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SECTION I: EXECUTIVE SUMMARY

Each year, thousands of youth are arrested and subsequently detained by the Los Angeles County Probation Department (Probation). Many of these youth face multiple, complex challenges and return to families struggling with substance abuse, domestic violence, and poverty – often leading to their recurrent delinquency. By developing supportive, comprehensive plans aimed toward fostering relationships with youth and their families and on-going case management, youth are afforded the opportunity to strengthen and maintain positive, healthy lifestyle choices.

The Los Angeles County Probation Aftercare Program (Probation Aftercare) uses a multi-disciplinary team approach designed to assist probation youth with a seamless transition and reintegration from Camp placement to their respective home and school environments. Probation Aftercare is a partnership among the Los Angeles County Departments of Probation, Health Services (DHS), Mental Health (DMH), Public Social Services (DPSS), and the Los Angeles County Office of Education (LACOE) focused on initiating reintegration planning with youth and their families upon entry into the system.

The Probation Aftercare model offers multiple opportunities to enhance efficacy, and provides promising, structured practices that outline specific processes and timeframes for connecting youth to tailored interventions that address their individual needs. This seamless system of supportive services in Camp and linkage to supportive services following release begins the first day of detention and continues through transition, reintegration, and aftercare in the community.

Benefits to the Youth and Family

In addition to the coordination and continuity of care within County Departments, Probation Aftercare incorporates family engagement as a key guiding principle. The early developed rapport and consistent relationship established between the Deputy Probation Officer (DPO), the youth and the family is essential to the success of the case plan.

In addition, this family engagement offers the youth a trusted advocate in the Aftercare DPO to communicate their wishes, preserves the family’s influence on decisions/recommendations, and creates a joint responsibility for the outcomes. Probation Aftercare youth and their parent(s)/caregiver(s) receive:

- Engagement upon entry to the system;
- Comprehensive evaluations and assessments;
- Multi-disciplinary approached interventions; and
- Continuity of care.

The goals of the Probation Aftercare program are to: 1) Reduce rates of recidivism; 2) Provide individualized case planning; 3) Connect youth to community-based services; 4) Provide ongoing Aftercare case planning; and 5) Increase family engagement. To meet these goals, five processes were implemented to promote a successful transition from Probation’s jurisdiction to their respective neighborhoods, schools, families, and friends. The five-step processes that create a continuum of care
for supports and services are:

1. Pre Multi-Disciplinary Assessment/Screening (Pre-MDA)
2. Multi-Disciplinary Assessment (MDA)
3. Multi-Disciplinary Team (MDT)
4. Transition Multi-Disciplinary Team (Transition MDT)
5. Aftercare

By assessing, developing and monitoring case planning, youth exiting the juvenile justice system are better prepared to successfully transition to their communities and reduce their potential risk for returning to the system.

1. Pre Multi-Disciplinary Assessment (Pre-MDA)

The Pre-MDA process begins once a youth is detained in Juvenile Hall. This entry phase is used to identify a youth’s strengths, needs, and potential risk factors. DMH, DHS and LACOE conduct initial assessments/screenings of the youth’s behavioral, mental health, health, and educational functioning.

Upon entry to Juvenile Hall, the DMH clinician completes the youth’s treatment plan (Client Care Coordination Plan (CCCP)). Similarly, DHS conducts a preliminary Nurse Intake Assessment screening, and a licensed physician provides a complete physical examination. In addition to the initial mental health and health screenings, LACOE enrolls the youth in Juvenile Hall School and administers the Measures of Academic Progress (MAP) reading and math assessments.

2. Multi-Disciplinary Assessment (MDA)

The MDA is conducted within 5 days of the youth’s referral to the Camp Assessment Unit (CAU) and consists of a review and update to the preliminary behavioral, mental health, health and educational assessments performed by DMH, DHS, and LACOE. In addition, the MDA determines the most appropriate camp placement and identifies the most suitable services for the youth while in Camp. Upon Camp placement clearance, the collaborative case plan recommendations developed by the multi-disciplinary team are documented on the 16-point Assessment Form. This document creation is vital to the case planning process as it provides a holistic representation of the youth, enhances communication between multi-disciplinary team members, and serves as the first step to document the decision-making process on behalf of the youth.

3. Multi-Disciplinary Team (MDT)

Within 10 days of a youth’s arrival at Camp, a MDT meeting is held to review the CAU recommendations and begins the initial identification of needed services for the youth’s successful
reintegration into the community. The MDT members, along with the youth and their parent/caregiver, collectively identify the Case Plan by outlining treatment, goals, and services to be received while in camp.

The individualized Case Plan addresses the unique needs of each youth and details the youth’s plan of care while in Camp placement. The Case Plan typically includes achievable short- and long-term goals and objectives for youth and their parent/caregiver, and provides MDT members with the most recent information regarding their progress.

4. Transition Multi-Disciplinary Team (Transition MDT)

The Transition Multi-Disciplinary Team (Transition MDT) meeting is a critical step towards ensuring a youth’s successful reintegration into their community. To prevent gaps and/or barriers to treatment and services, the Transition MDT occurs within 45-60 days of a youth’s release from Camp. Team members reconvene to review the progress achieved in the MDT Case Plan, develop the youth’s Aftercare Case Plan, initiate the referral process to community-based services, and determine whether the youth can potentially be released from Camp early.

In addition, Probation and DPSS have piloted a project that has trained Juvenile DPOs from the San Gabriel Valley and Pomona area offices to conduct a healthcare benefits screening as part of the aftercare supervision process. Those youth screened and determined to be without Medi-Cal coverage are referred to the co-located DPSS staff for application submission, if eligible. Upon completion of the pilot, Probation and DPSS will reconvene to develop the phased implementation of this project Countywide.

5. Aftercare

The Aftercare Case Plan includes interventions provided in the pre-planning stages of aftercare and ensures the youth’s receipt of appropriate supports and services upon their return to the community. Linkage to necessary supports and services will minimize the likelihood of a youth’s return to Camp. The Aftercare DPO serves as the central point of contact and bridge between the community and the youth and monitors service delivery and progress achieved by youth and their parent(s)/caregiver(s). In addition, DMH Aftercare will provide referrals to appropriate mental health programs, and, in conjunction with the Aftercare DPO, ensure the youth is linked to the identified treatment programs.

The ongoing supervision and case management from Camp release to case termination is essential to the success and reduced likelihood of the youth’s return to the system.
What’s New?

Probation Aftercare relies upon ongoing, collaborative case management to offer the most comprehensive and seamless system for achieving goals in education, mental health, physical health, and personal relationships. The new Probation Aftercare program offers:

- Post-release planning upon entry into the system;
- Documented decision-making process;
- Enhanced communication and information sharing among MDT members;
- Enriched family engagement; and
- Collaborative case planning by DMH, DHS, LACOE, DPSS and Probation.
SECTION 2: INTRODUCTION

Over the last ten years, the Probation Department (Probation) has provided a wide-range of services to youth returning to their communities after leaving Juvenile Camp placement. In order to promote healthier lifestyle choices, “aftercare services,” were designed to provide youth with additional support and case management once the youth returned to their communities. These efforts have included partnering with the departments of Mental Health (DMH), Health Services (DHS), Department of Public Social Services (DPSS), and the Los Angeles County Office of Education (LACOE) to provide collaborative case planning to meet the unique needs of Probation youth. Over the years, these services have varied in both their scope and depth, as well as in their accessibility to the youth they intended to serve.

To ensure youth were receiving aftercare services that were truly coordinated and comprehensive, Los Angeles County Supervisor for the First Supervisorial District, Gloria Molina, spearheaded a workgroup of key County Department officials to develop a pilot project addressing the aftercare services for youth in her district. It was important to her that these youth were connected to the array of supportive services available to them once they returned to their communities. Representatives from Probation, DMH, DHS and LACOE participated in these efforts so that the foundation for a multi-disciplinary teaming approach would be reinforced at all levels within these departments.

The pilot project directed Deputy Probation Officers (DPOs) to begin working with youth and their families, upon their Camp arrival. The DPOs were also tasked with continuing to provide support and case management throughout their transition back into their communities and until the case was closed. In collaboration with the Juvenile Court and other stakeholders, Probation and the departments strengthened five processes to ensure from detention through return to the communities, Probation youth are appropriately assessed, receive comprehensive case plans designed to meet their specific needs, and have their progress with these plans monitored regularly.

Initial promise of the project led to countywide expansion efforts for this program which are now underway. It is the goal of Supervisor Molina and this program to provide Probation youth with a seamless transition and reintegration into their communities to reduce the likelihood of their return to the system and instead provide them with a real opportunity for future success.
SECTION 3: THE FIVE PROCESSES

The DMH, DHS, and LACOE staff co-located at the Juvenile Halls and Camps begin working with youth as soon as they are detained. These co-located staff provide thorough assessments of the youth’s functioning, collaborate in team meetings to develop comprehensive case plans for both when the youth is detained and returns to the community, and monitor the youth’s ongoing progress in meeting the plan’s goals.

The five processes are:

1. **Pre Multi-Disciplinary Assessment/Screening (Pre MDA)**
   - Gathers initial information used during the assessment process

2. **Multi-Disciplinary Assessment (MDA)**
   - Uses the assessment information to determine the most appropriate Camp placement

3. **Multi-Disciplinary Team (MDT)**
   - Assessment findings are used to develop a comprehensive Camp Case Plan that targets the individual needs of the youth

4. **Transition Multi-Disciplinary Team (Transition MDT)**
   - Transition planning for returning to the community occurs and an Aftercare Case Plan is created to link youth to appropriate services in their communities

5. **Aftercare**
   - Follow-up occurs with youth to ensure they are linked to services in their communities that address their unique needs

The actions that define each of these five processes are outlined in detail below. The department(s) responsible for each action is identified first, followed by the actions they complete. Each action is numbered to correspond with its placement on the process flowchart, which is included at the end of each sub-section. After the actions are listed, a table identifies the forms each department uses to gather the pertinent information about the youth during that process. All new actions that have been incorporated into the process are highlighted.
This process outlines the initial assessment and information gathered by Probation, DMH, DHS, and LACOE for youth who have been arrested and detained in Juvenile Hall. The goal of this pre-assessment process is to collect pertinent information regarding a youth’s behavioral, mental health, health and educational functioning to identify the youth’s immediate service needs while detained in Juvenile Hall. Additionally, this information is used to complete the Multi-Disciplinary Assessment (MDA) which determines a youth’s Camp assignment and the specific program interventions that address the youth’s unique needs while in Camp.

Probation Actions

I. Youth is arrested

1. Once the youth is arrested, he or she is either sent home pending Probation’s investigation or taken to one of the three Juvenile Halls: Barry J. Nidorf, Central, or Los Padrinos. Medical benefits are suspended for youth receiving benefits prior to their arrest.

II. Initial determination is made on whether or not to detain the youth

2. The Intake and Detention Control unit at Juvenile Hall conducts an assessment of the youth using the Los Angeles Detention Screener (LADS). The LADS is a tool designed to measure the threat a minor poses to the community and is used to determine if a youth should be detained.

3. Youth scoring below the LADS threshold and were not arrested for a serious felony, are either sent home or to an alternate placement to await their hearing date. Youth who score above the LADS threshold and/or have been charged with a felony are detained in Juvenile Hall pending an arraignment/detention hearing.

III. Intake screening is conducted for detained youth

4. Once a youth is detained, a Deputy Probation Officer (DPO) immediately administers the Intake Screening Questionnaire. This questionnaire serves as an initial screening of the youth for basic medical, mental health, and educational concerns and initiates the Pre Multi-Disciplinary Assessment/Screening Process (this process is outlined below under “VIII. Pre Multi-Disciplinary Assessment and Screening Process and Flowchart #1). Issues uncovered by this screening process are immediately referred for further examination and/or treatment services.

IV. Arraignment/Detention hearing is held

5. An arraignment/detention hearing occurs within 48 to 72 hours of a youth’s arrest.
Typically for detained youth, these two hearings are combined into one. At the arraignment hearing, the youth is informed of their petition charges and asked to enter a plea. The detention hearing is used to decide if the youth should remain in Juvenile Hall, pending an adjudication hearing. If the Juvenile Court decides that he or she should not remain in Juvenile Hall, the youth is sent home to await the adjudication hearing.

V. **Adjudication hearing is held**

6 An adjudication hearing usually occurs within two weeks of the arraignment/detention hearing. It is a non-jury trial that decides whether there is sufficient evidence to sustain the petition or if the charges should be dismissed. If the petition is sustained, the youth awaits a disposition hearing.

7 If the charges are dismissed, the youth is released from Probation supervision and sent home. At this time, Medi-Cal benefits are reinstated for youth who were receiving benefits prior to being arrested. If a youth’s family is not currently receiving Medi-Cal benefits, Probation and DPSS have piloted a project that has trained Juvenile DPOs from the San Gabriel Valley and Pomona area offices to complete the Medi-Cal Screening and Referral Form and connect the family with the DPSS Outreach Worker. The DPSS Outreach workers, currently co-located at the San Gabriel Valley and Pomona area offices, conduct a full benefits screening and assist eligible families with the completion of the Medi-Cal application process.

Once this piloted project is complete, both departments will reconvene to develop the phased implementation of this project Countywide.

VI. **Disposition hearing is held**

8 The disposition hearing occurs within two weeks of the adjudication hearing. At this hearing, the youth is given conditions of probation to be satisfied before Probation supervision is terminated.

9 One of the disposition conditions may include an order to Camp placement. If the disposition does not include a Camp placement order, the youth is:

1) *Released to the community* – There are four types of dispositions where the youth is released back into the community:

   - 654 WIC (Welfare and Institutions Code), Informal Probation – With this option, the youth is not considered to be an imminent risk to the community. The case is continued for a period of six months under which the youth is supervised by a DPO and the parents can be asked to participate with the youth in counseling or education programs, including parenting classes. If after six months the youth successfully completes the program, the petition is dismissed.
o 725 WIC, Probation without Wardship – Under this option, the petition is sustained, but the case does not proceed to disposition. If the youth is successful after six months, jurisdiction of the case is terminated. If not, the case will proceed to court for disposition.

o 790 WIC, Deferred Entry of Judgment (DEJ) – Only youth with non-serious felonies are eligible for this option. With this disposition, the youth is sent home under the supervision of the DPO for a period of 12-36 months. If the youth is successful during this time, the petition can be dismissed and their record is sealed.

o Home on Probation under 602 WIC, HOP – This disposition is used when a petition is sustained and the youth does not pose an imminent risk to the community. The youth will remain in the home and the youth’s issues are addressed through the enforcement of specific court orders. This supervision is normally one year in duration but varies depending on the youth and family progress. This is the most commonly ordered disposition and supervision.

2) Ordered to Suitable Placement under 602 WIC, SP – This placement type is used for youth whose delinquent behavior is best explained by conditions present within his or her family home environment, rendering the home unsuitable for the youth’s immediate return. The primary plan is to reunite the youth with their family, although a long-term foster care plan is considered if the home is deemed unsuitable for the youth’s return. These youth are immediately assigned a Suitable Placement DPO and become the responsibility of Probation’s Placement Services Bureau.

3) Ordered to the Division of Juvenile Justice (DJJ) under 602 WIC, DJJ – DJJ is a state system that provides confinement and parole supervision of youth committed by either the juvenile or adult courts. This placement type is typically used for youth who have committed a violent offense which falls under WIC section 707 (b) and have either: 1) failed a variety of County programs and continue to pose a significant threat to the community, or 2) demonstrated violence or a threat of violence that makes long-term incarceration and rehabilitation essential.

VII. Youth is ordered to Camp

10 Camp Community Placement (602 WIC, CCP) is ordered for youth who present an imminent risk to the community, have often failed previous community probation supervision, and would benefit from the services offered by the Residential Treatment and Services Bureau (RTSB). These services include but are not limited to: behavioral treatment; mental health, educational, and health services; and vocational training. Youth ordered to Camp Community Placement (CCP) are referred to the Camps Assessment Unit (CAU) at Juvenile Hall. While at the CAU, the youth’s mental health, health, and educational
assessment findings are collected and reviewed in order to decide the most appropriate Camp placement for the youth. A youth’s Camp Placement factors in the youth’s unique needs and the Camp’s ability to support those needs. For example, some Camps are more appropriately staffed to handle more acute mental health issues, while others are better able to provide educational/vocational training opportunities.

- If the youth was not detained during the court hearing process and he or she is now detained in Juvenile Hall, the case is referred to the CAU, and the Pre-MDA and MDA processes begin (These processes are described in detail below under the heading, “VIII. Pre Multi-Disciplinary Assessment/Screening process begins after the decision to detain a youth has been made” and “Multi-Disciplinary Assessment Process for Detained Youth”).

- If the youth was detained during the court hearing process, the case is referred to the CAU and the MDA process begins (as the Pre-MDA was completed while the youth awaited court process). (The MDA process is outlined below under the heading, “Multi-Disciplinary Assessment Process for Detained Youth” and Flowchart #2).

**DMH, DHS and LACOE Actions**

**VIII. Pre Multi-Disciplinary Assessment/Screening process begins upon detainment**

Once a youth is detained at Juvenile Hall and Probation has administered the Intake Screening Questionnaire, DMH, DHS and LACOE begin their pre-assessment/screening and information gathering process. If a youth is ordered to CCP, these data are collected and used for the MDA conducted at the CAU that determines the most appropriate Camp placement.

**Department of Mental Health**

**11.1** Within 72 hours of a youth being detained in Juvenile Hall, a DMH clinician administers the Massachusetts Youth Screening Instrument (MAYSI-2). The MAYSI-2 is designed to identify special mental health needs and/or substance abuse issues among youth involved in the juvenile justice system. Youth who answer positively to key screening questions on the Probation’s Intake Screening Questionnaire (for example, do you have thoughts of harming yourself or others at this time?) are evaluated immediately.

The DMH clinician reviews any previous mental health assessments and treatment information contained in the Probation Electronic Medical Record System (PEMRS), DMH Integrated System (IS), and the Probation Case Management System (PCMS). Additionally, a clinical interview is conducted along with the Child and Adolescent Assessment and Child and Adolescent Substance Abuse Assessment (where indicated) to are completed to evaluate the youth’s overall mental health functioning and identify any existing substance abuse issues.
11.2 The information and clinical findings emerging from this Pre MDA assessment are entered into PEMRS by the clinician.

11.3 If mental health treatment needs are identified, the youth is assigned to Juvenile Hall clinical staff to complete a Special Program Client Care Coordination Plan (CCCP) and enter this plan into PEMRS. The CCCP specifies short-term treatment goals for the youth, the clinical interventions, and the agreement the youth makes to participate in the identified interventions. The youth’s agreement to participate in treatment is necessary to their ability to achieve the specified treatment goals.

11.4 If medication is needed, the DMH psychiatrist conducts a medication evaluation and completes the Initial Medication Support Service Form in PEMRS. This form includes the youth’s psychiatric and psychotropic medication history, family mental health history, clinical diagnoses, and any other medications a youth is prescribed.

Department of Health Services

12.1 All youth admitted into Juvenile Hall undergo a Nurse Intake Assessment. This screening involves a preliminary physical examination, eye examination, medical history, social history including substance use/abuse, physical activity, nutrition, sexual activity, dental assessment hears examination, psychosocial screening, etc.

12.2 Within 96 hours of a youth being detained in Juvenile Hall, a physician conducts a full physical examination, enters the results in PEMRS, and begins the medical clearance process for movement to another placement.

Los Angeles County Office of Education

13.1 Within 48 hours of a youth being detained in Juvenile Hall, a LACOE Academic Counselor begins the youth’s enrollment process into Juvenile Hall school. The enrollment process includes requesting previous transcripts from the youth’s home district, reviewing credits already earned, identifying educational needs, and uses this information to place the youth in the most appropriate classes.

13.2 The Academic Counselor completes a Student Information Summary form that includes the youth’s school history and any special education or English Language Development needs for which he or she previously received services or support. The Student Information Summary, school transcripts received, and the youth’s Juvenile Hall class schedule are entered into the Educational Programs Information Connection (EPIC) system once data is available.

13.3 Within three days of being enrolled in Juvenile Hall school, youth are given the Measures of Academic Progress (MAP) reading and math assessment tool to identify their current academic performance level. These assessment tools provide baseline performance information and are used to measure academic progress over the
13.4 LACOE Counselors and MDT Coordinators work together in the Pre-MDA process thru Camp release to obtain parent(s)/caregiver(s) consent (via the LACOE Parental Consent Form) to share the youth’s education information with Probation once the youth leaves Camp.

Once DMH, DHS, and LACOE complete their pre-assessment, screening and information gathering processes, these data are used to complete the MDA to determine the most appropriate Camp placement, based upon his or her individual needs.

**Table 1: Pre Multi-Disciplinary Assessment (Pre-MDA) Forms**

<table>
<thead>
<tr>
<th>Dept.</th>
<th>Form Name</th>
<th>Form Location</th>
<th>Purpose</th>
<th>Process</th>
<th>Completion Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>LACOE</td>
<td>STUDENT INFORMATION SUMMARY</td>
<td>Model File, EPIC</td>
<td>• Youth’s school history, • Special education and/or English language needs.</td>
<td>• JHAC provides to • CAU-DPO • CAU-DPO adds to Camp Packet • MDTC adds to Model File</td>
<td>Within 48 hours of detention</td>
</tr>
<tr>
<td></td>
<td>PARENTAL CONSENT FORM</td>
<td>Model File, EPIC</td>
<td>• Youth’s education information shared with Probation.</td>
<td>• ATC provides to MDTC at Camp Release • MDTC adds to Model File</td>
<td>Pre MDA thru Camp release</td>
</tr>
</tbody>
</table>
1. Pre Multi-Disciplinary Assessment/Screening Process for Detained Youth

1. Probation
   - Youth is arrested and taken to a Police Station; Medi-Cal benefits are suspended
   - Intake and Detention Control (IDC) Unit conducts LADS screening to determine if youth should be detained
   - Does Youth meet threshold on LADS or been detained for a serious felony?
   - Probation Intake Screening Questionnaire completed immediately
   - Arraignment/Detention hearing occurs within 48 to 72 hours to determine if youth should remain detained

2. Intake and Detention Control (IDC)
   - Conducts LADS screening to determine if youth should be detained
   - Youth is sent home pending Court Hearing

3. Probation Intake Screening Questionnaire
   - Completed immediately
   - Does youth meet threshold on LADS or been detained for a serious felony?

4. Adjudication hearing usually occurs within 2 weeks
   - Is Petition sustained?

5. Disposition hearing occurs within 2 weeks
   - Where youth is given conditions of probation
   - Is the disposition Camp Placement?

6. Youth is released; Medi-Cal benefits are reinstated, if applicable
   - Is the youth released?

7. Youth is ordered to Camp and referred to the Camps Assessment Unit at Juvenile Hall
   - Is youth detained?

8. Youth is released to the community, ordered Home on Probation, to Suitable Placement, or to the Division of Juvenile Justice

9. MH Assessment
   - Immediately based upon Probation Intake Screening Questionnaire answers or within 72 hours, administers MAYSI-2 screening tool, reviews previous assessments and probation history, conducts clinical interview and identifies substance abuse issues; obtains abuse information from DCFS when applicable

10. Nursing Intake Assessment
    - Screens for vision, hearing, dental, STDs, and other areas

11. Multi-Disciplinary Assessment (MDA) Process
    - Within 96 hours, physician conducts full Physical Exam, begins medical clearance process, and enters results into PEMRS

12. Preliminary findings are entered into an electronic record system (PEMRS)
   - If treatment is needed, youth is assigned to clinical staff who complete a Special Program CCCP Treatment Plan and enter the plan into PEMRS
   - If medication is needed, psychiatrist conducts a medication evaluation, completes Initial Medication Support Service Form, and enters information into PEMRS

13. MH Assessment
    - Begins at Juvenile Hall after decision to detain youth

14. LACOE Assessment
    - Within 48 hours, begins enrollment process for Hall school, requests transcripts from home district, checks credits earned, identifies educational needs, and places youth in classes

15. Multi-Disciplinary Assessment (MDA) Process
    -Nursing Intake Assessment screens for vision, hearing, dental, STDs, and other areas
    -Within 96 hours, physician conducts full Physical Exam, begins medical clearance process, and enters results into PEMRS

16. Youth is administered NWEA academic performance assessment within 3 days of enrollment in school

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**Probation Aftercare Policy Manual**

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16
Medi-Cal Suspension and Reinstatement Process for Camp Youth

Youth
- Youth detained in Juvenile Hall or Camp

PCMS/LEADER Interface
- Interface generates daily report of detained youth
- Is detention less than 365 days?
  - YES: Interface generates daily Release/Decease Report
  - NO: Youth’s Medi-Cal eligibility suspended and family benefits are re-calculated

LEADER/MEDS Interface
- Youth’s Medi-Cal eligibility suspended and family benefits are re-calculated
  - Youth's Medi-Cal eligibility re-evaluated and/or terminated
    - END

MEDS Liaison
- Youth’s Medi-Cal eligibility terminated in MEDS
- Reinstatement of Medi-Cal eligibility in MEDS
- Is youth released to parent/guardian?
  - YES: Reinstatement of Medi-Cal eligibility in LEADER (effective on youth’s date of release)
  - NO: Medi-Cal eligibility terminated in MEDS and LEADER
    - END
2. **Multi-Disciplinary Assessment (MDA) Process for Detained Youth**

This process outlines the mental health, health, and educational assessments youth undergo when ordered to CCP. The CCP program was recently redesigned to include interventions for behavior modification, education, mental health, and employment. The goal of the redesigned program is to help youth acquire the skills needed to pursue healthier lifestyle choices once they return to their communities.

I. **Youth is reviewed by the Camps Assessment Unit (CAU)**

When a youth is ordered to Camp placement, his or her mental health, health and educational assessments are reviewed by the CAU. This information helps staff identify any immediate concerns that should be addressed, determines the most appropriate Camp placement and the specific interventions that will target the youth’s individual needs during their Camp program.

**DMH, DHS, and LACOE Actions**

II. **Assessments are conducted to identify the youth’s current functioning**

**Department of Mental Health**

2.1 The mental health clinician reviews and updates the assessment information collected during the pre-assessment process. A further assessment is performed if there are key factors identified that may affect the youth’s ability to function well in Camp. In addition, the clinician now has the ability to access prior 730 psychological evaluations conducted on the youth by an independent party, when available, that were not previously accessible.

2.2 The findings are shared verbally with the DPO for the MDA. The clinician participates in the MDA, upon request by the DPO.

**Department of Health**

3.1 The physician reviews and updates the medical information obtained during the pre-assessment process and places an order in PEMRS indicating whether or not the youth is medically cleared for transfer to another placement. The nurse reviews the physician’s orders and completes the medical Movement Clearance Form required before a youth can be transported to Camp.

3.2 The DPO gathers the additional health information needed to make a Camp placement decision by running a Camp Clearance Report within PEMRS and printing the report. If the DPO is unable to obtain the report, the Juvenile Hall nurse prints this report and shares it with the DPO.
Los Angeles County Office of Education

4.1 The Academic Counselor reviews and updates the educational data collected during the pre-assessment process and completes the Education Program Progress Report which includes, the classes the youth has taken at the Juvenile Hall school, grades earned while attending Juvenile Hall school, and MAP baseline performance scores obtained during the pre-assessment process. It also includes the youth’s previous school history and any previously identified academic needs.

4.2 The Education Program Progress Report is stored in EPIC and is shared with the DPO prior to the MDA. The Academic Counselor participates in the MDA upon request by the DPO.

III. The Multi-Disciplinary Assessment is completed

5 The MDA is conducted within five days of a youth’s arrival to the CAU.

- A CAU DPO completes the 16-Point Assessment Form and includes the assessment information obtained by DMH, DHS and LACOE. This information is details the youth’s current functioning and is used to make initial classification and supervision decisions once the youth arrives at Camp. It is also used to determine the most appropriate Camp placement and behavior modification program, and guides the development of the Camp Case Plan during the Multi-Disciplinary Team (MDT).

IV. Youth is medically cleared for Camp

In order for a youth to be transported to a Camp placement, he or she must receive clearance from both DHS and DMH, ruling out the presence of any medical or mental health issues that could not be properly managed at a Camp facility.

6 If a youth does not receive clearance from either DHS or DMH because of an existing health and/or mental health concern requiring resources beyond what the Camp placements have access to, he or she will remain at Juvenile Hall until clearance has been received.

7 If the youth’s health and/or mental health concerns are unresolved and the youth does not receive DMH and/or DHS clearance, Probation will request a follow-up court hearing to change the disposition order from Camp placement to an alternative placement (including Suitable Placement) where the youth’s medical and/or mental health issues can be properly managed.

- If disposition changed to Suitable Placement, youth are transported to the Placement Assessment Center (PAC). Currently, there are 4 group homes that serve as PACs. The PAC conducts a comprehensive evaluation and assessment of the
youth with the primary focus being family reunification, health, mental health, substance abuse, and education. The assessment determines whether the youth remains in the current group home or transfers to a group home better suited to meet the youth’s needs.

_Probation Actions_

V. **Youth is transported to Camp**

8  If a youth receives medical clearance from both DHS and DMH, the youth is transported to the assigned Camp.

9  The youth’s case information is stored into Probation's system and a hard copy file is transported with the youth to Camp by the Probation Transportation Deputy. The Camp DPOs will not accept a youth onto their campus without a hard copy of his or her case file.

**Table 2: Multi-Disciplinary Assessment (MDA) Forms**

<table>
<thead>
<tr>
<th>Dept.</th>
<th>Form Name</th>
<th>Form Location</th>
<th>Purpose</th>
<th>Process</th>
<th>Completion Timeframe</th>
</tr>
</thead>
</table>
| Probation | **16-POINT ASSESSMENT** | PCMS, Model File | • Youth’s current status on initial Camp classification supervision decisions. | • CAU-DPO adds to Camp Packet  
• MDTC adds to Model File | At MDA |
| DHS    | **CAMP CLEARANCE REPORT** | Model File, PEMRS | • Youth’s health assessment to determine medical clearance for Camp placement. | • JHN provides form to MDTC at initial MDT  
• MDTC adds to Model File | 5 days from CAU referral |
| LACOE  | **EDUCATION PROGRAM PROGRESS REPORT** | Model File, EPIC | • Youth’s current courses, grades earned in Juvenile Hall School, and MAP scores. | • JHAC provides to  
• CAU-DPO  
• CAU-DPO adds to Camp Packet  
• MDTC adds to Model File at MDT | 5 days from CAU referral |
2. Multi-Disciplinary Assessment (MDA) Process for Detained Youth

1. Youth is referred to Camps Assessment Unit at Juvenile Hall after receiving Camp Placement disposition

2.0 DMH Assessment

2.1 DMH reviews and updates the assessment, re-interviews youth when needed, obtains the 730 evaluation from Probation when available, and updates information in PEMRS

3.0 DHS Assessment

3.1 DHS updates assessment and completes the medical Movement Clearance Form and Camp Clearance Report

4.0 LACOE assessment

4.1 LACOE updates assessment and completes Education Program Progress Report

4.2 LACOE provides the Education Program Progress Report prior to MDA and participates in MDA when requested

5. Multi-Disciplinary Assessment (MDA) is conducted within 5 days and the 16-Point Assessment Form is completed. MDA meeting determines:
   - Camp assignment
   - Behavior modification and interventions needed

6. Is youth cleared by both DHS and DMH for Camp?
   - Yes
     - Youth remains at Juvenile Hall until medically cleared
   - No

7. After additional time, is youth cleared by both DHS and DMH for Camp?
   - No
     - Probation requests a Court hearing to change the disposition order from Camp to alternative placement
   - Yes
     - Youth is transported to Camp

8. Youth is transported to Camp

9. Youth’s file information stored in Probation’s system
   - Hard copy file is transported to Camp with youth by the Transportation Deputy

New, Updated or Expanded Process
3. Multi-Disciplinary Team (MDT) Process for Camp Youth

This process outlines how the assessment information previously gathered is used to create a comprehensive individualized case plan that identifies the specific interventions a youth should receive while in Camp. Each plan is tailored to address the unique mental health, health and educational needs of the youth and is developed within a multi-disciplinary team setting. The MDT meeting also highlights the pre-planning steps taken to prepare a youth for their release from Camp including the next school of enrollment and the identification of community-based resources and supports for successful reintegration back into the community.

I. Youth arrives at Camp

1. The youth arrives at the assigned Camp within two to three days of the MDA’s completion.

2. The youth participates in an individual Camp orientation which includes staff from DHS and DMH to learn about the Camp program and MDT process, and complete a set of orientation forms. Additionally, Camp staff will call the youth’s parent(s)/caregiver(s) to explain the Camp program and MDT process to them as well, in an effort to engage the family in the overall process.

DMH, DHS, and LACOE Actions

II. MDA information is reviewed and updated

Department of Mental Health

3.1 Camp clinicians review the MDA information, update the assessment findings, decide if mental health treatment is needed while the youth is at Camp, determine the type of treatment recommended, and update the CCCP, if needed.

3.2 Camp clinicians participate in the MDT meeting and now complete the new DMH MDT Form (Initial) to share their assessment and treatment recommendations in writing with team members at the meeting. This information is used to help create the youth’s individual Camp Case Plan.

Department of Health Services

4.1 Camp nurses review the examination findings and information gathered while the youth was detained at Juvenile Hall and conducts a full medical assessment.

4.2 Camp nurses now complete a revised Camp New Admission Form which summarizes the youth’s current health status, including medications prescribed, examination results,
and other relevant medical history. In addition, Camp nurses participate in MDT meetings and share the Camp New Admission Form with MDT members to inform the development of the youth’s individualized Camp Case Plan.

Los Angeles County Office of Education

5.1 The Academic Counselor conducts a thorough educational assessment of the youth’s current functioning and enrolls youth in classes within 24 hours of arriving at Camp.

5.2 The Academic Counselor participates in the MDT and completes the newly revised Initial Individual Learning Plan (I-ILP) that identifies the youth’s academic performance levels, any special education or English language development needs, education credits earned to date, and recommendations for academic programs for the youth while in Camp. In addition to the I-ILP, a Student Behavior Report is completed by either the school’s administrator or teacher to document any noteworthy school behavioral issues and is stored in EPIC.

III. Multi-Disciplinary Team (MDT) meeting is held

6. A MDT meeting is held within ten business days of a youth’s arrival at Camp. The MDT meeting uses a collaborative approach and includes the youth and his/her parent(s) or caregiver(s) (in person or by phone), Camp DPO, Aftercare DPO (in person or by phone) when available, and staff from DMH, DHS and LACOE. The MDT uses assessment and other information gathered through the Pre-MDA, MDA, and file review to develop a comprehensive individualized Camp Case Plan (MDT Meeting Minutes) and now begins to identify the youth’s next school of enrollment and any additional services the youth may need once in the community. The Camp Case Plan specifies the Behavior Modification Plan (BMP) and is stored in Probation’s system.

Probation Actions

IV. Multi-Disciplinary Team meeting minutes are shared with the Juvenile Court and monitored

7. A 30-day Court Report is sent to the Juvenile Court that includes the Camp Case Plan (MDT Meeting Minutes) and any updates since the MDT meeting.

8. The Camp DPO monitors the youth’s ongoing progress in achieving the goals identified in the Case Plan and the youth’s BMP participation, while the BMP coordinator tracks the Camp services received until the youth is released from Camp.

V. As Needed Multi-Disciplinary Team meeting

9. If a youth becomes in crisis, his or her circumstances change while in Camp, or an early Camp release is being considered, an as needed MDT meeting is held and the Camp
Case Plan is updated to reflect the new circumstances or behavior being exhibited.

Probation Aftercare DPO Actions

VI. Aftercare preparation begins when the youth arrives at Camp

10 The Aftercare DPO begins engaging both the youth and his or her family upon arrival to Camp to establish a relationship and provide assistance when needed. In addition, the Aftercare DPO participates in MDT meetings that occur (in person or by phone, when available), partners with the Camp DPO and other MDT members, and monitors the youth’s ongoing progress at Camp. This information is documented in PCMS to maintain a record of these activities.

VII. Transition MDT meeting is scheduled and Pre-Release Home Evaluation occurs

11 Ninety days prior to a youth’s release from Camp, notification of this anticipated release is shared with the Aftercare DPO, DMH, DHS, and LACOE. Upon receipt, the MDT Coordinator schedules the Transition MDT meeting to begin preparing the youth for his or her return to the community. In addition, the Aftercare and Camp DPOs work with MDT members to determine the academic, mental health, and support services the youth will need once he or she returns to the community to reduce the likelihood of the youth incurring a new charge upon release from Camp placement.

VIII. Pre-Release Home Evaluation occurs

12 A Pre-Release Home Evaluation is conducted 90 days prior to the youth’s anticipated release from Camp. This evaluation includes a visit to the youth’s home and is used to determine if the home environment is suitable for return upon the youth’s release from Camp. This evaluation is now shared with LACOE to assist in the youth’s transition back to a school within their community.

13 If the home is not deemed suitable for the youth’s return, preparation begins to send the youth to an alternative living arrangement, including SP. Probation’s Placement Services Bureau will ensure that the SP group home is responsible for the providing the youth with all mental health, health, and education services.

14 If the home is suitable for the youth’s return, preparation begins to return the youth home upon his or her release from Camp.

Once the youth’s living arrangements are determined, the transition process begins.
<table>
<thead>
<tr>
<th>Dept.</th>
<th>Form Name</th>
<th>Form Location</th>
<th>Purpose</th>
<th>Process</th>
<th>Completion Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Probation</td>
<td>MDT MEETING MINUTES (Camp Plan)</td>
<td>Model File, Probation MDT Shared Folder</td>
<td>• BMP and other programs to address the youth’s needs during Camp Placement.</td>
<td>• MDTC adds to Model File</td>
<td>At MDT</td>
</tr>
<tr>
<td>Probation</td>
<td>PRE-RELEASE HOME EVALUATION</td>
<td>Model File</td>
<td>• The home visit conducted to determine suitability for the youth’s return upon Camp Release.</td>
<td>• MDTC adds home evaluation results to Model File, when available</td>
<td>w/in 10 days of 90-Day Release Notification</td>
</tr>
<tr>
<td>DMH</td>
<td>DMH MDT FORM (Initial)</td>
<td>Model File, PEMRS</td>
<td>• Mental Health assessment and treatment recommendations used to develop the youth’s Camp Case Plan.</td>
<td>• The Camp Clinician provides form at MDT - any revisions will be provided within 3-5 days (depending on staff schedule). • MDTC adds to Model File</td>
<td>At MDT (all youth)</td>
</tr>
<tr>
<td>DHS</td>
<td>CAMP NEW ADMISSION FORM</td>
<td>Model File, PEMRS</td>
<td>• Summary of the youth’s current health status, medications, and other relevant medical information.</td>
<td>• Camp Nurse provides form to MDTC at initial MDT • MDTC adds to Model File at MDT</td>
<td>Camp Admission</td>
</tr>
<tr>
<td>LACOE</td>
<td>INITIAL INDIVIDUAL LEARNING PLAN (I-ILP)</td>
<td>Model File, EPIC</td>
<td>• Recommendations and interventions based on the youth’s academic level, special education needs, and credits earned.</td>
<td>• Academic Counselor provides to MDTC at MDT • MDTC adds to Model File at MDT</td>
<td>At MDT</td>
</tr>
<tr>
<td></td>
<td>STUDENT BEHAVIOR REPORT</td>
<td>Model File, EPIC</td>
<td>• Documents the youth’s school behavioral issues.</td>
<td>• ATC provides to MDTC • MDTC adds to Model File</td>
<td>As needed</td>
</tr>
</tbody>
</table>
3. Multi-Disciplinary Team (MDT) Process for Camp Youth

1. Youth arrives at assigned Camp within 2-3 days of the MDA's completion

   3.0 MH Assessment

   3.1 Camp staff review the MDA information, update the assessment, determine type of treatment, complete DMH MDT Form, and update CCCP Treatment Plan, if needed

   3.2 DMH participates in MDT and shares written assessment via the DMH MDT (Initial) Form

   3.3 Multi-Disciplinary Team Meeting (MDT) is held within 10 days.

   The MDT:
   1) Creates the Camp Case Plan;
   2) Begins identifying services needed and school of enrollment upon release

   Information is stored in Probation's system.

2. Individual orientation occurs with youth (parents called), which includes DHS and DMH, to explain program, MDT process, and complete orientation forms

   4.0 DHS Assessment

   4.1 Camp nurses review Juvenile Hall information and conduct full assessment

   4.2 Camp Nurses participate in MDT, complete Camp New Admission Form and share it with MDT members

   5.0 LACOE Assessment

   5.1 Academic Counselor conducts thorough educational assessment and places youth in appropriate classes within 24 hours

   5.2 Academic Counselor participates in MDT and develops new Initial Individual Learning Plan (I-ILP) Report with MDT members

3. Probation

   7. 30-day Court Progress Report is sent to the Court; includes Case Plan/MDT meeting minutes and Case Plan updates

4. Probation Aftercare

   10. In partnership with Camp DPO, the Aftercare DPO begins working with youth/family, participates in MDT Meetings (when available), collaborates with MDT partners, monitor’s youth’s progress and records all contacts in PCMS system

   11. 90-day notification of youth’s release is sent to Aftercare DPO, DMH, DHS, and LACOE to determine academic, mental health, and other support services need upon youth’s return to the community

   12. Pre-Release Home Evaluation occurs 90 days prior to the youth’s Camp release and shared with LACOE; Determine if home is suitable for the youth’s return

   13. Transition preparation begins to send youth to alternative living arrangement

   14. Transition preparation begins to return youth home

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New, Updated or Expanded Process
4. Transition Multi-Disciplinary Team (Transition MDT) Process for Camp Youth

This process outlines the preparation planning for youth transitioning back into the community. This includes the development of an Aftercare Case Plan that specifies the referral and connection to any additional benefits the youth might be eligible for, as identified in the plan. This is a critical step in the process, as the Aftercare Case Plan serves as the roadmap for ensuring a youth has the necessary services and supports within his or her community needed to maintain healthy lifestyle choices and reduce the potential for returning to the system.

DMH, DHS and LACOE Actions

I. DMH, DHS, and LACOE participate in the Transition MDT

Department of Mental Health

1.1 DMH Camp staff participate in the Transition MDT (youth with open mental health case) to help develop the youth’s Aftercare Case Plan and make recommendations for the youth’s mental health needs. When a referral is made for mental health aftercare services, DMH Aftercare staff also participates in the Transition MDT. DMH now completes the new DMH MDT Form (Transition) to share the updated assessment and/or treatment recommendations in writing with MDT members at the meeting.

Department of Health Services

2.1 Camp nurses will participate in the Transition MDT when the youth has a significant medical issue to ensure the youth’s medical needs are appropriately addressed once a upon return to his or her community.

Los Angeles County Office of Education

3.1 The Transition Counselor coordinates educational transition services, including school enrollment, participates in the Transition MDT, and shares the Transition Individual Learning Plan (T-ILP) with team members. The T-ILP is used to inform the Aftercare Case Plan and measures the youth’s current academic functioning and reflects any changes in academic performance the youth experienced while in Camp.

II. Transition MDT occurs

4.0 The Transition MDT meeting occurs within 45-60 days before a youth is scheduled to be released from Camp. Participants in the Transition MDT include the youth, his or her parent/caregiver (when available either in person or via video conference), the Camp DPO, the Aftercare DPO (in person or via teleconference), and DMH, DHS and LACOE. The Transition MDT meeting minutes serve as the youth’s Aftercare Case Plan.
4.1 At the Transition MDT meeting:
   o The MDT Case Plan progress is reviewed;
   o An Aftercare Case Plan is developed;
   o Resources and supports are identified and referrals are made;
   o Youth and parent(s)/caregiver(s) are screened for Medi-Cal benefits; and
   o The DHS Aftercare Referral Coordinator contacts the parents/caregivers regarding health clinic referrals.
      o The DHS Referral Coordinator will ask each family if they would like information for arranging a medical visit at a DHS clinic nearby their home. The DHS Referral Coordinator will complete the Aftercare Health Services Request/Referral Form and document whether the parent/caregiver accepted or refused the offer for community clinic information.
      o If the family accepts the referral, the DHS Referral Coordinator will write the youth’s home address on the form and identifies the DHS clinic nearest the youth’s home community. The DHS Referral Coordinator will also give the parent/caregiver the clinic information over the phone and provide a copy of the Referral Form to the youth’s MDT Coordinator for placement in the youth’s file.
      o If the family refuses the referral, the MDT Coordinator will place the Aftercare Health Services Request form with the noted refusal in the youth’s file.

*DMH, DHS, LACOE, and DPSS Actions*

**III. Departments prepare for a youth’s release from Camp**

**Department of Mental Health**

5 DMH Aftercare referrals are made based on the Camp clinician’s assessment of the youth’s need for ongoing mental health services and the Aftercare Case Plan. Also, DMH Aftercare staff now work to connect youth needing more intensive services to a higher level of care, as needed. This new process promotes continuity of care and increases the likelihood of the youth’s participation in services upon Camp release.

**Department of Health Services**

6 Camp nurses complete a Medical Discharge Summary and the physician provides prescriptions needed to continue medications. Upon release, a copy of the youth’s Medical Discharge Summary and immunization records are given directly to the youth, another copy is given to the youth’s family, and a copy of each is given to the MDT Coordinator to be included in the youth’s file.
The Transition and/or Support Counselor includes the updated transcript in the youth’s camp Exit Packet and provides a copy to the next school of enrollment, upon request. If the youth is in special education, LACOE will facilitate transportation services to the new school, as needed.

**Department of Public Social Services**

Once the youth is screened at the Transition MDT and determined not to have Medi-Cal benefits, the Aftercare DPO will complete the DPSS Medi-Cal Referral Form and submit it to the co-located DPSS Outreach Worker at the Probation Area Office. Within 72 hours of the youth’s camp release, the DPSS co-located Outreach Worker will help the family complete and submit the Medi-Cal and CalFresh applications. In addition, 60 days before a youth is scheduled to be released from Camp, DPSS mails the family information on how to obtain Medi-Cal and other DPSS benefits.

### IV. Aftercare Case Plan (Transition MDT meeting minutes) is sent to the Juvenile Court

Depending on the length of a youth’s stay at Camp, 60- or 120-day Court Progress Reports are sent to the Juvenile Court. These reports include the Aftercare Case Plan (Transition MDT meeting minutes) to keep the Court informed of the youth’s progress.

### I. Youth is released from Camp

Per Court order, youth that have not satisfied his or her conditions for release remain in Camp, until those conditions are met.

Youth that have satisfied his or her conditions for release from Camp placement receive an Exit Packet from the Camp DPO with the following information:

- Instructions for reporting to his or her DPO until Probation is terminated;
- Upcoming Court hearing information;
- The Aftercare Case Plan (Transition MDT Meeting Minutes);
- Updated transcript;
- Medical Discharge Summary with medication information, if applicable; and
- Immunization records.

If the youth was receiving Medi-Cal benefits prior to being detained, the youth’s Medi-Cal benefits are reinstated as of the release date from Camp. If the youth is without benefits and in need of urgent mental health and/or substance abuse services, the youth will receive a CIN number (temporary and limited scope Medi-Cal benefits) from DPSS staff to access these limited services upon release.
Once the youth is released from Camp, the Aftercare process begins.

**Table 4: Transition Multi-Disciplinary Team (Transition MDT) Forms**

<table>
<thead>
<tr>
<th>Dept.</th>
<th>Form Name</th>
<th>Form Location</th>
<th>Purpose</th>
<th>Process</th>
<th>Completion Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Probation</td>
<td>TRANSITION MDT MEETING MINUTES (Aftercare Plan)</td>
<td>Model File</td>
<td>• Treatment recommendations &amp; other programs to address the youth’s needs upon Camp Release.</td>
<td>• ATC provides to MDTC, as needed • MDTC adds to Model File</td>
<td>At Transition MDT</td>
</tr>
<tr>
<td></td>
<td>DISCHARGE SERVICES PLANNING FORM</td>
<td>Model File</td>
<td>• Treatment recommendations for health, mental health and substance abuse services to address the youth’s needs upon Camp Release.</td>
<td>• Camp DPO obtains information &amp; completes form • MDTC adds to Model File</td>
<td>30-days prior to release</td>
</tr>
<tr>
<td>DMH</td>
<td>DMH MDT FORM (Transition)</td>
<td>Model File, PEMRS</td>
<td>• Updated mental health assessment and treatment recommendations used to develop the youth’s Aftercare Case Plan.</td>
<td>• Camp Clinician provides form at MDT - any revisions will be provided within 3-5 days (depending on staff schedule). • MDTC adds to Model File</td>
<td>At Transition MDT (youth with open MH cases)</td>
</tr>
<tr>
<td>DHS</td>
<td>AFTERCARE HEALTH SERVICES REQUEST/REFERRAL FORM</td>
<td>Model File, PEMRS</td>
<td>• Parent/Caregiver decision to accept or refuse referral to a local medical clinic.</td>
<td>• DHS Aftercare Referral Coordinator calls parent/caregiver to offer clinic referral; acceptance or refusal indicated on form • If offer accepted, DHS Aftercare Referral Coordinator provides clinic information nearest youth’s home • Completed form emailed to MDTC • MDTC adds to Model File</td>
<td>30-60 days prior to youth’s camp release</td>
</tr>
</tbody>
</table>
### Table 4a: Camp Release Forms

<table>
<thead>
<tr>
<th>Dept.</th>
<th>Form Name</th>
<th>Form Location</th>
<th>Purpose</th>
<th>Process</th>
<th>Completion Timeframe</th>
</tr>
</thead>
</table>
| DHS   | IMMUNIZATION RECORDS       | Model File, PEMRS | • Youth’s vaccination history.                                    | • Camp Nurse provides form to MDTC  
• MDTC adds to Model File at camp release | Camp Release                  |
|       | MEDICAL DISCHARGE SUMMARY  | Model File, PEMRS | • Summary of the youth’s general medical history.                 | • Camp Nurse provides form to MDTC  
• MDTC adds to Model File at camp release | Camp Release                  |
| LACOE | UPDATED TRANSCRIPT         | Model File, EPIC | • Summary of the youth’s academic credits and grades.             | • Transition Counselor provides to MDTC  
• MDTC adds to Model File          | Camp Release                  |
4. Transition Multi-Disciplinary Team (Transition MDT) Process for Camp Youth

**Transition Multi-Disciplinary Team**

1. DMH participation
   - DMH camp staff participate in Transition MDT for open MH cases and complete the DMH MDT Form (Transition). DMH aftercare staff participate when referral is made for mental health aftercare services.

2. DHS participation
   - DHS Camp nurses participate in Transition MDT if significant medical issue is present.

3. LACOE participation
   - LACOE coordinates transition services, participates in the Transition MDT, and finalizes Transition ILP Report (T-ILP).

4. Transition MDT
   - Transition MDT Meeting occurs within 45-60 days prior to youth's release from Camp.
   - Transition MDT:
     - Reviews MDT Case Plan progress
     - Creates Aftercare Case Plan
     - Identifies resources and makes referrals to community-based services
     - Identifies health clinic for youth post-release and DHS completes Aftercare Health Services Referral Form
     - Aftercare DPOs screen and refer youth without Medi-Cal benefits to the co-located DPSS worker and the application begins within 72 hours of camp release

5. DMH Aftercare staff work with youth upon release, as needed, per Aftercare Case Plan and set-up appointments to address ongoing MH issues.

6. DHS nurse completes Medical Discharge Summary and gives copy to youth and family along with immunization records.

7. LACOE sends school transcripts to the new school, upon request and facilitates transportation for special education youth, as needed.

**Probation**

8. Youth’s Medi-Cal screening, referral, and application process begins 60 days prior to release.

9. 60- or 120-day Progress Report is sent to the Court and includes Aftercare Case Plan (Transition MDT Meeting Minutes).

10. Per Court order, Youth returns to Camp until conditions for release are met.

11. Youth receives Exit Packet:
    - Reporting instructions
    - Aftercare Case Plan
    - Immunization Records
    - Probation Discharge Services Planning Form
    - Medical Discharge Summary
    - Medication information
    - Court hearing information
    - Temporary CIN number for Medi-Cal benefits, if eligible

12. DPSS reinstates youth w/ previous Medi-Cal benefits as of their release date and DPSS provides youth in need of urgent mental health or and/or substance abuse services with a CIN number to access these services.

13. Aftercare process begins

**New, Updated or Expanded Process**

**End**
Medi-Cal Application Process for Probation Youth and Families

1. Aftercare DPO works with Youth, family, and MDT partners to determine support services needed in the community

2. Aftercare DPO conducts Medi-Cal screening and referral at Transition MDT

3. Aftercare DPO conducts Medi-Cal screening and referral at Probation Area Office

4. Youth and family referred to co-located DPSS Outreach Worker at Probation Area Office

5. DPSS referral is returned to Probation for follow-up with youth and family

6. DPSS Outreach Worker conducts eligibility screening and completes application process for Medi-Cal benefits at Probation Area Office

End

New, Updated or Expanded Process
This process outlines steps taken once a youth is released from Camp. Aftercare ensures that the youth has needed services in place that will provide a seamless transition into the community. The departments conduct follow-up with each youth to increase the likelihood of the youth’s successful reintegration into the community, maintaining positive and healthy lifestyle choices. If done well, the chances of the youth returning to the system should be significantly minimized.

**Probation Aftercare Actions**

I. **Reviews Aftercare Plan with the youth and family**

1. Within 72 hours of the youth’s release from Camp, the Aftercare DPO reviews the conditions of probation and Transition MDT Meeting Minutes with the youth and family, answers any questions, and then completes the Updated Aftercare Case Plan.

II. **Youth is enrolled in school**

2. The Aftercare DPO works with LACOE Transition Counselors to ensure that the youth is enrolled in school within 48 hours of his or her release from Camp. The goal is to return the youth to a comprehensive school setting that best meet their academic needs.

III. **Follows-up with DMH to determine if mental health services are being received**

3. Probation CCTP sends a weekly Camp Release Report to DMH Aftercare to identify those youth receiving mental health services in DMH’s Integrated System (IS).

4. Probation CCTP obtains a monthly report from DMH Aftercare detailing the number of referrals, enrollments, and participation in DMH programs and services.

Probation is currently developing an automated Aftercare tracking system that will allow DMH and LACOE the ability to review and enter data directly into the system.

IV. **Transition report is sent to the Juvenile Court**

5. A Post 15-day Transition Court Report is completed and sent to the Juvenile Court. The report includes potential barriers to a successful transition that the youth may be facing and an update on his or her progress. Additional court reports are submitted to keep the Court updated on the youth’s ongoing progress.

V. **Works with youth until case is terminated**

6. The Aftercare DPO documents the youth’s ongoing progress and any Aftercare Case
Plan modifications made in PCMS. He or she will continue to work with the youth until the youth’s case is transferred to Probation’s school-based, gang, or regular supervision units or is terminated by the Juvenile Court.

**DMH Aftercare Actions**

**VI. Assesses youth’s appropriateness for mental health intervention programs**

7 The DMH Aftercare staff conducts an assessment of the youth’s mental health needs and determines if he or she meets the criteria for any of DMH’s Evidenced-Based Practice (EBP) programs including, Seeking Safety, Trauma-focused Cognitive Behavioral Therapy, Aggression Replacement Treatment, Functional Family Therapy, or Group Cognitive Behavioral Therapy for Depression. Also, they now complete the Recommendations and Treatment Summary Form to document aftercare service recommendations and have the parent(s)/caregiver(s) sign an Authorization for Use and Disclosure Form so that the information can be shared with Probation Aftercare DPOs. This information is used to update the Aftercare Case Plan, as needed.

**VII. Youth is enrolled in mental health intervention programs**

8 If the youth does not meet the criteria for any of DMH’s EBP programs, the youth is referred and connected to a mental health clinic or community-based service program for aftercare mental health treatment, including psychotropic medication.

9 If the youth does meet the criteria for an EBP, he or she is enrolled in that respective program.

**VIII. Ensure youth is continuing to participate in identified mental health intervention programs**

10 The DMH Aftercare staff monitors the youth’s continued participation in the EBP program and ensures that the youth has been properly linked to a mental health outpatient clinic or community-based services program, as needed.

11 If the youth is not participating in the EBP program or has not scheduled any appointments with the mental health clinic or community-based services program, DMH Aftercare will continue to work on linking the youth to these services until the connection is made.

**IX. Case management services are continued for the duration of treatment**

12 Thirty days post camp release, DMH utilizes the IS to determine if the youth has continued services. Youth who are no longer linked to mental health services in the community are re-engaged and linked by DMH TAY Navigator. DMH Aftercare case management continues until the youth no longer requires mental health services.
DMH Community-Based Mental Health

X. Youth is referred to community-based mental health services

13 The Camp Navigator/Clinician will refer youth to community-based service providers based on their level of mental health service needs.

XI. Youth is referred/linked to services based on level of need

14 The Camp Navigator/Clinician will connect youth to Field Capable Clinical Services (FCCS) when a less intensive treatment service is needed.

15 When a youth is in need of more intensive treatment services, the Camp Navigator/Clinician works to enroll the youth in the Full Service Partnership (FSP) program.

XII. TAY Navigator performs outreach and engagement to youth not linked to mental health

16 When the youth needs less intensive services, the TAY Navigator engages the youth to determine whether outpatient services or FCCS are necessary.

17 When the youth needs more intensive services but does not agree to participate in the FSP program, the TAY Navigator/Clinician engages the youth and links them to FCCS or other mental health services within the community.

18 When the youth needs more intensive services and agrees to participate in the FSP program, the FSP Provider enrolls them in the program.

XIII. Youth’s participation in treatment programs is tracked

19 The TAY Navigator/Clinician tracks the youth’s participation in mental health treatment services until services are no longer needed.

20 For youth enrolled in the FSP program, DMH TAY staff track the youth’s participation in the program until their case is closed.

LACOE

XIV. Follows-up with youth after their release from Camp

21 The Transition/Support Counselor now initially follows-up with the youth within 3 days of camp release and then again at 30, 60 and 90 days post release to ensure that the youth's educational needs are being appropriately addressed in the community school.
### Table 5: Aftercare Forms

<table>
<thead>
<tr>
<th>Dept.</th>
<th>Form Name</th>
<th>Form Location</th>
<th>Purpose</th>
<th>Process</th>
<th>Completion Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Probation</td>
<td>UPDATED AFTERCARE CASE PLAN</td>
<td>Model File</td>
<td>• Goals and interventions used to monitor the youth’s progress upon Camp Release.</td>
<td>• Aftercare DPO adds to model file at Camp Release</td>
<td>Within 72 hours of youth camp release</td>
</tr>
<tr>
<td>DMH</td>
<td>RECOMMENDATIONS AND TREATMENT SUMMARY</td>
<td>Youth’s MH case file</td>
<td>• Assessment of the youth’s mental health needs – determines suitability for Evidence-Based Programs.</td>
<td>• Aftercare Clinician provides form to Aftercare DPO/SDPO</td>
<td>30 days from camp release</td>
</tr>
<tr>
<td></td>
<td>AUTHORIZATION FOR USE AND DISCLOSURE</td>
<td>Youth’s MH case file</td>
<td>• Allows the youth’s participation in mental health services.</td>
<td>• Aftercare Clinician provides form to Aftercare DPO/SDPO</td>
<td>After camp release</td>
</tr>
</tbody>
</table>
### 5. Aftercare Process For Youth Released from Camp

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Within 72 hours of release, reviews conditions of probation and Aftercare Case Plan with Youth and family</td>
</tr>
<tr>
<td>2.</td>
<td>Works with LACOE to ensure Youth is enrolled in school within 48 hours of Camp release</td>
</tr>
<tr>
<td>3.</td>
<td>Sends weekly Camp Release Report to DMH to match Youth in the DMH IS system</td>
</tr>
<tr>
<td>4.</td>
<td>Receives monthly DMH report of Youth referrals, connections, and contacts w/ MH services</td>
</tr>
<tr>
<td>5.</td>
<td>Completes Post-15 day Transition Court Report, and all subsequent Court Reports that include any barriers to the Youth’s community transition</td>
</tr>
<tr>
<td>6.</td>
<td>Works with Youth until case is terminated (or transferred to regular supervision, school-based or gang unit) and documents progress and Case Plan modifications in PCMS</td>
</tr>
</tbody>
</table>

#### DMH Aftercare

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.</td>
<td>For youth referred to DMH Aftercare: Conduct assessment of MH needs and determine if youth meets the criteria for Evidenced-Based Practice (EBP) programs: Seeking Safety, Trauma-focused Cognitive Behavioral Therapy, Aggression Replacement Treatment, Functional Family Therapy, Group Cognitive Behavioral Therapy for Depression and documents service recommendations on the Recommendations &amp; Treatment Summary Form</td>
</tr>
<tr>
<td>8.</td>
<td>Youth is referred to a MH clinic or community-based services program</td>
</tr>
<tr>
<td>9.</td>
<td>Does Youth meet criteria for EBP programs?</td>
</tr>
<tr>
<td>10.</td>
<td>Yes: Youth is enrolled in the respective EBP program</td>
</tr>
<tr>
<td>11.</td>
<td>No: Ensure that Youth continues EBP program or connected to the appropriate community-based service/program</td>
</tr>
<tr>
<td>12.</td>
<td>Is Youth continuing EBP services or were appointments scheduled with the community MH program?</td>
</tr>
<tr>
<td>13.</td>
<td>Yes: Case is closed when Youth no longer requires services</td>
</tr>
<tr>
<td>14.</td>
<td>Continue to ensure that Youth are connected to recommended services</td>
</tr>
</tbody>
</table>

#### DMH Community-based MH

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>13.</td>
<td>Camp Navigator/Clinician refer youth to other community-based mental health services based on needed level of service</td>
</tr>
<tr>
<td>14.</td>
<td>Less Intensive Tx Level</td>
</tr>
<tr>
<td>15.</td>
<td>More Intensive Tx Level</td>
</tr>
<tr>
<td>16.</td>
<td>Camp Navigator/Clinician connects youth to community-based services or Field Capable Clinical Services (FCCS)</td>
</tr>
<tr>
<td>17.</td>
<td>TAY Navigator/Clinician engages youth and links to FCCS or other MH services</td>
</tr>
<tr>
<td>18.</td>
<td>FSP Provider opens case (Average length of treatment is 12 months)</td>
</tr>
<tr>
<td>19.</td>
<td>TAY Navigator/Clinician tracks youth’s MH service participation throughout duration of treatment</td>
</tr>
</tbody>
</table>

#### LACOE

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>21.</td>
<td>Transition/Support Counselor follows-up with youth 3-, 30-, 60-, and 90-days post Camp release</td>
</tr>
</tbody>
</table>

---

New, Updated or Expanded Process
The new actions that have been added to the Probation Aftercare process are:

**MDA**

- The clinician now has the ability to access the youth's prior 730 psychological evaluations conducted by an independent party, when available, that were not previously accessible.
- The DHS nurses now complete a Camp Clearance Report that is shared with Probation and includes the youth's health assessment information to determine medical clearance for Camp placement.

**MDT**

- DMH clinicians now complete the new DMH MDT Form (Initial) to share their assessment and treatment recommendations with team members prior to the MDT meeting. This information is used to develop the youth's individual Camp Case Plan.
- DHS Camp nurses now complete a revised Camp New Admission Form which summarizes the youth's current health status, medications prescribed, examination results, and any other relevant medical history, and shares this form with Probation prior to the MDT meeting.
- DHS Camp nurses now share the Camp New Admission Form with MDT members at the MDT meeting that helps to inform the creation of the youth's individual Camp Case Plan.
- LACOE Counselors now complete a newly revised Initial Individual Learning Plan (I-ILP) Report that identifies the youth's academic performance levels, any special education or English Language Development needs, academic credits earned to date, and makes recommendations for academic programs for the youth while in Camp.
- The MDT meeting now begins to identify additional services needed and the school of enrollment once the youth returns to their community.
- The Aftercare DPO begins engaging both the youth and his or her family upon arrival to Camp to establish a relationship and provide assistance when needed. In addition, the Aftercare DPO participates in MDT meetings that occur (in person or by phone, when available), partners with the Camp DPO and other MDT members, and monitors the youth's ongoing progress at Camp. This information is documented in PCMS to maintain a record of these activities.
- This Pre-Release Home Evaluation is now shared with LACOE to assist in the youth's transition back to a school within their community.

**Transition MDT**

- DMH staff now complete the new DMH MDT Form (Transition) to share any updated assessment and/or treatment recommendations with team members at the MDT meeting.
- DMH staff will now work to connect youth in need of ongoing mental health services to higher levels of care, as needed. This new process promotes continuity of care and increases the likelihood of the youth's participation in services upon Camp release.
• DHS will now provide the family with a referral to a health clinic within the youth’s community, upon request.
• LACOE will now facilitate transportation services to the new school for youth enrolled in a Special Education program, as needed.
• The Aftercare DPO screen and refer youth without Medi-Cal benefits to the co-located DPSS Outreach Worker and the application process occurs within 48 hours of the youth’s release from camp.

Aftercare

• Probation CCTP sends a weekly Camp Release Report to DMH Aftercare so that youth receiving mental health services once released from Camp can be identified in DMH’s Integrated System (IS).
• Probation CCTP obtains a monthly report from DMH Aftercare identifying the number of referrals, connections to services and contacts with service providers that youth received for that month.
• DMH Aftercare now completes the Recommendations and Treatment Summary Form to assess the youth’s suitability for Evidence-Based Programs. This information is also used to update the Aftercare Case Plan, as needed.
• The Camp Navigator/Clinician will refer youth to community-based mental health providers based on their level of need and track the youth’s participation in mental health treatment services until services are no longer needed.
• LACOE Transition/Support Counselors initially follow-up with the youth within 3 days of camp release and then again at 30, 60 and 90 days post-release to ensure that the youth’s educational needs are being appropriately addressed in the new community school.
## SECTION 4: ROLES AND RESPONSIBILITIES

### PROBATION

<table>
<thead>
<tr>
<th>Assigned Tasks</th>
<th>Performance Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Determine suitability for detainment</td>
<td>• Facilitate and advocate during the MDA, MDT, Transition MDT processes</td>
</tr>
<tr>
<td>• Pre-Release Home Evaluation</td>
<td>• Develop individualized Camp and Aftercare Case Plans</td>
</tr>
<tr>
<td>• Compile Exit Packet for youth’s Camp Release</td>
<td>• Ensure youth’s school enrollment</td>
</tr>
<tr>
<td>• 30-60-120-day and Post 15-day Court Reports</td>
<td>• Maintain contact with minor during Camp placement and post-release follow-up until case is terminated</td>
</tr>
</tbody>
</table>

### MENTAL HEALTH

<table>
<thead>
<tr>
<th>Assigned Tasks</th>
<th>Performance Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Administer MAYSI-2</td>
<td>• Participate and advocate during the MDA, MDT, Transition MDT processes</td>
</tr>
<tr>
<td>• Complete Child &amp; Adolescent Assessment</td>
<td>• Develop Individualized Client Care Coordination Plans (open cases)</td>
</tr>
<tr>
<td>• Substance Abuse Assessment (as needed)</td>
<td>• Assess and link youth to the appropriate level of care including community-based and directly operated MH programs</td>
</tr>
<tr>
<td>• Medication Evaluation &amp; Support</td>
<td></td>
</tr>
</tbody>
</table>

### HEALTH SERVICES

<table>
<thead>
<tr>
<th>Assigned Tasks</th>
<th>Performance Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Nurse Intake Assessment</td>
<td>• Participate and advocate during the MDA, MDT, Transition MDT processes</td>
</tr>
<tr>
<td>• Provide medication prescriptions and immunization records</td>
<td>• Comprehensive physical examination</td>
</tr>
<tr>
<td>• Medical Discharge Summary</td>
<td>• Refer youth to local community clinics</td>
</tr>
</tbody>
</table>

### PUBLIC SOCIAL SERVICES

<table>
<thead>
<tr>
<th>Assigned Tasks</th>
<th>Performance Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Initiate Medi-Cal application process</td>
<td>• Ensure all eligible Probation youth and their families are connected Medi-Cal</td>
</tr>
<tr>
<td>• Reinstate suspended Medi-Cal benefits</td>
<td></td>
</tr>
</tbody>
</table>

### LOS ANGELES COUNTY OFFICE OF EDUCATION

<table>
<thead>
<tr>
<th>Assigned Tasks</th>
<th>Performance Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Administer MAP reading and math assessments</td>
<td>• Participate and advocate during the MDA, MDT, Transition MDT processes</td>
</tr>
<tr>
<td>• Provide Progress Report and updated transcript</td>
<td>• Responsible for youth’s enrollment into Juvenile Hall School</td>
</tr>
<tr>
<td></td>
<td>• Individualized Learning Plans</td>
</tr>
</tbody>
</table>
## Section 5: Goals and Measures

Below are the primary goals of the Aftercare program and how they will be measured.

Reports will be generated quarterly.

<table>
<thead>
<tr>
<th>Program Goals</th>
<th>Program Measurement</th>
<th>Department Responsible</th>
<th>Data Source</th>
<th>Data Collection</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Reduce rates of youth recidivism</strong></td>
<td>Number of HOP youth arrested and received a sustained petition within 30 days of Camp release</td>
<td>Probation</td>
<td>Case Tracking Tool</td>
<td>Probation-CCTP</td>
</tr>
<tr>
<td></td>
<td>Number of youth receiving mental health services in Camp</td>
<td>DMH</td>
<td>Camp Open Case Lists</td>
<td>DMH generates report</td>
</tr>
<tr>
<td></td>
<td>Number of youth referred to “Mental Health Aftercare Services”</td>
<td>DMH</td>
<td>Case Tracking Tool</td>
<td>DMH Aftercare Clinicians</td>
</tr>
<tr>
<td></td>
<td>Number of youth receiving services for chronic health conditions in Camp</td>
<td>DHS</td>
<td>PEMRS</td>
<td>Fragile Youth Report</td>
</tr>
<tr>
<td></td>
<td>Number of youth referred to “Aftercare Health Services”</td>
<td>DHS</td>
<td>Aftercare Health Services Referral</td>
<td>Compiled by Camp Nurses</td>
</tr>
<tr>
<td></td>
<td>Average increase in MAP reading and math scores from prior month</td>
<td>LACOE</td>
<td>MAP database; EPIC</td>
<td>Report generated from MAP or EPIC</td>
</tr>
<tr>
<td><strong>2. Provide individualized case planning</strong></td>
<td>Number of HOP youth enrolled in school within 48 hours of Camp release</td>
<td>Probation</td>
<td>Case Tracking Tool</td>
<td>Probation-CCTP</td>
</tr>
<tr>
<td></td>
<td>Number of youth who return to a Comprehensive School, Alternative Education Program, or Adult School</td>
<td>LACOE</td>
<td>LACOE Case File</td>
<td>LACOE Counselor</td>
</tr>
<tr>
<td></td>
<td>Number of youth who received “Mental Health Aftercare Services” within 3 months of Camp release</td>
<td>DMH</td>
<td>DMH Integrated System; Youth’s Case File</td>
<td>DMH Aftercare staff</td>
</tr>
<tr>
<td></td>
<td>Number of youth who received “Aftercare Health Services” within 3 months of Camp release</td>
<td>DHS</td>
<td>Aftercare Health Services Referral</td>
<td>Compiled by Camp Nurses</td>
</tr>
<tr>
<td></td>
<td>Number of youth with chronic health conditions who received “Aftercare Health Services” within 3 months of Camp release</td>
<td>DHS</td>
<td>Aftercare Health Services Referral</td>
<td>Compiled by Camp Nurses</td>
</tr>
<tr>
<td></td>
<td>Number of youth applying for new Medi-Cal benefits</td>
<td>DPSS</td>
<td>Medi-Cal Screening &amp; Referral Form</td>
<td>Compiled by DPSS Outreach Workers</td>
</tr>
</tbody>
</table>

Probation Aftercare Policy Manual
<table>
<thead>
<tr>
<th>Program Goals</th>
<th>Program Measurement</th>
<th>Department Responsible</th>
<th>Data Source</th>
<th>Data Collection</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of youth with reinstated Medi-Cal benefits</td>
<td>DPSS</td>
<td>LEADER</td>
<td>DPSS generates report</td>
</tr>
<tr>
<td>4. Ongoing follow-up to ensure youth are receiving needed services</td>
<td>Number of youth released from camp with a prescription for psychotropic medication</td>
<td>DMH</td>
<td>PEMRS</td>
<td>DMH Clinicians</td>
</tr>
<tr>
<td></td>
<td>Number of youth who earn either a high school diploma, Certificate of Completion, or GED while under Probation supervision</td>
<td>LACOE</td>
<td>EPIC; LACOE Counselor File</td>
<td>LACOE Counselor</td>
</tr>
<tr>
<td>5. Increase family engagement</td>
<td>Number of Aftercare DPO home visits within 30 days of youth’s camp entry</td>
<td>Probation</td>
<td>PCMS</td>
<td>Probation-CCTP</td>
</tr>
</tbody>
</table>
# Probation Aftercare - Model File Checklist

<table>
<thead>
<tr>
<th>1. Pre Multi-Disciplinary Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LACOE</strong></td>
</tr>
<tr>
<td>Student Information Summary</td>
</tr>
<tr>
<td>Parental Consent Form</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Multi-Disciplinary Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PROBATION</strong></td>
</tr>
<tr>
<td>16-Point Assessment</td>
</tr>
</tbody>
</table>

| **DHS**                              |
| Camp Clearance Report                |

| **LACOE**                            |
| Education Program Progress Report    |

<table>
<thead>
<tr>
<th>3. Multi-Disciplinary Team</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PROBATION</strong></td>
</tr>
<tr>
<td>MDT Meeting Minutes (Camp Plan)</td>
</tr>
<tr>
<td>Pre-Release Home Evaluation</td>
</tr>
</tbody>
</table>

| **DMH**                              |
| DMH MDT Form (Initial)               |

| **DHS**                              |
| Camp New Admission Form              |

| **LACOE**                            |
| Initial Individual Learning Plan (I-ILP) |
| Student Behavior Report (as needed)   |

<table>
<thead>
<tr>
<th>4. Transition Multi-Disciplinary Team</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PROBATION</strong></td>
</tr>
<tr>
<td>Transition MDT Meeting Minutes (Aftercare Plan)</td>
</tr>
<tr>
<td>Discharge Services Planning Form</td>
</tr>
</tbody>
</table>

| **DMH**                              |
| DMH MDT Form (Transition)            |

| **DHS**                              |
| Aftercare Health Services Request    |
| Aftercare Health Services Referral   |

| **LACOE**                            |
| Transition Individual Learning Plan (T-ILP) |

<table>
<thead>
<tr>
<th>4a. Camp Release Documents</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DHS</strong></td>
</tr>
<tr>
<td>Immunization Records</td>
</tr>
<tr>
<td>Medical Discharge Summary</td>
</tr>
</tbody>
</table>

| **LACOE**                            |
| Updated Transcript                   |

<table>
<thead>
<tr>
<th>5. Aftercare</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PROBATION</strong></td>
</tr>
<tr>
<td>Updated Aftercare Case Plan</td>
</tr>
</tbody>
</table>

| **DMH**                              |
| Recommendations and Treatment Summary|
| Authorization for Use and Disclosure  |

Revised 8/6/2014
### Section 7: Glossary of Term

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aftercare DPO</td>
<td>Aftercare Deputy Probation Officer</td>
</tr>
<tr>
<td>ATC</td>
<td>Academic/Transition Counselor</td>
</tr>
<tr>
<td>BMP</td>
<td>Behavior Modification Plan</td>
</tr>
<tr>
<td>Camp DPO</td>
<td>Camp Deputy Probation Officer</td>
</tr>
<tr>
<td>CAU</td>
<td>Camps Assessment Unit</td>
</tr>
<tr>
<td>CCP</td>
<td>Camp Community Placement</td>
</tr>
<tr>
<td>CCCP</td>
<td>Client Care Coordination Plan</td>
</tr>
<tr>
<td>DEJ</td>
<td>Deferred Entry of Judgment</td>
</tr>
<tr>
<td>DHS</td>
<td>Department of Health Services</td>
</tr>
<tr>
<td>DJJ</td>
<td>Division of Juvenile Justice</td>
</tr>
<tr>
<td>DMH</td>
<td>Department of Mental Health</td>
</tr>
<tr>
<td>DOJ</td>
<td>Department of Justice</td>
</tr>
<tr>
<td>DPO</td>
<td>Deputy Probation Officer</td>
</tr>
<tr>
<td>DPSS</td>
<td>Department of Public Social Services</td>
</tr>
<tr>
<td>EBP</td>
<td>Evidenced-Based Practice</td>
</tr>
<tr>
<td>EPIC</td>
<td>Electronic Privacy Information Center</td>
</tr>
<tr>
<td>HOP</td>
<td>Home on Probation</td>
</tr>
<tr>
<td>IDC</td>
<td>Intake and Detention Control</td>
</tr>
<tr>
<td>I-ILP</td>
<td>Initial Individual Learning Plan</td>
</tr>
<tr>
<td>IS</td>
<td>DMH Integrated System</td>
</tr>
<tr>
<td>JHAC</td>
<td>Juvenile Hall Academic Counselor</td>
</tr>
<tr>
<td>JHN</td>
<td>Juvenile Hall Nurse</td>
</tr>
<tr>
<td>LACOE</td>
<td>Los Angeles County Office of Education</td>
</tr>
<tr>
<td>LADS</td>
<td>Los Angeles Detention Screener</td>
</tr>
<tr>
<td>MAYSI-2</td>
<td>Massachusetts Youth Screening Instrument</td>
</tr>
<tr>
<td>MDA</td>
<td>Multi-Disciplinary Assessment</td>
</tr>
<tr>
<td>MDT</td>
<td>Multi-Disciplinary Team</td>
</tr>
<tr>
<td>MDTC</td>
<td>Multi-Disciplinary Team Coordinator</td>
</tr>
<tr>
<td>MH</td>
<td>Mental Health</td>
</tr>
<tr>
<td>NWEA</td>
<td>Northwest Evaluation Association</td>
</tr>
<tr>
<td>PCMS</td>
<td>Probation Case Management System</td>
</tr>
<tr>
<td>PDJ</td>
<td>Probation Department Juvenile</td>
</tr>
<tr>
<td>PEMRS</td>
<td>Probation Electronic Medical Record System</td>
</tr>
<tr>
<td>Pre MDA</td>
<td>Pre Multi-Disciplinary Assessment</td>
</tr>
<tr>
<td>RTSB</td>
<td>Residential Treatment and Services Bureau</td>
</tr>
<tr>
<td>SP</td>
<td>Suitable Placement</td>
</tr>
<tr>
<td>T-ILP</td>
<td>Transition Individual Learning Plan</td>
</tr>
<tr>
<td>Transition MDT</td>
<td>Transition Multi-Disciplinary Team</td>
</tr>
<tr>
<td>WIC</td>
<td>Welfare and Institutions Code</td>
</tr>
</tbody>
</table>