COUNTY OF LOS ANGELES
PROBATION DEPARTMENT
DIRECTIVE

No.	1046
Issued:	07/07/05
Post Until:	08/07/05

SUBJECT: IMPLEMENTATION OF THE OUT-OF-HOME SCREENING UNIT

This Directive applies to all Deputy Probation Officers (DPOs) in the Juvenile Field & Special Services Bureaus, and the Residential Treatment Services Bureau (RTSB), seeking approval to recommend one of the following out-of-home placements:

- Suitable Placement
- Camp Community Placement (CCP)
- California Youth Authority (CYA)

This Directive does not change Mental Health or Dorothy Kirby Center (DKC) screening processes.

This Directive supercedes Directives: 718 (Camp Community Placement Clearance Procedures), 890 (Clearance of Suitable Placement Recommendations), and sections of 988 (Juvenile: Camp Clearances and Determinate Order Recommendations), that relate to Camp clearances procedures.

The Department is in the process of implementing an Out-of-Home Screening Unit, which will clear all recommendations for Suitable Placement, CCP, and CYA, and will include recommendations made by Camp and Placement DPOs. The new unit will be a single point of contact for clearing out-of-home recommendations. The implementation of this unit will allow for enhanced consistency in the screening process, which will reduce the level of inappropriate placements. It is the practice of the Department to place minors in out-of-home care when a higher level of supervision is warranted and/or the safety of the community is jeopardized, and all lesser alternatives have been exhausted. The new unit will also screen "step-down" cases from CCP to Suitable Placement.

Effective **July 11, 2005**, all recommendations for out-of-home placement, shall be cleared through the Out-of-Home Screening Unit **(323-226-8404)**. This applies to all out-of-home placement recommendations in the following court reports:

- Pre-Pleas,
- Dispositions,

- 777 Violation Petitions, and
- 778 Change of Plan Petitions.

General case indicators that support out-of-home placement include:

- Sophistication and/or violence of the offense,
- Less restrictive alternatives have failed,
- Safety of the community would be jeopardized, and
- Safety of the minor would be jeopardized.

SCREENING/CLEARANCE PROCESS

DPO of Record is responsible for:

- Obtaining approval by the unit Supervising Deputy Probation Officer (SDPO) for out-of-home recommendations, prior to submission of the Out-of-Home Screening Form.
- Completing the Out-of-Home Screening Form and faxing it to the Out-of-Home Screening Unit at **(323) 441-1110** or **(323) 441-1120**.
- Making themselves available to receive a phone call from the Out-of-Home Screening Unit within one hour of the fax transmission. The Out-of-Home Screening Unit will be closed from 12:00 PM to 1:00 PM.

Unit SDPO is responsible for:

- Approving the out-of-home placement recommendation, prior to the DPO's fax submission of the Out-of-Home Screening Form.
- Verifying (JCMS/ROS), the results of the Out-of-Home Screening Unit.
- Signing the completed court report with the approved out-of-home placement recommendation.

Out-of-Home Screening DPO is responsible for:

- Assessing the completed Out-of-Home Screening Form.
- Making a decision to recommend or reject out-of-home placement. If accepted for out-of- home placement, the appropriate out of home setting shall be determined.
- Contacting the DPO of Record, via telephone, within one hour of the receipt of the faxed transmittal and discussing the case factors. If case factors are sufficient for a determination to be made, the Screening DPO will inform the DPO of Record and input the screening decision in JCMS/ROS.
- Obtaining approval from the unit SDPO for CCP or CYA recommendations for minors 14 years of age or younger.
- Referring the DPO of Record to DKC or Regional Center if appropriate.

Out-of-Home Screening Unit SDPO is responsible for:

- Approving CCP and CYA out-of-home placement recommendations for minors 14 years of age and younger.
- Documenting, in JCMS/ROS, approval for CCP and CYA out-of-home placement recommendations for minors 14 years of age and younger.

Protocol for the Out-of-Home Screening will be as follows:

- Out-of-Home Screening DPOs will first consider Suitable Placement in lieu of CCP and CYA for all minors 14 years of age and younger.
- If the DPO of Record decides to contest the Out-of-Home Screening DPO's decision, the DPO of Record may escalate the matter to the Supervisor. If the unit Supervisor agrees with the DPO of Record and chooses to contest the decision, the SDPO may do so by contacting the Out-of-Home Unit's SDPO within 24-hours. If a consensus cannot be reached, the matter shall be elevated to the Director level. To contest the matter at the Director level, the Director of the DPO of Record shall contact the Central Placement Director.

Revised Out of Home Screening Form is available on Probnet.

MANUAL HOLDERS: CROSS-REFERENCE YOUR MANUALS TO THIS DIRECTIVE WHERE APPROPRIATE

Questions regarding the screening of out-of-home placement cases may be directed to the Out-of-Home Screening Unit SDPO (Central Placement), at (323) 226-8600.

Virginia Snapp, Chief
Juvenile Field Services Bureau

Jitahadi Imara, Chief
Juvenile Special Services Bureau

Carol Sanchez, Acting Chief
Residential Treatment Services Bureau

Shirley Alexander, Chief
Juvenile Detention Bureau

Attachments:

MANUAL HOLDERS: CROSS-REFERENCE YOUR MANUALS TO THIS DIRECTIVE WHERE APPROPRIATE

OUT-OF-HOME SCREENING FORM

DPO NAME: _____ OFFICE: _____ PHONE: _____ DATE: _____

SECTION A: PERSONAL INFORMATION

NAME: _____ DOB: _____ AGE: _____ SEX: M/F ETHNICITY: _____

ADDRESS: _____ PHONE: _____

PDJ #: _____ JAI #: _____ COURT DEPT: _____ DISPO DATE: _____

CT REPORT: ☐ PRE-PLEA ☐ DISPOSITION ☐ 777 VIOLATION ☐ 778 CHANGE OF PLAN CT. #_____

PLACE OF BIRTH: _____ US CITIZEN: ☐ YES ☐ NO (IF NOT A CITIZEN, WHAT IS THE STATUS)

LEGAL DOCUMENTED RESIDENT: ☐ YES ☐ NO ALIEN REGISTRATION #: _____

(PLEASE PROVIDE A FAX COPY OF THE ALIEN REGISTRATION CARD) SS #: _____

GANG ORIENTATION: ☐ NEIGHBORHOOD ☐ ASSOCIATE ☐ ACTIVE ☐ LEADER

GANG NAME: _____

CURRENT WIC STATUS: ☐ 790 WIC ☐ 654.2 WIC ☐ 725(A) WIC ☐ 601 WIC ☐ 602 WIC ☐ 652 WIC

PRIOR 300 WIC STATUS: ☐ YES ☐ NO CURRENT 241.1 WIC STATUS: ☐ YES ☐ NO

CURRENT WHEREABOUTS: _____

SECTION B: CRIMINAL INFORMATION

PRESENT OFFENSE(S): _____ 707(B): ☐ YES ☐ NO
(PENAL CODE & DESCRIPTION)

CIRCUMSTANCES: _____

GREAT BODILY INJURY (GBI): ☐ YES ☐ NO HIGH NOTORIETY, IF KNOWN: ☐ YES ☐ NO

TYPE OF MEDIA: ☐ PRINT ☐ RADIO ☐ TELEVISION

MINOR'S LEVEL OF PARTICIPATION IN THE OFFENSE: ☐ MAJOR ☐ MODERATE ☐ MINOR

IF A COMPANION CASE,

LEVEL OF SOPHISTICATION: ☐ LEADER ☐ FOLLOWER ☐ EQUAL PARTICIPATION

COMPANION(S) NAME: _____ DOB: _____ PDJ #: _____

NAME: _____ DOB: _____ PDJ #: _____

NAME: _____ DOB: _____ PDJ #: _____

OTHER COURT CASES PENDING: ☐ YES ☐ NO DEPT: _____ IF OTHER CT #: _____

CIRCUMSTANCES: _____

PRIOR ARRESTS

DATE	OFFENSE DESCRIPTION	PENAL CODE	AGE	FILED	SUSTAINED	DISPO
				Y N	Y N	

DATE	OFFENSE DESCRIPTION	PENAL CODE	AGE	FILED	SUSTAINED	DISPO
				Y N	Y N	
				Y N	Y N	
				Y N	Y N	
				Y N	Y N	
				Y N	Y N	

HAS MINOR EVER HAD A FITNESS HEARING ? ☐ YES ☐ NO IF YES, HOW MANY, DATES & OUTCOMES:

SECTION C: OUTREACH SERVICES

PRIOR PROBATION INTERVENTIONS/SERVICES: ☐YES ☐NO

☐JAWS ☐CDP ☐ FAMILY PRES. ☐ S.O.C ☐ WRAP ☐ S.P. ☐ CBO REFERRALS

OTHER/EXPLAIN:

NUMBER OF CCP PROGRAMS COMPLETED: _____ COMMENTS:

NUMBER OF SUITABLE PLACEMENT ADMISSIONS: _____ COMMENTS:

PREVIOUS PLACEMENTS - DCFS OR PROBATION:

☐ GROUP HOMES ☐ STATE MENTAL HOSPITAL ☐ PRIVATE MENTAL FACILITY ☐ CYA ☐ RELATIVE/NON-RELATIVE

RUNAWAY HISTORY: ☐ NO HISTORY ☐ HOME RUNAWAY ☐ OPEN FACILITY RUNAWAY ☐ CLOSED FACILITY RUNAWAY

HISTORY OF SUBSTANCE ABUSE:

AGE AT FIRST USE:

PRIOR SUBSTANCE ABUSE INTERVENTION SERVICES/SUBSTANCE ABUSE PROGRAMS:

SECTION D: MEDICAL AND MENTAL HEALTH HISTORY

PREGNANT: ☐ YES ☐ NO TRIMESTER: 1ST 2ND 3RD

HIGH RISK PREGNANCY: ☐ YES ☐ NO RECEIVING PRENATAL CARE: ☐ YES ☐ NO

DOES THE MINOR HAVE A HEALTH CONDITION? (I.E. DIABETES, ASTHMA ETC.) ☐ YES ☐ NO

IF YES, WHAT ONGOING MEDICATION, SPECIAL NEEDS, AND/OR TREATMENT IS REQUIRED:

IS THE MINOR HEARING IMPAIRED? YES ☐ NO ☐ ARE AUXILIARY AIDS OR SERVICES NEEDED? ☐ YES ☐ NO
COMMENTS:

MENTAL HEALTH:

	YES	NO	COMMENTS
USE OF PSYCHOTROPIC MEDICATION	☐	☐	
HISTORY OF SUICIDE ATTEMPT/GESTURE	☐	☐	
OTHER SELF INJURIOUS BEHAVIOR	☐	☐	
HISTORY OF OVERT SEXUAL BEHAVIOR	☐	☐	
I.Q. BELOW 70 ON PSYCHOLOGICAL TEST	☐	☐	
REQUIRES SPECIAL EDUCATIONAL RESOURCES	☐	☐	
I.E.P. ON FILE	☐	☐	
AB3632 MINOR (EDUCATION/M.H. PLACEMENT)	☐	☐	

SECTION E: PROTECTIVE FACTORS (STRENGTH BASED)

COMMUNICATES WITH FAMILY ☐ YES ☐ NO ☐ UNK

FAMILY SUPPORT ☐ YES ☐ NO ☐ UNK

POS INTERACTIONS W/ TEACHERS ☐ YES ☐ NO ☐ UNK

POS SELF-CONCEPT ☐ YES ☐ NO ☐ UNK

EDUCATIONAL ASPIRATIONS ☐ YES ☐ NO ☐ UNK

SUPPORT IN COMMUNITY ☐ YES ☐ NO ☐ UNK

POS PEER RELATIONSHIPS ☐ YES ☐ NO ☐ UNK

PRO-SOCIAL ADULT RELATIONS ☐ YES ☐ NO ☐ UNK

SECTION F: ADDITIONAL INFORMATION (COMPLETED BY THE DPO OF RECORD)

DPO RECOMMENDATION: _____

OTHER FACTORS SUPPORTING OUT-OF-HOME PLACEMENT: _____

_____

_____ _____

DPO SIGNATURE: DPO OF RECORD DATE

RECOMMENDATION HAS BEEN DISCUSSED AND APPROVED BY SDPO: ☐ YES ☐ NO

SECTION G: CLEARANCE (TO BE COMPLETED BY THE OUT-OF-HOME SCREENING DPO)

REVIEWED CURRENT LARRC ☐ YES ☐ NO IF YES, DATE LARRC WAS COMPLETED: _____

DECISION:

THIS CASE HAS BEEN: ☐ ACCEPTED

☐ PLACEMENT
☐ CAMP
☐ CYA

☐ REJECTED FOR OUT OF HOME PLACEMENT
☐ REFERRED TO DORTHY KIRBY CENTER
☐ REFERRED TO REGIONAL CENTER

FACTORS SUPPORTING OUT-OF-HOME PLACEMENT: _____

_____

_____ _____

OUT-OF-HOME SCREENING OFFICER DATE

IF THE MINOR IS 14 YEARS OF AGE OR YOUNGER, THE SUPERVISOR OF THE OUT-OF-HOME SCREENING UNIT MUST APPROVE THE RECOMMENDATION FOR CCP OR CYA.

_____ _____

OUT-OF-HOME SCREENING UNIT SUPERVISOR DATE

OUT OF HOME SCREENING FORM KEY

DOP Name: Last, First Office: Area Office Phone: Office No. Date: Date form sent

Name: Last, First, Middle **DOB:** mo/day/yr **Sex:** M/F **Age:** yrs/mos **Ethnicity:** Blk., Hsp., Cauc., Asian, PI.

Address: Street Number, Street Name, City, State, Zip Code **Phone:** Current telephone number

PDJ #: 7 digit number **JAI #:** 8 digit number **Court Dept:** Number **Dispo. Date:** mo/day/yr

Ct. Report: Check appropriate box. **Ct. No.:** Enter Court Number found on legal documents.

Place of Birth: City/State/Country **Citizenship status:** Citizen/ Documented/ Undocumented/Unknown

Alien Registration Card No.: Card Number & Exp. Date **Social Security Number:** xxx-xx-xxxx

Gang Orientation: Check neighborhood, associate, active, leader Gang Name: indicate name

Current WIC Status: Check appropriate status 790, 654.2, 725(A), 601, 602, 652

Prior 300 WIC status: Check yes/no Current 241.1 WIC status

Current Whereabouts: Home, juvenile hall, etc

Present offense (s) include the penal code **707(B)** Check yes or no

Circumstances: Give a brief synopsis of the present offense.

GBI: Check Y/N **High Notoriety:** Check Y/N. **Type of Media:** Check box that applies to media used to report case.

Companion case: Check the level of sophistication of the minor: Check a leader or follower or equal participant

Minor's Level of Participation in the Offense: Check the level of participation: Check major, moderate or minor

Companion (s): Include the name, date of birth, and the PDJ number.

Other court cases pending: Check Y/N Court Department: If yes identify the name and department number.

Circumstances: Give a brief synopsis of the pending offense.

Arrests: (Use the table to report the history of arrests)

Arrest history includes the following information: The **Date, Offense, Penal Code, Age** (at the time of the arrest), circle Y/N to identify whether a petition was **Filed**, circle Y/N to identify whether the petition was **Sustained**, and identify the court Dispo. made regarding the offense.

Has the minor had a fitness hearing, if yes, indicate how many and the outcome of the hearing (s).

Prior Probation Intervention Services: Check yes or no

If yes then identify the services given, with a check JAWS, CDP, Family Preservation, SOC, WRAP, S.P and CBO referrals. Give a brief synopsis of the services given.

Number of CDP programs completed: Indicate the number.

Number of Suitable Placement Programs Completed: Indicate the number.

Previous Placements: Check Group Home, DKC, State Mental Hospital, Private Mental Facility, Relative/ Non-relative Home, CYA if applicable.

History of Runaways: Check whether the minor has **no runaway history, home runaway history, Open facility runaway**, or a **Closed facility runaway**.

History of substance abuse: Give a brief synopsis of the minor's substance abuse history. Provide history of substance abuse; note type of substance, the extent (none, prior or current) and frequency of use. If possible, determine if abuse is associated with arrest record (none, one incident, etc.) and whether family members are substance abusers.

Age at first use: Identify the age in which the minor began to use substance – identify all substances used and what age.

Prior intervention services/substance abuse programs: Give a synopsis of the drug counseling programs that the minor has been a participant of, identify if the minor has been involved with AA/ and or NA, identify if the minor has been in a treatment program.

Section D: Medical and Mental Health History

Medical

Pregnant: check if Y/N **Trimester:** Circle to identify the trimester 1st, 2nd, 3rd

High Risk Pregnancy: Check if yes or no **Receiving Prenatal Care:** Check if yes or no

Does the minor have a heath condition? Check if yes or no
If yes, then identify the health condition.

If yes, does the medical condition require ongoing medication and/ or treatment, specify: Explain what type of medical condition, indicate whether it is chronic, or episodic conditions, and/or a disability that may require special care, equipment or treatment. Identify on going medication (psychotropic medication, additional medication, i.e. insulin etc.) Include the treatment needed for the minor's well being.

Is the minor hearing Impaired? Check Y/N **Are auxiliary aids or services needed?** Check Y/N (Does the minor require a wheel chair, hearing aid, sign language interpreter, etc. What type of treatment is required)

Mental Health (use the table to identify mental health factors)

Use of psychotropic medication: Check Y/N, **Comments:** Identify the names of the medication and the need.

History of suicide attempt/ gesture: Check Y/N **Comments:** Include dates and 5150 hospitalizations.

Other self-injurious behavior: Check Y/N **Comments:** Include burning, piercing, cutting and scarring.

History of overt sexual behavior: Check Y/N **Comments:** Identify if sexually aggressive, or sexually assaultive towards others.

I.Q. below 70 on psychological test: Check Y/N **Comments:** Provide test date and score, and identify if the minor is a Regional Center client.

Requires special educational resources: Check Y/N **Comments:** Identify the learning disability i.e. dyslexia, attention deficit disorder, etc.'

I.E.P on file: Check Y/N **Comments:** Identify the last I.E.P date, location, and results, if available.
AB3632 Minor: Check Y/N Is an Educational/Mental Health Placement. Minor requires educational services not available in the local school system. **Comments:** Provide information, if available.

Communicated with the family check yes or no

Family support check yes or no

Positive Interaction with teachers check yes or no

Positive self-concept check yes or no

Support / reinforcement in community check yes or no

Educational aspirations check yes or no

Positive Peer Relationship check yes or no

Pro- Social Adult Relations check yes or no

Other factors supporting Out-of-Home Placement: Provide a synopsis of additional factors, which require the need for out-of-home placement.

DPO of Record: Signs and dates the form and checks whether or not the request has been discussed by SDPO.

The Out-of-Home Screening DPO checks yes or no to verify if a LARRC has been reviewed, if a LARRC has been reviewed the date of the review is noted.

Decision: This case has been accepted/rejected for Out-of-Home Placement. Check the recommendation, Suitable Placement, Camp Community Placement, California Youth Authority.

Factors supporting Out-of-Home Placement: Provide the determining factors that led to the DPO's recommendation of Out-of-Home Placement.

Acceptance or rejection of the case is so noted, dated and signed by the Out-of-Home Screening Officer.
If a case is rejected, the DPO may make check a referral to DKC or Regional Center.

<u>If the minor is 14 years or younger, the Out-of-Home Screening Unit Supervisor must approve the recommendation of CCP or CYA.</u>

Out-of-Home Screening Unit Supervisor signs the request if it involves a minor 14 years of age and younger, and the requests includes a recommendation to CCP or CYA.