

Re-Entry Pre-Discharge Checklist

Plan Date: _____ Youth's name: _____ Youth's date of birth: _____ ASSIST PID: _____ Youth's Placement: _____

PARTICIPANTS INVOLVED IN THE DEVELOPMENT OF THE RE-ENTRY/TRANSITION PLAN:

Youth Parent Guardian Treatment Team Community Case Manager Residential Case Manager Other

Date of Youth's Last Treatment Service Plan (TSP), which lists the youth's strengths, concerns, immediate needs: _____

REGION: Select the Region of the Re-entry Specialist for this case:

Baltimore City Central Eastern Shore Metro Southern Western

DISCHARGE DATE: _____

This date should reflect the consensus between DJS and the committed placement team, and it should not be arbitrarily entered into the ASSIST placement event. Enter the youth's anticipated discharge date, which should reflect the anticipated discharge date recorded in ASSIST.

PERMANENCY PLAN

Has the Case Management Permanency Planning/Housing checklist been completed to determine the youth's living arrangement following discharge?

Yes No

FAMILY NOTIFICATION

Select all of the means by which the youth's family has been informed of the youth's treatment needs and progress during the youth's placement. If the youth's family has NOT been informed of the youth's treatment needs and progress during the youth's placement, briefly explain why.

In person By phone By e-mail By mail By video conferencing None of the above. Reason: _____

LIVING ARRANGEMENT

Select the youth's living arrangement following discharge. The response should be guided by the Case Management Permanency Planning/Housing checklist.

HOME (PARENT/GUARDIAN) STEP-DOWN PLACEMENT FOSTER CARE INDEPENDENT LIVING
 NON-HOUSEHOLD RELATIVE NON-HOUSEHOLD NONRELATIVE

Is the youth returning to original jurisdiction?

Yes No

REUNIFICATION PLAN

If the reunification plan involves home, family or relative, has a CMS home visit been scheduled prior to discharge?

Yes **DATE OF HOME VISIT:** _____ (includes if residing with relative, alternative family, etc.)

No

N/A Youth is not returning to a home at discharge

If the reunification plan does not involve return to the family, has the family stated a refusal to accept the youth into the home?

Yes- family refuses; they are UNABLE to provide housing

Yes- family refuses; they are UNWILLING to provide housing

No

N/A

FAMILY SUPPORT SERVICES

Are family support services or family counseling required as part of the discharge plan?

Yes No

SUPPORTIVE RELATIONSHIPS / COMMUNITY CONNECTIONS

Upon release, who will be the youth's support system? Identify additional adult supports and mentors, including but not limited to, church/synagogue/mosque/spiritual organizations, clubs, social organizations, interest areas, and social networks youth in which the youth can participate.

EDUCATION AND EMPLOYMENT

Has the youth graduated or obtained his or her GED?

- Graduated HS Obtained GED Neither

Is re-enrollment in a local school required? *Indicate whether youth will need to be re-enrolled in a local public school system. Note that the youth's school records must be presented to the appropriate local school system within 2 days of the date of discharge.*

- Yes No

Is enrollment in a GED program required?

- Yes No GED already earned

If re-enrollment in local school is required, has the community case manager or other staff notified DJS transition staff of the expected discharge?

- No N/A (re-enrollment in local school is not required)
 Yes: *The Facility Case Manager or Re-entry Specialist must notify the Education Re-Entry Unit.*

At the time of discharge, will the youth be actively seeking employment and/or postsecondary education?

Although youth may be interested in employment and/or postsecondary education, this question applies only to youth who have already earned their high school diploma or GED at the time of discharge. Select no if the youth has yet to earn his or her high school diploma or GED.

- No Actively employed Actively seeking employment Actively seeking postsecondary education.
 Actively seeking both employment and postsecondary education. N/A, youth is under the age of 14

CAREER DEVELOPMENT

Select the career development resources to which the youth was introduced during placement

- Evidence-based self-efficacy and personal responsibility programming (i.e., Forward Thinking Re-entry Planning Interactive Journal)
 Self-assessment component (i.e., O*Net Interest Profiler)
 Career exploration component (i.e., U.S. Department of Labor, Bureau of Labor Statistics (BLS) Career Exploration website)
 Youth was registered as a jobseeker on the Maryland Workforce Exchange.
 Other career preparation, job readiness, or job search skills.
 None of the above

MONEY MANAGEMENT/BUDGETING

At release, will the youth have a source of income?

- Yes, employed No Yes, receives monthly benefit

Does the youth have a monthly budget? Yes No

Has the youth received any life skills training on monthly budgeting? Yes No

Does the youth have a savings account? Yes No

Does the youth have a checking account? Yes No
If yes, has the youth received any life skills training on keeping a checking account? Yes No

Does the youth have a completed Credit Report? Yes No

RESTITUTION

Does the youth currently owe restitution? Yes No

MEDICAL ASSISTANCE

Will the youth require Maryland Medical Assistance (MA) or be enrolled or re-enrolled in private medical insurance upon discharge?

- MA Private insurance

If the youth requires MA upon discharge, select the status of the coverage.

- MA is active in the Foster Care coverage group. MA is active, but not in the Foster Care coverage group.
 Youth is returning to the community from a DJS committed program and an MA application needs to be filed.

Note: MA should be active in the MA Foster Care (FC) coverage group. If the youth is not in the FC coverage group, the case manager should immediately file a DJS Youth in Foster Care (Out of Home Placement) form along with an MA application at the local DSS. The application and form are available on the DJS intranet. For youth requiring MA upon discharge from a DJS committed facility an MA application will need to be filed through Maryland Health Connection.

MEDICAL – BEHAVIORAL HEALTH AND/OR SOMATIC HEALTH

Does the youth have any ongoing behavioral health (mental health and/or substance abuse) needs upon discharge?

Indicate the type(s) of programming included in the youth's tentative discharge plan. Check all that apply.

- Mental health Substance abuse Neither

Does the youth have any an ongoing somatic health (physical, dental, vision/eye, sexual health) need upon discharge? Select yes if somatic health programming is included in the youth's tentative discharge plan and indicate treatment plan in discharge summary.

- Yes No

Will the youth require prescription medication upon discharge?

If yes, indicate non-confidential required prescription(s)/medication(s) in the discharge summary.

- Yes No

If the youth requires prescription medication upon discharge, select the nature of the need. Check all that apply.

- Somatic health need Mental health need Substance abuse need N/A

If the youth requires prescription medication upon discharge, how will a supply of medication and/or a prescription be handed off to the youth, parent or guardian upon returning to the community? Problems with supplying a youth with prescribed medication or a prescription must be considered and addressed to ensure that the youth continues prescribed course(s) of treatment.

- Prescription to be mailed or faxed in to youth's pharmacy Medication supply to be hand-delivered to youth and/or family
- Prescription to be transported with youth to court Medication supply to be transported with youth to court
- N/A (youth does not require prescription medication upon discharge)

DOCUMENTATION

Does the youth, or parent/guardian have originals of the following documents? Check all that apply.

- Birth certificate Social Security Card Annual credit report Health insurance card Foster Care Verification Letter
- Maryland identification card (or driver's license) (select if youth has already obtained a driver's license or identification card)
- Most recent information relating to a youth's medical history, including (1) names/address of health providers, (2) immunization record, (3) known medical problems, (4) medication(s), and (5) any other relevant health information.
- None of the above

NAME OF PERSON COMPLETING THIS DOCUMENT AND DATE COMPLETED

_____/_____/_____ Date
Facility Case Management Specialist or Supervisor (Print / Signature)

_____/_____/_____ Date
Community Case Management Specialist or Supervisor (Print / Signature)

_____/_____/_____ Date
Re-Entry Specialist or Supervisor (Print / Signature)

_____/_____/_____ Date
Other (Title/ Print / Signature)

_____/_____/_____ Date
Other (Title/ Print / Signature)

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