

BUREAU OF JUVENILE JUSTICE SERVICES

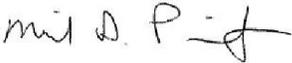
POLICY AND PROCEDURE

Title: Transitional Services

Manual Section: Program Management

Manual Number: 1.26A

Issue Date: July 1, 2014

Approved By: 

Supersedes Policy Number: 1.26

Date: March 18, 2013

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Attachments: Appendix A: Redirection Process
Appendix B: Intake Alert & Summary (IAS)
Appendix C: Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior
Appendix D: Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior Interpretation/Criteria Guide
Appendix E: Resident Information Checklist (RIC)
Appendix F: Hospitalization of Resident Form
Appendix G: Medical Assistance Operations Memorandum HO30305

Authority:

The authority of the Bureau of Juvenile Justice Services (BJJS) to issue this policy and procedure is given by Article VII of the Public Welfare Code, Act of 1967, P.L. 31, No. 21, the Juvenile Act, 42 Pa.C.S. Sections 6301 et seq, and the Prison Rape Elimination Act of 2003 (PREA) Juvenile Facility Standards.

Applicability:

The Youth Development Center/Youth Forestry Camp (YDC/YFC) system and contracted programs under the jurisdiction of BJJS.

Rationale:

To ensure that the YDC/YFC system adheres to nationally recognized best practice standards for the provision of transitional services.

Definitions:

Aftercare Plan – A plan developed through the multidisciplinary planning process that includes the resident's family and identified community resources, to prepare the resident for return to his or her community.

Annual Transitional Services Plan and Report (ATSPR) – A report that outlines the Transitional Service Department's accomplishments, identifies current goals and objectives and makes recommendations for the following fiscal year.

Career and Technical Training Specialist (CTTS) – An employee who is primarily responsible for the development of career and technical programs for residents.

Court Liaison Program Specialist (CLPS) – An employee who is primarily responsible for collaboration with county probation departments, courts, and the YDC/YFC system related to the referral, intake, and redirection process.

Court Report – Formal document updating the court on each of the resident's treatment issues, competencies and overall status. This document is prepared prior to each court review.

Discharge Portfolio – A packet that includes, but is not limited to, vital documents, presumptive eligibility letter, aftercare plan, certificates, career/educational documents, and photo identification.

Discharge Summary – A plan outlining specific appointment dates/times, formal and informal supports, and resources to be engaged by the resident and the family/support system within the community or other setting as determined appropriate.

Employee – A person employed by the Commonwealth of Pennsylvania, who is assigned to a YDC/YFC facility, BJJS or an education provider.

Follow-Up Phase – The follow-up phase begins immediately after a resident is discharged from the facility. During this phase, contact is made with the resident, parent/guardian, probation, or aftercare provider to ascertain if the resident is participating in the aftercare plan.

Implementation Phase – The timeframe beginning with the Master Case Planning Conference and lasting until the Transition Phase or approximately 90 days prior to anticipated discharge.

Intersex – A person whose sexual or reproductive anatomy or chromosomal pattern does not seem to fit typical definitions of male or female. Intersex medical conditions are sometimes referred to as disorders of sex development.

Master Case Planning Conference (MCPC) – A multidisciplinary treatment planning conference occurring within the first 30 days of a resident’s admission to a facility.

Master Case Planning System (MCPS) – A strength-based treatment approach developed to ensure standardization in documentation and the case planning process for all agencies in the YDC/YFC system; ensure maximum participation on the part of families, courts, and clinical and educational employees in the development of the competency-based continuum of services; ensure services are designed to return the resident to the community better equipped to be a productive member of society; and ensure accountability on the part of the resident and employee to the victim, community, court, and family.

Matrix Placement Instrument □ A classification and placement instrument that systematically guides the decision making process regarding which facility and level of care is most appropriate for each resident.

Multi-Disciplinary Team (MDT) – A group consisting of, but not limited to, the Facility Program Director or designee, Youth Development Counselor Manager, Youth Development Counselor Supervisor, Youth Development Counselor, Youth Development Aide, Drug and Alcohol Treatment Specialist, Transitional Services Coordinator, Court Liaison Program Specialist, Career and Technical Training Specialist, Psychological Services Associate, Health Services Representative, Probation Officer, Educational Representative, the resident, family and if appropriate the Facility Psychiatrist.

Pre-Placement Phase – The timeframe from the date a referral is made to the YDC/YFC system to the time that the resident arrives at the agency.

Redirection Process – The process by which a youth or resident with specialized needs may be more appropriately placed in an alternate setting.

Resident – A person committed by court order and placed in a facility under the jurisdiction of the Bureau of Juvenile Justice Services.

Transgender – A person whose gender identity (i.e., internal sense of feeling male or female) is different from the person’s assigned sex at birth.

Transition Planning Meeting – A multidisciplinary meeting, held within 30 – 45 days prior to resident’s anticipated discharge date for the specific purpose of planning for his/her successful reentry to the community.

Transitional Services Coordinator (TSC) – An employee who is primarily responsible for leading the facility’s overall aftercare/discharge planning process.

Transitional Services Department – The department responsible for the process of referral, intake, redirection and transition planning.

Transition Phase – Timeframe which begins 90 days prior to a resident’s anticipated discharge date and continues until the day of discharge.

Treatment Plan – The formal document resulting from the Master Case Planning Conference that outlines a resident’s treatment issues and competencies.

Treatment Planning Phase – The timeframe which begins the day the resident enters the facility and continues through the first 30 days of the resident’s placement.

Policy:

The YDC/YFC system shall provide a comprehensive system of services tailored to the individual treatment needs of the resident which begins at referral, is maintained through the Master Case Planning System (MCPS), and continues through reintegration into the community.

Procedure:

A. General Agency Responsibilities

Transitional Services shall be incorporated into each phase of the MCPS:

1. Pre-Placement Phase

- a. During this phase, the Court Liaison Program Specialist (CLPS) shall work closely with the juvenile court representatives and private provider agencies to ensure that youth are placed in the least restrictive and most appropriate setting.
- b. Upon notification by the committing county that their court is considering, or has already ordered placement of a youth to the YDC/YFC system, the CLPS shall request documentation from the court or referring agency, to include but not limited to:

- 1.) The youth's age, physical size, physical disabilities and stature
 - 2.) The youth's offense history and current charges
 - 3.) Level of Service/Case Management Inventory (YLS/CMI) results
 - 4.) The youth's academic records/achievements
 - 5.) The youth's social and family history
 - 6.) The youth's level of emotional and cognitive development
 - 7.) The youth's mental illness or mental disabilities
 - 8.) The youth's intellectual or developmental disabilities
 - 9.) If available prior to placement, the youth's own perception of vulnerability. If this information is not available prior to placement it shall be obtained at the time of intake
 - 10.) Discharge reports and summaries from past placements
 - 11.) The youth's substance use/abuse history
 - 12.) The youth's history of prior sexual victimization or abusiveness
 - 13.) Any gender nonconforming appearance, manner, or identification as lesbian, gay, bisexual, transgender, or intersex
 - 14.) Status of DNA testing as applicable by law
 - 15.) Any other specific information about the youth that may indicate heightened need for supervision, additional safety precautions, or separation from certain other residents.
 - 16.) Other information necessary to build an accurate profile of the resident
- c. The CLPS shall compile, review, and synthesize all received referral documentation in preparation for completion of the BJJS Matrix Placement Instrument. The CLPS shall communicate the placement recommendation to the referring county for consideration.
- d. At a minimum, the information listed in Section A.1.b. of this policy shall be taken into consideration when making a determination of risk of sexual abuse by or upon the resident. This information shall be obtained through conversations with the resident during the intake process, referral information provided by the court, medical and mental health screenings, during the completion of the Placement Matrix, and by reviewing available court records, case files, facility behavioral records; and other relevant documentation from the resident's files.
- e. Prior to a youth's arrival, at the time of a youth's arrival at the facility, and periodically throughout the time they are at the facility, information about the individual's personal history and behavior shall be obtained and reviewed to reduce the risk of sexual abuse by or upon the resident, through the intake and multidisciplinary process.

- f. In deciding whether to assign a transgender or intersex youth to a facility for male or female residents, and in making other unit/cottage and programming assignments, the Transitional Services Department, Multidisciplinary Team (MDT), and facility supervisory staff shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems.
- g. Lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in a particular facility, unit, cottage, bed, or other assignments based solely upon such identification or status, nor shall employees consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.
- h. For transgender or intersex residents, their own views with respect to their own safety shall be given serious consideration when determining which facility, unit or cottage they will be assigned to.
- i. As deemed necessary or upon request, the CLPS shall be responsible for initiating the Redirection Process (Appendix A).
- j. Upon adjudication and commitment, the completed Placement Matrix and referral file shall be forwarded to the designated Facility Program Director, Youth Development Counselor Manager, and other management or supervisory employees as determined appropriate and approved by the regional State Court Unit Supervisor.
- k. The CLPS shall enter the referral information into the appropriate data management systems.
- l. The CLPS shall initiate the completion of the Information Gathering section of the Intake Alert & Summary (IAS) (Appendix B) prior to a youth being transported to the YDC/YFC facility. A copy of the IAS shall be forwarded to the regional and CLPS Supervisor and CLPS responsible for conducting the intake at the facility.
- m. The CLPS shall be responsible for coordinating and communicating with the facility information related to the resident's arrival.

2. Treatment Planning Phase

- a. The CLPS collaborates with a supervisor or designee to receive custody and control of the resident upon arrival at the facility.
- b. The CLPS provides direct supervision during the enrollment and intake process.

- c. The CLPS or designee conducts the required search of the resident as outlined in BJJIS Policy 7.06A Contraband Search and BJJIS Policy 7.10A Resident Searches.
- d. The CLPS introduces the resident into the YDC/YFC system by conducting a standardized intake interview.
- e. The Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior (Appendix C) and the Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior Interpretation/Criteria Guide (Appendix D) shall be used as part of the IAS.
- f. The CLPS shall identify the needs of the resident, their family and/or social support system. The CLPS shall complete the Massachusetts Youth Screening Instrument – 2 (MAYSI-2) within one hour of the resident's arrival at the facility.
- g. The receiving CLPS shall complete Section A of the Resident Intake Checklist (RIC) (Appendix E). During the completion of this checklist the information being shared with the resident shall be conveyed in an understandable, age appropriate, manner and the resident shall be afforded the opportunity to ask questions.
- h. The following sections of the RIC and the IAS shall be completed by the following departments:
 - State Court Unit
 - 1.) The RIC Sections A and the demographic section
 - 2.) The IAS Sections A, B, C (to include the Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior) and the demographic section
 - Health Services Department
 - 1.) The RIC Section B and their respective sections of the heading
 - 2.) The IAS Section D and their respective sections of the heading
- i. The Medical Department shall maintain the original copies of the RIC and IAS. The process for distribution of this document locally shall be a coordinated effort between the supervisors of Health Services and State Court Unit.

- 1.) Facility Program Director(s)
- 2.) Youth Development Counselor Manager(s)
- 3.) Youth Development Counselor Supervisor(s)
- 4.) Youth Development Aide Supervisor(s)
- 5.) Psychological Services Associates
- 6.) Drug and Alcohol Treatment Specialists
- 7.) Transitional Service Coordinators
- 8.) Referring and local State Court Unit Office
- 9.) The resident's Youth Development Counselor (if known at intake)
- 10.) With an approved and complete release of information, other individuals identified by the Facility Program Director
- 11.) With an approved and complete release of information, the school Principal and/or Designee

j. At the time of intake, the following information shall be shared and reviewed in an age appropriate manner and in the aforementioned formats accessible to all residents:

- 1.) Their right to have confidential access to their attorney or other legal representation.
- 2.) Their right to have reasonable access to parents or legal guardians.
- 3.) How to report incidents or suspicions of sexual abuse or sexual harassment.
- 4.) The facility's process and procedure for a resident to file a grievance.
- 5.) The facility's process and procedure for accessing the facility's client advocate.
- 6.) How to access outside victim advocates for emotional support services related to sexual abuse. *(This information shall include mailing addresses and telephone numbers, including toll free hotline numbers of available local, State and/or national victim advocacy or rape crisis organizations.)*
- 7.) For individuals being admitted to the facility solely for civil immigration purposes, mailing addresses, telephone numbers (including toll free hotlines where available) of immigrant service agencies for persons detained solely for civil immigration purposes.
- 8.) The agency's policies and practices by which communications will be monitored.
- 9.) The extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.
- 10.) Information related to the BJJIS Policy 1.14 Zero Tolerance Policy of Sexual Abuse and/or Sexual Harassment.
- 11.) Information related to the agency's policy against retaliation for reporting sexual abuse, sexual harassment or cooperating with an investigation.
- 12.) For transgender and intersex youth, information related to their right to shower separately.

13.) Comprehensive education in person or via a video regarding:

- Their rights to be free from sexual abuse and sexual harassment.
 - Their rights to be free from retaliation for reporting sexual abuse or harassment.
 - The agency's response policies and procedures for responding to reports of sexual abuse or sexual harassment.
- k. For those residents who indicate, during the screening process, that they have experienced prior victimization, whether it occurred in an institutional setting or in the community, the Transitional Services Department shall notify facility staff that the resident must be offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake.
- l. For those residents who indicate, during the screening process, that they have previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, the Transitional Services Department shall notify facility staff that the resident must be offered a follow up meeting with a medical or mental health practitioner within 14 days of the intake.
- m. The Transitional Services Department, as part of its intake packet and other relevant communication strategies, shall provide family members, courts and other stakeholders with information on how to report sexual abuse and sexual harassment on behalf of the resident.
- n. The CLPS shall complete all appropriate forms, add them to the resident's permanent file, and update the current data management systems.
- o. The Transitional Services Coordinator (TSC) shall complete the Youth Level of Service/Case Management Inventory (YLS/CMI) and communicate the results to the MDT.
- p. Upon completion of the YLS/CMI the TSC shall formulate and document an individualized initial aftercare plan for each resident.
- q. A representative(s) of the Transitional Services Department shall participate in the Master Case Planning Conference.
- r. Sensitive information gathered during the referral and intake processes shall not be used to exploit the youth by staff or other residents.

3. Implementation Phase

- a. A representative(s) of the Transitional Services Department shall participate in MDT meetings and provide transitional service updates within the framework of the Master Case Planning System (MCPS).
- b. The TSC and/or CLPS shall provide updates to probation offices as necessary.
- c. For transgender or intersex residents, the Transitional Services Department shall notify the Facility Program Director every six months from the date of admission that the facility's MDT must reassess the resident for threats to safety and evaluate the need to reassign the youth to another program or facility.
- d. The TSC shall lead the coordination of facility based transitional services for the MDT and work collaboratively with community based aftercare providers to develop and provide aftercare services.
- e. The TSC shall, in cases where a resident must be hospitalized, facilitate the required medical assistance documentation as outlined in the Hospitalization of Residents Form (Appendix F).

4. Transition Phase

- a. The TSC shall facilitate treatment groups related to transitional needs.
- b. The TSC shall initiate presumptive eligibility, according to the Medical Assistance Operations Memo HO30305 (Appendix G), and/or coordinate with a resident's private insurance carrier to ensure that the resident has access to and funding for medical and behavioral health services upon release.
- c. The TSC shall schedule follow-up appointment dates and times for community-based services.
- d. The TSC shall ensure that a discharge planning meeting is scheduled to occur within 30 – 45 days prior to the resident's anticipated discharge date for the purpose of discharge planning. The discharge planning meeting shall include the resident, TSC, YDC, school representative, Career and Technical Training Specialist (CTTS), Health Services staff, family, county, and community stakeholders.
- e. The TSC shall create and maintain a discharge portfolio for each resident to be released from the YDC/YFC system.

- f. Prior to a resident being released or transferred to another facility, the Transitional Services Department shall educate the individual regarding their right to be free from sexual abuse or sexual harassment and to the extent possible provide information related to the receiving facility's policies and procedures related to ensuring that residents are free from sexual harassment and sexual abuse. The resident shall sign the document indicating that they received said education and information. This documentation shall be maintained in the resident's main file.

5. Follow Up Phase

- a. The TSC shall contact the resident, parent/guardian, probation, and/or aftercare provider to ascertain if the resident is participating in their aftercare plan and arrange additional services as needed.
- b. The TSC shall maintain a file to capture the information collected during the follow-up.

6. Other

- a. The Transitional Services Department shall implement levels of control to restrict access to resident information gathered from the risk assessments relevant to sexual victimization and/or abusiveness. This safeguard must be in place to ensure sensitive information is not used by staff or residents to exploit another resident.
- b. The Transitional Services Department shall receive, record, and maintain any reports of sexual abuse or harassment of a resident from family members, courts and other stakeholders. Upon receipt of this information, the employee shall inform their immediate supervisor and make any other notifications required by law.
- c. The Transitional Services Department shall ensure that the CLPS provides information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security for youth who are court ordered to the YDC/YFC system and have needs related to civil immigration.
- d. The Transitional Services Department shall ensure that resident screening, intake orientation and education are provided in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as those having limited reading skills.
- e. Throughout all phases of the MCPS, the Transitional Services Department shall support the resident, family, agency, and county in various capacities.
 - 1.) The CLPS and/or TSC shall coordinate and participate in court proceedings.

- 2.) The CLPS shall assist the facility in obtaining the necessary court orders for admission, discharge, and the transfer of residents throughout the YDC/YFC system.
- 3.) The CLPS shall assist facilities with daily census management by providing population counts, managing admissions, projecting release dates, etc.

Related Policies:

- BJJS Policy 1.01A: Placement and Transfer of Residents
- BJJS Policy 1.12: Services for Individuals with LEP
- BJJS Policy 1.27: MDT Policy
- BJJS Policy 1.28: Services for Individuals with Disabilities
- BJJS Policy 2.02A: MAYSI
- BJJS Policy 7.01A: Resident Searches
- BJJS Policy 7.06A: Contraband Search

Collaborative Effort

The BJJ/OMHSAS Redirection Project

Is a collaborative effort between the Bureau of Juvenile Justice Services (BJJS) and the Office of Mental Health and Substance Abuse Services (OMHSAS) to provide technical assistance to County Juvenile Probation Office and County MH-MR Agencies, when needed, to ensure that youth are placed in the appropriate setting to meet their mental health needs.



Mission Statement

The mission of the Department of Public Welfare is to:

- Promote, improve and sustain the quality of family life;
- Break the cycle of dependency;
- Promote respect for employees;
- Protect and serve Pennsylvania's most vulnerable citizens;
- Manage our resources effectively.

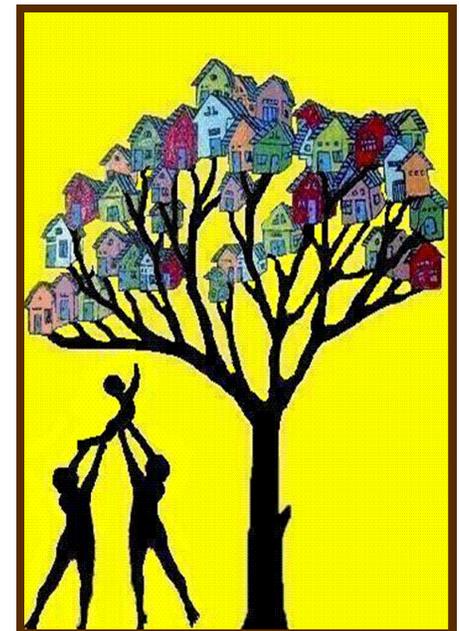
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BJJS/OMHSAS Redirection Project

Pennsylvania Department of Public Welfare



We are the water that
nourishes their leaves,
we are the sun that
gives growth to their
branches...but they
are the roots that
grow when they allow
us to help give them
strength.

BJJS/OMHSAS Redirection Project Educational Brochure

Redirection Project Protocol

Bureau of Juvenile Justice Services Responsibilities:

1) Identifying youth with severe mental health and/or substance abuse treatment needs that cannot be met in the YDC/YFC system.

2) Initiate and maintain contact with the juvenile probation office to explore their willingness to alternative placements outside of the YDC/YFC system.

This may include providing technical assistance to juvenile probation officers.

3) Referral is to be made to the designated employee of BJJS- Division of Program and Employee Development. The following information should be submitted with the referral:

- Current psychological evaluation
- Current psychiatric evaluation (Mandatory- the evaluation must be within six months).



- Probation Authorization Form for Alternative Placement from BJJS- State Court Unit.
 - Current court and facility reports.
 - Redirection Project Referral Form to be completed by YDC/ YFC Director or designee.
- 4) BJJS will notify OMHSAS when an assessment/evaluation is completed that indicates and supports the youth's need to be referred to a setting that will better serve the youth's mental health needs.

A single point of contact will be designated by BJJS and OMHSAS for each case.

Office of Mental Health and Substance Abuse Services—Bureau of Children's Behavioral Health Services Responsibilities

- 1) Notify the CASSP Coordinator/ Mental Health (MH) County Representative within the youth's home county .
- 2) Establish an Interagency Team Meeting within five business days of receiving formal notification from BJJS. The team shall include, but not be limited to:

- Representatives from OMHSAS

- Representatives from BJJS
- The youth involved (As applicable)
- Family Member(s), and/or Guardian(s) of the youth (As applicable)
- The county CASSP Coordinator and/or Mental Health Representative
- The county juvenile probation office/court representatives
- The county Children, Youth & Families office (As applicable)
- And others individuals as determined by the Team

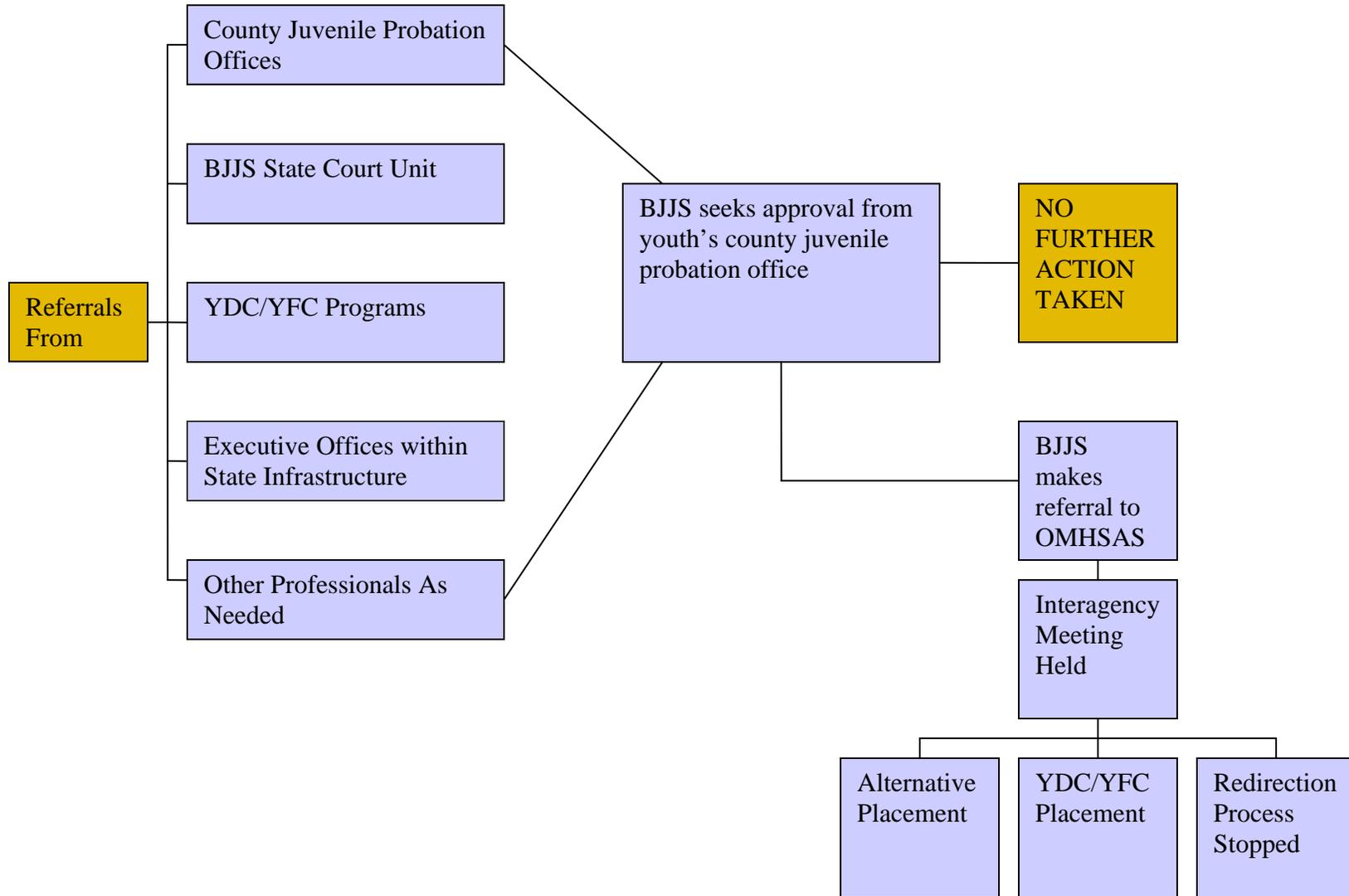


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Bureau of Juvenile Justice Services Redirection Project Process



Note: If the youth is placed at YDC/YFC the redirection project team, depending on the case, will either close or continue to work with the redirection case. All communications will go through the primary contact person who is responsible for informing the YDC/YFC treatment team.

**INTAKE ALERT & SUMMARY (IAS)
SCREENING RESULTS AND FOLLOW-UP NOTIFICATION FORM**

Resident Name:		Emergent MAYSI-2 Follow Up Needed:	
Facility:		Emergent Vulnerability Follow Up Needed:	
Date/Time of Admission:		Emergent Medical Follow Up Needed:	
Date/Time of MAYSI-2 Screening:		Other Emergent Follow Up Needed:	
Date/Time of Vulnerability Assessment:			
Date/Time of Medical Screening:			
CLPS Initiating IAS:			
CPLS Finalizing IAS:			
Medical Completing IAS:			

A. Information Gathering:

INFORMATION REQUESTED OF THE COMMITTING COURT	STATUS OF THE INFORMATION
The youth's age, physical size, physical disabilities and stature	
The youth's offense history and current charges	
Level of Service/Case Management Inventory (YLS/CMI) results	
The youth's academic records and achievements	
The youth's social and family history	
The youth's level of emotional and cognitive development	
The youth's mental illness or mental disabilities	
The youth's intellectual or developmental disabilities	
The youth's own perception or vulnerability. (If this information is not available prior to placement it shall be obtained at the time of intake.)	
Discharge reports and summaries from last and/or past placement(s)	
The youth's substance use/abuse history	
The youth's history of prior sexual victimization or abusiveness	
Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse	
DNA testing results	
Other specific information about individual that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.	
Other information necessary to build an accurate profile of the resident.	

B. MAYSI-2 Screening:

MAYSI-2 FINDINGS		SCU	FOLLOW-UP ASSIGNMENTS
Substance Abuse	Below Cutoff		Follow-up by: Not Required
Angry/Irritable	Below Cutoff	Red Flag	Follow-up by: Not Required
Depressed/Anxious	Below Cutoff		Follow-up by: Not Required
Somatic Complaints	Below Cutoff		Follow-up by: Not Required
Suicidal Ideation	Below Cutoff		Follow-up by: Not Required

Notice: The information contained in this document shall be considered Protected Health Information and is subject to the provisions of policy 4.07 related to Health Insurance Portability and Accountability Act (HIPAA) of 1996.

**INTAKE ALERT & SUMMARY (IAS)
SCREENING RESULTS AND FOLLOW-UP NOTIFICATION FORM**

Thought Disturbance	Below Cutoff		Follow-up by: Not Required
Traumatic Experience	Below Cutoff		Follow-up by: Not Required
MAYSI-2 NOTES			

C. Sexual Abuse/Harassment Vulnerability Assessment:

Based on the assessment completed at the time of intake, the resident is at risk of being sexually abused or harassed.	
The resident reports a history of having been sexually abused or harassed.	
The resident reports having in the last 90 days reported that they've been a victim of sexual abuse, cooperated with a related investigation or reported sexual abuse of another resident or other person.	
During the MDT process, it is necessary to complete Section B of the MDT-MCPC Monthly Supplement Form for a period of no less than 90 days after the date that the youth made a report that they've been a victim of sexual abuse or reported sexual abuse of another resident or other person.	
Based on the information provided by the resident at intake, he/she feels as though they're vulnerable to be sexually abused or harassed while at the facility. If yes, additional information can be found in the note section below.	
During the intake process, the resident was provided comprehensive age-appropriate education in person or through a video regarding their rights to be free from sexual abuse and harassment and to be free from retaliation for reporting such incidents, and the facility's policies and procedures for responding to such incidents. This education was provided in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills.	
During the intake process, the resident received information explaining, in an age appropriate fashion, the facility's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.	
Based on information obtained during the referral, screening and/or initial intake process, information relevant to keeping the youth safe and free from sexual abuse was obtained that the facility must take into consideration when assigning the resident to the following assignment area(s):	<input type="checkbox"/> Housing <input type="checkbox"/> Bed <input type="checkbox"/> Program <input type="checkbox"/> Education <input type="checkbox"/> Work
During the screening process the resident indicated that they'd experienced prior <u>victimization</u> , in an institutional setting or in the community, and follow up with a medical or mental health practitioner is required within 14 days of the intake.	
During the screening process the resident indicated that they'd previously <u>perpetrated</u> sexual abuse, in an institutional setting or in the community, and follow up with a medical or mental health practitioner is required within 14 days of the intake.	
During the referral, screening and/or intake process, information was obtained that indicates that the youth is a known resident-on-resident abuser. The facility is required to conduct a mental health evaluation within 60 days and offer the youth the treatment that's deemed appropriate by the qualified mental health professional.	
VULNERABILITY ASSESSMENT NOTES	

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**INTAKE ALERT & SUMMARY (IAS)
SCREENING RESULTS AND FOLLOW-UP NOTIFICATION FORM**

D. Medical Screening:

SUMMARY	STATUS OF THE INFORMATION
SCU reports history of sexual abuse (victim or perpetrator) during the intake process.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nursing reports history of sexual abuse (victim or perpetrator) during the intake process and obtained after the completion of the Health and Safety Admission Assessment.	<input type="checkbox"/> Yes <input type="checkbox"/> No
OTHER MEDICAL FOLLOW UP INFORMATION	
<p><u>If a resident's response indicates "yes" to any question involving sexual abuse as a victim or perpetrator from the intake screening process, which includes the vulnerability assessment, and/or the Health and Safety Admission Assessment, the following will occur:</u></p> <ul style="list-style-type: none"> ✓ Initiate either the Resident Prior Sexual Abuse protocol or Emergency Sexual Assault (occurred within 72 hours) protocol. ✓ Obtain PREA informed consent, if over the age of 18. ✓ Complete the questions below for PREA Medical Screening. 	
1. When did the sexual assault occur?	
2. At what age did this assault occur?	
3. If Victim- Who assaulted you?	
4. If Perpetrator- Who did you assault?	
5. Where did this occur?	
6. Did this sexual assault cause any injuries?	
7. Was this reported? If yes, to whom and when?	
8. Have you received any testing, counseling or other support services? If yes, what and when?	
MEDICAL SCREENING COMMENTS/NOTES	

Name of Nurse Completing Section D:

Date:

Notice: The information contained in this document shall be considered Protected Health Information and is subject to the provisions of policy 4.07 related to Health Insurance Portability and Accountability Act (HIPAA) of 1996.

Office of Children, Youth & Families
Bureau of Juvenile Justice Services

**Vulnerability Assessment Instrument: Risk of Victimization
and/or Sexually Aggressive Behavior**

Youth's Name: _____
 _____ Sex: ___ Race: ___ DOB: _____
 Facility/Program: _____
 Date of Assessment: _____

Results:		
Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Vulnerability Victimization
<input type="checkbox"/>	<input type="checkbox"/>	Sexually Aggressive

Youth Interview:

1. Age of Youth

16 TO 20 YEARS	SCORE 0	
13 TO 15 YEARS	SCORE 1	
11 TO 12 YEARS	SCORE 2	
10 YEARS	SCORE 3	

2. Experience in Institution

Ask: **Have you been in a locked juvenile facility?**

		Score
NO	SCORE 2	
YES	SCORE 0	

Does the juveniles' response match collateral information? YES (move to question 3) NO

(Move to Question 2a.)

2a. Provide relevant information below. Indicate score changed

--

3. Social Skills

Lead in with: **How do you feel being in a facility with so many other juvenile justice youths?**

Then ask:

- Do you feel you get along well with other people? Yes/No (Yes score 0, No score 1)
- Do you find it easy to make friends? Yes/No (Yes score 0, No score 1)
- Do you feel OK about being in groups of people you don't know well? Yes/No (Yes score 0, No score 1)

Award a score of 1 for each No answer.

SCORE (0-3)	
-------------	--

Does the juveniles' response match collateral information? YES (move to question 4) NO

(Move to Question 3a.)

3a. Provide relevant information below. Indicate score changed

--

4. Perception of Risk

Ask: **Do you feel at risk from attack or abuse from other youths?**

For example, have you received threats, insults, and harassment from other youths?

Prompt with options if necessary

NOT AT ALL	SCORE 0	
SOMETIMES	SCORE 1	
OFTEN	SCORE 2	

If sometimes or often, ask for more details and note youth's statements below:

--

Does the juveniles' response match collateral information? YES (move to question 5) NO
(Move to Question 4a.)

4a. Provide relevant information below. Indicate score changed

--

5. History of Victimization

Ask: Have you ever been attacked, bullied or abused by people your own age (peers)?

Prompt with options if necessary

NEVER	SCORE 0	
A FEW TIMES	SCORE 2	
OFTEN	SCORE 4	

Does the juveniles' response match collateral information? YES (move to question 5b.) NO
(Move to Question 5a.)

5a. Provide relevant information below. Indicate score changed

--

5b. Ask: Have you ever had a sexual experience that you did not want to have?

If yes, ask what & if this information was reported to Local Social Services and/or Law Enforcement. If youth reports abuse, follow agency reporting procedures

NO	SCORE 0	
YES	SCORE 4	

Does the juveniles' response match collateral information? YES (move to question 6) NO
(Move to Question 5c.)

5c. Provide relevant information below. Indicate score changed

--

6. Offense Type

Ask: Have you ever been arrested on a sexual offense?

NO	SCORE 0	
YES	SCORE 4	

Does the juveniles' response match collateral information? YES (move to question 6b.) NO
(Move to Question 6a.)

6a. Provide relevant information below. Indicate score changed

--

6b. Ask: Have you ever engaged in behavior that you would consider sexually aggressive?

NO	SCORE 0	
YES	SCORE 4	

Does the juveniles' response match collateral information? YES (move to question 7) NO
(Move to Question 6c.)

6c. Provide relevant information below. Indicate score changed

--

7. Intellectual Impairment

From the file review is there any evidence that this youth has been previously reported to have an intellectual impairment (Low IQ), learning disability or Special Education classes?

NO EVIDENCE	SCORE 0	
EVIDENCE	SCORE 2	

8. "Lack of fit" with juvenile justice facility culture

This item requires a judgment by the screener that this youth is unlikely to "fit in" within the mainstream juvenile offender culture. (Place a check ✓ in applicable box)

Look for features of the youth's physical appearance such as:	
<input type="checkbox"/>	Small Build

	Looks younger than stated age
	Impaired vision (requires glasses)
	Pronounced disfigurement
	Physical disability
	Deaf
	Appears frail, weak
Look for features of the youth's presentation and behaviors such as:	
	Inappropriate verbal behavior (e.g., giggling, odd remarks)
	Inappropriate physical behavior (boys wearing makeup, sexual behavior)
	Hunched fearful posture (e.g., very fearful, very shy)
	Obvious effeminate behavior
	Acts of Aggression – observation
	Youth's behavior with the sibling(s)/residents
	Youth's behavior in school
	Speech impediment
	Appears slow or "dull"
	Behaviors that are likely to irritate and annoy other youths (e.g., immature, silly)
	Behaviors that appear related to mental illness (e.g., jittery, crying, bizarre)
Look for features of the youth which make him or her stand out such as:	
	Having a lack of exposure to criminal lifestyle
	Being from an ethnic minority not well represented in the offender population (e.g., Vietnamese, Indian, Middle Eastern)
	Membership in a gang that is likely to be a target of attack from others.
Note other features not listed above:	
NONE OR ONLY ONE FEATURE	SCORE 0
TWO OR THREE FEATURES	SCORE 2
MULTIPLE FEATURES (FOUR OR MORE FEATURES)	SCORE 4

Overall Risk Score

VULNERABILITY TO VICTIMIZATION

1. Age of Youth Score ___

2. Experience in institution Score ___

3. Social Skills Score ___

4. Perception of Risk Score ___

5a. History of Victimization Score ___

5b. Sexual Experience Score ___

7. Intellectual Impairment Score ___

8. Lack of "Fit" Score ___

OVERALL SCORE _____

Score of 9 or higher indicates yes to VV

SEXUALLY AGGRESSIVE BEHAVIOR

6a. Sexual Offense Score ___

6b. Sexual Aggression Score ___

OVERALL SCORE _____

Score of 4 or higher indicates yes to SAB

Results	
Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
Vulnerability Victimization	
<input type="checkbox"/>	<input type="checkbox"/>
Sexually Aggressive	

Screener: _____ Date / Time Screened: _____



**Office of Children, Youth & Families
Bureau of Juvenile Justice Services**

**Vulnerability Assessment Instrument: Risk of
Victimization and/or Sexually Aggressive
Behavior Interpretation/Criteria Guide**

The Sexually Aggressive Behavior/Vulnerability to Victimization (SAB/VV) Assessment Instrument, current copy of December 2012, is to be completed in addition to the MAYSI-2 for all juveniles admitted to Bureau of Juvenile Justice Services Youth Development Center/Youth Forestry Camp facilities and contracted programs. The purpose of the SAB/VV is to assist in identifying, monitoring, counseling, and tracking juveniles that have a propensity for committing or probability of victimization of nonconsensual sexual acts, abusive sexual contact, and participation in sexual misconduct; and appropriate interventions are implemented to ensure the safety of the juvenile and others.

After developing rapport with the juvenile, completion of the SAB/VV assessment instrument shall be completed upon admission **AND** after any PREA related incident.

Rapport is established by introducing yourself, asking where resident is from, etc. Explain that you have some standard questions that are asked of every juvenile who is admitted to a YDC/YFC or contract program. The brochure, “*What you should know about sexual abuse*” may be given at this time.

Questions to ask juvenile: A copy of the instrument is not given to the juvenile. It is read to them. For juveniles whose native language is Spanish, there is a Spanish version available

- **Note: For all questions 1-8, staff may change the juveniles’ response and score appropriately based on collateral information. Staff shall document a changed score under each separate numbered question indicating the collateral information used and the changed score.**

Question 1: Self-explanatory.

Question 2: Staff may have to remind juvenile of previous placements and should verify response of the juvenile.

Question 3: Use the lead in question. The purpose of this question is to identify potential problematic peer interactions. The juvenile may not perceive being a gang member or identifying with “Goth” type of peers as an issue. *However, staff should keep responses in mind when considering program assignments and documenting in the “Override Documentation” section.* If the Youth’s response has changed from a previous assessment staff shall note the reason for the youth’s response change.

Question 4: Use clarification question or prompt with further explanation as necessary. Document explanations for the juvenile response of “Sometimes” or “Often” If the Youth’s response has changed from a previous assessment staff shall note the reason for the youth’s response change.

Question 5: Use prompts as necessary. For the second part of the question, ensure notifications for alleged abuse are made.

Question 6: Use prompts as necessary. Notice that the question asks about arrests. Some juveniles will answer “no” because the charges may have been dropped or pled down to a lesser offense.

Question 7: Unless the staff has prior knowledge from previous admissions and/or any other collateral information, staff is required to score this as “no evidence.”

Question 8: Use your judgment when checking all applicable boxes. Some areas cannot be assessed, i.e. behavior with siblings or other juveniles, behavior in school, and other behavior sections.

Risk Score / Results

Score the results – There are two separate scores, a score for Vulnerability to Victimization and a score for Sexually Aggressive Behavior. Utilize the below scoring guide for determination of yes to Victimization/Sexually Aggressive Behavior.

- a. Yes to Vulnerability to Victimization - Score of 9 or higher
- b. Yes to Sexually Aggressive – Score of 4 or higher

Criteria Guide Terms:

Initial Facility/Intake Assessment/Review Override Criteria: Each separate admit into a respective facility: This column for override decisions will be used for all youth each time the youth is admitted into the facility regardless of previous intakes. The purpose stems from the unknown behaviors of the youth. Previous behavior at a facility may be used as an indicator for override but given the unknown behaviors of the youth between admits; time observing and working with youth will be needed prior to designating the youth as a tenured youth.

Tenured youth in facility override criteria: Youth in a respective facility for a period of time. Each facility will determine period of time within implementing procedure for designation of “tenured.” Determination will be made based on, but not limited to programming aspects, lengths of stay, behavior management aspects and clinical observation.

<u>YES designation for Sexually Aggressive Behavior</u>			
Review all questions from SAB/VV youth scored higher than a zero. Determination for override will be based on a combined review of all questions unless a specific override criterion indicates override not appropriate.			
SAB/VV question review	Review	Initial Facility/Intake Assessment/Review Override Criteria	Tenured youth in facility override criteria
Question 6: Offense Type	Does the youth have a history of sex offenses	If yes, override not appropriate.	If yes, override may be appropriate with documented history and detail of actions taken to mitigate risk.
Question 6b: Engaged Behaviors	Does the youth have a history of engagement in behaviors that would be considered sexually aggressive	If yes, override may be appropriate with documented history and detail of actions taken to mitigate risk.	If yes, override may be appropriate with documented history and detail of actions taken to mitigate risk.

<u>YES Designation for Victimization</u>			
Review all questions from SAB/VV youth scored higher than a zero. Determination for override will be based on a combined review of all questions unless a specific override criterion indicates no override allowed.			
SAB/VV question review	Review	Initial Facility/Intake Assessment/Review Override Criteria	Tenured youth in facility override criteria
Question 1: Age of youth	What is the age of the youth	Override may be appropriate with similar aged roommate	Override may be appropriate with similar aged roommate
Question 2: Institution experience	Review youths previous placements for frequency and duration – Fewer placements indicate a greater risk	Override may be appropriate based on a review of other risk factors and appropriateness based on full review	If yes, override may be appropriate with documented history and detail of actions taken to mitigate risk.
Question 3: Social Skills	Interview youth for feelings surrounding ease/discomfort with social interactions – Review specific questions answered yes in question 2.	If youth is uncomfortable with all social interactions noted on SAB/VV override may be appropriate with documented history and detail of actions taken to mitigate risk.	If yes, override may be appropriate with documented history and detail of actions taken to mitigate risk.
Question 4:	Does the youth feel at Risk from attack or abuse	If youth responded with OFTEN, Override not	If yes, override may be appropriate with documented

Perception of Risk	from others – Review specific responses from SAB/VV	appropriate. If youth responded with SOMETIMES override may be appropriate with action taken to mitigate risk and roommate consideration	history and detail of actions taken to mitigate risk.
Question 5: History of Victimization	Does the youth have a history of being vulnerable to victimization (Ex: abuse history, size, age, maturity level, physical disabilities, mental health history, gang affiliations, exposure to criminal lifestyle, etc.) if yes provide justification for override	If youth responded with OFTEN, Override not appropriate. If youth responded with A FEW TIMES override may be appropriate with action taken to mitigate risk and roommate consideration	If yes, override may be appropriate with documented history and detail of actions taken to mitigate risk.
Question 7: Intellectual Impairment	Is there any evidence that the youth has been previously reported to have an intellectual impairment including current ability to understand SAB/VV questions	If yes, override may be appropriate with action taken to mitigate risk and roommate consideration	If yes, override may be appropriate with documented history and detail of actions taken to mitigate risk.
Question 8: Lack of Fit	Review all checked boxes on the SAB/VV.	Dependent of features indicated, override may be appropriate with documented history and detail of actions taken to mitigate risk.	Dependent of features indicated, override may be appropriate with documented history and detail of actions taken to mitigate risk.

<u>Full Guide</u>			
Review all questions from SAB/VV youth scored higher than a zero. Determination for override will be based on a combined review of all questions unless a specific override criterion indicates no override allowed.			
SAB/VV question review	Review	Initial Facility/Intake Assessment/Review Override Criteria	Tenured youth in facility override criteria
Question 1: Age of youth	What is the age of the youth	Override may be appropriate with similar aged roommate	Override may be appropriate with similar aged roommate
Question 2: Institution experience	Review youths previous placements for frequency and duration – Fewer placements indicate a greater risk	Override may be appropriate based on a review of other risk factors and appropriateness based on full review	If yes, override may be appropriate with documented history and detail of actions taken to mitigate risk.
Question 3: Social Skills	Interview youth for feelings surrounding ease/discomfort with social interactions – Review specific questions answered yes in question 2.	If youth is uncomfortable with all social interactions noted on SAB/VV override may be appropriate with documented history and detail of actions taken to mitigate risk.	If yes, override may be appropriate with documented history and detail of actions taken to mitigate risk.
Question 4: Perception of Risk	Does the youth feel at Risk from attack or abuse from others – Review specific responses from SAB/VV	If youth responded with OFTEN, Override not appropriate. If youth responded with SOMETIMES override may be appropriate with action taken to mitigate risk and roommate consideration	If yes, override may be appropriate with documented history and detail of actions taken to mitigate risk.

Question 5: History of Victimization	Does the youth have a history of being vulnerable to victimization (Ex: abuse history, size, age, maturity level, physical disabilities, mental health history, gang affiliations, exposure to criminal lifestyle, etc.) if yes provide justification for override	If youth responded with OFTEN, Override not appropriate. If youth responded with A FEW TIMES override may be appropriate with action taken to mitigate risk and roommate consideration	If yes, override may be appropriate with documented history and detail of actions taken to mitigate risk.
Question 6: Offense Type	Does the youth have a history of sex offenses	If yes, override not appropriate.	If yes, override may be appropriate with documented history and detail of actions taken to mitigate risk.
Question 6b: Engaged Behaviors	Does the youth have a history of engagement in behaviors that would be considered sexually aggressive	If yes, override may be appropriate with documented history and detail of actions taken to mitigate risk.	If yes, override may be appropriate with documented history and detail of actions taken to mitigate risk.
Question 7: Intellectual Impairment	Is there any evidence that the youth has been previously reported to have an intellectual impairment including current ability to understand SAB/VV questions	If yes, override may be appropriate with action taken to mitigate risk and roommate consideration	If yes, override may be appropriate with documented history and detail of actions taken to mitigate risk.
Question 8: Lack of Fit	Review all checked boxes on the SAB/VV.	Dependent of features indicated, override may be appropriate with documented history and detail of actions taken to mitigate risk.	Dependent of features indicated, override may be appropriate with documented history and detail of actions taken to mitigate risk.

**YOUTH DEVELOPMENT CENTER/YOUTH FORESTRY CAMP SYSTEM
Resident Information Checklist - Intake**

Resident Name:		CLPS Reviewing Information:	
Facility:		Date CLPS Reviewed Information:	
Date of Admission:		Medical Staff Reviewing Information:	
		Date Medical Staff Reviewed Information:	

The following is a list of information that will be covered with you by the individual conducting your intake to the facility. It is important that you receive and understand the information being presented to you. Additionally, you are encouraged to ask questions should you not understand any of the information you are being given. If at some point in the future you do have questions you are welcome to ask the person conducting the intake, your counselor or any supervisory staff.

A. **State Court Unit Section:** Please review the statements below and indicate by signing your initials in the corresponding "Yes" or "No" box that you have been provided information about and understand the following:

	Yes	No
My right to have confidential access to my attorney or other legal representation.		
My right to have reasonable access to my parents or legal guardians.		
My right to report incidents or suspicions of sexual abuse or sexual harassment.		
My right to file a grievance.		
My right to contact the facility's client advocate.		
Your right to access outside victim advocates for emotional support services related to sexual abuse.		
The facility's policies and practices by which communications will be monitored.		
The extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.		
Information about facility's Zero Tolerance Policy for Sexual Abuse and Harassment.		
Information related to the agency's policy against retaliation for reporting sexual abuse, sexual harassment or cooperating with an investigation.		
For transgender and intersex youth, information related to the right to shower separately.		
I have been provided with educational material and/or shown a video regarding my right to be free from sexual abuse and sexual harassment.		
I have been provided with educational material and/or shown a video regarding my right to be free from retaliation for reporting sexual abuse or harassment.		
I have been provided with educational material and/or shown a video regarding my right to The agency's response policies and procedures for responding to reports of sexual abuse or sexual harassment.		

The information provided to me was done so in a manner that was understandable and I was given an opportunity to ask questions.

Agree: _____ Disagree: _____ Employee: _____

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**YOUTH DEVELOPMENT CENTER/YOUTH FORESTRY CAMP SYSTEM
Resident Information Checklist - Intake**

B. Medical Department Section: Please review the statements below and indicate by signing your initials in the corresponding "Yes" or "No" box that you have been provided information about and understand the following:

	Yes	No
I have been informed of my right to medical services such as vision, hearing, dental, mental health and physical care at no cost.		
I have been informed of my right to refuse medications and treatment.		
I have been provided with the Informed Consent Resident Care form.		
I have received a pamphlet on Minor's Confidentiality Rights.		
I received an orientation pamphlet to Health Services and am aware of services offered.		
I have been informed of sick call, medication administration and health screenings.		
I have been informed of my right to access outside community services coordinated through health services for any reported acts of sexual abuse or sexual harassment.		
I have been informed that if I have experienced prior sexual victimization and/or previously perpetrated sexual abuse, staff will ensure that I am offered a follow up meeting with a medical or mental health practitioner within 14 days of my intake screening. Access to medical and mental health evaluations and treatment will also be provided if sexual victimization would occur within placement that is consistent with community level of care.		
I have been informed that any information about sexual abuse or sexual victimization is strictly limited to medical and mental health practitioners as well as assigned treatment team as necessary to ensure appropriate services and care.		
I have been informed if I disclose information about sexual abuse or sexual victimization to a mandated reporter (such as health care provider and staff) and am under 18 years of age, the information will require reporting to other agencies such as child line and law enforcement. I understand if I am over the age of 18, that an informed consent is needed from me before reporting information about prior sexual victimization that did not occur in an institutional setting.		
I have been informed that if I am a victim of sexual abuse I shall receive timely access to emergency medical treatment including screening and treatment for sexually transmitted diseases, disease prevention and emergency contraception with access to crisis intervention centers. In addition, a mental health evaluation and treatment will be provided timely. Care provided without cost and regardless if resident names an abuser or cooperates with any investigation. Note: If female resident, informed also that emergency contraception and pregnancy testing services with comprehensive information about all lawful pregnancy related medical services would be provided if victim of sexual abuse.		

The information provided to me was done so in a manner that was understandable and I was given an opportunity to ask questions.

Agree: _____ Disagree: _____ Employee: _____

Notice: The information contained in this document shall be considered Protected Health Information and is subject to the provisions of policy 4.07 related to Health Insurance Portability and Accountability Act (HIPAA) of 1996.



COMMONWEALTH OF PENNSYLVANIA
BUREAU OF JUVENILE JUSTICE SERVICES

4TH Floor Bertolino Building
 P.O. Box 2675
 Harrisburg, Pennsylvania 17105

Office of Children, Youth
 and Families

PHONE: (717) 772-0761
 FAX: (717) 787-7753

Currently children placed in a Youth Development Center (YDC) or Youth Forestry Camp (YFC) are ineligible for Medicaid. However, on a pilot basis and at the direction of the Deputy Secretary of the Office of Income Maintenance (OIM) may authorize Medicaid for children in an YDC or YFC for in-patient hospital services, if the child is otherwise eligible for Medicaid, only for the period of in-patient hospitalization.

By completing and submitting the information below the facility is requesting authorization for a youth that was hospitalized. The facility is responsible for completing the required application and submitting it to the County Assistance Office in the county which the facility is located. Also, the facility must identify a contact person contact person for the CAO and notify the CAO of the actual discharge date once it occurs.

This form must be completed and submitted to Russell J. Zemanek at rzemanek@state.pa.us as soon as possible following a youth's admission to a hospital. (Emergency room visits and/or other outpatient services aren't eligible for consideration)

Name of youth	
Youth's Social Security number	
Youth's Date of Birth	
Name of the hospital	
Date of admission to the hospital	
Discharge date or tentative date if known	
Reason for hospitalization	
Youth's county of residence	
Name of facility	
County where the facility is located	
Name of facility's contact person	
Contact person's job title or classification	
Phone number for facility's contact person	
Name of person completing this form	
Date that a Medical Assistance application Completed?	
Upon checking the CIS system (see attached instructions), is the youth currently enrolled in Medical Assistance? If yes, is it active or closed?	

Guide to Using CIS

Sign-on using DPW SSL Transactions or DPW Transactions:

(To transmit in this system, always use the enter key.)

1. Double click on DPW SSL Transactions or the DPW Transactions icon.
2. Double click on User Sign-on.
3. Enter your CIS username and 5 digit password.
4. Press enter in the transmit field.
5. Double click on CIS Inquiry Menu, also known as CQMENU.

```

1: CQMENU                PRIMARY INQUIRIES MENU                _/_/_ _ : _ : _ :
2:
3:   Description          Trans  Co Record   Cat GG  LN   Begin
4:  1. Case Inquiry .....> CQCASE  _ _ _ _ _
5:  2. Case Members .....> CQCMEM  _ _ _ _ _
6:  3. Ben Gen Screen Queue .> CQBQUE  _ _ _ _ _
7:  4. TSA Screen Queue .....> CQSQUE  _ _ _ _ _
8:  5. Budget Authorization .> CQBUDG  _ _ _ _ _   *** *   *****
9:  6. Budget Members .....> CQMEMM  _ _ _ _ _   *** *   *****
10: 7. Cash Recurring Ben ...> CQCBNF  _ _ _ _ _   *** *   *****
11: 8. FS Recurring Ben .....> CQFBNF  _ _ _ _ _   *****
12: 9. Individual Data .....> CQINDL  _ _ _ _ _   **   *****
13:  A. Individual Number .> CQINDD  _ _ _ _ _   *****
14:  B. SSN .....> CQSSNI  _ _ _ _ _   *****
15: 10. AP/CIS SSN Search ....> CQSSNB  _ _ _ _ _
16:      Last Name          First      M   DOB      S R   SSN   CO
17: 11. AP Name ..> CQANAM  _ _ _ _ _ * **/**/**** * * ***** **
18: 12. CIS Name .> CQCNAM  _ _ _ _ _ * **/**/**** * * ***** **
19:      Co D   Date      Operator Trans Auth Pid
20: 13. Supervisory Trans ....> CQSUPR  _ _ _ _ _ ***** ***** ***** *****
21: 14. AECM History .....> CQHIMN  _ _ _ _ _
22:
23: Next Trans: _____ Parameters: _____ Xmit: _
24: _____

```

Sign-on using the Host Connection:

(To transmit in this system, always use the + key.)

1. Double click on the Host Connection icon.
2. You will receive a message stating "Session path open to: WTIP1"
3. Type "signon/(your user name)" and "+".
 - a. Ex: signon/123456789+
4. When prompted, enter your 5 digit password and transmit with the + key.
5. If everything is correct, you will receive a message stating "Successful Password."
6. Type CQMENU+

To search by a social security number:

1. On the CQMENU screen, go to line 9B and type in the client's social security number and then transmit.
2. If a client has never received benefits, you will receive an error message stating the "Individual does not exist."
3. If a client received benefits in the past, you will see the client's Individual Detail Inquiry Screen, or CQSSNI.
4. The top half of the page will display the client's name, social security number and date of birth. The bottom half of the page will display the county code the benefits were received in (Co), his/her record number (Record), the category or type of benefits previously

received (C/G), his/her line number (LN) and the beginning and end dates for those benefits (Elig Beg and Elig End).

Category

- Cash Assistance C or U
- Food Stamps FS
- Medical Assistance J, PS, PC/TC, PU/TU

5. If a client was a former recipient of cash assistance, he/she automatically received medical benefits. A separate medical category will **NOT** appear.
6. To progress through numerous pages, go to the top right corner of the screen and type in the next page number. (Ex. 02 and transmit)

To search by name:

1. On the CQMENU screen, go to line 10 and enter as much information as you know. (Ex. Client's name, date of birth, last county they were active in, etc.)
2. If only the client's name is known, type it in and transmit.
3. This will lead to the CIS Name Inquiry Screen, or CQCNAM.
4. A list of names should appear. Look for the one that appears to be correct. To select a name, put a "y" in the "I" field located next to the person's last name. Tab down to the xmit field at the bottom and transmit.
5. This will lead you to the client's individual detail screen, also known as CQINDL.

To view information about a client's family:

1. At the bottom of the CQINDL or CQSSNI screen, type CQCASE in the "Next Trans" field, tab over to the "XMIT" field and transmit. This will display the payment name's information and the household's address and phone number.
2. To view household composition, type CQCOMP in the "Next Trans" field, tab over to the "XMIT" field and transmit. This will show who is receiving benefits in that household.

For additional information/help, contact:

Karen Kern	717-787-7754
Michael Baker	724-656-7316

OIM manuals can be viewed online at: <http://www.dpw.state.pa.us/General/003671714.htm>

County Names and Codes

County	Code	County	Code	County	Code
Adams	01	Elk	24	Montour	47
Allegheny	02	Erie	25	Northampton	48
Armstrong	03	Fayette	26	Northumberland	49
Beaver	04	Forest	27	Perry	50
Bedford	05	Franklin	28	Philadelphia	51
Berks	06	Fulton	29	Pike	52
Blair	07	Greene	30	Potter	53
Bradford	08	Huntingdon	31	Schuylkill	54
Bucks	09	Indiana	32	Snyder	55
Butler	10	Jefferson	33	Somerset	56
Cambria	11	Juniata	34	Sullivan	57
Cameron	12	Lackawanna	35	Susquehanna	58
Carbon	13	Lancaster	36	Tioga	59
Centre	14	Lawrence	37	Union	60
Chester	15	Lebanon	38	Venango	61
Clarion	16	Lehigh	39	Warren	62
Clearfield	17	Luzerne	40	Washington	63
Clinton	18	Lycoming	41	Wayne	64
Columbia	19	McKean	42	Westmoreland	65
Crawford	20	Mercer	43	Wyoming	66
Cumberland	21	Mifflin	44	York	67
Dauphin	22	Monroe	45		
Delaware	23	Montgomery	46		

COMMONWEALTH OF PENNSYLVANIA
Department of Public Welfare

OPERATIONS MEMORANDUM
Medical Assistance

SUBJECT: Medicaid Authorization for Youths Released From the State Youth Development Center/Youth Forestry Camp System

TO: Executive Directors

FROM: Christine M. Bowser
Director
Bureau of Operations

The purpose of this memo is to inform you of a new procedure which authorizes Medicaid for former recipients who are being released from a Youth Development Center (YDC) or Youth Forestry Camp (YFC). This procedure is effective May 2, 2005.

BACKGROUND/DISCUSSION

The Department is initiating Medicaid authorization without an application for youths who are being released from a YDC/YFC; this initiative is intended to facilitate the youths' transition to the community. A Medicaid recipient who was placed in a YDC/YFC for a period of three years or less will now automatically qualify for Medicaid in a PC-30 category. The period of Medicaid eligibility will begin on the date of release from the YDC/YFC, and will extend to the end of the third month after the calendar month of release for a total period of eligibility of up to 122 days. This new procedure pertains only to youths who had been Medicaid recipients at the time of entry in the YDC/YFC.

The Office of Income Maintenance and the Office of Children, Youth and Families (OCYF) will be working together to identify eligible individuals and process Medicaid authorizations.

The general workflow of this process will be a series of communications between the YDC/YFC and the CAO of the county in which the youth will reside upon discharge. Most of the communication will take place via the exchange of two forms (attachments 1 and 2) between the YDC/YFC and the CAO; these forms can be mailed or faxed. The workflow will begin 30 to 60 days *prior* to a youth's release from the YDC/YFC, and will conclude with the authorization or denial (as appropriate) of Medicaid benefits. Specific steps of the workflow are as follows:

Step 1

Within 30-60 days of the release date, the YDC/YFC contact person, using the *Notification/Confirmation of Release* form Part A, will provide the following information to the appropriate CAO:

- Individual's name
- Social Security Number
- Name and address of guardian/parent with whom the youth will be residing
- Name of the YDC/YFC and the date that youth entered the YDC/YFC
- The anticipated release date
- Confirmation that the youth had been receiving Medicaid prior to placement in the YDC/YFC
- Date that the notice is being sent

Notes:

1. If the youth is NOT a former cash assistance or Medicaid recipient, the standard application process must be used to obtain Medicaid. This process applies ONLY to former cash assistance or Medicaid recipients. Youth who are not former recipients must submit a standard application if they wish to receive Medicaid benefits.
2. The policy and procedures in this memorandum should not be confused with those in Supplemental Handbook 850.3, which pertain only to youths discharged from Juvenile Detention Centers.

Step 2

Upon receipt of the *Notification/Confirmation of Release* form with Part A completed, the CAO will review and verify information in the Client Information System (CIS) to establish whether the youth is eligible for Medicaid.

Notes:

1. An eligible individual is defined as one who has been in a YDC/YFC for three years or less, and who had been a cash assistance or Medicaid recipient at the time of placement in the YDC/YFC.
2. Youths who formerly had been Supplemental Security Income (SSI) recipients and who are released from a state YDC/YFC should be coded as PC-30 upon release. The CAO is to make a referral to the Social Security Administration to reinstate SSI benefits. The category is to be changed to a "J" upon reinstatement of SSI benefits.

Step 3

Within 10 days of receipt of the *Notification/Confirmation of Release* form, the CAO will notify the YDC/YFC as to whether the youth will be eligible for Medicaid upon release; this information will be provided via the *Eligibility/Ineligibility* form (attachment 2).

Step 4

The YDC/YFC will complete Part B of the *Notification/Confirmation of Release* form and send to the CAO approximately one week prior to the anticipated release date. Part B provides *confirmation of* or a *delay in* the anticipated release date.

Step 5

a. If Part B indicates a change in the release date, CAO will wait for further information from the YDC/YFC before taking any further action.

OR

b. If Part B confirms the release date originally provided in Part A, the CAO will open the case.

Notes:

1. The release date should be used as the eligibility begin date. The reapplication due date should be the last day of the calendar month that occurs three months after the month in which the release date occurred.

Example: On July 20th, the CAO receives from the YDC the *Notification/Confirmation of Release* form, Part A completed. The anticipated release date is September 2nd. The CAO contact person then reviews CIS, determines that the youth will be eligible upon release, and furnishes this information to the YDC/YFC on the *Eligibility/Ineligibility* form. On August 28th, the CAO receives the *Notification/Confirmation of Release* form, Part B completed. This confirms the release date, and the CAO will then authorize Medicaid. The youth is eligible for Medicaid from September 2nd through December 31st, at which time continued Medicaid eligibility must be redetermined.

2. A new case number is to be created for these youths if the child is not returning to the previous case record household. If the child is returning to the previous case record, these youths are treated as a separate budget group.
3. The youth should be made the case payment name only when a new case record is created.
4. A new ACCESS card should be issued if the youth does not have possession of the current ACCESS card.

5. The manual PA162 notice must contain the exact begin date and end date for Medicaid. It should be sent to the address at which the youth will reside, and should be addressed to the responsible adult(s) with whom the youth will be living.
6. If there is a change in circumstances (e.g. youth obtains a job, changes address, is included in family's application for assistance, etc.) during the period of PC-30 eligibility, a review of the youth's continued Medicaid eligibility must be completed. The youth is entitled to an advance 162 notice for termination of PC-30 benefits if the review indicates that eligibility requirements are not being met.

Step 6

The YDC/YFC will send the *Notification/Confirmation of Release* form, Part C completed, to the CAO approximately two days after the date of release. If Part C indicates that the youth was not released on the anticipated release date, the CAO will close the case. If Part C indicates that release did occur, no further CAO action is necessary.

Note:

1. This step is necessary to address the rare instance when a youth may not be released on the anticipated date. Unforeseen events (such as problems at the prerelease hearing) sometimes result in a youth's return to the YDC/YFC.

ADDITIONAL INFORMATION

- The *Notification/Confirmation of Release* is to be filed in the case record as documentation that the individual has been released from the YDC/YFC.
- The following wording is to be used for the PA 162 that is sent to provide notification of the individual's eligibility for Medicaid:

"The County Assistance Office has been notified that _____ has been discharged from _____ and returned to your care. The child is authorized for Medicaid benefits and will continue to automatically receive these benefits until _____. An ACCESS card will be mailed. It is important that you contact this County Assistance Office within 30 days prior to the above termination date, so that a caseworker can make a determination of continued Medicaid benefits for this child."

- The process of selecting an HMO in a mandatory or optional care county remains the same. All eligible individuals will be enrolled in managed care if the county where the individual will reside is a mandatory or optional enrollment managed care plan county.

NEXT STEPS

1. Review this revised procedure with appropriate staff.
2. Review the attached contact lists.
3. Contact your Area Manager with any questions related to this policy.

Attachments:

1. *Notification/Confirmation of Release form.*
2. *Eligibility/Ineligibility form*
3. *YDC/YFC Contact List*
4. *MA Outreach Contact List*