The Maryland
Department of Juvenile Services

Aftercare Strategy

Every child will become a self-sufficient productive adult.

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Department of Juvenile Services

Vision

Every child will become a self-sufficient productive adult.

Mission

The Department of Juvenile Services embraces a balanced and restorative justice philosophy. DJS seeks to ensure the public safety and protection of the community, to hold juvenile offenders accountable to victims and communities, and to develop youth competency and character to assist them in becoming responsible and productive members of society.

Core Values

In carrying out our Mission of a balanced and restorative justice system, the Department of Juvenile Services is committed to continuous quality improvement and managing for results. In their efforts to achieve measurable goals, strategies and performance outcomes, DJS employees must be prepared for meaningful change. However, our actions must be guided by core values which form the principles and beliefs that enable us to fulfill our mission. The following are our core values:

Organizational Focus - The Department of Juvenile Services operates one integrated system of results-based restorative services delivered in communities and places of residence to meet the individual and particular needs of youth and their families without compromising public safety.

Respect for the Individual - We will conduct our business affairs with full regard and respect for every individual.

Honesty and Integrity - We adhere to the highest standards of ethical behavior.

Our Employees - We recognize that our employees are our most important resource. We are committed to the personal well being and professional development of all employees. We encourage creativity and we reward superior performance

Responsibility and Accountability - We are responsible for the health, safety, care, and humane treatment of all youth under our jurisdiction, and we are accountable to the people of Maryland. Our behavior is guided by standards of conduct supported by appropriate corrective disciplinary action.

Accessibility - We communicate with the public in an open and truthful manner. We actively seek external opinion, and we are responsive to requests for information and access to our facilities without compromising lawful confidentiality.

Collaboration - To achieve mutual goals, we actively seek partnerships wherever appropriate to help youth and their families.

Introduction to the Strategic Plan for Aftercare

This is the first in a series of documents that will detail efforts DJS is undertaking to achieve its mission. This report describes the Department's strategic plan for aftercare. Future documents will articulate DJS plans in admissions and assessment and community justice. These initial strategy documents address definitional issues, identify goals and outline the strategies the Department will employ to achieve these goals. The strategic plan is supported by program and operational directives that serve as an implementation plan for carrying out the strategies (see Appendix A). In each area, teams of DJS staff and collaborators from other agencies are working to develop more detailed plans for implementation, including budgets, staffing and task responsibilities, involvement of human service providers and other agencies, and multi-year time lines. This plan will be reviewed annually and revised accordingly.

Definition of Terms

Aftercare is a specialized process for committed youth that occurs both in the commitment or treatment facility and in the community. Aftercare recognizes that youth who are committed need specialized services to protect public safety, reintegrate them in the community, and reduce their chances of recidivating. The aftercare process refers to those activities and tasks that 1) prepare committed juvenile offenders for reentry into the specific communities to which they will return; 2) establish the necessary arrangements and linkages with the full range of public and private sector organizations and individuals in the community that can address known risk and protective factors; 3) ensure the delivery of prescribed services and supervision in the community; and 4) monitor conduct in the community to ensure public safety.

Goal of Aftercare

The Department of Juvenile Services aims to reduce the rate of recidivism of youth released from aftercare supervision.

Strategies

- Assign every high-risk and/or high-need youth released from a commitment program to intensive aftercare supervision.
- Develop an Treatment Service Plan that includes an updated risk and needs assessment and a detailed accounting of treatment in the placement facility, and of services and activities for youth and family in the community.
- Identify and implement standardized assessments for educational status, mental and medical health, substance abuse, and family needs. Complete these upon placement, prior to discharge, and at scheduled reassessments in the community.
- Form teams of specialized aftercare case managers as a continuation of the Department's integrated case management. Case managers form the link between comprehensive assessment and continuous integrated service delivery.
- Develop Treatment Service Plan that address multiple needs and include collaborative human service access from the time of placement until release from juvenile justice jurisdiction. Case managers develop a behavioral contract between youth, family, and DJS.

- Build youth competencies by providing re-integrative programs and services that have been shown to be effective with high-risk youth.
- Structure supervision based on a department-wide Community Justice Supervision System that specifies contact requirements and school and service participation (see Appendix C). Hold youth accountable by employing a schedule of graduated responses and incentives that ensure swift and certain responses to compliance violations and progress.
- Construct Awrap teams@ for aftercare youth involving family members, community agencies providing enhanced oversight and advocacy, service delivery agencies, and neighborhood resources. Assist youth in repairing the harm they have caused to victims and the community.
- Deploy aftercare case managers to maximize focus on places with high concentrations of aftercare youth and recidivism. In these target areas, seek to maintain intensive aftercare ratios of 30 high-risk or high-need youth for each team of two case managers; and in future years attain caseloads of 20 high intensity aftercare youth per team of two case managers.
- Terminate youth from DJS jurisdiction with the approval of the juvenile court, based on their review and DJS's affirmation of completion of service plans and supervision requirements. High-risk or high-need youth must remain in intensive aftercare supervision for a minimum of six months.
- Support the aftercare system with a strengthened infrastructure of supervision, training, and a fully integrated and automated Comprehensive Client-Based Information System.

Performance Measures

Placement, Assessment, Service Plans, and Institutional Treatment

- number of youth assigned to intensive aftercare supervision
- risk and need assessment scores of youth assigned to intensive aftercare supervision
- number of aftercare staff trained on assessment and service plan protocols
- percentage of aftercare orientation protocols (assessment, service plan, behavioral contract) completed within 15 days of admission to the out-of-home placement
- percentage of updated aftercare orientation protocols (including names of community service providers, contact persons, etc.) completed during final 30 days of period in out-of-home placement
- average number of reassessments and updated service plans completed on aftercare youth after release to the community
- number of curriculum-based programs with proven effectiveness implemented in placement facilities; number of youth completing these programs

Case Management and Structured Supervision

- number of aftercare case management teams established
- number of staff trained in specialized aftercare case management and graduated sanctions policy

- average number of institutional case management meetings that are attended by aftercare community case manager; phone contacts between community case manager and youth while in placement facility
- percentage of youth meeting 80% of compliance requirements specified in supervision plan/behavioral contract
- average number of graduated responses and incentives employed during period of aftercare supervision in the community; time between violation and application of sanction
- average caseload ratios of case managers responsible for intensive aftercare supervision

Engaging Family and Community

- average number of institutional case management meetings that are attended by parent/guardian/responsible family member
- average number of family visits conducted by community case manager while youth is in the out-of-home placement facility; number of school preparation visits by case manager (or DJS educational liaison) during this time
- average number of visits to home, school, and service programs by trackers or community case managers for high-risk youth on intensive aftercare supervision

Outcomes

- number, proportion of aftercare youth rearrested; number, proportion rearrested and charged with serious (e.g., felony, violent) offenses, time to rearrest from release to aftercare supervision
- number, proportion of youth rearrested and waived to adult system
- number, proportion of youth re-referred to DJS (and type of charge, time to re-referral)
- number, proportion of re-adjudicated and re-committed (and type of charge)
- number, proportion of youth graduating from high school; number, proportion who obtain GED
- number, proportion of youth employed
- number, proportion of youth with negative urinalyses results

APPENDIX A
Implementation Plan for Aftercare

9/01/03

DJS has identified a number of strategies designed to ensure the effective delivery of aftercare supervision and service delivery. These individual strategies are in different stages of planning and implementation. In many cases, they represent significant departures from past policy and practice in the Department. To ensure the quality and integrity of their implementation, some of the strategies will be initiated in select jurisdictions and subsequently expanded across the state. In developing each strategy, the Department is working with agency staff, local practitioners, and academic experts to develop standards, protocols, and tools that will guide their implementation. Key strategies are described below; tools that will be used in implementation are shown in Appendices B, C, D, E, F, G, H, and I.

1. Risk and Needs Assessment

Key Strategies and Timeframes

- Use existing classification and assessment tool until October 1, 2002
- Use modified tool for an aftercare-specific population by March 1, 2001
- Implement modified aftercare-specific tool and begin staff training on March 1, 2001
- Automate the validated tool beginning October 1, 2002

Develop and implement a validated tool for risk assessment and classification. Juvenile offenders present varying degrees of risk to public safety; this level of risk will drive the level of supervision individual youth receive in the DJS system. Aftercare youth require their own system of risk assessment because of their unique characteristics that result in a commitment to a facility. Assessing risk involves gathering individual history and status information on factors that predict the likelihood of re-offending. Building upon internal and external reviews of research done for the Department by the National Council on Crime and Delinquency (NCCD), DJS is using a tool constructed by NCCD and is implementing it statewide. The goal is to have a common data collection process that contains predictors of risk for different decisionsB detention, commitment and aftercare. The tool will be used for both placement recommendations to the court and to determine supervision levels. Research will be conducted to further refine and validate its use with the aftercare population, and to construct variations of it that take into account regional differences (e.g., between Baltimore City and the Eastern Shore) in patterns of re-offending.

Consistent with current national research in this area, the risk assessment measure, shown in Appendix F, includes items indicating delinquent history, family dysfunction, school disruption, peer relations and substance abuse problems. Results from this measure, in combination with information about the impact of the current commitment offense (particularly whether it involved violence) and a needs assessment, will be used to classify individuals to a particular level of aftercare supervision and service delivery (see Classification Matrix in Appendix E). Youth will be reassessed routinely while in the institution and after reentry to the community. Decisions to release youth from placement, and to move them up or down along the continuum will be based on this reassessment, which includes compliance with Treatment Service Plans and supervision

requirements.

Employ Treatment Service Plans derived from needs assessments for all aftercare youth and their families. Needs assessment is traditionally used to identify the problems and deficits of juveniles. Factors such as conduct problems in the home, mental health history, and parental criminality or alcohol abuse are assessed to tailor aftercare interventions that help youth live independent and productive lives. Needs-based assessments will be done during the intake process and again soon after placement, to inform the Treatment Service Plan. Building upon information available from previous adjudications and from interviews with the child and family members, the plan will be developed by a team of DJS counselors to match the evolving needs of the juvenile offender. As shown in the draft Treatment Service Plan Form shown in Appendix G, plans developed both in the facility and in the community will specify attendance in school or specialized education programs, participation in curriculum-based services, and involvement with less formal supports. The case management team (see below) will monitor progress in carrying out the plan, and meet regularly with the youth as well as family members and service and support agents to update and modify it to reflect current needs.

2. Case Management

Key Strategies and Timeframes

- Workload responsibilities completed January 1, 2001
- Draft manuals completed January 1, 2001
- Created aftercare case management teams from Community Justice and Residential staff beginning March 1, 2001
- Obtain MOUs or letters of support from collaborating community organizations and government agencies beginning March 1, 2001 - ongoing

Prepare youth for community reentry through collaborative interventions that begin in the out-of-home placement. The aftercare process begins at placement, or even before placement for children awaiting placement post-disposition. Personnel at the facility must be designated to the reentry process. Case management teams assigned to high risk youth in the facility will include one or more staff with specialized knowledge about the neighborhood to which the youth is returning, its schools, and local services and informal supports. The team will include an institutional counselor, an aftercare counselor who meets with the youth and the team at least monthly during the institutional phase and then assumes the lead case manager role during reentry and a Atracker@ who specializes in aftercare monitoring in the youth's neighborhood. The team will finalize a revised aftercare education and service plan and confirm living arrangements, school placement, and access to community treatment or service referrals prior to release.

As part of a developing alliance with schools and community-based organizations, the Department is also seeking to enhance continuity between curriculum-based institutional services and those used by youth on aftercare. Through formal and informal agreements, visits to the placement facilities, and sharing of assessments and progress information (within the limits of confidentiality), representatives from community organizations will form a Awrap team@ with DJS case managers

and the family that will work with high risk youth. Formed early in the placement process, these linkages will reinforce place-based principles of intervention and seek to induce the community to ultimately assume responsibility for youth reintegration.

Several components of this strategyBcase managers with localized community expertise, proactive collaboration and coordination between community and institutional staff, and between DJS and community agenciesBrepresent new ways of working within the Department. It will be important to develop a series of standards that underline these changes and ensure that they are embraced by staff.

3. Re-integrative Programs and Services in the Placement Facility

Key Strategies and Timeframes

- Developed new results-based performance contracts beginning October 1, 2000
- Modified existing contracts to incorporate results-based requirements between October 1, 2000 and September 30, 2001
- Identified empirically-based interventions that have proven track records (e.g., readiness for change, social and life skills) and assess their availability in current programming beginning January 1, 2001
- Identified providers beginning January 1, 2001
- Selected initial facilities for implementing curriculums beginning March 1, 2001

Implement interventions that are individualized, holistic, and based on standards of effective interventions. Research conducted over the past decade has confirmed that some interventions are more effective than others. A number of curricula have been developed for juvenile offenders and empirically validated through a rigorous process of evaluation and replication. In order to establish both standards for service providers working with aftercare youth and to improve overall results from these interventions, DJS will mandate the utilization of these curricula during different parts of the aftercare process. Curricula that are proven to be effective for different types of youth needs (e.g., substance abuse, risk-prone thinking, social skill development, life skills, etc.) will be identified. Service contracts with providers will require the use of an established intervention protocol/curriculum, to ensure that the services have the highest potential for success. The adoption of these structured curricula will be facilitated by the Department's interagency effort with DHMH to develop coordinated, comprehensive mental health and substance abuse treatment programs in all residential facilities (see Appendix I).

A curriculum will be identified that can be used within the out-of-home facilities to begin the change process. Specific curricula exist that address the youth's engagement in the change process and taking responsibility for their behavior. These curricula are part of a growing set of Atreatment readiness@ techniques which should assist with the youth's compliance with behavioral contracts and plans in the community. In the community, effective interventions include strategies that promote social competency by focusing on skills necessary to adapt and integrate feelings, thinking, and actions to achieve specific goals. These can include emotional skills (e.g., identifying

and labeling feelings, expressing feelings, controlling impulses), cognitive skills (problem-solving, understanding the perspective of others, interpreting social cues), and behavioral skills (communicating effectively both verbally and nonverbally, resisting negative pressures).

4. Structured Supervision and Graduated Responses

Key Strategies and Timeframes

- Refine process of matching youths needs to services beginning October 15, 2000
- Detailed sanctioning and incentive protocols completed January 2001
- County-based inventory of community resources completed January 1, 2002
- Implemented system of sanctions and rewards beginning March 1, 2001
- Trained case managers to use system of sanctions & rewards beginning March 2001
- Monitor implementation of system beginning March 1, 2001

Structure supervision based on a department-wide Community Justice Supervision System. The Department's system was informed by the experience of other jurisdictions in implementing structured supervision and graduated response protocols; a partial draft of the system showing sanctions and reporting requirements is shown in Appendix E. DJS's system identifies differentiated aftercare status levels tied to the risk and needs that the youth presents. Supervision services include face-to-face contacts, tracking, in-home and at-school collateral contacts, and for some youth, drug testing, house arrest, and electronic monitoring. The Department's supervision system also articulates graduated responses (such as warning letters and additional contacts associated with escalating violations) and incentives. Under the system, youth with high intensity aftercare status have substantially more requirements than youth on intensive probation supervision or 90-day informal probation. The ratio of youth to aftercare counselors will also be smaller than probation caseload ratios.

Balance surveillance with support and services. DJS has begun to conduct a county-by-county inventory of agency resources (staffing, facilities) and service providers that contract with the Department. The inventory will be expanded to include other, non-contracted youth and family services, as well as local community centers, places of worship, and more informal groups that assist youthful offenders. These data, overlaid on a county-level needs assessment profile of DJS youth, will permit the Department to identify service gaps and redundancies, tighten the referral process, and ultimately construct an efficient and responsive system of community service and support. A more immediate strategy the Department is undertaking involves a review of agreements held with private contractors. Future agreements will specify responsibilities, measurable performance goals and reporting requirements, and DJS will allocate sufficient staff resources to monitor and enforce these contracts.

5. Infrastructure and Support

Key Strategies and Timeframes

- Enhance/modify ASSIST system beginning January 1, 2001
- Developed training protocols beginning January 1, 2001
- Conducted training beginning March 1, 2001 - ongoing
- Deploy aftercare staff beginning March 1, 2001
- Assess implementation progress using performance measures beginning March 1, 2001
- Identify and track outcomes beginning March 1, 2001

Deploy aftercare staff based on regional workload assessments to implement place-based supervision. Staff will be deployed in light of this assessment, with the goal of maintaining a caseload ratio of 30 high risk (high intensity supervision) aftercare youth for each team of two aftercare workers (reduced to 20 youth per team of two case managers in future years). The aftercare workers will join family members, service providers (and during the out-of home placement stage, facility staff) in providing case management services. Deployment will also be done to maximize DJS resources to neighborhoods targeted because of their high concentrations of crime and youth on supervision. To enhance monitoring and service delivery, aftercare staff will also coordinate with HotSpots and Spotlight on Schools staff.

In regions with sufficient numbers of cases (e.g., Baltimore City, Montgomery and Prince Georges Counties), aftercare youth would be assigned to case managers who work exclusively on aftercare. While teams might initially be assigned high risk cases designated for intensive aftercare supervision, caseloads would become differentiated as these youth were reassessed and assigned to less intensive supervision levels. In addition to creating case managers who specialize in aftercare youth, DJS will seek to develop further staff specialization in community monitoring and family support in the state=s more popular regions. Teams in these areas may, for example, include an aftercare case manager, a family support counselor who can engage monitoring school or program attendance and contacting youth and families in homes and other community locales during evenings and weekends.

Support the aftercare system with an infrastructure of supervision, training, and development, and a client-based information system that aids staff operations. DJS will modify supervisory spans of control to improve staff accountability and performance. Systematic training of all staff, and particularly counselors with aftercare responsibilities, will be needed to familiarize personnel with both principles and protocols of risk-and needs-based supervision, place-based interventions, collaboration with institutional and community representatives, and performance-based contracting. Training will also address the need to develop specialized expertise in areas such as family case management, educational and vocational programming, mental health, and substance abuse treatment.

As specified in the Department=s authorizing legislation (Article 83), the client-based ASSIST information system will become the central repository for all records, reports, and other information regarding aftercare youth and other juveniles under DJS custody. At each point of

contact, staff will access and update the system as events occur, so that information on each youth is available in a single source that is accurate and timely. To serve these and other purposes, a number of enhancements and modifications are being made to the ASSIST system.

Develop the capacity to support ongoing monitoring of the implementation of this aftercare plan and research on the outcomes of youth participating in aftercare. In partnership with the Lieutenant Governor=s office, DJS is supporting local researchers outside the Department to assist in the development of aftercare planning and to monitor the implementation of these plans. Findings from the research will be used by DJS to modify or expand elements of the aftercare plan, and to guide its ongoing development. It will also be important to develop in-house capacity for gathering and periodic reporting of information that address performance measures and benchmarks identified in implementation plans.

DJS supports the development of an impact evaluation of aftercare participants that would track their rates of re-offending and other outcomes for at least a year after reentry to the community. It would be particularly useful to conduct a rigorous assessment of the long term impacts of intensive aftercare supervision for high risk youth, as research suggest that targeting resources to this group represents the most cost-efficient investments in juvenile corrections.

Appendix B:
Required Action for Administration and Supervision

9/01/03

Intensive Aftercare Program
Required Actions

Area Director

Supervision

- Supervises the Assistant Area Director
- Approves PEP evaluations for Intensive Aftercare Program (IAP) Case Managers and Supervisors
- Initiates and completes the PEP for the Assistant Area Directors

Administration

- Responsible for the administration, operation, and management of the Intensive Aftercare Program
- Assures that the Intensive Aftercare Program is operating consistent with policy and procedures.
- Assures collaboration with the courts, MHA, DHR, Board of Education and all other community resources required to support the Intensive Aftercare Program.
- Maintain relationship with Core Service Agencies to ensure proper performance of Family Intervention Specialists
- Submit monthly IAP reports to the Office of the Deputy of Restorative Justice by the tenth of the following month

Assistant Area Director

Supervision

- Supervises Case Manager Supervisors
- Initiates and completes PEP evaluations for Case Manager Supervisors
- Ensures Supervisors hold staff accountable for following departmental policy and procedures
- Provides first line approval of release recommendations for Intensive Aftercare Program
- Approves recommendations for termination of youth from Evening Reporting Centers (ERC) program

Administration

- Assures that the Intensive Aftercare Program is operating consistent with policy and procedures.
- Liaises with collateral community resources to ensure accurate & timely communication and problem resolution
- Approves IAP monthly reports

Case Manager Supervisor

Supervision

- Assigns specific duties & responsibilities to Case managers
- Arranges for all new staff to attend certification training for IAP
- Provides on-the-job training for new staff
- Directs the activity of the Family Intervention Specialists
- Meets weekly with IAP teams for case presentations
- Reviews & approves all initial and updated Treatment Service Plans (TSP) according to departmental standards & time frames
- Reviews all case files to insure case management protocols have been followed.
- Provides individual and group supervision to IAP staff as needed
- Ensure staff adhere to proper departmental procedures

Administrative

- Administers PEP
- Reviews MS-22 with new/transfer staff
- Conducts mid-cycle & end of cycle reviews for Intensive Aftercare Teams
- Gathers monthly data from teams and compiles monthly report (See Appendix H of the Operating Procedures for the Intensive Aftercare Program).
- Ensures that community based resources are used appropriately and records data for monthly reporting
- Maintains ERC capacity
- Approves which youth are admitted to the ERC and EM, based on case manager recommendation.
- Reviews recommendations for termination of youth from ERC program
- Liaises between IAP team and ERC directors to ensure accurate and timely communications and prompt resolution of any problems
- Participate in quarterly meetings with residential facility supervisor (juvenile counselor supervisor)

Case Manager

- Proves direct care, integrated case management to high risk youth according to the Standard Operating Procedures of the Intensive Aftercare Program
- Collaborates with community-based organizations and resources in order to fully operationalize the Intensive Aftercare Program.
- Proactively engage youth and families to use their strengths in service planning & resource development

Intensive Aftercare Program
Electronic Monitoring

Director

Supervision

- Supervises EM/CD supervisor
- Initiates and completes PEP for supervisors
- Approves PEP evaluations for EM staff

Administration

- Assures that Electronic Monitoring for the Intensive Aftercare Program (IAP) is operating consistent with policy and procedures.
- Assures that EM staff are collaborating with IAP teams in providing wrap around services
- Provides oversight of the EM/CD operation
- Submits monthly reports to the Office of the Deputy for Restorative Justice

Case Manager Supervisor

Supervision

- Supervises all EM staff
- Hold staff accountable for following departmental policy and procedures regarding the Intensive Aftercare Program

Administration

- Accepts all referrals for Electronic Monitoring
- Ensures that EM staff supervise and apply appropriate EM sanctions to IAP youth, according to program guidelines
- Records data for youth un/successfully completing Intensive Aftercare Program EM requirements
- Submits monthly reports for IAP data to Director

EM Staff/Youth Supervisor

- Supervise and apply appropriate EM sanctions to youth according to guidelines for the Intensive Aftercare Program
- Report EM violations to IAP case managers
- Collaborates with Intensive Aftercare teams in providing wrap around services

Appendix C:
Position Descriptions

STATE OF MARYLAND
DEPARTMENT OF BUDGET AND MANAGEMENT
OFFICE OF HUMAN RESOURCES
301 West Preston Street
Baltimore, MD 21201

POSITION DESCRIPTION

REVIEW INSTRUCTIONS PRIOR TO COMPLETION

PART I. IDENTIFYING POSITION INFORMATION

ITEMS 1-6 to be completed by Agency Personnel Office.

1. PIN

2. CLASS CODE/GRADE

3. SERVICE

4. IS THIS POSITION DESIGNATED AS A SPECIAL APPOINTMENT?

5. OVERTIME STATUS

6. AGENCY APPROPRIATION CODE 40.01.01.

ITEMS 7-13 to be completed by the supervisor.

7. Current Employee=s Name, if applicable
8. Class Title — Juvenile Counselor
   Working Title, if different — Case Manager
9. Department of Agency Name — Department of Juvenile Services
   Division, Unit or Section — Community Justice Division
10. Work Location/Address
11. Name of Immediate Supervisor
    Title of Immediate Supervisor
12. Work Schedule: (Check all that apply)

___Permanent Day Shift

___Permanent Evening Shift

___Permanent Night Shift

___Other (Explain)

__X Rotating Shift

___Full Time

___Part Time

13. If applicable, how long has the current employee been performing the duties listed below?

PART II. POSITION FUNCTIONS

ITEMS 1-7 If additional space is required, attach a separate sheet.

1. The main purpose of this Juvenile Counselor position is to implement a standardized Treatment Service Plan and aftercare plan. A Juvenile Counselor is a case manager who works to develop and implement a plan of positive social integration, accountability, and competency development for high risk, anti-social, and emotionally disturbed youth who are committed by the court for residential placement. This position is with a specialized intensive aftercare unit that will utilize a team concept in implementing wrap-around services in working with a maximum caseload of thirty (30) youth. Services will be provided in collaboration with a residential treatment team, mental health specialist, and a variety of community resources during non-traditional hours including evenings, weekends, and holidays. This position requires good writing skills, good listening skills, and good investigative skills to assist in the preparation of reports.

2. ESSENTIAL JOB FUNCTIONS AND OTHER ASSIGNED DUTIES:

The following list represents the essential functions of this position. It does not include marginal functions or other duties as assigned.

A. Advises and provides guidance to youth and their families in the area of employment, education, living arrangements, recreation, finances, and other social domains. This work requires a knowledge of resources and an understanding of the social conditions within the community where the family and youth reside. Maintains required face-to-face contacts at a residential facility, in the DJS office, at evening reporting centers, local schools, and in the home of the youth. Meets at least weekly with intensive aftercare team members to discuss progress of youth being seen in the community and in the residential facility. Meets regularly with residential facility treatment teams and evening reporting center staff for case planning, progress reviews, and re-integration planning. 30%

B. Prepares and assists in the preparation of Treatment Service Plans, investigation reports, case records, and progress summaries. Based on established Treatment Service Plans, refer youth and their families to community service agencies such as substance abuse, mental health, physical health, education, and family preservation. These referrals include contacting community

resources and preparing required information needed for a family to be accepted by the resource. This process includes conferences with service providers and the family involved, and strict monitoring. It is the responsibility of the Juvenile Counselor to formulate the development of Treatment Service Plans for the youth and their family in conjunction with the residential facility and make recommendations for release consistent with the results of periodic progress evaluations. 25%

C. Submits court recommendations for shelter care, respite care, community detention, electronic monitoring, continued detention, and placement with vendor programs and/or DJS secure facilities. Based on the court=s request, prepare predisposition reports on the social background and development of the youth and their families who come before the court. Additionally, a social case record must be maintained of all materials pertinent to the family as well as recent progress reports on the case. May also write Waiver of Jurisdiction reports for juvenile and/or criminal courts. 20%

D. Provides Court testimony and recommendations as reflected in the Represents DJS in juvenile court to testify about treatment and Treatment Service Plans for the youth. May also appear in criminal court to testify in waiver of jurisdiction cases. Documents all testimony that is given during court hearings since it is subjected to cross-examination by defense attorneys and the State's Attorney's Office. Will be called upon, at times, to testify about technical treatment and referral matters. 10%

E. Consults with parents, police, judges, private community agencies and others about juvenile court matters. Is available as a resource to transport family members for visitation, case reviews, and family support groups. Is available to the community as a consultant to explain alternative programming and the best available treatment plan for young people who may or may not be involved with the juvenile court system. These consultations include cooperative efforts with the public school system and the design and implementation of an appropriate education plan that can respond to the needs of a student. These consultations may involve other agencies who share co-committed youth. 10%

F. Keeps current with relevant professional literature and treatment trends for juveniles. A great percentage of this time is involved in training sessions and in reviewing professional publications as well as touring treatment programs in the community. Periodically, represent DJS on committees or task forces. 5%

3. LEVEL, FREQUENCY AND PURPOSE OF WORK CONTACTS:

The position requires frequent contact with residential facility staff, mental health practitioners, the youth, and his/her family. Many of these contacts occur daily and are necessary for the completion of reports and the proper implementation of treatment plans.

This position requires ongoing contact with school personnel, employers, counselors, police, judges and DJS staff in other jurisdictions. Some of these contacts will occur daily and are necessary for the completion of reports and the proper implementation of treatment plans.

4. DECISIONS AND RECOMMENDATIONS:

Juvenile counselors will recommend whether a youth will be released from a residential placement, placed on electronic monitoring, detained, sheltered, institutionalized, placed in a community based facility, or allowed to remain with his/her family. In some instances a determination is made as to whether a youth should be recommended for waiver to or from Criminal Court.

5. EQUIPMENT USED:

In order to perform the duties and responsibilities described above, a state automobile, computer terminal, laptop, pagers, fax machine and telephone are utilized.

6. NATURE OF SUPERVISION RECEIVED:

____ Close Supervision

____ Moderate Supervision

__X__ General Supervision

____ Managerial Supervision

7. WORKING CONDITIONS: (Check all that apply)

____ Work involves exposure to uncomfortable or unpleasant surroundings. (Explain) Counselors may visits youth and families in dangerous areas.

____ Work involves exposure to hazardous conditions which may result in injury. (Explain)

____ Work involves special physical demands such as lifting 50 pounds or more, climbing ladders, etc. (Explain)

____ Work requires use of protective equipment such as goggles, gloves, mask, etc. (Explain)

PART III. RESPONSIBILITY FOR THE WORK OF OTHERS

NATURE AND LEVEL OF RESPONSIBILITY FOR WORK OF OTHERS:

a) Does the position supervise employees? Yes _____ No

b) Does this position lead employees? Yes _____ No

If yes, to a or b, list the names and classifications of the employees that this position supervises or leads.

c) Check the ways that this position supervisors or leads these employees. (Check all that apply)

____ Assign and review work
____ Approve leave, sign time cards
____ Sign annual performance ratings
____ Interview and select new employees
__x__ Train employees
____ Discipline employees (counsel, recommend suspension and termination)

d) Do any of the employees supervised have supervisory responsibility? If so, list them and the names and classifications of those they supervise or attach an approved organization chart.

PART IV. PERFORMANCE STANDARDS

A.

- Meets face to face with new clients within two weeks of assignment;
- Makes client contacts as specified within time lines formulated in statute, policy, service plan or risk/needs assessment;
- Demonstrates required crisis intervention skills and is able to respond and manage crisis situations as needed; and
- Demonstrates preparedness and flexibility by being able to respond to any given circumstances on short notice.
- Meets at least weekly with aftercare team members to discuss youth on caseload.

B.

- Demonstrates appropriate service implementation of treatment goals via: appropriate referrals for needed services, appropriate termination of cases, and required follow through

- Demonstrates knowledge of community resources and exercises initiative in seeking new resources;

- Demonstrates utilization of resources to provide cost effective and expeditious service delivery to clients and families;

- Provides appropriate services and management to complicated assignments, e.g., sex offenders, youth requiring placement, violent neighborhoods;
- Consults with supervisor for doubtful matters, open to suggestions, and benefits from constructive criticism; and

- Demonstrates willingness to follow supervisor's instructions and use supervisor's advice.

C.

- Demonstrates assessment and investigative skills in advising;

- Demonstrates written skills, via correct grammar and accurate presentation of facts;

- Meets all deadlines: reports, case summaries, resource applications, etc., are written/dictated within acceptable time frames;

- Paperwork, including service plans, contact sheets, memos to court, pre-disposition reports, field books, and risk/needs assessments are current and contain concise information; and

- Inputs all required data into the management information system (ASSIST).

D.

- Oral skills are demonstrated via presentation of pertinent information in a logical, focused manner;

- Proper case preparation: recommendations are clear, attainable, and communicated effectively to clients, attorneys, state's attorneys and members of the judiciary;

- Oral presentations are clear and consistent with Departmental and client treatment goals; and

- Complies with court orders, directives, or court procedures.

E.

- Provides help and information when asked. Takes extra steps to assist and train others;
- Maintains positive relationships, also is courteous and cooperative. Is very positive and is sought out by others for support;
- Takes extra steps for compliance and maintains positive relationships with other agencies;
- Provides information, is courteous, answers questions, and makes sure all issues are clearly understood, and returns telephone calls promptly; and
- Handles public relations issues in a fashion in which accurately reflect and express the Department's mission and position.

F.

- Demonstrates knowledge and proper implementation of policies and procedures; and
- Completes mandatory training and tries to stay informed of new developments.

G. **General Professional Standards:**

- Demonstrates professional demeanor and appropriate conduct (e.g., not hostile, arrogant, harassing or other detrimental behavior);
- Demonstrates willingness to put in extra time and effort when needed (e.g., differential hours);
- Demonstrates integrity by admitting, correcting, and informing supervisor/others who need to know;
- Follows through with personal commitments, treatment plans, administrative or court directives;
- Uses alternative or new casework methods/resources;
- Plans absenteeism (not including sickness) and does not abuse it;
- Uses sick leave per policy;

- Demonstrates punctuality and follows policy;
- Takes lunch leave properly according to policy;
- Is attired appropriately for situation;
- Demonstrates appropriate grooming (neatness and cleanliness);
- Uses state vehicle only for official business and according to policy;
- Leaves state vehicle suitable for next assignment;
- Follows state motor vehicle codes and transportation articles;
- Maintains neat and well organized work area, and work is not lost;
- Is self-motivated and is able to complete work without direct supervision (commensurate with experience);
- Takes advantage of available training and opportunities to increase professional skills; and
- Demonstrates appropriate use of state property, such as office equipment, telephones, fax machine, computers, supplies.

PART V. SIGNATURES

The following signatures indicate acknowledgment by the employee of the information on this form, when applicable, and approval by the supervisor and appointing authority.

_____

Employee's Signature Date

_____

Supervisor's Signature Date

_____

Appointing Authority or Designee Date

Form MS-22
Revised 09/02

Intensive Aftercare Case Manager Responsibilities

Intensive (Community) Case Manager:
This function will serve to develop and implement a plan of positive social integration, accountability, and competency development for high risk youth who are committed for placement in a secure facility. During the residential phase, services will be provided in collaboration with the facility's residential treatment team. The position will involve implementing wrap-around services as part of an Intensive Aftercare Team that includes a Family Intervention Specialist and Intensive Aftercare Case Managers who will also function as Intensive Aftercare Monitors and Liaisons. The Intensive Case Manager will serve as the leader of the Intensive Aftercare Team.

Duties and Responsibilities:

Placement

- Collaborate with Community Case Manger in transferring a case from community supervision to the Intensive Aftercare Program.
- Establish contact with a residential program and facilitate the placement process.
- With other members of the Intensive Aftercare Team, develop and implement Treatment Service Plans.
- Coordinates services for youth in a residential facility, in conjunction with a residential treatment team.
- Maintain contact with the family and the youth relative to the Intensive Aftercare Program.
- Participate in an Initial Treatment Plan conference that will identify responsibilities and services to be provided both in and out of the facility.
- Collaborate with area resource staff to identify community-based resources to be included in the Treatment Service Plan.
- Secure educational records and ensure an appropriate educational placement, both in the facility and in the community.
- Transport family members for visitation, case reviews, and family support groups when necessary.
- Schedule and participate in a discharge planning conference to develop an implementation plan for community reintegration.
- When appropriate, recommend release.

Community

- Provide intensive case management services during evenings, weekends, and holidays.
- Ensure continuity of the Cognitive Behavior Curricula upon the youth's return to the community.
- Assess appropriate levels of supervision through weekly team meetings.
- Provide assistance to schools and the police in conjunction with the Spotlight on Schools and Hot Spot Initiatives.
- Prepare and present testimony in court and interagency administrative hearings such as Local Coordinating Councils and Local Management Boards.
- Prepare pre-disposition investigations, social history investigations, and progress reports, based on information obtained through assessments.
- Determine appropriate levels of sanctions and rewards based on compliance with the Treatment Service Plan.
- Attend all mandatory training, workshops, and conferences to ensure best practices of duties and responsibilities.

Intensive Aftercare Case Manager Responsibilities

Intensive Liaison Case Manager:

This function involves the provision of intensive counseling services, which include the assessment, rehabilitation, and social development of committed juvenile offenders in a high risk/secured placement. During the residential phase, services will be provided in collaboration with the facility's residential treatment team. Freed from all of the daily operations in the designated residential program, staff in this role will serve as the intermediary and conduit of information between the residential program and the community. A Family Intervention Specialist, Intensive Aftercare Monitor and Intensive Case Manager will provide additional support as part of a team effort.

Duties and Responsibilities:

- Participate as a member of an Intensive Aftercare Team in implementing an Treatment Service Plan.
- In conjunction with the residential treatment team in the facility, coordinate services for youth in the residential facility and immediately following their release to the community.
- When appropriate, recommend early release.
- Secure education records and ensure appropriate educational placements.
- In collaboration with a residential treatment team, assist in crisis intervention for youth and family members.
- Hold weekly individual counseling sessions with intensive aftercare youth in the facility.
- Hold weekly group sessions utilizing a cognitive behavioral curriculum.
- Ensure continuity of the cognitive behavior curriculum once the youth returns to the community.
- Participate in discharge planning to finalize the arrangements for a youth's release from a residential facility
  Intensive Liaison Case Manager

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- Assist in developing a revised Treatment Service Plan, which will be carried out upon release.

- Coordinate with designated area resource staff to access community based resources for youth and family members.

- Assess appropriate levels of supervision and graduated responses through weekly team progress meetings.

- Document adjustment to Aftercare in written reports for review at weekly progress meetings.

- Prepare and present testimony in Court and at interagency administrative hearings such as Local Coordinating Councils and Local Management Boards.

- Assist team members in the preparation of pre-disposition investigations, social history investigations, and progress reports based on information obtained through assessments.

- Provide assistance to schools and the police in conjunction with the Spotlight on Schools and Hot Spot Initiatives.

- Attend all mandatory training, workshops, and conferences to ensure best practices.

Intensive Aftercare Case Manager Responsibilities

Intensive Monitor Case Manager:

This function involves implementing community reintegration through accountability and competency development for high risk youth released from a secure placement program. During the residential phase, services will be provided in collaboration with the facility's residential treatment team. This role provides intense supervision, tracking, and advocacy to at-risk youth in their community. Services will be provided as part of a wrap team effort which will include a Family Intervention Specialist and Intensive Aftercare Case Managers who will also function as Liaisons and Intensive Case Managers.

Duties and Responsibilities:

- Participate in discharge planning to finalize the arrangements for a youth's release from a residential facility.
- Monitor community based treatment as defined in the Treatment Service Plan.
- Provide educational and vocational guidance and advocacy to youth.
- Provide daily intensive monitoring of youth activities during evenings, weekends, and holidays in conjunction with community organizations.
- Assist in providing crisis intervention services for youth and their families.
- Provide transportation for youth to community service events, school, work, counseling, and other required activities, when necessary.
- Maintain a written log of client contacts and provide reports for weekly case presentations.
- Assist team members in preparing pre-disposition investigations, social history investigations, and progress reports based on information obtained through assessments.
- Assist in preparing and presenting testimony at court hearings and interagency administrative hearings such as Local Coordinating Councils and Local Management Boards.
- Attend all mandatory training, workshops, and conferences to ensure best practices.

Community Justice Intensive Aftercare

Job Description

Title: Family Intervention Specialist

Reports to: Intensive Aftercare Supervisor

Supervises: None

Basic Function:

This person will work to reduce the risk level of intensive aftercare youth, to improve the youth's global functioning in his home and community, and to increase family well being. The goal is to enable families and children to live in a safe and nurturing environment, and provide a wide range of services to help identify and resolve problems which threaten family and individual functioning. Services will be provided as part of an Intensive Aftercare team which includes an Intensive Case Manager, Intensive Liaison Case Manager, and Intensive Aftercare Monitor. Services are provided in the community, as well as in a secure facility, in collaboration with a residential treatment team.

Duties and Responsibilities:

- Initiate contact with parents, legal guardians, or other pertinent relatives following a youth's admission into a secure placement program.
- Conduct family assessments and prepare a Family Impact Statement to determine strengths and areas that need to be addressed while a juvenile is in placement, and following his/her release from placement.
- Participate as a member of an intensive aftercare team that develops, through assessments, a comprehensive treatment plan.
- Where needed, prepare family and make referrals for services such as mental health, substance abuse, social services, housing, family treatment, etc.
- If appropriate, develop and implement short term family crisis intervention and family support groups.
- Participate in discharge planning to finalize the arrangements for a youth's release from a residential facility.

- Participate in on-call rotations for crisis intervention involving family members during evenings, weekends, and holidays.

- Train intensive community treatment team members to engage the family as active participants in the treatment process.

- Supply documentation on family functioning for submission and review to the Intensive Aftercare Team.

- Attend departmental and professional training, workshops, and conferences to ensure best practices.

Qualifications:

- Masters Degree in Social Work from an accredited college or university
- Licensed as a LCSW-C (Licensed Certified Social Worker - Clinical) by the Maryland State Board of Social Work Examiners
- Two years of experience providing direct care to behaviorally disordered, socially maladjusted, or victimized children, and preferably those who are delinquent
- Family assessment, group therapy and individual counseling experience is desirable
- Demonstrated verbal and written skills
- A good team player with the ability to work well under pressure.
- Possession of a valid drivers license and access to an automobile

Appendix D:
Standard Operating Procedures

9/01/03

The Maryland
Department of Juvenile Services

STANDARD OPERATING PROCEDURES

INTENSIVE AFTERCARE PROGRAM

Office of Restorative Justice Operations

9/01/03

Standard Operating Procedures for Intensive Aftercare

I. Case Planning, Service Delivery and Supervision for a Youth in Residential Care

1) Preliminary aftercare case planning will be initiated and completed within **30 days** following the date of commitment disposition.

   a) ***Within 7 days***, the Intensive Case Manager will submit significant background information regarding the youth and his/her family, in the form of a placement packet, to the residential program. In cases where a youth is currently under supervision, the assigned case manager will initiate the transfer of the case and submit significant information to the Intensive Aftercare Team, via the Intensive Case Manager.

   b) The placement packet will consist of the Treatment Service Plan (TSP), with support documents such as, but not limited to, risk assessment, needs assessment, investigative reports, social history reports, psychological/psychiatric evaluations, family history reports, educational reports, stage two and subsequent assessments.

   c) ***Within 10 days***, the Intensive Case Manager will establish contact with the residential program, meet with the youth, and begin updating the TSP.

   d) ***Within 15 days*** the Intensive Case Manager, Intensive Liaison, and the Family Intervention Specialist will thoroughly review the packet and establish telephone contact with the family.

   e) ***Within 20 days***, the Family Intervention Specialist will meet with family members to conduct an Intensive Family Assessment and develop a written Family Impact Statement.**

   f) ***Within 20 days***, the Intensive Case Manager will meet with Area resource coordinators to determine the community-based resources to be included in the TSP while the youth is in the residential facility.

   g) **Within 25 days**, the Intensive Case Manager will prepare an outline of community resources in preparation for a treatment plan conference, which will be held once the youth is admitted into the residential facility.

   h) ***Within 30 days*** the Intensive Case Manager, Intensive Liaison and the Family Intervention Specialist will have a face-to-face conference with the youth and the family to review the TSP. The TSP will be presented to the Intensive Aftercare Supervisor for approval and forwarded to the identified residential program, where it will be kept until the youth's return to the community.

2) Following the youth's placement into the designated residential program, a meeting will be held by the Intensive Aftercare Team and the Residential Treatment Team. The Treatment Service Plan (TSP) will be reviewed and discussions will ensue regarding the implementation of such.

** Statement under study

a) The Intensive Case Manager will contact the designated program to schedule an initial treatment plan conference. The conference will be held within ***14 days*** of the youth's admission into the residential program.
b) The members of the initial treatment plan conference will, as in all other conferences, include the Intensive Case Manager, Intensive Liaison, and the Residential Treatment Team.
c) At the initial treatment plan conference, the services identified in the TSP will be reviewed. The services that are to be provided by the designated program will be identified and addressed as specified in the residential program contract.
d) The Intensive Case Manager will examine the plan to assure that it is responsive to the youth's identified needs. Subsequently, the plan will be discussed with the youth and the family.
e) Revisions to the TSP will be completed within ***30 days*** following the youth's admission into the residential program.

3) The Intensive Liaison, in cooperation with the Residential Treatment Team, will be responsible for the following tasks specified below. Treatment implementation will be in conjunction with the facility's established curriculum and continued once the youth returns to the community.

a) The Intensive Liaison will meet with the youth to conduct individual counseling sessions, based on identified needs, at a minimum of one session per week.
b) The Intensive Liaison will facilitate group sessions with Intensive Aftercare youth. The residential treatment staff will be encouraged to attend the sessions.
c) The group discussions will include a Cognitive Behavioral Curricula.
d) The Intensive Liaison will assist in the continuation of the Cognitive Behavioral Curricula once the youth returns to the community.
e) The Intensive Liaison, in collaboration with the Residential Treatment Team, will assess the youth's progress on an ongoing basis.
f) The Intensive Liaison will assist in crisis intervention for the youth and family.
g) The Intensive Liaison will participate in discharge planning which will determine early releases and finalize arrangements for a youth's return to the community.

4) The Aftercare Team will have a case review every ***60 days*** to assess the youth's progress. In conjunction with the Residential Treatment Team, the Intensive Liaison will revise the TSP as needed.

a) The Family Intervention Specialist will make referrals for family members (e.g., mental health, substance abuse, parenting classes, etc.) as specified in the TSP.
b) The Family Intervention Specialist will facilitate ongoing parent support groups.
c) The Intensive Case Manager will transport family members for visitation, progress meetings, and family support groups when appropriate.
d) The Intensive Liaison will meet with the youth, the family and the Residential Treatment Team on a regular basis to assess progress.

5) Finalization of discharge planning will begin ***45 days*** prior to a youth's anticipated release date.

a) The Intensive Case Manager will schedule the Discharge Planning Conference ***30 days*** prior to the anticipated release date.
b) The Intensive Case Manager will make necessary referrals for Electronic Monitoring, and where appropriate, Evening Reporting Centers.
c) The Intensive Aftercare Monitor will schedule a conference with the youth and family ***30 days*** prior to the anticipated release date.
d) ***At least 15 days*** prior to the Discharge Planning Conference, the Intensive Case Manager will meet with the Area Resource Coordinator to discuss community services and resources the youth will need to continue the Intensive Aftercare program in the community.
e) The Treatment Service Plan will be revised and finalized at the Discharge Planning Conference. The Intensive Case Manager, the Intensive Aftercare Monitor, and Intensive Liaison will attend this conference to determine the following:

- The level and type of service needed to continue the Intensive Aftercare Program in the community.
- Appropriate sanctions and rewards for the youth based on progress.
- Transition plan, place of residency, type of referral(s) needed, etc.
- Designation of who will be responsible for arranging and monitoring the services.
- If a step down program is needed.
- Final program guidelines and expectations.
- The date that the TSP will be forwarded to the court of original jurisdiction.
- The final release date.

6) Once the youth is returned to the community, the Intensive Case Manager, Intensive Liaison, Family Intervention Specialist, and the Intensive Aftercare Monitor shall implement the revised Treatment Service Plan.

a) Upon the youth's release, the Treatment Service Plan will be filed in the assigned field office.
b) The Intensive Aftercare Monitor will establish contact with the youth and family within ***24 hours*** of the youth's return to the community.
c) The Intensive Aftercare Monitor will make contact with the youth at least **7** ***times per week*** during the first stage of the community Aftercare Phase.
d) The Intensive Case Manager will contact the Area Resource Coordinator to modify the level of services or resources as determined by the sanction and rewards guidelines.

II Aftercare Supervision in the Community

Protocol: In the community level of aftercare, youth progress through four (4) levels of supervision. Although the levels of supervision generally take fifteen (15) months to complete, a youth who is in compliance with their Aftercare TSP may complete the four levels in six (6) months. Each level has specific requirements spelled out in the plan, which serves as a behavioral contract that is signed by the youth, the parent/guardian, the Case Manager, and Monitor. Collateral assistance from Hotspots, Spotlight on Schools, Office of Community Resource Development, mental health services, community-based agencies, schools and other resources will be incorporated into the aftercare plan at each level.

Movement through the levels and other rewards marks progress. Youth who are not responsive to aftercare supervision will receive sanctions that may include increased levels of monitoring, as well as drug testing, electronic monitoring, respite care, participation in more intensive levels of mandatory treatment or services, and other specified conditions. While each level is structured to encourage full participation and successful completion in the allotted time period, youth can move forward or backward through the levels based on their attitudes, adjustment, and reintegration in the community.

The requirements/expectations for each level of aftercare and a schedule of graduated responses and rewards are outlined in the Community Justice Supervision System chart. Case managers are encouraged to follow the schedule, however rewards and sanctions must be used flexibly in response to the circumstances of the case. The aftercare team will make the final determination of rewards and sanctions that fall outside the schedule.

Community Level One (1 to 3 months)

Level One begins the day the youth leaves the secure facility. Supervision will be available twenty-four (24) hours a day, seven days a week. There will be a minimum of seven [7] contacts per week, made by either the Case Manager or the Monitor. Contacts will be face-to-face, by telephone or collateral. They will occur in school, home and the community, and coordinated with personnel working in Spotlight on Schools and Hotspots. During this level, youth with identified substance abuse problems are required to have random urine testing two days a week. Testing can take place in the office, in the home or at the office of a substance abuse counselor. Youth must be in school, employed, or in vocational training. When appropriate, all intensive aftercare youth will have a curfew and be placed on electronic monitoring. Additionally, youth may be required to attend Evening Reporting Centers and participate in program activities. Parents will have twenty-four (24) hour access to the aftercare team.

During Level One youth are required to participate in activities such as Moral Reconation Therapy (MRT), tutoring, victim awareness groups, treatment sessions for substance abuse or mental health problems, and community service opportunities. The Family Intervention Specialist and Case Manager will meet with the family or guardians of all youth to provide support and

engage them in the youth's service plan. When needed, the Family Intervention Specialist may provide brief treatment services to the family or make referrals and facilitate their involvement in other community-based treatment services.

Community Level Two (1 to 3 months)

In Level Two daily supervision is reduced to a minimum of five (5) contacts per week. The contacts will be a combination of face-to-face, collateral and telephone contacts. At least three (3) of the contacts will be face-to-face. Drug testing is done weekly for youth with a history of substance abuse problems. While a curfew will be imposed, it may be less restrictive than the Level One curfew.

Youth must be in school, employed, or in vocational training. When appropriate, youth may attend Evening Reporting Centers to participate in community service projects and competency development groups. Case management and therapeutic services will continue to be provided to family members as needed.

Community Level Three (1 to 3 months)

In Level Three daily contacts are made three times per week and weekend contacts are decreased. Drug testing, when needed, occurs biweekly. Youth still have a curfew, but it may be less restrictive than in Level Two.

Youth must remain in school, be employed, in vocational training, or when appropriate attend the Evening Reporting Center. They continue to participate in community service and competency development programming. The family may be receiving therapeutic services from a community-based resource, as needed.

Community Level Four (3 to 6 months)

In Level Four contact is made once each week and may be made by telephone and/or in person. Random weekend visits will continue to occur. When appropriate, random urine testing will be completed once a month.

Youth must remain in school or employed. The family may continue receiving therapeutic services from a community-based resource, as needed.

This is the final level. Once the youth completes Level Four, the Case Manager will request the court to rescind its order of commitment and to terminate DJS jurisdiction over the youth.

II Community Detention/Electronic Monitoring Program

Protocol: After release from a residential facility, an Intensive Aftercare youth may be placed on electronic monitoring if a court order makes a youth eligible for the Electronic Monitoring Program (EM). Subsequently, youth on Intensive Aftercare supervision in the community may be placed on Electronic Monitoring as a graduated sanction (minimum one (1) month, maximum two (2) months).

1) All CD/EM forms must be completed by the Intensive Case Manager and signed by the youth and parent(s) and forwarded to the Community Detention Electronic Monitoring Program.

2) The exact hours of the day and the days of the week that the youth will be at their home to be monitored must be specified in an activity schedule provided by the Intensive Aftercare Case Manager.

3) The CD/EM program will provide supervision and surveillance services to youth in their home as a step down transition from a secure residential facility.

4) In the event of EM/CD violations, CD/EM staff will determine consequences and all violations alerts will be faxed to the Intensive Aftercare Case Manager.

5) Intensive Aftercare Case Managers, in consultation with EM/CD staff, will determine when EM should be used as a graduated sanction.

IV Intensive Aftercare Community-Based Provider Services

Protocol: It is crucial for the Aftercare Team and residential staff to work in tandem with community based providers. Preparation for high-risk committed youths' reentry into the community begins with collaborative interventions upon the youth's commitment to a secure facility. The services are to be structured to augment the residential services and ensure continuity in the community. The Intensive Aftercare Team shall ensure that:

1. The Community-based provider meets with a youth, the family and Intensive Aftercare Team initially 14 days after the youth's admission to the facility and on a regular basis thereafter.

2. The Community-based provider's services are consistent with the developed TSP and integrated with residential services. This includes participation in assessment, case planning, and treatment in the facility.

3. The Community-based provider meets with the Intensive Aftercare Team for case reviews at the facility and in the community.

4. The Community-based provider adheres to professional standards of confidentiality and quality service.

5. Services for the youth and the family in the community are initiated immediately following the youth's release from the facility.

6. After release into the community, monthly progress reports are submitted by the provider to the Intensive Aftercare Case Manager.

7. The Community-based provider is available to meet with the Intensive Aftercare Team for case reviews at the facility and in the community.

8. Within seventy-two hours of the provider closing a case, the provider shall forward, through the Intensive Aftercare Case Manager, a discharge summary to the Intensive Aftercare Team.

9. Community-based service provider notifies the Intensive Aftercare Case Manager if the youth or the family fails to keep an appointment without proper notification.

10. In anticipation of non-compliance (clients are high risk) there will be no termination of services without consultation with the Intensive Aftercare Team.

11. The Community-based service providers are aggressively engaging youth and family by pro-actively addressing resistance, opposition, and passivity.

12. The Community-based provider collects data in conformance with established performance standards.

Appendix E
Community Justice Supervision System

9/01/03

The Maryland
Department of Juvenile Services

Community Justice Supervision System

Expectations/Requirements and Graduated Responses

Pre-Intake	Intake	Probation	Aftercare
Diversion	**Informal Supervision**	**Supervision**	**Supervision**

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Community Justice Supervision System
Intensive Aftercare Supervision
Expectations/Requirements (As specified in the TSP)

Level One	Level Two	Level Three	Level Four
electronic monitoring as needed obey curfew set by case manager and parent 7 monitoring contacts per week with case manager and/or tracker urinalysis twice weekly on random schedule (if need is identified) Evening Reporting Center as needed daily attendance at school/work/vocational training participation in competency and character development activities as required by case manager (individual/group/family counseling, alcohol/substance abuse treatment, mental health treatment, anger management classes, MRT, etc.) mandatory victim awareness attendance community service; restitution payment (if required) obey all laws	electronic monitoring as needed obey curfew set by case manager and parent 5 monitoring contacts per week with case manager and/or tracker urinalysis weekly on random schedule Evening Reporting Center as needed daily attendance at school/work/vocational training participation in competency and character development activities as required by case manager (individual/group/family counseling, alcohol/substance abuse treatment, mental health treatment, anger management classes, MRT, etc.) victim reparation and community service as required restitution payment (if required) obey all laws	obey curfew set by case manager and parent 3 monitoring contacts per week with case manager and/or tracker urinalysis bi-weekly on random schedule Evening Reporting Center as needed daily attendance at school/work/vocational training participation in competency and character development activities as required by case manager (individual/group/family counseling, alcohol/substance abuse treatment, mental health treatment, anger management classes, MRT, etc.) victim reparation and community service as required restitution payment (if required) obey all laws	obey negotiated curfew set by case manager, parent and youth 1 monitoring contact per week with case manager and/or tracker urinalysis monthly on random schedule Evening Reporting Center as needed daily attendance at school/work/vocational training participation in competency and character development activities as required by case manager (individual/group/family counseling, alcohol/substance abuse treatment, mental health treatment, anger management classes, MRT, etc.) community service as required restitution payment (if required) obey all laws

Community Justice Supervision System
Intensive Aftercare Supervision
Graduated Responses

	First Violation	Sanction	Second Violation	Sanction	Third Violation	Sanction
STAGE I	**Failure to obey curfew** **Failure to attend school/work/ training** **Failure to comply with general conditions of TSP** **Failure to make required contacts**	**Face-to-face with youth and parent** **Stage I Community Service** **Increase daily contacts**	**Failure to obey curfew** **Failure to attend school/work/training** **Failure to comply with general conditions of TSP** **Failure to make required contacts**	**Face-to-face with youth and parent** **Stage I or II Community Service** **Increase daily contacts**	**Failure to obey curfew** **Failure to attend school/work/ training** **Failure to comply with general conditions of TSP** **Failure to make required contacts**	**Electronic Monitoring** **Meeting with family and treatment team w/in 72 hours to develop a more restrictive sanction or offense specific sanction**
STAGE II	**Failure to attend treatment** **Urine positive or failure to submit**	**Face-to-face with youth and parent** **Change supervision/treatment level** **Increase urinalysis**	**Failure to attend treatment** **Urine positive or failure to submit**	**Face-to-face with youth and parent** **Change supervision/treatment level** **Increase urinalysis testing** **Increase daily contacts** **Stage I or II Community Service** **Electronic monitoring**	**Failure to attend treatment** **Urine positive or failure to submit**	**Meeting with family and treatment team w/in 72 hours to develop a more restrictive sanction or offense specific sanction** **Respite placement**
STAGE III	**Re-arrest mis-demeanor** **Re-arrest-felony**	**Meeting with family, youth and team w/in 72 hours** **Increase daily contacts** **Stage II or III community service** **Electronic monitoring** **Refer to court**	**Re-arrest-misdemeanor and prior violation was Stage I or II** **Re-arrest-felon and prior violation was a level III**	**Electronic Monitoring** **Meeting with family, youth, and team w/in 72 hours** **Increase daily contacts** **Stage II or III community service** **Emergency Hearing**	**Re-arrest-misdemeanor and no prior Stage III violations and youth not on EM** **Re-arrest-felony and a prior violation was stage III or youth is already on EM**	**Meeting with family, youth, and team w/in 72 hours to develop a develop a more restrictive sanction or offense specific sanction** **Respite placement** **Emergency Hearing**

Stage I community service is 16 hours, reduced to 8 if performed within one month
Stage II community service is 24 hours, reduced to 16 if performed within one month
Stage III community service is 32 hours, reduced to 24 if performed within one month

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Community Justice Supervision System
Intensive Aftercare Supervision
Rewards

Expectations/Requirements	Rewards
electronic monitoring	**termination from electronic monitoring**
curfew	**impose less restrictive curfew**
contact requirements	**decrease contacts near end of level**
drug testing	**decrease frequency of testing**
Evening Reporting Center	**decrease required attendance**
attendance in school/work/vocational training	**certificates of achievement; tickets to entertainment events, sports event outing, movie passes, day trips, restaurant coupons, material items**
Participation and completion of competency and character development activities (counseling, treatment, MRT, etc.)	**less intensive service modality, decreased required attendance, gift certificates, tickets to entertainment events, material items, dining experiences**
victim reparation and community service	**decreased required attendance, reduced hours of community service**

While rewards are primarily used to acknowledge notable progress in school and vocational areas, these rewards can be provided at the discretion of the IAP Case Management team for compliance with any requirements specified in the Treatment Service Plan (TSP).

The youth may also pass through the levels of supervision sooner with full compliance with requirements and progressive success and treatment plan (TSP).

The ultimate reward is a positive termination from intensive aftercare supervision with an established support system for continued progress and success.

Community Justice Supervision System
Probation Supervision
Expectations/Requirements

Intensive Supervision	High Supervision	Medium Supervision	Low Supervision
electronic monitoring (if required) **obey curfew set by case manager and parent** **4 face-to-face monitoring contacts per month with case manager** **1 (at least) face-to-face contact per month with parent(s)** **urinalysis on random schedule (if required)** **daily attendance at school/work/vocational training** **competency and character development activities as required by case manager (individual/group/family counseling, alcohol/substance abuse treatment, mental health treatment, victim awareness classes, anger management classes, MRT, etc.)** **community service as required by court or case manager** **restitution payment (if required)** **obey all laws**	**obey curfew set by case manager and parent** **2 face-to-face monitoring contacts per month with case manager** **1 (at least) face-to-face contact per month with parent(s)** **urinalysis on random schedule (if required)** **daily attendance at school/work/vocational training** **competency and character development activities as required by case manager (individual/group/family counseling, alcohol/substance abuse treatment, mental health treatment, victim awareness classes, anger management classes, MRT, etc.)** **community service as required by court or case manager** **restitution payment (if required)** **obey all laws**	**obey curfew set by case manager and parent** **1 face-to-face monitoring contacts per month with case manager** **1 (at least) face-to-face contact bi-monthly with parent(s)** **daily attendance at school/work/vocational training** **competency and character development activities as required by case manager (individual/group/family counseling, alcohol/substance abuse treatment, mental health treatment, victim awareness classes, anger management classes, MRT, etc.)** **community service as required by court or case manager** **restitution payment (if required)** **obey all laws**	**obey curfew set by case manager and parent** **1 telephone monitoring contact per month with case manager** **daily attendance at school/work/vocational training** **competency and character development activities as required by case manager (individual/group/family counseling, alcohol/substance abuse treatment, mental health treatment, victim awareness classes, anger management classes, MRT, etc.)** **community service as required by court or case manager** **restitution payment (if required)** **obey all laws**

Community Justice Supervision System
High Supervision
Graduated responses

	First Violation	Sanction	Second Violation	Sanction
STAGE I	**Failure to obey curfew** **Failure to attend school/work/training** **Failure to comply with general conditions** **Failure to make required contacts**	**Telephone contact/warning letter w/in 24 hours** **Face-to-face with youth and parent w/in 72 hours** **Stage I community service**	**Failure to obey curfew** **Failure to attend school/work/training** **Failure to comply with general conditions** **Failure to make required contacts**	**Telephone contact/warning letter w/in24 hours** **Face-to-face with youth and parent w/in 72 hours** **Stage I or II community service**
STAGE II	**Failure to attend treatment** **Urine positive or failure to submit**	**Telephone contact/warning letter w/in 24 hours** **Face-to-face with youth and parent w/in 72 hours** **Change treatment level Increase urinalysis**	**Failure to attend treatment** **Urine positive or failure to submit**	**Telephone contact/warning letter w/in 24 hours** **Face-to-face with youth and parent w/in 24 hours** **Change treatment level Increase urinalysis** **Stage I or II community service**
STAGE III	**Re-arrest**	**Telephone contact/warning letter w/in 24 hours** **Face-to-face with youth and parent w/in 24 hours** **Assign to higher level of supervision** **Stage II community service**	**Re-arrest**	**Telephone contact/warning letter w/in 24 hours** **Face-to-face with youth and parent w/in 72 hours** **Assign to higher level of supervision** **Stage II community service**

Stage I community service is 16 hours, reduced to 8 if performed within one month
Stage II community service is 24 hours, reduced to 16 if performed within one month
Stage III community service is 32 hours, reduced to 24 if performed within one month

9/01/03

Community Justice Supervision System
Moderate Supervision
Graduated responses

	First Violation	Sanction	Second Violation	Sanction
STAGE I	**Failure to obey curfew** **Failure to attend school/work/training** **Failure to comply with general conditions** **Failure to make required contacts**	**Telephone contact/warning letter w/in 24 hours** **Face -to-face with youth and parent w/in 72 hours** **Stage I community service**	**Failure to obey curfew** **Failure to attend school/work/training** **Failure to comply with general conditions** **Failure to make required contacts**	**Telephone contact/warning letter w/in 24 hours** **Face-to-face with youth and parent w/in 72 hours** **Stage I or II community service**
STAGE II	**Failure to attend treatment** **Urine positive or failure to submit**	**Telephone contact/warning letter w/in 24 hours** **Face-to-face with youth and parent w/in 72 hours** **Change treatment level Increase urinalysis**	**Failure to attend treatment** **Urine positive or failure to submit**	**Telephone contact/warning letter w/in 24 hours** **Face-to-face with youth and parent w/in 72 hours** **Change treatment level Increase urinalysis** **Stage I or II community service**
STAGE III	**Re-arrest**	**Telephone contact/warning letter w/in 24 hours** **Face-to-face with youth and parent w/in 72 hours** **Assign to higher level of supervision** **Stage II community service**	**Re-arrest**	**Telephone contact/warning letter w/in 24 hours** **Face-to-face with youth and parent w/in 72 hours** **Assign to higher level of supervision** **Stage II community service**

Stage I community service is 16 hours, reduced to 8 if performed within one month
Stage II community service is 24 hours, reduced to 16 if performed within one month
Stage III community service is 32 hours, reduced to 24 if performed within one month

9/01/03

Community Justice Supervision System
Low Supervision
Graduated Responses

	First Violation	Sanction	Second Violation	Sanction
STAGE I	**Failure to obey curfew** **Failure to attend school/work/training** **Failure to comply with general conditions** **Failure to make required contacts**	**Telephone contact/warning letter w/in 24 hours**	**Failure to obey curfew** **Failure to attend school/work/training** **Failure to comply with general conditions** **Failure to make required contacts**	**Face-to-face with youth and parent w/in 72 hours** **Assign to higher level of supervision**
STAGE II	**Failure to attend treatment** **Urine positive or failure to submit**	**Telephone contact/warning letter w/in 24 hours**	**Failure to attend treatment** **Urine positive or failure to submit**	**Face-to-face with youth and parent w/in 72 hours** **Assign to higher level of supervision**
STAGE III	**Re-arrest**	**Face-to-face with youth and parent w/in 72 hours** **Assign to higher level of supervision**	**Re-arrest**	**Face-to-face with youth and parent w/in 72 hours** **Assign to higher level of supervision**

Community Justice Supervision System
Informal Supervision
Requirements and Graduated Responses

Requirements	First Violation	Sanction	Second Violation	Sanction
obey curfew set by intake officer and parent daily attendance at school/work/training monthly contact (telephone or face-to-face) with intake officer, as required apology letter to victim (if required) essay or other written assignment apropos to offense community service as set by intake officer competency and character development activities as required by case manager (individual/group/family counseling, alcohol/substance abuse treatment, mental health treatment, victim awareness classes, anger management classes, MRT, etc.) restitution payment (if required) obey all laws	**STAGE I** Failure to obey curfew Failure to attend school/work/training Failure to comply with specific conditions Failure to make required contacts **STAGE II** Failure to attend treatment Urine positive or failure to submit **STAGE III** Re-arrest	Telephone contact/warning letter w/in 24 hours Face-to-face with youth and parent w/in 72 hours Increase treatment interventions Authorize petition	**STAGE I** Failure to obey curfew Failure to attend school/work/training Failure to comply with specific conditions Failure to make required contacts **STAGE II** Failure to attend treatment Urine positive or failure to submit **STAGE III** Re-arrest	Face-to-face with youth and parent w/in 72 hours Assign to higher frequency of contacts Stage I community service Increase treatment interventions Consider authorization of petition Authorize petition

Appendix F
Risk and Needs Assessment Tools

9/01/03

Total Risk Score _____
(add numbers from bottom of each page)

Prior or Current Adjudications		
Auto Theft	yes	no
Handgun or Deadly Weapon	yes	no
Violent Felony	yes	no

Risk Assessment for Detained/Committed Populations (2001)

Version 4.0

Bureau of Governmental Research
University of Maryland – College Park

For permission to use this instrument, write to:
Dr. Faye Taxman
Bureau of Governmental Research
4511 Knox Road, Suite 301
College Park, MD 20740

Initials of person completing this instrument: _____

Date of instrument completion: _____/_____/_____

Date of commitment to department for placement _____/_____/_____

Date of youth's admission to placement facility: _____/_____/_____

Projected date of release from facility: _____/_____/_____

Facility: _____

Is youth currently pending placement? [circle one] no=0 yes=1

Program youth attends in facility: _____

Youth ISYS#: _____

Youth ASSIST#: _____

DOB: _____/_____/_____

Gender: male=1 female=2

Ethnicity: Caucasian=1 African-American=2 HTSPanic=3 Other=4

County of residence: _____

County of jurisdiction: _____

Please answer the following questions after completing the instrument.

In your view, to what extent will the youth present a risk to public safety upon release to the community? [circle one]

low=1 moderately low=2 moderately high=3 high=4

In your view, does the youth have a high need for special services or treatment?

no=0 yes=1

If so, circle areas where services or treatment are needed:

school/vocational development mental health substance abuse

social and peer relations family

other (specify): _____

RECORD REVIEW

***NOTE TO INTERVIEWER*:** The following items should be collected prior to the interview from the DJS automated database (ASSIST). To determine offense types, please refer to the Department's "Offense (Charge) Listing" document.

Current Offense

1. Most serious current adjudicated charge: **[specify ASSIST code]** _____

If the most serious current adjudication is a non-violent felony with no handgun or car involvement, record a "1" on the line to the right. _____

Prior Offense History

2. Is this the youth's first referral to DJS? **[circle one]** NO=0 YES=1
3. Date of first referral to DJS: _____/_____/_____
   month day year

If the youth was *less than* 12 years old at the time of his/her first referral to DJS, record a "1" on the line to the right. _____

Coding Instructions on Prior History: When answering the following questions examine both the active and historical databases supported by ASSIST. Note that youth may be in the ASSIST system under more than one name. In recording referrals and adjudications, *do not count the offense that led to the current commitment.*

4. Using the DJS "Offense (Charge) Listing" document: a) record the ASSIST code and associated referral date (in format MM/DD/YY, e.g, 8/22/96) for each unique referral the youth has had to DJS (each referral must have a separate intake date); b) record referrals in the 'active/current' ASSIST database that are dated on or after November 1st, 1999; and c) record all referrals listed in the 'history' ISYS database. **Record up to 16 referrals, starting with the most recent referral** (not counting the current offense).

ASSIST Code	Date of Referral [MM/DD/YY]	ASSIST Code	DATE of Referral [MM/DD/YY]
a.		**i.**	
b.		**j.**	
c.		**k.**	
d.		**l.**	
e.		**m.**	
f.		**n.**	
g.		**o.**	
h.		**p.**	

5. Using the "Offense (Charge) Listing" document, record the ASSIST code for each of the youth's prior adjudicated offenses (i.e., 'sustained,' 'delinquent').

a. _____ **b.** _____ **c.** _____ **d.** _____

e. _____ **f.** _____ **g.** _____ **h.** _____

If the youth has a prior felony adjudication (any type— violent or non-violent) record a "1" on the line. _____

TOTAL SCORE FOR THIS PAGE (ADD NUMBERS IN BOXES) _____

Coding Instructions on Case File and Interview Data: For this section, information should be collected in two stages. First, collect information on all of the following questions from the youth's case file. Second, conduct an interview with the youth to verify and update the case file data. Unless otherwise instructed, all responses must be coded as either **No=0 or Yes=1**

School and Work

6. In the last 12 months the youth was residing in the community reported to have had moderate to severe school problems?

If youth was reported to have been: a) absent more than 30 days; b) dropped out; c) suspended in-school or out-of-schoo two or more times; OR d) expelled record a'1'. _____

6.1 In the last 90 days (3 months) the youth was residing in the community and school was in session, about how many days was the youth absent from school? _____

Score as follows**:**

Never or almost never	**0**
1 to 3 days per month	**1**
About 1 day per week	**2**
2 or more days per week	**3**

7. Was youth ever placed in special education classes, OR diagnosed as in need of such a placement? _____

8. Has youth ever failed or repeated any grade?

If youth ever failed or repeated a grade record '1'. _____

9. Has the youth participated in any structured and supervised school or community activities in the past 12 months?

["School activities" refers school government, cultural or social clubs, music, drama, art, athletics, other extracurricular activities. "Community activities" refers to religious or church group, community group, cultural group, intramural athletics, etc.]

If youth was involved in one or more activities, record a '-1' (*minus* 1). _____

9.1 In the 90 days before the youth was detained or committed (and was living in the community) , has the youth participated in any structured and supervised school or community activities? [use same scoring as 9 above] _____

TOTAL SCORE FOR THIS PAGE (ADD NUMBERS IN BOXES) _____

10. In the last 12 months did the youth hold a full or part-time job for 2 months or more?

If youth held full or part-time job for at least 2 months record '-1'. _____

10.1 In the 90 days before the youth was detained or committed (and was living in the community) , was the youth working full or part-time? _____

Score as follows:

No 0

Less than 30 days 1

30 or more days 2

Mental Health

11. Has the youth ever been referred for or received any type of clinically-licensed mental health treatment (inpatient or outpatient) or been prescribed psychiatric medications?

If youth was referred for or received mental health treatment, record '1'. _____

12. In the past 90 days, has the youth been prescribed psychiatric medication or been referred for or attended clinically-licensed mental health treatment? _____

13. Has the youth ever threatened and/or attempted to commit suicide? _____

13.1 In the past 90 days, has the youth threatened or attempted to commit suicide? _____

14. Has the youth dTSPlayed **repeated** patterns of physically assaultive behavior that resulted in physical injury to others?

If youth was reported to have been in physical altercations that caused injury on at least 3 prior occasions in school, at home, in the community, or at a DJS facility record '1'. _____

14.1 In the past 90 days, has the youth engaged in assaultive behavior that resulted in physical injury to another person? _____

Substance Abuse

15. Has the youth ever been referred for, assessed as needing, or received any type of clinically licensed substance abuse treatment (inpatient or outpatient)?

If youth has ever been referred for or assessed as needing substance abuse treatment, record "1." _____

TOTAL SCORE FOR THIS PAGE (ADD NUMBERS IN BOXES) _____

16. At what age did the youth first begin regular use of drugs or alcohol? _____ years + ____ months
["Regular use" refers to use of drugs or alcohol 2 or more times per week.]

17. In the six months prior to being detained or committed, how frequently did the youth use drugs or alcohol? _____

[Response should be based on youth self-report, with any available collateral reports from caretaker. If youth has been assessed with the SASSI as 'dependent,' code 4.]

Score as follows:

No use	0
Less than once a month	1
1-3 times a month	2
1-2 times per week	3
More than 2 times per week	4

17.1. In the six months prior to being detained or committed, did the youth get in trouble as a result of his/her drinking or drug use? _____

["Trouble" refers to problems with family, peers (e.g., fights), disciplinary or other school problems including missing school, involvement in crime, or health problems.]

If youth scored a "3" or "4" in item 17 or a "1" in item 17.1, record "1." _____

17.2. In the 90 days before the youth was detained or committed (and was living in the community), how frequently did the youth use drugs or alcohol? _____
[use same scoring as #17]

17..3 In the 90 days before the youth was detained or committed (and was living in the community), did the youth get in trouble as a result of his/her drinking or drug use? _____

Social Networks

18. Does the youth's peer group consist of some delinquent friends?

If: (a) youth admits to frequently socializing with gang members or friends who have been involved with the criminal justice system OR (b) youth's parents report their child's friends involvement in delinquent activities, record "1." _____

TOTAL SCORE FOR THIS PAGE (ADD NUMBERS IN BOXES) _____

6) How many positive adult relationships does the youth currently have **outside** of the home?

[This refers to adults outside of the home who provide support and model prosocial behavior to the youth on a **regular** basis. This may include a relative, a religious leader, a community club leader, school counselor, school or intramural coach, teacher, etc.]

If youth has one or more positive adult relationships outside of the home, record "-1." (minus 1) _____

Family and Personal History

20. What is the current nature of the youth's relationship with his/her parent(s) or caretaker(s)?

Score as follows: Provides consistent love, caring, and support to the youth: record –1 (minus 1) Provides inconsistent love, caring, and support to youth: record 0 (zero) Is indifferent, uncaring, uninterested, or unwilling to help the youth OR is openly hostle towards youth (e.g. berates, belittles): record (plus 1) (write number here) _____

21. When the youth was last residing in the community, to what degree was the youth's parent(s) or caretaker(s) supervising him/her?

["Supervision" refers to how much the parent(s) or caretaker(s) knew: a) the youth's whereabouts when not at home; b) with whom the youth was socializing; c) the type of activities the youth was engaging in; and d) when the youth was expected to return home]

Score as follows: Good supervision by current family: record –1 (minus 1) Some good supervision by current family: record 0 (zero) Inadequate supervision by current family: record (plus 1) (write number here) _____

TOTAL SCORE FOR THIS PAGE (ADD NUMBERS IN BOXES) _____

21.1 In the 90 days before the youth was detained or committed (and was living in the community), to what degree was the youth's parent(s) supervising him or her? _____
[use same scoring as #21]

22. Have any of the youth's parent(s) or caretaker(s) been reported to have a major substance abuse problem within the **past 12 months**?
[A 'major' substance abuse problem means it has interfered with a) their ability to hold a job; (b) provide for their children; OR (c) supervise the youth effectively. It may also include any drug distribution or other criminal activities associated with substance abuse.]

If any of the youth's parent(s) or caretaker(s) report having a major substance abuse problem in the past 12 months, record "1." _____

23. Have any of the youth's parent(s) or caretaker(s) been reported to **ever** have had a significant mental health problem? _____
[A 'significant' mental health problem refers to: (a) a formal diagnosis of an emotional disorder, (b) repeated dTSPlays of irrational, bizarre, or persistent depressive behavior; OR (c) mental health hospitalization]

25. Have any of the youth's family members or caretakers been involved with the criminal justice system within the **past three years**?
[Record '1' if: (a) it is a family member the youth has <u>regular</u> contact with AND (b) the family member has either been incarcerated OR placed on probation or parole. This does NOT include an arrest without conviction, having open charges, or referral only to DJS.]

If any of youth's family members or caretakers have been involved with the criminal justice system in the past year, record "1." _____

26. When the youth was last residing in the community, how many adult caretakers had everyday responsibility for the youth?
[Include family members, relatives, or other adults who provide ongoing supervision and care for the youth in the home or community *outside of* school. If two or more adult care for youth, write a "-1" in the box to the right.]
_____

27. When the youth was last residing at home in the community, how long had he or she lived in that residence (at that address)? _____ years and _____ months

28. How many times has the youth moved in his or her lifetime? _____

TOTAL SCORE FOR THIS PAGE (ADD NUMBERS IN BOXES) _____

29. Has the youth ever been placed in foster care? _____

30. Does the youth have any children or is currently expecting a child? _____

31. Has the youth ever reported being physically or sexually abused, or neglected by a parent/guardian? _____

32. Has the youth ever reported being the victim of sexual or physical abuse or other violent crime outside of the home? _____

If youth responded with a "yes" to either question #31 or question #32 record "1." _____

33. Have any of the youth's immediate family members or close friends died? _____
[Refers to adults or children with whom the youth had regular contact.]

TOTAL SCORE FOR THIS PAGE (ADD NUMBERS IN BOXES) _____

Appendix G:
Treatment Service Plan Form

TREATMENT SERVICE PLAN (TSP)

GENERAL INSTRUCTIONS

A. Persons Required to Complete TSPs

All DJS case managers with the responsibility of supervising youth are required to complete TSPs. DJS case managers working in a residential facility are required to initiate TSPs for youth in detention pending adjudication. Additionally, DJS facility case managers are required to work in tandem with DJS Community Justice case managers to implement TSPs. DJS community justice case managers are required to initiate TSPs for adjudicated youth pending disposition. All DJS case managers are required to complete and implement TSPs for adjudicated youth following disposition.

B. When to Complete TSPs

Preliminary TSPs are initiated for youth in detention pending an adjudication hearing. Preliminary TSPs are initiated for adjudicated youth prior to disposition. TSPs are further developed, modified, and implemented within 25 days of a disposition hearing placing a youth on probation supervision or committing a youth for placement (effective October 1, 2002). TSPs must be updated at a minimal interval of 90-days, and as necessary to reflect a change in a youth's status. Any service rendered, or assessment conducted within six months of initiation of a TSP can be added if necessary.

C. Where to Get TSP Forms

A Treatment Service Plan (TSP) form is available in ASSIST. The first page of the TSP form is in "type over" mode, and underlines new text as added. Once the TSP form is generated, it is accessible at the Person View screen for the client by clicking on File/Doc Gen**.** The TSP form can be generated from the Folder Event List screen of any of the following types of ASSIST folders:

Aftercare	Investigation
Administrative	Probation
Community	Pre-court Supervision
Intake	Protective Supervision

Questions about generating the TSP document in ASSIST are handled by the IT Help Desk at (410) 230-3434.

D. Form Instructions

Date of Initiation

This is the date that preliminary TSP planning begins. For detention youth, this is prior to adjudication. For adjudicated youth who were not detained, this date is prior to disposition. This date will remain constant and serve as the introduction of service linkage and delivery.

Section I

(1) IDENTIFICATION (General information about the youth)

Youth's Name – Name of youth must be consistent with ASSIST record
Youth's D.O.B. – Must be consistent with ASSIST record
Youth's Social Security Number – Must be consistent with ASSIST record
Youth's Address – This is the youth's permanent address in the community
Youth's Phone Number – Must be consistent with ASSIST record
Youth's Medicaid/Insurance Number – This can be for a public or private health care provider
Primary Caregiver of Youth – This is the youth's parent or legal guardian
DJS ID Number – Youth's ASSIST number
Current Age – Age must be consistent with D.O.B.
Gender – Sex of child at birth
Race/Ethnicity – Only one category should be circled

(2) CASE INFORMATION (General information about the youth's case)

Residential Program – This is applicable to aftercare youth. This is the name of the residential facility that the youth is committed to

Scheduled Release Date – This is applicable to aftercare youth. This is the anticipated release date from a particular residential facility.

Institutional Case Manager – This is applicable to youth in detention and aftercare youth. This is the residential facility case manager. This person can be a non-DJS employee

Aftercare Case Manager – This is applicable to aftercare youth. This is the case manager assigned aftercare responsibilities for intensive or standard supervision.

Tracker/Monitor – This is applicable to aftercare youth. This is the case manager assigned aftercare responsibilities for intensive supervision

Community Case Manager – This is the case manager assigned probation responsibilities or aftercare responsibilities upon a youth's return to the community from a residential placement.

Electronic Monitoring/Tracker – This is the case manager assigned supervision responsibilities through the Community Detention Program.

Family Intervention Specialist – This is the mental health professional assigned clinical responsibilities for the youth and family.

Initial Risk/Need Score – These are the initial scores used to determine level of care and supervision status. These scores are based on a validated risk/need instrument.

Supervision Level – The level of contact varies depending on the youth's supervision status. A DJS classification system and SOPs for aftercare guide supervision levels.

Phone Number(s) – Can be office numbers and/or cellular phone numbers.

Section II

(1) ASSESSMENTS

This section must include any assessment completed on a youth at the time of initiation of the TSP form, and/or at any point thereafter. When a new assessment is conducted, all pertinent information must be added. The

assessment section determines the type of need and dictates the type of service linkage(s).

1st Column – This is the actual date that an assessment was conducted.

2nd Column – The type of assessment must be identified. The assessment can be DJS initiated (i.e., Stage I or Stage II assessments) or from outside entities such as mental health agencies, substance abuse programs, educational departments, or court ordered psychiatric/psychological testing.

3rd Column – All subsequent follow-up assessment dates must be noted.

(2) IDENTIFIED NEEDS

This section pertains to needs identified (via assessments) at the time of initiation of the TSP form and/or at any point thereafter. This section must be added to or modified whenever a new assessment is conducted.

1st Column – The "type of need" identified should be consistent with the following domain areas: Education, Mental Health, Substance Abuse, Physical Health, Cognitive Awareness, and Family Services. Specifically, the aforementioned domain areas should be included in the "type of need" column.

2nd Column – This section refers to anticipated service delivery. The specificity of a service will be further elaborated on in one of the domain sections of the form. Thus, any information included in this section should be brief.

Section III

(1) EDUCATIONAL SERVICES

Educational services include, but are not limited to, any current private and/or public school program (full or part-time), alternative program, vocational program, GED program, ROTC program, tutoring program, or college.

If a youth is participating in a particular education program, or is slated to be admitted into a particular education program, the specifics of the program should be documented in this section. For youth admitted to a residential facility, the educational program at said facility should be recorded. In anticipation of an aftercare youth's reentry to the community, educational services should be identified within such and recorded in the "transition services" section. Upon discharge from a residential facility, programs identified as "transition services" should be recorded in the main educational service chart.

Code as Follows – *Place of Service, Referral Outcome, and Termination Type* – Codes used in recording educational services.

1st Column – "Place of Service" refers to whether or not a youth is participating in an educational program in the community or within the confines of a residential facility (for committed youth). Use either code (C) or (F) to delineate the difference between the two.

2nd Column – "Program Name" refers to the specific educational program name.

3rd Column – "Date Referred" is the actual date that a referral contact is made.

4th Column – "Referral Outcome" is the result of the referral contact. There are five possible options for referral outcome: (1) admitted, (2) waiting list, (3) denied admission [financial reasons], (4) denied admission [eligibility criteria] or (5) youth refused [no show]. Only one of the aforementioned numbers will be recorded in this column.

5th Column – "Date Entered" is the actual date that service delivery begins.

6th Column – "Hours/Days per Week" is the actual time that a youth spends participating in a particular program (can be an estimate if the exact hours are not known or vary).

7th Column – "Date Terminated" is the actual date that service delivery ends.

8th Column – "Termination Type" is the reason for termination from a particular education program. There are five possible options for referral outcome: (1) successful, (2) left program/dropped out, (3) expelled, (4) transfer, or (5) other. Only one of the aforementioned categories will be selected for this column. If category (5) is selected an explanation should follow.

(2) EDUCATIONAL GOALS – In compliance with HB821, this section requires that DJS case managers outline TSP goals and provide expected timeframes for meeting said goals. Each objective/expected result should be listed and include the month/year for which it is anticipated that a particular goal will be attained.

(3) TRANSITION SERVICES – This section is applicable to aftercare youth. If a youth is committed to a residential facility, transition services are required and should be identified for reentry planning. If transition services are rendered prior to reentry into the community, the information should be recorded appropriately in the section "Service provided in the Facility." Upon discharge from a residential program, "transition services" should be recorded in the main service chart.

1st Column – "Program Name" refers to the education program identified for reentry into the community, or brokered from the community to a residential facility.

2nd Column – "Date Contacted" is the actual date that an education program is notified of a prospective referral.

3rd Column – "Service Provided in Facility" is any component of an education program that is brokered from the community to a residential facility.

Section IV

(1) MENTAL HEALTH SERVICES

Mental health services include, but are not limited to, any individual and/or group counseling service (public or private/inpatient or outpatient) for a psychological, psychotic, or neurological disorder.

If a youth is receiving a particular mental health service, or is slated to be admitted into a particular mental health program, the specifics of the program should be documented in this section. For youth admitted to a residential facility, the mental health services at said facility should be recorded. In anticipation of an aftercare youth's reentry to the community, mental health services should be identified within such and recorded in the "transition services" section. Upon discharge from a residential facility, programs identified as "transition services" should be recorded in the "mental health service" chart.

Code as Follows – *Place of Service, Referral Outcome, and Termination Type* – Codes used in recording mental health services.

1st Column – "Place of Service" refers to whether or not a youth is receiving mental health services in the community or within the confines of a residential facility (for committed youth). Use either code (C) or (F) to delineate the difference between the two.

2nd Column – "Program Name" refers to the specific mental health service group or program.

3rd Column – "Date Referred" is the actual date that a referral contact is made.

4th Column – "Referral Outcome" is the result of the referral contact. There are five possible options for referral outcome: (1) admitted, (2) waiting list, (3) denied admission [financial reasons], (4) denied admission

[eligibility criteria] or (5) youth refused/no show. Only one of the aforementioned numbers will be recorded in this column.

5th Column – "Date Entered" is the actual date that service delivery begins.

6th Column – "Hours/Days per Week" is the actual time that a youth spends receiving a service or participating in a particular program (can be an estimate if the exact hours are not known or vary).

7th Column – "Date Terminated" is the actual date that service delivery ends.

8th Column – "Termination Type" is the reason for termination from a particular education program. There are five possible options for referral outcome: (1) successful, (2) left program/dropped out, (3) expelled, (4) transfer, or (5) other. Only one of the aforementioned categories will be selected for this column. If category (5) is selected an explanation should follow.

(2) MENTAL HEALTH GOALS – In compliance with HB821, this section requires that DJS case managers outline TSP goals and provide expected timeframes for meeting said goals. Each objective/expected result should be listed and include the month/year for which it is anticipated that a particular goal will be attained.

(3) TRANSITION SERVICES – This section is applicable to aftercare youth. If a youth is committed to a residential facility, transition services are required and should be identified for reentry planning. If transition services are rendered prior to reentry into the community, the information should be recorded appropriately in the section "Service provided in the Facility." Upon discharge from a residential program, "transition services" should be recorded in the main service chart.

1st Column – "Program Name" refers to the mental health service or program identified for reentry into the community, or brokered from the community to a residential facility.

2nd Column – "Date Contacted" is the actual date that a mental health service or program is notified of a prospective referral.

3rd Column – "Service Provided in Facility" is any component of a mental health service or program that is brokered from the community to a residential facility.

Section V

(1) SUBSTANCE ABUSE SERVICES

Substance abuse services include, but are not limited to, any individual and/or group counseling service (public or private/outpatient or inpatient) for youth diagnosed with chemical dependency or in need of substance abuse education, testing, and/or prevention classes.

If a youth is participating in a substance abuse program, or is slated to be admitted into a substance abuse program, the specifics of the program should be documented in this section. For youth admitted to a residential facility, substance abuse services offered at said facility should be recorded. In anticipation of an aftercare youth's reentry to the community, substance abuse services should be identified within such and recorded in the "transition services" section. Upon discharge from a residential facility, programs or services identified as "transition services" should be recorded in the "substance abuse service" chart.

Code as Follows – *Place of Service, Referral Outcome, and Termination Type* – Codes used in recording substance abuse services.

1st Column – "Place of Service" refers to whether or not a youth is receiving substance abuse services in the community or within the confines of a residential facility (for committed youth). Use either code (C) or (F) to delineate the difference between the two.

2nd Column – "Program Name" refers to a specific substance abuse program or service.

3rd Column – "Date Referred" is the actual date that a referral contact is made.

4th Column – "Referral Outcome" is the result of the referral contact. There are five possible options for referral outcome: (1) admitted, (2) waiting list, (3) denied admission [financial reasons], (4) denied admission [eligibility criteria], or (5) youth refused [no show]. Only one of the aforementioned numbers will be recorded in this column.
5th Column – "Date Entered" is the actual date that service delivery begins.

6th Column – "Hours/Days per Week" is the actual time that a youth spends receiving a service or participating in a particular program (can be an estimate if the exact hours are not known or if they vary).

7th Column – "Date Terminated" is the actual date that service delivery ends.

8th Column – "Termination Type" is the reason for termination from a particular substance abuse service or program. There are five possible options for referral outcome: (1) successful, (2) left program/dropped out, (3) expelled, (4) transfer, or (5) other. Only one of the aforementioned categories will be selected for this column. If category (5) is selected an explanation should follow.

(2) SUBSTANCE ABUSE GOALS – In compliance with HB821, this section requires that DJS case managers outline TSP goals and provide expected timeframes for meeting said goals. Each objective/expected result should be listed and include the month/year for which it is anticipated that a particular goal will be attained.

(3) TRANSITION SERVICES – This section is applicable to aftercare youth. If a youth is committed to a residential facility, transition services are required and should be identified for reentry planning. If transition services are rendered prior to reentry into the community, the information should be recorded appropriately in the section "Service provided in the Facility." Upon discharge from a residential program, "transition services" should be recorded in the main service chart.

1st Column – "Program Name" refers to the substance abuse service or program identified for reentry into the community, or brokered from the community to a residential facility.

2nd Column – "Date Contacted" is the actual date that a service or program is notified of a prospective referral.

3rd Column – "Service Provided in Facility" is any component of a substance abuse service or program that is brokered from the community to a residential facility.

Section VI

(1) PHYSICAL HEALTH SERVICES

Physical health services include any healthcare treatment or physical therapy for chronic or minor physical ailments (public or private/outpatient or inpatient).

If a youth is participating in physical therapy or seeing a doctor for a physical ailment, the specifics of his/her treatment should be documented in this section. For youth admitted to a hospital for treatment, services rendered at a particular facility should be recorded. In anticipation of an aftercare youth's reentry to the community, treatment services for physical ailments should be identified within such and recorded in the "transition services" section. Upon discharge from a residential facility, programs or services identified as "transition services" should be recorded in the "physical health services" section.

Code as Follows – *Place of Service, Referral Outcome, and Termination Type* – Codes used in recording physical health services.

1st Column – "Place of Service" refers to whether or not a youth is receiving physical healthcare in the

community or within the confines of a residential facility (for committed youth). Use either code (C) or (F) to delineate the difference between the two.

2nd Column – "Program Name" refers to the specific physical health program or service.

3rd Column – "Date Referred" is the actual date that a referral contact is made.

4th Column – "Referral Outcome" is the result of the referral contact. There are five possible options for referral outcome: (1) admitted, (2) waiting list, (3) denied admission [financial reasons], (4) denied admission [eligibility criteria], or (5) youth refused [no show]. Only one of the aforementioned numbers will be recorded in this column.

5th Column – "Date Entered" is the actual date that service delivery begins.

6th Column – "Hours/Days per Week" is the actual time that a youth spends receiving a service or participating in a particular program (can be an estimate if the exact hours are not known or if they vary).

7th Column – "Date Terminated" is the actual date that service delivery ends.

8th Column – "Termination Type" is the reason for termination from a particular healthcare service or program. There are five possible options for referral outcome: (1) successful, (2) left program/dropped out, (3) expelled, (4) transfer, or (5) other. Only one of the aforementioned categories will be selected for this column. If category (5) is selected an explanation should follow.

(2) PHYSICAL HEALTH SERVICES GOALS – In compliance with HB821, this section requires that DJS case managers outline TSP goals and provide expected timeframes for meeting said goals. Each objective/expected result should be listed and include the month/year for which it is anticipated that a particular goal will be attained.

(3) TRANSITION SERVICES – This section is applicable to aftercare youth. If a youth is committed to a residential facility, transition services are required and should be identified for reentry planning. If transition services are rendered prior to reentry into the community, the information should be recorded appropriately in the section "Service provided in the Facility." Upon discharge from a residential program, "transition services" should be recorded in the main service chart.

1st Column – "Program Name" refers to the physical health service or program identified for reentry into the community, or brokered from the community to a residential facility.

2nd Column – "Date Contacted" is the actual date that a physical health service or program is notified of a prospective referral.

3rd Column – "Service Provided in Facility" is any component of a physical health service or program that is brokered from the community to a residential facility.

Section VII

(1) COGNITIVE AWARENESS PROGRAMMING
Cognitive Programming includes, but is not limited to, life skills training, Moral Reconation Therapy (MRT), Victim Awareness Education Program (VAEP), anger management training, mentoring programs, gender specific programs, automobile theft programs, and shoplifting abatement classes.

If a youth is participating in a cognitive awareness program, or is slated to be admitted into a specific program, the details of his/her service requirements should be documented in this section. In anticipation of an aftercare youth's reentry to the community, cognitive awareness programming should be identified within such and recorded in the "transition services" section. Upon discharge from a residential facility, programs or services

identified as "transition services" should be recorded in the "cognitive programming" section.

Code as Follows – *Place of Service, Referral Outcome, and Termination Type* – Codes used in recording cognitive awareness programming.

1st Column – "Place of Service" refers to whether or not a youth is participating in a cognitive awareness program in the community or within the confines of a residential facility (for committed youth). Use either code (C) or (F) to delineate the difference between the two.

2nd Column – "Program Name" refers to the specific cognitive awareness program.

3rd Column – "Date Referred" is the actual date that a referral contact is made.

4th Column – "Referral Outcome" is the result of the referral contact. There are five possible options for referral outcome: (1) admitted, (2) waiting list, (3) denied admission [financial reasons], (4) denied admission [eligibility criteria], or (5) youth refused [no show]. Only one of the aforementioned numbers will be recorded in this column.

5th Column – "Date Entered" is the actual date that service delivery begins.

6th Column – "Hours/Days per Week" is the actual time that a youth spends participating in a particular program (can be an estimate if the exact hours are not known or if they vary).

7th Column – "Date Terminated" is the actual date that service delivery ends.

8th Column – "Termination Type" is the reason for termination from a particular education program. There are five possible options for referral outcome: (1) successful, (2) left program/dropped out, (3) expelled, (4) transfer, or (5) other. Only one of the aforementioned categories will be selected for this column. If category (5) is selected an explanation should follow.

(2) COGNITIVE AWARENESS PROGRAMMING GOALS – In compliance with HB821, this section requires that DJS case managers outline TSP goals and provide expected timeframes for meeting said goals. Each objective/expected result should be listed and include the month/year for which it is anticipated that the goal will be attained.

(3) TRANSITION SERVICES – This section is applicable to aftercare youth. If a youth is committed to a residential facility, transition services are required and should be identified for reentry planning. If transition services are rendered prior to reentry into the community, the information should be recorded appropriately in the section "Service provided in the Facility." Upon discharge from a particular program, "transition services" should be recorded in the main service chart.

1st Column – "Program Name" refers to the education program identified for reentry into the community, or brokered from the community to a residential facility.

2nd Column – "Date Contacted" is the actual date that an education program is notified of a prospective referral.

3rd Column – "Service Provided in Facility" is any component of an education program that is brokered from the community to a residential facility.

Section VIII

(1) FAMILY SERVICES

Family services are those programs designed to improve the youth's global functioning in his home and community, and to increase family well being. These are programs that enable families and children to live in a

safe and nurturing environment, and provide a wide range of services to help identify and resolve problems which threaten family and individual functioning. Family services include, but are not limited to, family counseling, parenting classes, individual therapy for family members (including siblings), and self-help groups for parents.

The first part of this section is used to briefly define the statement/condition that a parent must change in order to alleviate any risk(s) to the child. This is a requirement of HB821. Essentially, the statement/condition noted will indicate the type of services /goals that will be outlined in the service delivery segment.

If a youth and/or family member is participating in a program to enhance family functioning, or is slated to be admitted into a specific program, the details of service requirements should be documented in this section. In anticipation of an aftercare youth's reentry to the community, services to enhance family functioning should be identified within such and recorded in the "transition services" section. Upon discharge from a residential facility, programs or services identified as "transition services" should be recorded in the "family services" section.

Code as Follows – *Place of Service, Referral Outcome, and Termination Type* – Codes used in recording family services.

1st Column – "Place of Service" refers to whether or not a youth and his family are receiving family support, or participating in a family service program, in the community or within the confines of a residential facility (for committed youth). Use either code (C) or (F) to delineate the difference between the two.

2nd Column – "Program Name" refers to a specific family service or program name.

3rd Column – "Date Referred" is the actual date that a referral contact is made.

4th Column – "Referral Outcome" is the result of the referral contact. There are five possible options for referral outcome: (1) admitted, (2) waiting list, (3) denied admission [financial reasons], (4) denied admission [eligibility criteria], or (5) youth refused [no show]. Only one of the aforementioned numbers will be recorded in this column.

5th Column – "Date Entered" is the actual date that service delivery begins.

6th Column – "Hours/Days per Week" is the actual time that a youth and/or his family spend receiving family services or participating in a specific program (can be an estimate if the exact hours are not known or if they vary).

7th Column – "Date Terminated" is the actual date that service delivery ends.

8th Column – "Termination Type" is the reason for termination from a particular service or program. There are five possible options for referral outcome: (1) successful, (2) left program/dropped out, (3) expelled, (4) transfer, or (5) other. Only one of the aforementioned categories will be selected for this column. If category (5) is selected an explanation should follow.

(2) FAMILY SERVICES GOALS – In compliance with HB821, this section requires that DJS case managers outline TSP goals and provide expected timeframes for meeting said goals. Each objective/expected result should be listed and include the month/year for which it is anticipated that a particular goal will be attained.

(2) TRANSITION SERVICES – This section is applicable to aftercare youth. If a youth is committed to a residential facility, transition services are required and should be identified for reentry planning. Upon discharge from a particular program, "transition services" should be recorded in the main service chart. If transition services are rendered prior to reentry into the community, the information should be recorded appropriately in the section "Service provided in the Facility."

1st Column – "Program Name" refers to the family service or program identified for reentry into the community, or brokered from the community to a residential facility.

2nd Column – "Date Contacted" is the actual date that service program is notified of a prospective referral.

3rd Column – "Service Provided in Facility" is any component of a service or program that is brokered from the community to a residential facility.

Section IX

(1) GRADUATED RESPONSES

Violations and Sanctions

This section is used to document and hold youth accountable for non-compliance of court-ordered conditions, program expectations, and/or supervision requirements.

1st Column – This is the date that an event/activity occurs.

2nd Column – "Type of Violation" refers to any instance of or non-compliance to program expectations/supervision requirements according to DJS policy. All violations should be recorded from the time of a youth's initial involvement with DJS through termination of legal jurisdiction, regardless of the nature of the act or particular offense. Violations must be recorded in the order of occurrence.

3rd Column – "Sanction" refers to the response to any instance of non-compliance to program expectations/supervision requirements. An imposed sanction must be attached to all recorded violations from the time of a youth's initial involvement with DJS through termination of legal jurisdiction, regardless of the nature of the act or particular offense. Sanctions must be recorded in the order that they are administered.

Positive Adjustment & Rewards

This section is used to document rewards and incentives given to youth for adhering to court-ordered conditions, program expectations, and/or supervision requirements.

1st Column – This is the date that an event/activity occurs.

2nd Column – "Type of Positive Adjustment" refers to any instance of positive compliance to program expectations/supervision requirements in accordance to DJS policy and court conditions. All positive adjustments should be recorded from the time of a youth's initial involvement with DJS through termination of jurisdiction.

3rd Column– "Reward" refers to any activity, event, or acknowledgment given to a youth for a positive adjustment. A reward should be attached to all recorded positive adjustment instances, from the time of a youth's initial involvement with DJS through termination of legal jurisdiction. Rewards should be recorded in the order that they are given.

Section X

(1) SUPERVISION REQUIRMENTS

This section refers to Court ordered conditions and/or service guidelines as defined by Departmental operating procedures.

Code as Follows – T*ype of Supervision, Type of Termination, Supervision Requirements* - Codes used in recording supervision requirements.

1st Column – "Date" is the actual date that information is being inputted.

2nd Column – "Type of Supervision" is the supervision status of adjudicated youth under jurisdiction of the Department. There are five possible options for supervision type: (1) intensive aftercare, (2) aftercare, (3) probation [low], (4) probation [med] (5) probation [high]. Only one of the aforementioned numbers will be recorded in this column.

3rd Column – "Supervision Requirements" are special conditions or restrictions established by the Court or DJS operating procedures. There are six possible options for supervision requirements: (1) evening reporting center, (2) electronic monitoring, (3) curfew, (4) drug testing (5) community service, and (6) restitution. Only one of the aforementioned numbers will be recorded in this column.

4th Column – "Frequency of Contacts" are the number of required face-to-face visits, telephoning, or days of reporting for a particular supervision requirement.

5th Column – "Date of Termination" is the actual date that a reporting requirement is no longer necessary.

6th Column – "Type of Termination" is the reason for the discontinuation of a reporting requirement. There are six possible options for termination type: (1) successful, (2) inter-state compact, (3) waiver of jurisdiction, (4) transfer of jurisdiction, (5) age of majority, (6) other. Only one of the aforementioned numbers will be recorded in this column. If category (6) is selected an explanation should follow.

Signatures

(1) SIGNING THE DOCUMENT

The TSP signature page should be signed by all involved parties and dated on the day of initiation. It may be given to a youth or parent upon request. All subsequent modifications or additions (as required by DJS policy) should by initialed and dated by the youth, the parent/guardian and all involved parties, as necessary. Initialing an addition or modification can be included on the signature page or on the particular page where the addition or modification is made.

If a parent/guardian refuses to sign the TSP it should be noted with an explanation (if known or available).

Department of Juvenile Services
Restorative Justice Operations

Treatment Service Plan (TSP)

Date of Initiation: _____/_____/_____

SECTION I

1. Identification

Youth's Name: _____ DJS ID#: _____

Youth's D.O.B.: ____/____/____ Current Age: _____

Youth's SS#: _____ Gender: M F

Youth's Address: _____ Race/Ethnicity:

_____

1. Caucasian
2. African American
3. Hispanic/Latino
4. Asian/Pacific Islander
5. Native American
6. Other : _____

Youth's Phone #: _____

Youth's Medicaid/Insurance #: _____

Primary Caregiver of Youth: _____

2. Case Information

* Residential Program: _____

* Scheduled Release Date: _____

* Institutional Case Manager: _____ Phone #: _____

* Aftercare Case Manager: _____ Phone #: _____

* Tracker Monitor: _____ Phone #: _____

Community Case Manager: _____ Phone #: _____

Electronic Monitoring Tracker: _____ Phone #: _____

Family Intervention Specialist _____ Phone#: _____

Initial Risk/Need Score: _____ **Supervision Level: _____**

*** Only applies to Aftercare youth**

SECTION II

ASSESSMENTS

'Type' refers to: risk/need assessment, psychological and/or psychiatric evaluation, drug assessment (e.g., SASSI), educational evaluation (e.g., WRAT), progress assessment, etc.

Date	Type & Name	Date of Next Assessment

Code as follows:

Type of Need

1. Education
2. Mental Health
3. Substance Abuse
4. Physical Health
5. Life Skills/MRT
6. Family

Identified Needs ***(as identified by Assessment)***

Type of Need	Briefly describe anticipated programming requirements (include details in applicable sections)

SECTION III

EDUCATIONAL SERVICES

Code as follows:

Place of Service
(F) Facility
(C) Community

Referral Outcome
1. Admitted
2. Waiting List
3. Denied Admission (Financial Reasons)
4. Denied Admission (Eligibility Criteria)
5. Youth Refused/No Show

Termination Type
1. Successful
2. Left Program/Dropped Out
3. Expelled
4. Transfer
5. Other (specify)

Place of Service	Program Name	Date Referred	Referral Outcome	Date Entered	Hours/Days per Week	Date Terminated	Termination Type

Educational Goals

Objective/Expected Results	Time Frame for Completion (month/year)
1.	
2.	
3.	
4.	
5.	

* ***Transition Services***

Program Name	Date Contacted	Service Provided in Facility

*** Only applies to Aftercare youth**

SECTION IV

MENTAL HEALTH SERVICES

Code as follows:

Place of Service
(F) Facility
(C) Community

Referral Outcome
1. Admitted
2. Waiting List
3. Denied Admission (Financial Reasons)
4. Denied Admission (Eligibility Criteria)
5. Youth Refused/No Show

Termination Type
1. Successful
2. Left Program/Dropped Out
3. Expelled
4. Transfer
5. Other (specify)

Place of Service	Program Name	Date Referred	Referral Outcome	Date Entered	Hours/Days per Week	Date Terminated	Termination Type

Mental Health Goals

Objective/Expected Results	Time Frame for Completion (month/year)
1.	
2.	
3.	
4.	
5.	

* ***Transition Services***

Program Name	Date Contacted	Service Provided in Facility

*** Only applies to Aftercare youth**

SECTION V

SUBSTANCE ABUSE SERVICES

Code as follows:

Place of Service
(F) Facility
(C) Community

Referral Outcome
1. Admitted
2. Waiting List
3. Denied Admission (Financial Reasons)
4. Denied Admission (Eligibility Criteria)
5. Youth Refused/No Show

Termination Type
1. Successful
2. Left Program/Dropped Out
3. Expelled
4. Transfer
5. Other (specify)

Place of Service	Program Name	Date Referred	Referral Outcome	Date Entered	Hours/Days per Week	Date Terminated	Termination Type

Substance Abuse Goals

Objective/Expected Results	Time Frame for Completion (month/year)
1.	
2.	
3.	
4.	
5.	

**** Transition Services***

Program Name	Date Contacted	Service Provided in Facility

*** Only applies to Aftercare youth**

SECTION VI

PHYSICAL HEALTH SERVICES

Code as follows:

Place of Service
(F) Facility
(C) Community

Referral Outcome
1. Admitted
2. Waiting List
3. Denied Admission (Financial Reasons)
4. Denied Admission (Eligibility Criteria)
5. **Youth Refused/No Show**

Termination Type
1. Successful
2. Left Program/Dropped Out
3. Expelled
4. Transfer
5. **Other (specify)**

Place of Service	Program Name	Date Referred	Referral Outcome	Date Entered	Hours/Days per Week	Date Terminated	Termination Type

Physical Health Goals

Objective/Expected Results	Time Frame for Completion (month/year)
1.	
2.	
3.	
4.	
5.	

*** *Transition Services***

Program Name	Date Contacted	Service Provided in Facility

*** Only applies to Aftercare youth**

SECTION VII

COGNITIVE AWARENESS PROGRAMMING

Code as follows:

Place of Service
(F) Facility
(C) Community

Referral Outcome
1. Admitted
2. Waiting List
3. Denied Admission (Financial Reasons)
4. Denied Admission (Eligibility Criteria)
5. **Youth Refused/No Show**

Termination Type
1. Successful
2. Left Program/Dropped Out
3. Expelled
4. Transfer
5. **Other (specify)**

Place of Service	Program Name	Date Referred	Referral Outcome	Date Entered	Hours/Days per Week	Date Terminated	Termination Type

Cognitive Awareness Goals

Objective/Expected Results	Time Frame for Completion (month/year)
1.	
2.	
3.	
4.	
5.	

* ***Transition Services***

Program Name	Date Contacted	Service Provided in Facility

*** Only applies to Aftercare youth**

SECTION VIII

FAMILY SERVICES

Statement/Condition that the youth's parent must change in order to alleviate any risks to the child:

_____

_____

Code as follows:

Place of Service
(F) Facility
(C) Community

Referral Outcome
1. Admitted
2. Waiting List
3. Denied Admission (Financial Reasons)
4. Denied Admission (Eligibility Criteria)
5. Youth Refused/No Show

Termination Type
1. Successful
2. Left Program/Dropped Out
3. Expelled
4. Transfer
5. Other (specify)

Place of Service	Program Name	Date Referred	Referral Outcome	Date Entered	Hours/Days per Week	Date Terminated	Termination Type

Family Services Goals

Objective/Expected Results	Time Frame for Completion (month/year)
1.	
2.	
3.	
4.	
5.	

Transition Services

Program Name	Date Contacted	Service Provided in Facility

*** Only applies to Aftercare youth**

SECTION IX

GRADUATED RESPONSES

Violation & Sanctions

Date	Type of Violation	Sanction

Positive Adjustment & Rewards

Date	Type of Positive Adjustment	Reward

NOTES:

SECTION X

SUPERVISION REQUIREMENTS

Code as follows:

Type of Supervision
1. Intensive Aftercare
2. Aftercare
3. Probation (Low)
4. Probation (Moderate)
5. Probation (High)
6. Administrative
7. Secondary

Supervision Requirements (one entry per line)
1. Evening Reporting Center
2. Electronic Monitoring
3. Curfew
4. Drug Testing
5. Community Service
6. Restitution

Type of Termination
1. Successful
2. Inter-state Compact
3. Waiver of Jurisdiction
4. Transfer of Jurisdiction
5. Age of Majority
6. Other (specify)

Date	Type of Supervision	Supervision Requirements	Frequency of Contact	Date of Termination	Type of Termination

*** Signing this document indicates agreement with this Treatment Service Plan ***

Youth: _____ _____ Date: _____
Signature Initials

**Parent/Guardian: _____ _____ Date: _____
Signature Initials

* Residential Case Manager: _____ Date: _____
Signature

* Aftercare Case Manager: _____ Date: _____
Signature

Community Case Manager: _____ Date: _____
Signature

Case Manager Supervisor: _____ Date: _____
Signature

Family Intervention Specialist _____ Date: _____
Signature

****STATEMENT OF CIRCUMSTANCE AS TO WHY PARENT/GUARDIAN IS UNAVAILABLE OR REFUSES TO SIGN:**

_____
_____
_____
_____
_____
_____

* Only applies to Aftercare youth

Appendix H:
Reporting Requirements

Reporting Requirements

Each Intensive Aftercare Team will be required to complete the Intensive Aftercare Monthly Report. Juvenile Counselor Supervisors will ensure that the forms are completed accurately and forwarded to the Area Directors. Subsequently, each Area Director will be required to submit *the report with the aggregate totals* reported by each team to the Deputy Secretary of Restorative Justice by the 10th of the following month.

The Intensive Aftercare Monthly Report contains the following elements:

- # of new program admissions
- # of program terminations
- # aftercare youth per team (caseloads)
- # of youth linked to community based providers (identify service providers)
- # of program violations (sanctions)
- # of re-arrests
- # of youth detained
- # of new adjudications/dispositions (committed, probation, etc.)
- # of youth employed or participating in a vocation/education program

Intensive Aftercare Monthly Report

Area: **Month/Year:**

1. Number of new admissions (for this reporting period)
2. Number of terminations from aftercare supervision (for this reporting period)
   _____successful (accomplishing all of the TSP goals)
   _____unsuccessful (jurisdiction waived to adult court, abscondment/age 21)
3. List below the total number of intensive aftercare youth being served per team:

*specify team based on geographical location of youth being served (i.e., city, neighborhood, community, etc.)	**Residential Facility**	**Community**	**Total Youth Served**
Team A_____			
Team B_____			
Team C_____			
Team D_____			
Team E_____			
Team F _____			
Team G _____			
Total			

4. Of the total number of youth served for this reporting period, list the number linked to community based providers:

Service Provider Type	**Total Youth Linked**
Substance Abuse	
Mental Health	
Family Counseling	
Mentoring Services	
Independent Living	
Evening Reporting Center	
Electronic Monitoring	
Foster Care	
Other (specify)	
Total	

5. List below the number of youth who violated Community Supervision conditions and received graduated responses (Technical Violations):

	1st Violation	**2nd Violation**	**3rd Violation**
Stage I			
Stage II			
Stage III			
Total			

6. Number of youth arrested/charged on a new offense:

_____ Misdemeanor

_____ Felony

7. Number of youth adjudicated on a new offense:

_____ Misdemeanor

_____ Felony

8. Number of youth detained:

_____ Violent Offense (For specific detail refer to Article 27 643B.)

_____ 2nd Automobile Theft

_____ Failure to Appear/Violation of Probation/Warrants

9. Number of youth placed in an alternative/out of home placement:

10. Enter below the educational status of the youth being served:

Number Enrolled	**Number Completed**
_____ College	_____ College
_____ High School	_____ High School
_____ Vocational/Apprentice Training	_____ Vocational/Apprentice Training
_____GED	_____GED
_____ **Total**	_____ **Total**

11. Number of youth employed or participating in a job readiness program:

_____ Employed _____ Job readiness program _____**Total**

Narrative Summary

*Please include any special activities, issues, and/or concerns during the reporting period.

_____

_____

_____

_____

_____

_____

_____

_____

Completed By:_____ Date:_____

Appendix I:
Agreement between DJS and DHMH to Establish Comprehensive Interagency Mental Health and Substance Abuse Treatment Programs

9/01/03

DJS/DHMH Mental Health/Substance Abuse Action Plan
FY2001-02

November 13, 2000

Summary: This Action Plan is the precursor to a three year action plan to integrate mental health and substance abuse services into every phase of the juvenile justice system. The plan has six components: (1) Develop a 3 year plan for enhanced mental health and substance abuse treatment throughout DJS System; (2) Expand Mental Health in Detention Facilities; (3) Fully Implement HB 692; (4) Implement Mental Health Component of Aftercare Initiative; (5) Develop and Implement a Standard Screening, and Assessment Tool; and (6) Expand Community Based Services to Prevent and Reduce Juvenile Crime. These immediate steps will continue to improve treatment and service delivery to juveniles in the juvenile justice system. These specific initiatives are part of a larger effort to improve community based services for targeted neighborhoods throughout the State.

1. Develop a 3 year plan for enhanced mental health and substance abuse treatment throughout DJS System

Description: Significant progress has been made to develop a long-range plan for providing mental health services in DJS facilities. Both DJS and DHMH have agreed to build upon current plans to create a comprehensive three-year plan to improve the delivery of treatment to juveniles throughout the entire juvenile justice system. Most of the focus will be on enhancing links with and increasing the capacity of community-based providers. This plan will synthesize the current facility plan as well as DJS's admissions reform efforts. This plan will be reviewed on an annual basis and revisions will be made as appropriate.

Budget: N/A

Responsibility: Oscar Morgan, DHMH; Walt Wirsching, DJS; Stephen Amos, GOCCP

Timeline: Complete 3 year plan by July 1, 2001 for FY2003 budget cycle

Progress Measures: Has the plan been completed and approved by Secretaries of DJS and DHMH?

Have necessary budget items been added to DJS and DHMH budgets for FY2003 and planned for FY2004-5?

2. Expand Mental Health in Detention Facilities

Description: Expansion of State Challenge Grant pilot to additional detention facilities. Initiative places a mental health professional in detention centers to screen all youth who stay longer than 24 hours. Youth indicating a need will receive a full assessment and preliminary treatment or treatment readiness.

The mental health worker in collaboration with DJS case manager will link juveniles in need of service with community-based treatment providers once they leave detention. These screenings and assessments will be used to develop Treatment Service Plans (identifying youth that require in-home or residential programs) to be presented to the courts to assist them in disposition decision. (Will provide services to J. DeWeese Carter Center, Cheltenham Youth Facility, Thomas J.S. Waxter Center, and Alfred D. Noyes Center).

Budget: $1.2 million (600,000 from MHA and $600,000 from JJAB)

Responsibility: Oscar Morgan, DHMH; Walt Wirsching, DJS; Stephen Amos, GOCCP

Timeline: Expanded pilot will begin January 1, 2001

Progress Measures: Number of juveniles screened at each facility
Number of juveniles assessed in each facility
Number of juveniles receiving treatment in each facility
What was the type of treatment?
Number of juveniles referred/linked to community-based providers from each facility

3. Fully Implement HB 692

Description: In 1999, HB 692 passed concerning Mental Health and Substance Abuse Screening, and Assessment. The bill requires DJS staff to refer juveniles and their guardians for mental health and substance abuse screenings. The law requires that within 15 days of the referral, DJS workers must document whether or not a guardian made an appointment for a screening,. The law also states that if the screening indicates a problem, the clinician must conduct a comprehensive mental health or substance abuse assessment of the juvenile no later than five working days after the screening

Budget: Existing funds

Responsibility: Oscar Morgan, DHMH; Walt Wirsching, DJS

Timeline: Completed by January 1, 2001

Progress Measures: Have joint DJS/DHMH regulations been adopted?
Have brochures been produced? Are they being distributed at intake?
Have all intake workers been trained?
How many parents/guardians made appointments for screenings?

4. Implement Mental Health Component of Aftercare Initiative

Description: Master's Level mental health professionals will be part of new Aftercare Wrap Teams. There will be one mental health worker assigned to every two aftercare teams in neighborhoods throughout the State.

Budget: $1.5 million through MD Partnership Request for FY2002. From January 1, 2001-June 30, 2001, plan to use $200,000 from JJAB to fund services.

Lead Responsibility: Oscar Morgan, DHMH, Walt Wirsching, DJS

Timeline: Program begins January 1, 2001

Progress Measures: Number of aftercare teams with mental health professional assigned to it/all aftercare teams.
Number of juveniles screened.
Number of juveniles assessed.
Number of juveniles receiving treatment and type of treatment provided.
Number of families of juveniles on aftercare receiving treatment
Type of treatment provided to the families
Number of juveniles returned to DJS supervision as a result of a new offense.
Number of aftercare violators.
Number of absconders.
Number of warrants.

5. Develop and Implement a Standard Screening and Assessment Tool

Description: There is a need to standardize screening and assessment in the juvenile justice system. Johns Hopkins University has agreed to work with the State to improve various tools for DJS's entire population.

Budget: Part of $1.2 million for detention/mental health project

Responsibility: Oscar Morgan, DHMH; Walt Wirsching, DJS; Stephen Amos, GOCCP

Timeline: Tool and Training completed by March, 2001

Progress Measures: Have the tools been developed? Have the tools been validated?
Percentage of intake workers trained concerning screening tools?
Have clinicians received training concerning how to administer the tools?
Number of juveniles receiving assessments.
Number of juveniles referred for treatment.
Number of juveniles eligible for Medicaid..
Number of juveniles with private insurance.

6. Community Based Services To Prevent and Reduce Juvenile Crime

Description: In neighborhoods where juvenile crime and related risk factors are concentrated, community teams involving acency personnel, community institutions and organizations with experience worldncr with juveniles will desian community juvenile intervention strategies tailored to the risk factors and resources of the particular neighborhood. This is part of a larcer Neighborhood Intervention for youth and families that will empower neighborhoods to develop a continuum of services from prevention through aftercare.

Budget: $3.5 million

Responsibility: Walt Wirsching, DJS; Sheila Maynor, DJS

Timeline: Full implementation July 1, 2001

Progress Measures: Measure progress measures developed for each individual neighborhood strategy

Our agencies have approved this action plan for FY2001-2002. Our staff is committed to develop and implement these six strategies/initiatives according to the timelines outlined.

Bishop L. Robinson, Secretary, DJS	**Georges C. Benjamin, Secretary, DHMH**

9/01/03