

COUNTY OF LOS ANGELES
PROBATION DEPARTMENT
DIRECTIVE

No. 1284

Issued: 04/16/12

Post Until: 05/16/12

SUBJECT: JUVENILE – DEVELOPMENTALLY DISABLED MINORS - QUALITY ASSURANCE PROCESS

The purpose of this Directive is to define the quality assurance process for departmental policies related to minors with or suspected of having a developmental disability (Juvenile Hall and Juvenile Field/Placement related policies, including in Dir. No. 1280, issued 1/10/12 and Dir. No. 1283, issued 4/16/12).

A quality assurance process shall be implemented to:

- Ensure that screening, individualized diagnostic assessment, treatment, programming, behavior management, and discharge planning occurs for identified developmentally disabled minors detained in Juvenile Hall
- Ensure that supervision and placement processes occur for identified developmentally disabled probationers assigned to Juvenile Field/Placement operations

Effective immediately:

Juvenile Hall

Detention Services Bureau (DSB) Developmentally Disabled Minors Coordinator (DDMC):

- Complete the “Developmentally Disabled (DD) Quality Assurance Report – Juvenile Hall – DD ” on a quarterly basis (report due on the 10th day of the month following the last day of the reporting quarter) for all minors identified or suspected of being developmentally disabled (Attachment A) and submits for Bureau review

Juvenile Hall Quality Assurance Supervisor:

- Complete the “Developmentally Disabled (DD) Quality Assurance Report – Juvenile Hall – Non DD” on a quarterly basis (report due on the 10th day of the month following the last day of the reporting quarter) for 10 new admissions from each juvenile hall per month for those minors who were not identified or suspected of being developmentally disabled (Attachment B) and submits for Bureau review

Juvenile Field/Placement

Juvenile Field Developmentally Disabled Field Services Coordinator (DDFSC) and the Developmentally Disabled Placement Coordinator (DDPC):

- Completes the “Developmentally Disabled (DD) Quality Assurance Report – Juvenile Field/Placement” on a quarterly basis (Attachment C – report due on the 10th day of the month following the last day of the reporting quarter) and submits for Bureau review

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

Upon implementation, additional data (e.g., recidivism, violations resulting in juvenile hall incarceration, school enrollment post juvenile hall release, whether minors access regional center services – per minor and/or parent/guardian, incidents in juvenile hall and replacements) will be collected/reviewed (by the applicable Bureaus) at defined intervals for the three (3) year required monitoring timeframe; reviews after this timeframe will be re-evaluated upon completion of the three (3) year monitoring period. (Note: recidivism is defined as a subsequent sustained arrest). The data reviewed will be utilized to help assess current practices and applied to enhance practices as needed.

All questions and inquiries regarding this Directive should be directed to the appropriate Bureau Consultant (Juvenile Consultant at 562.940.2533, Placement Consultant at 323.730.4547 or Detention Services Consultant at 562.940.2523).



Jerry E. Powers
Chief Probation Officer

MANUAL HOLDERS: CROSS-REFERENCE YOUR MANUALS TO THIS DIRECTIVE WHERE APPROPRIATE
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Developmentally Disabled Quality Assurance Report
Juvenile Hall
As Of (Month/Year)

MINOR NAME	
DOB	
PDJ	
JH INTAKE DATE (DATE ENTERED)	
CHARGE	
LEGAL STATUS	
HOUSING UNIT	
# OF DAYS DETAINED	
DATE OF REFERRAL TO DDMC	
REFERRED BY	
JH RELEASE DATE	
CRITICAL INTAKE FACTORS (Y/N)	
PARENT/GUARDIAN STATEMENT (Y/N)	
MINOR STATEMENT (Y/N)	
CASENOTE: INTAKE NOTIFICATION (Y/N)	
SCREENINGS COMPLETED (Y/N)	
NOTIFICATIONS MAY BE DD (Y/N)	
LOG ENTRY (Y/N)	
ALERT: DEVDIS (DATE ENTERED)	
ALERT: SINGLE BUNK (DATE ENTERED)	
ALERT: REGIONAL CENTER (DATE ENTERED)	
CHART: SINGLE BUNK (Y/N)	
CASENOTE: RC REFERRAL (DATE ENTERED)	
MINOR INFORMATION: IDENTIFIER/UCI (DATE ENTERED)	
PREPARES DISCHARGE PLAN (DATE)	
DOCUMENTS DATE AND TIME IHTP MEETING (DATE ENTERED)	

As Of (Month/Year)

Attachment A

[illegible]

Developmentally Disabled Quality Assurance Report
Juvenile Hall
As Of (Month/Year)

TIES															CASENOTE: REGIONAL CENTER CONTACT DATES (Every 30 days) (Y/N)
															DSB CONSULTANT CONTACT (>60 Days from Referral Date) (Y/N)
															DSB CONSULTANT CONTACTS RC (>60 Days from Referral Date) (Y/N)
															DDFSC/DDPC NOTIFICATION OF RELEASE (Y/N)
															SCAN/EMAIL DISCHARGE PLAN TO DDFSC OR DDPC (DATE SCAN/EMAIL)
															PARENT/GUARDIAN NOTIFICATION (Upon Release) (DATE NOTIFICATION)
															PROVISION OF DISCHARGE PLAN TO PARENT/GUARDIAN (Upon Request) (Y/N)
															REGIONAL CENTER NOTIFICATION OF RELEASE (DATE NOTIFICATION)
															DMH NOTIFICATION OF RELEASE (DATE NOTIFICATION)
															DHS NOTIFICATION OF RELEASE (DATE NOTIFICATION)
															LACOE NOTIFIATION OF RELEASE (DATE NOTIFICATION)
															DEFENSE COUNSEL NOTIFICATION OF RELEASE (DATE NOTIFICATION)
															PLACED IN APPROPRIATE HOUSING (Y/N)
															REQUEST FOR IEP (DATE REQUEST)
															INITIAL IBMP (DATE)
															MDA (DATE)
															INITIAL IHTP (DATE)
															FOLLOW-UP IHTP (DATE)
															#OF INCIDENTS
MULTI-AGENCY COLLABORATION															
HDQ															

Developmentally Disabled Quality Assurance Report
Juvenile Hall (QA Supervisor)
As of (Month/Year)

Attachment B

MINOR INFORMATION						IDC NOTIFICATION		ORIENTATION NOTIFICATION																				
MINOR NAME						DOB		PDJ		JH INTAKE DATE (DATE ENTERED)		CHARGE		LEGAL STATUS		PARENT/GUARDIAN STATEMENT		MINOR STATEMENT		ACCOMODATION INDICATOR TOOL		ACCOMODATION INDICATOR TOOL >16 (Y/N)		SCREENING FOR REGIOANAL CENTER NOTIFICATION*		UNIFIED ARRESTEE MEDICAL SCREENING #7 OR 17 CHECKED (Y/N)		
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18																												
19																												
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Screening Qualifications:
Yes to Observation #3 and
Scored not correct on at least 3 questions and
scored not correct on at least three picture matching

Developmentally Disabled Quality Assurance Report

Juvenile Field/Placement

As of (Month/Year)

Attachment C

1	Minor Information	MINOR NAME
2		DOB
3		PDJ
4		JH RELEASE DATE (If applicable)
5		CHARGE
6		LEGAL STATUS
7		DATE OF REFERRAL TO DDMC
8		REFERRED BY
9	Juvenile Field	CASENOTE: RC REFERRAL DATE
10		CASE ASSIGNMENT DATE
11		OREINTATION DATE
12		CASENOTE: RC ACCEPTANCE DATE
13		CASENOTE: RC REJECTION DATE
14		CASENOTE: IHTP MEETING NOTIFICATION Y/N
15		CASENOTE: DDFSC NOTIFICATION
16		CASENOTE: RC SERVICE COORDINATOR CONTACT
17		CASENOTE: IHTP MEETING
18		CASENOTE: RE SERVICE COORDINATOR CONTACT
19		
20		

Juvenile Field/Placement
As of (Month/Year)

Attachment C

																	CASENOTE: REGIONAL CENTER SERVICES ACCESSED Y/N
																	CASENOTE: ANTICIPATED PLACEMENT RELEASE
																	CASENOTE: PLACEMENT NOTIFICATION
																	CASENOTE: FACE TO FACE CONTACT
																	CASENOTE: PLACEMENT REMOVAL
																	CASENOTE: REASON TO RETURN TO JH
																	CASENOTE: DETENTION
																	CASENOTE: AWOL REASON
																	CASENOTE: PROVIDER ACCEPT/REJECT
																	CASENOTE: POST AWOL OUTCOME
																	CASENOTE: TRANSITIONAL HOUSING
																	CASENOTE: PLACEMENT TRANSITION MDT MEETING
																	CASENOTE: SERVICES REFERRED
																	CASENOTE: DDFSC NOTIFICATION
																	CASENOTE: SERVICES RECEIVED
																	# OF REPLACEMENTS
																	RECIDIVISM
																	Violations (Resulting in JH Commitment Time)
																	SCHOOL ENROLLMENT POST JH RELEASE