Awareness/Discovery Phase](#)

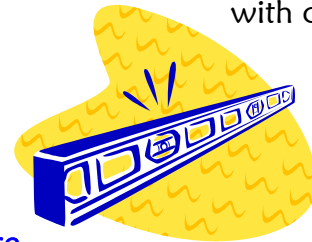
During this phase youth will begin to explore a balanced and honest view of their own personality and ability to interact frankly and confidently with others.

### Phase Three: [The Self-Exploration Phase](#)

### Phase Four: [The Growing Phase](#)

### Phase Five: [The Collective Work and Responsibility Phase](#)

### Phase Six: [The Transition Phase](#)



## Level System Process

Every month each youth will have the opportunity to petition for the next level. The Advocate is responsible for helping youth prepare for the meeting. Each youth petitioning for advancement must come before the Youth Development Team and present their petition for advancement. During the meeting the Youth Development Team will facilitate and discuss how the youth has progressed on criteria or petition level. All decisions on level advancement will be made during that meeting and youth will be informed the same day. Youth not receiving their levels will get strategies and additional help from staff to ensure they reach the next level.

During the Level meeting, youth may have any number of “champions” (such as their Advocate, family members, etc.) present for support.

## DC Model Unit Population Criteria

All youth referred to a DC Model Unit will meet the following criteria for placement. These criteria will help New Beginnings Youth Development Center establish better practices for how we meet the best interest of residents in our care and ensure that our referral process is fair and equitable.

- Committed youth (**ONLY**)
- High SDM with some exception for Medium SDM
- 12-19 year old males
- No extreme untreated mental health issues
- No more than one previous placement in DC Model Units
- Prior to placement in a DC Model Unit, caseworkers must complete the youth's Individual Development Plan (IDP)
- To the fullest extent possible, all youth court matters should be completed prior to placement on a DC Model Unit → consistent exceptions will only be committed youth who have new charges that we revoke

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Department of Youth Rehabilitation Services**  
**UNUSUAL INCIDENT (UI) REPORT**

***Reporting Information***

Facility/Program:	Location:
Reporter:	Title:
Reporter:	Title:
Date of Incident:	Time of Incident:
Date Reported:	Time Reported:
DYRS Contact:	

***Type of Incident*** (Place a check mark to indicate nature of incident.)

Death		Youth on Staff Assault		Restraint	
Fire		Youth on Youth Assault		Fight (2 or More Youth)	
Hostage Taking		Suicide Attempt		Accidental Injury	
Riot		Felony Arrest (Staff)		Staff Discipline	
Reported Crimes		Attempted AWOL/abscondence		Other:	
Attempted Escape		AWOL /Abscondence			
Escape		Other: (Inappropriate Sexual Behavior)			
Alleged Child Abuse					
Serious Injury or Illness (Youth)					

***Youth Data***

Name	Social File Number	Sex	Race	Date of Birth	Date of Placement
1.					
2.					
3.					
4.					

***Description of Incident*** (In the space below describe the who, what , when, where and how of the incident. Use additional sheets/attachments if necessary.)


***Actions Taken*** (Indicate steps taken to address the incident and include notifications to other persons/agencies.)




**REQUEST FOR THE ISSUANCE OF A CUSTODY ORDER FOR A  
JUVENILE/NEGLECT ABSCONDER  
District of Columbia - Department of Youth Rehabilitation Services**

To: Superior Court of the District of Columbia Family Division Juvenile/Neglect Branch 500 Indiana Ave. NW Room 4310 Washington, DC 20001 <b>Phone: 202-879-1319 Fax: 202-879-0099 ; Back up Fax: 202-737-0807</b>		Date: _____  Time: _____		
Respondent's Name: (Last, First, Middle Initial)	Docket Number:	Social File Number:	Race: _____ DOB: _____	Height: _____ Weight: _____
Respondent's Home Address and Telephone Number:				
Parents' /Guardians' Name, Address and Telephone Number:				
Name, Address and Telephone Number of Facility From Which Respondent Absconded:				
Date and Time of Absconding:				
Is the respondent a suicide risk?    ____ Yes    ____ No    If yes, please explain.				
Does the respondent have any health problems?    ____ Yes    ____ No Is the respondent taking any medication?            ____ Yes    ____ No If the answer to any of these questions is yes, please explain.				
Special Instructions: (Places Frequented; Regular Companions; Boyfriend/Girlfriend; Visible Scars; etc.)				
Name, Address and Telephone Number of Respondent's Attorney:				
Custody Order Requested by:				
Printed Name:	Signature:	Phone Number:	Date:	
Supervisor of Requestor:				
Printed Name:	Signature:	Phone Number:	Date:	
<b>Fax to DYRS Committed Services at 202-727-9985</b> <b>Fax to Office of Attorney General at 202-727-3745</b>				

EXHIBIT A

Revised: 5/18/06

**REQUEST TO QUASH CUSTODY ORDER FOR A  
JUVENILE/NEGLECT ABSCONDER  
District of Columbia - Department of Youth Rehabilitation Services**

To: Superior Court of the District of Columbia Family Division Juvenile/Neglect Branch 500 Indiana Ave. NW Room 4310 Washington, DC 20001 <b>Phone: 202-879-1319 Fax: 202-879-0099 ; Back up Fax: 202-737-0807</b>			
Respondent's Name (Last, First, Middle Initial)	Docket Number	Social File Number	Date of Birth
Date Custody Order Issued:			
Facility Requesting the Withdrawal of the Custody Order:			
Address of Facility:			
Telephone Number of Facility:			
Circumstance Surrounding Reason for the Withdrawal:			
Name and Telephone Number of Social Worker:			
Name and Telephone Number of Respondent's Attorney:			
Withdrawal of custody Order Request By: <div style="display: flex; justify-content: space-between;"><div><u>Printed Name:</u></div><div><u>Signature:</u></div><div><u>Phone Number:</u></div><div><u>Date:</u></div></div>			
Supervisor of Requestor: <div style="display: flex; justify-content: space-between;"><div><u>Printed Name:</u></div><div><u>Signature:</u></div><div><u>Phone Number:</u></div><div><u>Date:</u></div></div>			

- ☐ Please, present the child for a hearing before me on \_\_\_\_\_ at \_\_\_\_\_ a.m./p.m.
- ☐ Quash Custody Order; no hearing necessary

Revised: 5/18/2006

EXHIBIT C

\_\_\_\_\_  
JUDGE'S SIGNATURE

**MEMORANDUM OF AGREEMENT  
BETWEEN  
CHILD AND FAMILY SERVICES AGENCY  
AND  
DEPARTMENT OF YOUTH REHABILITATION SERVICES**

**I. INTRODUCTION**

This Memorandum of Agreement (“MOA”) is entered into between the District of Columbia CHILD AND FAMILY SERVICES AGENCY, (“CFSA”) and DEPARTMENT OF YOUTH REHABILITATION SERVICES, (“DYRS”), collectively referred to herein as the “Parties.”

CFSA and DYRS agree to work together to address the needs of children which may require the services of both agencies.

**II. PROGRAM GOALS AND OBJECTIVES**

The primary goal of this agreement is to establish a mutually agreed upon joint planning and coordination process for youth who fall into the following three categories:

- CATEGORY 1:** Youth who may be served by one agency and who may benefit from placement or other services via the other agency.
- CATEGORY 2:** Youth who are served by both CFSA and DYRS or dual jacketed youth.
- CATEGORY 3:** Youth who are in the custody of and housed in DYRS’ detention or shelter facilities who have an open case file with CFSA.

This joint planning and coordination process seeks to support the respective missions of CFSA and DYRS by creating a forum to plan the services for shared youth and to establish clear roles and responsibilities for CFSA and DYRS for expeditious placement.

**III. SCOPE OF SERVICES**

Pursuant to the applicable authorities and in furtherance of the shared goals of the Parties to carry out the purposes of this MOU expeditiously and economically, the Parties do hereby agree:

**A. RESPONSIBILITIES OF PARTIES PERTAINING TO CATEGORY 1 YOUTH**

- 1. Convene twice a month meetings to discuss and agree upon possibilities for placement, services, costs, and agency roles related to youth for which CFSA and DYRS may have shared responsibility and/or involvement for youth who may be served by one agency and who may benefit from placement or other services via the other agency.

2. Each party shall have the responsibility to provide a prompt response to any action agreed upon by the parties.
3. Each party agrees to continue case management for cases where the child receives placement services. Case management responsibilities do not change.
4. Both parties agree that all placement services arranged through this MOA shall only be permitted in licensed locations and for approved services.
5. The Director of each agency shall designate a co-chair for the twice a month meetings that have the authority and ability to make binding decisions at the meeting.
6. Each party shall ensure that in addition to the co-chair, other appropriate stakeholders, such as: assigned CFSA Assistant Attorney General, social workers, case managers and clinical staff shall attend and participate as appropriate in these meetings.
7. Each party agrees that meeting minutes with agreed upon action items will be circulated within three business days after the meeting has occurred; the parties will alternate responsibility for recording and distributing the minutes.
8. Both parties shall utilize the Interagency Placement and Services Referral form (**Attachment A**), and **attach pertinent documentation**, to be forwarded at least three business days prior to the scheduled meeting to the necessary party.
9. Each party shall present no more than two cases at each meeting, unless otherwise agreed.

**B. RESPONSIBILITIES OF PARTIES PERTAINING TO CATEGORY 2 YOUTH**

1. The agency to whom the youth is committed will search the District's interagency management information system for children and families to determine if the youth has involvement with the other agency. If it is determined that the youth has involvement with the other agency, the agency where the youth is committed, will notify the other agency that the youth is committed.
2. The assigned case manager or social worker of each respective agency will work collaboratively to case plan and provide services to the youth and their family.
3. The case manager and social worker of each respective agency will follow this protocol.
  - A. Invite the case manager or social worker from the other agency to all Youth/Family Team Meetings, Family Group Conferencing meetings, or any other case planning meetings.

- B. Consult and notify the case manager or social worker from the other agency of any planned or emergency change of placement prior to the placement change.
  - C. Maintain monthly contact to ensure appropriate provision of services. All communications will be documented in the CFSA and DYRS information systems.
  - D. Provide timely notification to the other of termination of services, case transfer, closure, etc.
  - E. Each Agency representative shall ensure that other appropriate stakeholders, such as: assigned CFSA Assistant Attorney General, social workers, case managers and clinical staff shall attend and participate as appropriate in these meetings.
4. As appropriate, each party agrees to present an agreed upon unified placement and or service plan to the Court.

**C. RESPONSIBILITIES OF PARTIES PERTAINING TO CATEGORY 3 YOUTH**

- 1. DYRS staff will query the District's interagency data management system for children youth and families or other documents to determine if the youth has an open case with CFSA.
- 2. DYRS staff will notify the respective CFSA social worker that the youth is residing in a DYRS facility to determine plans for placement.
- 3. The CFSA social worker will take the lead in contacting and coordinating services and/or placement plans with the youth's Court Social Services Probation Officer to determine the direction of the case and begin to plan by scheduling and coordinating a Family Team Meeting and other services as necessary.
- 4. The CFSA social worker will communicate with the DYRS case manager regarding proposed plans and include DYRS staff in any planning meetings in the event that commitment to DYRS is a consideration.
- 5. The DYRS and CFSA staff will document their communications in their respective information systems.

**IV. DISPUTE RESOLUTION OR APPEAL PROCESSES:**

In the event that an agreement cannot be reached between the DYRS and CFSA staff charged with joint case planning and/or coordinating responsibilities, the staff on the same date or the next business day of the matter not being resolved must immediately report to their respective supervisors for resolution within two business days. If a resolution or consensus is not possible at this level, then the matter must be referred to the DYRS Chief of Committed Services and the CFSA Deputy Director for Agency Programs or the Community Services (for cases managed by private agencies) for a resolution within three business days from receipt of dispute.

## **V. ESTABLISHMENT OF CROSSOVER YOUTH STEERING COMMITTEE (CYSC)**

The Directors will designate representatives to a senior level Steering Committee that will be responsible for monitoring the progress toward the goals and objectives of this MOU. The committee will also be responsible for identifying and troubleshooting emergent issues.

## **VI. DURATION OF MOA**

The period of this MOA shall be from date of execution by the signatories.

## **VII. AUTHORITY FOR MOA**

D.C. Official Code § 2-1515.04 (2) and (5); DC Official Code § 16-2332 (b)(1)(D) and (H).

## **VIII. CONFIDENTIAL INFORMATION**

The parties to this MOA will use, restrict, safeguard, and dispose of all information related to services provided by this MOA, in accordance with all relevant federal and local statutes, regulations, policies. Information received by either party in the performance of responsibilities associated with the performance of this MOA shall remain the property of both parties.

## **IX. TERMINATION**

Either Party may terminate this MOA in whole or in part by giving sixty (60) calendar days advance written notice to the other Party.

## **X. NOTICE**

The following individuals are the contact points for each Party under this MOU:

Jill Forbes  
Placement Administrator  
CFSA  
400 6<sup>th</sup> St. SW  
Washington, DC 20024  
Phone 202-727 – 7688

Linda Harllee-Harper, Program Manager  
Resource Management and Utilization Division  
DYRS  
450 H St. NW  
Washington, DC 20001  
Phone 202-724-4740 Fax 202-724-1476

## **XI. MODIFICATIONS**

The terms and conditions of this MOA may be modified only upon prior written agreement by the parties. Any modification or amendment of this MOA shall be valid only when reduced to writing, duly signed, and attached to the original MOA. A Party may initiate discussions regarding modifications to this MOA by giving thirty (30) days notice in advance of the proposed modification.

## **XII. MISCELLANEOUS**

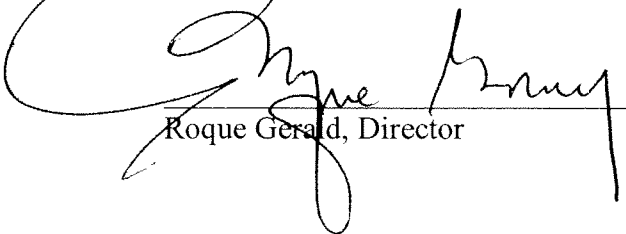
The parties shall comply with all applicable laws, rules and regulations whether now in force or hereafter enacted or promulgated.

**IN WITNESS WHEREOF**, the Parties hereto have executed this MOA as follows:

### **DEPARTMENT OF YOUTH REHABILITATION SERVICES**

  
\_\_\_\_\_  
Vincent Schiraldi, Director  
**CHILD AND FAMILY SERVICES AGENCY**

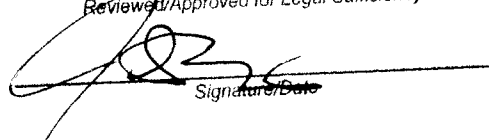
Date: 11/9/09

  
\_\_\_\_\_  
Roque Gerald, Director

Date: 11/3/09

**CFSA Office of General Counsel**

*Reviewed/Approved for Legal Sufficiency*

  
\_\_\_\_\_  
Signature/Date

**Exhibit A: Interagency Placement and Services Referral Form**



**DYRS/CFSA INTER-AGENCY REVIEW REFERRAL  
FORM**

Child's Name:

Name of Social Worker:

Child's DOB:

Name of Supervisor:

Agency:

Administration/Program/Unit:

---

Date of Child's first agency contact:

Details of initial involvement:

Current Court Status:

Current Placement:

---

Detail description of child's agency history: (include court involvement, placements, family situation)

Detail reason for interagency review (include placement type and services recommendations):



Social Worker Signature:

Date:

Program Manager Signature:

Date:

Attachment: Referral Package to include: recent psychological/psychiatric evaluation, court report, school record/assessment/current level of functioning, etc.)

---

Inter-agency Committee Representative approval for presentation

Signature:

Date:

Interagency Committee Representative denial for presentation

Signature:

Date:

Reason for Denial:

