



POLICY & PROCEDURE

SUBJECT: Youth Transportation Policy – Case Management Specialist
NUMBER: RF-02-05 (Residential Services and Community Justice Employees)
APPLICABLE TO: Residential Services and Community Justice Employees
EFFECTIVE DATE: September 12, 2005; revised 1/4/11

APPROVED: /s/ signature on original
Donald W. DeVore, Secretary

1. **POLICY** The Department of Juvenile Services (DJS or Department) shall transport youth in a safe and secure manner that ensures control and safeguarding of youth under the jurisdiction of DJS. Employees who transport youth shall receive training in the techniques of youth transportation and shall obey all traffic laws to reduce the risk of escape or harm to a youth, employees or the public during the transportation of youth.

2. **AUTHORITY**
 - a.. Maryland Annotated Code, Article 83C §§ 2-102 and 2-104.

3. **DEFINITIONS**
 - a. *Mechanical Restraint* means devices such as handcuffs or wristlets, chains or anklets, or any other approved device used to limit the movement of the youth's body.

 - b. *Secure Transports* means the transportation of youth from one secure facility to another secure facility, from a non-secure placement to a secure facility setting; and to and from a secure facility for outside appointments.

4. **PROCEDURES**
 - a. **Use of Pool Cars**
 - (1) Employees shall operate DJS Pool Cars in accordance with the DJS policy governing State Vehicles.

 - (2) DJS Case Management Specialists shall utilize Department pool cars to

transport youth if a pool car is available.

- (3) Employees requesting pool cars for the transport of youth shall be given priority over other requests if a pool car is available.
- (4) Regional Directors are to establish clear protocols regarding the sharing of pool cars between offices and jurisdictions to accommodate youth transportation needs.

b. Use of Private Vehicles.

- (1) In accordance with the Department of Budget and Management (DBM) regulations, authorized employees who use a privately-owned motor vehicle for official state business shall be reimbursed at the DBM approved rate.
- (2) Should the employee elect to use a privately-owned vehicle when a state vehicle is available, the employee shall only be reimbursed at ½ the standard rate allowed.
- (3) State of Maryland expense account requests must specifically state that a state vehicle was not available for business purposes. Failure to include such a statement shall be grounds for reducing the rate to ½ of the normal state rate.
- (4) All requests for reimbursement must be submitted on a timely basis and may not cover periods in excess of 60 days.
- (5) The state of Maryland provides liability coverage only for privately owned vehicles driven by authorized employees engaged in legitimate state business (i.e. transporting youth who are under the Department's supervision).
- (6) Liability coverage is not provided in instances of malice or gross negligence.
- (7) General insurance information regarding state vehicles and related insurance can be found in DBM State Vehicle Fleet Policies and Procedures, Appendix 5 - Accident Control, Reporting and Corrective Action, Section F. (Appendix 1).
- (8) According to DBM State Vehicle Fleet Policies and Procedures, Appendix 5 - Accident Control, Reporting and Corrective Action, Section F neither physical damage nor liability protection are provided

by the state for claims resulting from the operation of a privately owned vehicle by a state employee while on state business outside the borders of the state of Maryland.

c. Transports by Community Justice Case Management Specialist.

(1) Transports.

- (i) Mechanical restraints shall not be used during a transport.
- (ii) If a youth is in secure care, employees are to arrange for vendors to conduct interviews of youth in custody at the facility, whenever possible.
- (iii) If the youth is in the community, a parent or guardian should, whenever possible, transport the youth to any interview or other function requiring their attendance.
- (iv) When transportation by the vendor or the parent or guardian is not possible, employees may transport the following youth:
 - A. Youth in non-secure residential facilities such as shelter care or group homes;
 - B. Youth on Electronic Monitoring or Community Detention;
 - C. Youth to and from juvenile court; and
 - D. Youth to and from placement interviews and admissions, only if such youth do not present a danger of escape or behavior control problems.
- (v) When transporting youth, there shall be two Case Management Specialists for every one youth.
- (vi) DJS employees shall not transport a youth of the opposite sex unless accompanied by another DJS employee of the same sex as the youth.
- (vii) When a DJS employee believes that a youth may be at risk to run away or cause difficulty if transported, the employee shall be accompanied by another employee or a parent or guardian.

(2) Secure Transports

- (i) When an employee believes a youth cannot be safely transported from a non-secure setting, the employee shall complete a Transfer Request Alert (Appendix 2) 72 hours prior to transportation and submit the Transfer Request Alert to the Transportation Administrator or the Transportation Administrator's designee.
- (ii) The Transportation Administrator or Transportation Administrator's designee shall approve or disapprove the Transfer Request Alert within 48 hours of receipt.
- (iii) If the Transfer Request Alert is disapproved, the Transportation Administrator or Transportation Administrator's designee shall immediately return the request to the appropriate Regional

Director.

- (iv) If the Transfer Request Alert is approved, the Transportation Administrator or Transportation Administrator's designee shall forward a copy of the request to the appropriate Transportation Supervisor and the receiving facility.

d. Runaway Attempts.

- (1) During a transport, if a youth attempts to run away or indicates an intention to run away, a Case Management Specialist shall orally attempt to dissuade the youth from running.
- (2) When a youth runs away during a transport, a Case Management Specialist shall:
- (i) Immediately report the escape to the local police or State Police and obtain a police report number;
 - (ii) Notify a supervisor or the DJS employee in Community Justice following the chain of command;
 - (iii) Complete and submit an incident report in accordance with the DJS policy governing Incident Reporting; and
 - (iv) Notify the juvenile court and seek a Writ of Attachment, where appropriate.

5. DIRECTIVES/POLICIES AFFECTED

- a. Directives/Policies Rescinded - (9.06F) Transportation of Youth by Field Services
- b. Directives Referenced (01.18.01) State Vehicle Policy
(MGMT-1-00) Incident Reporting

6. LOCAL IMPLEMENTING PROCEDURES REQUIRED

7. FAILURE TO COMPLY

Failure to comply with the Secretary's Policy and Procedure shall be grounds for disciplinary action up to and including termination of employment.

Appendices - 2

1. DBM State Vehicle Fleet Policies and Procedures, Appendix 5 - Accident Control, Reporting and Corrective Action, Section F.
2. Transfer Request Alert

Excerpted from State of Maryland, Department of Budget and Management, State Vehicle Fleet Policies and Procedures (June 2002)

Section F General Insurance Information

SUBJECT: STATE VEHICLES AND RELATED INSURANCE

I. STATE VEHICLES

A. Liability – Damage to other vehicles, property and persons (including non-State employee passengers)

\$200,000 Limit per claimant is the maximum amount available under the Tort Claims Act.

Sovereign immunity is invoked for claims against the State and the employee driver for amounts above \$200,000.

Note: The State does not waive its immunity for punitive damages, interest before judgement, combatant activities of the State Militia, and tortuous acts of employees not within the scope of their duties or if the injury is made with malice, or gross negligence, or due to unlawful acts.

The State agency will be responsible for the first \$1,000 of loss (liability and/or physical damage) associated with any one single occurrence.

B. Physical Damage – Damage to the State vehicle itself, commonly called collision and comprehensive.

Adjustment: All reimbursement by the Treasurer will be on an “Actual Cash Value” basis. Differences between the actual value and the replacement cost of the vehicle must be satisfied by the State agency owning the vehicle.

Deductible: \$1,000 applies to all adjustments and must be satisfied by the State agency.

C. Medical Payments and Personal Injury Protection (PIP)

1. Compensation for injury to employees is provided by our Worker’s Compensation Program.

2. The State does not provide medical payments or PIP coverage.

3. The injured employee may be able to collect PIP benefits (+/- \$2,500) by filing a claim under his/her own family automobile insurance company.

D. Towing and Storage

The State does provide coverage, subject to the \$1,000 deductible per occurrence, IF charges are a result of an automobile accident.

E. Uninsured and Underinsured Protection

The State does not provide protection for either of these coverages. The employee may file and receive benefits under his/her automobile insurance policy.

- F. Rental Car Coverage – The cost of a temporary replacement for a vehicle damaged as a result of an automobile accident.

The State does not provide reimbursement for this coverage.

II. STATE VEHICLES – OUT-OF-STATE AND FOREIGN INSURANCE PROTECTION

- A. Liability - Insured by the State Insurance Trust Fund.

1. Out-of-State: State vehicles driven to other states within the United States are covered.
2. Foreign: State vehicle driven to Canada, etc. must notify the Underwriting Section, Insurance Division, of the Treasurer's Office. Please provide vehicle year, make, model, VIN, tag, driver, and dates of travel.

Certificates of coverage evidencing \$300,000 are required to cross the border.

3. Each State agency is responsible for the first \$1,000 of damages.

- B. Physical Damage – The same protection is afforded as Under I(B)

III. NON-OWNED VEHICLES

- A. Under Contract – Vehicles owned by outside interests (example, U.S. Government, Counties, and Municipalities) but used by Maryland State agencies. The user should get a Certificate of Insurance from the Agency owning the vehicle. There may be cases when both the vehicle owner's coverage and the State coverage will apply. The coverage provided is the same as under Sections I and II above.
- B. Leased Vehicles – Vehicles owned by others and leased (rented) to the State on a long-term basis (usually 30 days or more). In virtually every situation, the lessor will require commercial insurance with minimum limits. Please contact this office prior to entering into an agreement. Negotiation with the lessor concerning the acceptance of State coverage is possible. If favorable negotiation is not possible, insurance must be purchased and charged (debited) to the State agency.
- C. Rented Vehicles – Vehicles owned by others and rented to the State on a short-term basis (usually a few days – Hertz, Avis, etc.)
1. Liability –The State provides the same protection as described in Section I (A) regardless of whether the vehicle is rented within or outside the State.
 2. Physical Damage – The rental company requires that the renter (State agency or employee) be responsible for most accidental damage to their vehicle. This provision is included in the rental contract. In order to eliminate this provision (waive) and make the rental company responsible, an addendum is required. This addendum is called "Collision Damage Waiver."

The State has elected to provide this coverage. Do not sign or agree to the "Collision Damage Waiver."

Each State agency will be responsible for the first \$1,000 of damages.

3. Notation – When signing the rental agreement, include your name, State agency and the State of Maryland, and please read all of the provisions.

D. Privately Owned Vehicles Used on State Business

1. Liability – The State provides liability (only) coverage for all privately owned vehicles driven by authorized persons on State business. See Section I (A).

Employee injury - See Worker's Compensation – I (C.1).

PIP (medical, etc.) coverage may also be available from your family automobile insurance coverage.

Always notify both our Insurance Division and your family automobile insurance agent of all incidents or accidents. Failure to notify both could jeopardize your legal status in related claims and law suits.

2. Out-of-State – Currently, there is no liability protection provided by the State for claims resulting from the operation of a privately owned vehicle by a State employee while on State business, outside the borders of the State of Maryland.
 - a. Your family automobile policy may respond.
 - b. You are compensated on a mileage basis – this compensation considers insurance expense.
 - c. If the claim is filed in Maryland, the Tort Claims Act may apply (this action is unusual).
3. Physical Damage
 - a. There is no protection available from the State.
 - b. Your family automobile policy must provide coverage.

IV. COMMERCIAL INSURANCE

Several State agencies have a variety of commercial automobile insurance coverages. Each policy must be perused in order to determine its effect on the above tort program.

V. CLAIMS

Procedures and guidelines are addressed elsewhere. If you have a pressing question, telephone the Claims Unit in the Insurance Division at 1-410-260-7684.

The purpose of this position paper is to satisfy numerous inquiries. It is not the complete or final word on this subject. The intent is merely to place a general guide into your hands so that you will have a starting point to pursue a coverage question or to resolve a potential claim.

If you have any additional questions, please contact the Insurance Division at 410-260-7684.

**Department of Juvenile Justice
Residential Services Division
Transfer Request Alert**

Date: _____
ASSIST #: _____

To: Assistant Secretary, Residential Services

From: _____

Facility: _____

Subject: Transfer Request

Transfer to: _____
(Headquarters Use Only)

Date: _____

Client: _____ **DOB:** _____ **Charge(s):** _____

Community Justice Worker: _____ **DOA (Date of Arrival):** _____

Jurisdiction: _____ **Status:** _____

Problem Area	Yes	None Known	Attachment Supporting Documents	Comments
MENTAL HEALTH (Signature)				
Suicidal Ideations				
Suicide Attempts				
Psychiatric Admissions				
Psychotropic Medications				
MEDICAL (Signature)				
Allergies				
Illnesses				
Prescriptions				
O.T. C. Medications				
BEHAVIOR (Signature)				
Passive				
Assaultive				
Vulnerable				
Prior Infractions – Minor				
Prior Infractions – Major				
Attempted Escape				
Prior Escape				
Walk-off				
LEGAL (Signature)				
Detainers				
Pending Charges				

ADDICTION/SUBSTANCE ABUSE ISSUES (Signature)			
CDS/Alcohol/ Inhalants			
OTHER (S) (Signature)			
Population Control, Facility Risk, Evaluation Scheduled, P/P Interview, CTR Hearing, etc.			

Reason(s) for transfer request:

Briefly explain what the facility has done to correct this behavior/issue:

SPECIAL CONDITIONS

Housing: Single Room: () N/A: ()

Suicide Status: Level 1: () Level 2: () Level 3: () N/A: ()
 (Precaution) (Warning) (Alert)

Other:

Notifications: Parent or Guardian () Case Manager () Area Director ()

Person Completing Form

Contact Person

Phone Number

For Official Use Only	ADDITIONAL COMMENTS
Approved () Disapproved ()	_____
Appropriate Reassignment Program	_____
Signature: _____ (Asst. Secretary or Designee)	_____
Date: _____	_____
Reviewed by: _____	_____
Date: _____	_____
Transportation Arrangement Complete	_____
Yes () No ()	_____
Receiving Facility Notified	_____
Yes () No ()	_____
Date: _____	_____
Person: _____	_____
Sending Program:	_____
Notified of Approval () Disapproval ()	_____
Date: _____	_____
Person: _____	_____



**MARYLAND DEPARTMENT OF JUVENILE SERVICES
EMPLOYEE STATEMENT OF RECEIPT
POLICY AND PROCEDURE**

SUBJECT: Youth Transportation – Case Management Specialist
POLICY NUMBER: RF-02-05 (Residential Facilities)
EFFECTIVE DATE: September 12, 2005

I have received one copy (electronic or paper) of the Policy and/or Procedure as titled above. I acknowledge that I have read and understand the document, and agree to comply with it.

SIGNATURE

PRINTED NAME

DATE

(THE ORIGINAL COPY MUST BE RETURNED TO YOUR IMMEDIATE SUPERVISOR FOR FILING WITH PERSONNEL, AS APPROPRIATE.)