

POLICY

POLICY: Home Pass – DJS Programs
NUMBER: CS/RS-916-19
APPLICABLE TO: Residential and Community Services Staff

APPROVED: _____ /s/ signature on original
Sam Abed, Secretary
DATE: _____ 7/1/19

I. POLICY

DJS permits youth to return home on a court-ordered home pass to support a youth’s transition from a DJS residential facility to the community when authorized by the supervising court. The home pass process ensures each youth is advised of the home pass requirements, the goals and objectives for planned activities, and the written behavioral expectations while the youth is on a home pass.

II. AUTHORITY

- A. Md. Code Ann., Human Services, §§ 9-203 and 9-204.
- B. MD Code Ann., Crim. Proc., §11-508.
- C. American Correctional Association (ACA) Standards, 4-JCF-5I-03

III. DIRECTIVES/POLICIES RESCINDED

- A. None.

IV. FAILURE TO COMPLY

Failure to comply with the Department’s Policy and Procedures shall be grounds for disciplinary action up to and including termination of employment.

V. STANDARD OPERATING PROCEDURES

Standard operating procedures have been developed.

REVISION HISTORY

DESCRIPTION OF REVISION	DATE OF REVISION
New policy issued.	7/1/19
Policy & Procedures revised – <ul style="list-style-type: none"> • policy title revised • clarified procedures to determine how youth are eligible for a home pass (Appendix 1 – Home Pass Documentation Checklist) <ul style="list-style-type: none"> ▪ staff shall recommend the youth be released on a home pass when the youth, as part of the treatment plan, is deemed ready for release on a Home Pass. • added procedure requiring Community CMS to request a court order authorizing a home pass and GPS • added procedure for court-ordered Home Pass for any reason other than a DJS-initiated recommendation - DJS staff must comply with the conditions of the court order. • Updated GPS requirements: <ul style="list-style-type: none"> ▪ GPS required only when youth is home for more than 24 hours ▪ Only 3 pictures need to be taken; removed requirement to take picture of a close-up ankle picture with the worker showing the vendor standard finger in the strap test. • removed procedure requiring community staff to escort the youth to the front of the building to be released to the parent/guardian/custodian once the parent/guardian/custodian arrives to a community office • changed term – “rapid urine toxicology test” to “substance use toxicology test” 	7/18/19

PROCEDURES

POLICY: Home Pass – DJS Programs

NUMBER: CS/RS-916-19

APPLICABLE TO: Residential and Community Services Staff with direct contact with youth

APPROVED: _____ /s/ signature on original

Wallis Norman, Deputy Secretary of Operations

DATE: _____ 7/17/19

APPROVED: _____ /s/ signature on original

Scott Beal, Executive Director for Community Services

DATE: _____ 7/18/19

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- I. PURPOSE**
To provide guidelines for the release of a youth on a home pass from a DJS facility.
- II. DEFINITIONS**
None.
- III. PROCEDURES**
- A. Court Authorization**
The supervising court must issue a court order for a youth to be released on a home pass. DJS staff shall document all court-ordered conditions and GPS requirements in ASSIST Legal Action screen.
- B. DJS Home Pass Requests**
- 1. Home Pass Requirements**
- a. The Facility Case Management Specialist (CMS) shall review the youth's behavioral progress and document the information listed in the **Home Pass Documentation Checklist (Appendix 1)**.
- b. Once the youth has met the Home Pass requirements in the **Home Pass Documentation Checklist (Appendix 1)**, the Facility CMS shall send the documentation to the Community CMS, the Facility Case Management Specialist Supervisor (CMSS), the Treatment

Team, and the Superintendent for review. The documentation shall be placed in the youth's base file.

- c. The youth and parent/guardian/custodian shall, when possible, have at least one (1) family session with the youth's Behavioral Health Clinician prior to the home pass. These sessions may be conducted by phone, videoconferencing or when possible, in-person.
- d. The Community CMS shall:
 - 1) visit the residence/location where the youth will be staying to confirm the address, ensure the living conditions are adequate and safe, verify that parent/guardian/custodian supervision is available in the home, and document the approval or disapproval of the designated residence/location for the home pass;
 - 2) complete a criminal background search using Maryland Judiciary Case Search of the parents/guardians/custodians and all other adults residing in the home; if information from the background search reveals a person in the home has a criminal history, shall review and determine next steps with their Community CMS Supervisor, the Facility CMS Supervisor, and the Assistant Regional Director;
 - 3) complete the **Community Services Home Pass Approval Form (Appendix 2)** and email it to the Facility CMS or designee;
 - 4) request a court order authorizing a home pass and GPS.

NOTE: When the residence/location of the home pass changes, the Community CMS shall repeat the checks of the living conditions and the criminal background check search as listed above in d.1) & d.2).
- e. The Superintendent shall:
 - 1) ensure the Facility CMS completes the **Community Services Home Pass Approval Form** from the Community CMS;
 - 2) ensure the Facility CMS has reviewed all incidents that have occurred in which the youth has been involved *since the date the court ordered the home pass and the date of release for the home pass* to determine if the department's support for a home pass is still appropriate; and if not, the Facility CMS shall notify the Community CMS to return to court with documentation of the youth's change in behavioral progress and the Department's lack of support for the home pass; and
 - 3) sign the **Court Ordered Release Form (Appendix 3)** when the arrangements for the home pass are completed.

C. Other Home Pass Requests

If a court orders a Home Pass for any reason other than a DJS-initiated recommendation, DJS staff shall comply with the conditions of the court order.

D. Documentation for All Home Passes

The following shall be completed for all youth released by the court on a home pass.

1. Home Pass Contract

- a. Prior to a youth's release on a home pass, the **Home Pass Contract (Appendix 4)** shall be developed with the youth, parent/guardian/custodian, and both the Facility and Community CMS and shall include the following:
 - 1) Youth expectations;
 - 2) Parent/guardian/custodian expectations;
 - 3) Transition activities; and
 - 4) Evaluation of the youth's behavior during the home pass.
- b. The Treatment Team shall structure transition activities specific to the youth with input from the youth and the parent/guardian/custodian.
- c. Prior to the youth's release on a home pass, the Facility CMS will review the conditions of the home pass as set forth in the Home Pass Contract with the youth and parent/guardian/custodian.
- d. The Facility CMS shall give the youth and the parent/guardian/custodian a copy of the completed and signed contract.
- e. The Facility CMS shall ensure the youth's parent/guardian/custodian has completed and submitted the home pass evaluation page of the Home Pass Contract to the Facility CMS when the youth returns from the home pass.
- f. The Facility CMS shall communicate with the parent/guardian/custodian within five business days of the return from the home to determine the extent to which the expectations and transition activities for the home pass were achieved. The Facility CMS shall document this information in an email and send it to the Community CMS.
- g. The Treatment Team shall use the contract evaluation to determine the number of program days to credit to the youth upon return from the home pass.

2. Victim Notification

- a. The Facility CMS or designee shall complete and mail or email the **Notification to Victim of Respondent's Change in Status Form (Appendix 5)** to notify the victim or the victim's representative (where a victim notification request has been completed) in advance if practicable, of the youth's home pass in accordance with the MD Code Ann., Crim. Proc., §11-508.

- b. The Facility CMS or designee shall send a copy of the **Notification to Victim of Respondent’s Change in Status Form** to the Community CMS and the Victim Notification Liaison in the youth’s original jurisdiction.

3. Global Positioning System (GPS)

- a. The Community CMS shall request GPS for all youth released on a court-ordered Home Pass for more than 24 hours.
- b. All youth shall be monitored via GPS when on a home pass for more than 24 hours.
- c. The Facility CMS or designee shall email a **GPS Equipment Request Form – Home Pass (Appendix 6)** 48 hours in advance of the home pass to the Rapid Response Team with a copy to the Superintendent. The following information shall also be provided:
 - 1) Youth Name and PID;
 - 2) Duration of the pass;
 - 3) Address of where youth shall reside;
 - 4) Facility person assigned;
 - 5) Special GPS supervision conditions; and
 - 6) Court order for a home pass.
- d. The Facility CMS or designee shall install the GPS device on the youth prior to the youth leaving the facility. The following shall also be completed:
 - 1) Enter the youth's information in the database.
 - 2) Open the GPS Placement Admission in ASSIST.
 - 3) Take three (3) pictures of the youth:
 - a. A full body picture showing the anklet intact on the left ankle;
 - b. A close-up face picture;
 - c. A close-up ankle picture; and
 - d. Review the **GPS Program Guidelines (Appendix 7)** with the youth.
- e. The Facility CMS or designee shall email the pictures to the appropriate Rapid Response Team; in the subject line of the email enter: “Youth’s PID/GPS Home Pass Pictures”.
 - 1) For Baltimore City, email to:
DLGPSBALTIMORECITY_DJS@MARYLAND.GOV
or
 - 2) For all other Regions, email to:
DLGPSRRSTATEWIDE@MARYLAND.GOV
- f. The Facility CMS or designee shall remove and un-assign the GPS device and close the GPS Placement Admission in ASSIST upon the youth’s return to the facility.
- g. The Facility CMS or designee shall review any issues of non-compliance with the youth upon return to the facility.

- h. GPS records are considered confidential records and may only be released upon approval of the CD Director or court order. Staff who receive an inquiry requesting GPS records shall email the request to the CD Director. Include in the email, the contact information of the person or parties requesting the GPS information. The CD Director shall respond to the request and provide any GPS records as appropriate.

4. Home Pass Release

- a. The Facility CMS or designee shall confirm transportation arrangements for the home pass seven business days in advance. Transportation arrangements shall be made in the following order of preference:
 - 1) Parent/guardian/custodian transports the youth to and from a DJS detention facility or community office; or
 - 2) DJS transportation staff transports the youth to and from a DJS detention facility or community office for parent/guardian/custodian pick-up; or
 - 3) The Community CMS transports the youth to and from a DJS detention facility or community office as approved for parent/guardian/custodian pick-up.
- b. The Facility CMS or designee shall:
 - 1) Confirm all transportation arrangements with the youth's parent/guardian/custodian, including the date, time, transportation plan, and the name of the parent/guardian/custodian picking up the youth;
 - 2) Inform the parent/guardian/custodian of the process for picking up and returning a youth to a detention facility;
 - 3) Complete the transportation plan on the **Court Ordered Release Form** and sign when the plan is completed and obtain the Superintendent's signature; and
 - 4) Distribute the **Court Ordered Release Form** to the Superintendent, Shift Commander and the Community CMS.
- c. When a youth is released from a facility, the Shift Commander shall:
 - 1) ensure that the youth is released to an authorized person consistent with the information on the **Court Ordered Release Form** by verifying the authorized person's identity with a picture identification;
 - 2) make a copy of the authorized person's identification and attach it to the form for the youth's file, except when DJS staff are authorized to transport. (*NOTE: DJS staff may include CMS or transportation staff.*)
- d. Upon the youth's arrival at and return to a community office,

- 1) the office receptionist shall ensure the youth signs in and is escorted to a Community CMSS' office;
- 2) the Community CMSS shall
 - a) ensure staff provide supervision of the youth until the youth is released; and
 - b) that the youth is released to an authorized person consistent with the information on the **Court Ordered Release Form** by verifying the authorized person's identity with a picture identification and making a copy of the authorized person's identification and attach it to the form for the youth's file, except when DJS staff are authorized to transport. (*NOTE: DJS staff may include CMS or transportation staff.*)
- e. Community and Facility staff releasing the youth must sign the release verification on the **Court Ordered Release Form**.
- f. All changes to the **Court Ordered Release Form** shall be approved by the Superintendent and the Regional Director.

5. **Transportation**

- a. The Facility CMS shall ensure the court order, face sheet, release form and medication are ready for pick-up upon the arrival of DJS Transportation staff.
- b. Youth going on a home pass shall be transported without restraints (non-secure transport) in accordance with the *Transportation of Youth Residential and Community Policy and Procedure*. Staff shall not transport youth without restraints in the same vehicle with youth in restraints.
- c. Upon arrival at a detention facility, youth shall not be placed in a holding cell and must be under constant supervision by DJS transportation or facility staff. DJS Transportation staff shall take the youth to admission areas designated in the **Home Pass Facility Specific Guidelines (Appendix 8)** to await the parent/guardian/custodian.
- d. Upon return to a DJS facility from a home pass, and prior to youth entering a transportation vehicle, DJS Transportation staff shall conduct a pat down search in accordance with the *Transportation of Youth Residential and Community Policy and Procedures*.

6. **Medical Clearance and Medication**

- a. The Facility CMS or designee shall notify the Nursing Supervisor or designated staff of a youth's home pass within 10 (ten) calendar days of the youth anticipated release on a home pass.
- b. The nurse or facility physician shall call the DJS Medical Director if concerns exist regarding medical clearance for a home pass.

- When the medical clearance is obtained, the nurse shall communicate that information to the Facility CMS or designee.
- c. The nurse shall determine if prescribed medication or other medical supplies will be needed/continued during the home pass and, if so, shall order an appropriate amount as necessary for the duration of the Home Pass.
 - d. The nurse shall place medications (dispensed in appropriate packaging) and other necessary medical supplies for the home pass in a tamper-proof bag.
 - e. The nurse or designee shall release medications to the parent/guardian/custodian or DJS staff transporting the youth. Medication shall not be in the youth's possession at any time. The nurse shall document in the youth's health record the release of the medication and medical supplies.
 - f. Prior to the youth's release on a home pass, the nurse shall review the **Home Pass Medication/Treatment Record (Appendix 9)** with the parent/guardian/custodian. This may be completed in person at the time of the youth's pick up or via phone.

7. Return to the Committed Facility

- a. The Shift Commander shall ensure a visual body search is conducted upon a youth's return to the committed facility.
- b. The Shift Commander or designee shall complete the FIRRST in accordance with the *Admissions and Release of Youth Policy and Procedures*. If a youth screens positive on the FIRRST and is in need of emergent care, the Shift Commander shall inform the nurse. The Shift Commander shall arrange for medical care in accordance with guidance from the nurse.
- c. Facilities without 24/7 nursing shall have the Shift Commander or designee conduct a substance use toxicology test upon the youth's return to the facility. If a youth screens positive for a drug that is not prescribed to the youth, the nurse shall be notified. Youth who refuse or screen positive on the substance use toxicology test shall be held accountable in accordance with the behavior management program.
- d. The Facility CMS or designee shall ensure that the substance use toxicology test results are documented in ASSIST.
- e. Youth shall be held accountable for concealment of contraband in accordance with the behavior management program. Notification and documentation for possession of illegal contraband shall be completed in accordance with the *Searches of Youth, Employees, and Visitors Policy and Procedures*.
- b) The youth and parent/guardian/custodian shall have a family session with the youth's Behavioral Health Clinician within one (1) week of a youth's return to the facility from the home pass.

8. AWOL from a Home Pass

- a. If a youth fails to return to a facility from a home pass, the Shift Commander shall notify the Superintendent who shall notify the Executive Director of Residential Services. The Executive Director of Residential Services shall notify the Executive Director of Community Services and the Deputy Secretary for Operations who shall inform the Secretary.
- b. The Executive Director of Residential Services shall:
 - 1) notify the DJS Command Center to request a Maryland Coordination and Analysis Center (MCAC) Alert;
 - 2) send an e-mail with the youth's name and address for the location of the home pass to **djs.emonitor@maryland.gov**; and
 - 3) notify the Director of Community Detention.
- c. The Executive Director for Residential Services shall ensure completion of a request for a writ or warrant for the youth's arrest and notify the Executive Director of Community Services.
- d. The Shift Commander shall notify any victim or an appropriate representative of the youth's AWOL within four (4) hours of receiving notice of the AWOL in accordance with the *Escape and AWOL Policy and Procedures* and the *Victim Notification Policy and Procedures*.
- e. All incidents of AWOL shall be reported and documented in accordance with the *Incident Reporting- Residential Facilities and Community Operations Policy and Procedures*.

IV. RESPONSIBILITY

Superintendents and Regional Directors are responsible for implementation and compliance with this procedure.

V. INTERPRETATION

The Deputy Secretary for Operations shall be responsible for interpreting and granting any exceptions to these procedures.

VI. LOCAL OPERATING PROCEDURES REQUIRED

No

VII. PROCEDURES/POLICIES REFERENCED

1. Victim Notification Policy and Procedures
2. Admissions and Release of Youth Policy and Procedures
3. Behavior Management Program
4. Searches of Youth, Employees, and Visitors Policy and Procedures
5. Escape and AWOL Policy and Procedures
6. Incident Reporting-Residential Facilities and Community Operations Policy and Procedures

VIII. APPENDICES

1. Home Pass Documentation Checklist
2. Community Services Home Pass Approval Form
3. Court Ordered Release Form
4. Home Pass Contract
5. Notification to Victim of Respondent's Change in Status Form
6. GPS Request Form – Home Pass
7. GPS Program Guidelines
8. Home Pass Facility Specific Guidelines
9. Home Pass Medication/Treatment Record



DJS POLICY AND STANDARD OPERATING PROCEDURES

Statement of Receipt and Acknowledgment of Review and Understanding

POLICY: Home Pass - DJS Programs
NUMBER: CS/RS-916-19
APPLICABLE TO: Residential and Community Services Staff
REVISED: July 18, 2019

I have received and reviewed a copy (electronic or paper) of the above titled policy and procedures. I understand the contents of the policy and procedures.

I understand that failure to sign this acknowledgment form within five working days of receipt of the policy shall be grounds for disciplinary action up to and including termination of employment.

I understand that I shall be held accountable for implementing this policy even if I fail to sign this acknowledgment form.

SIGNATURE

PRINT FULL NAME

DATE

WORK LOCATION

SEND THE ORIGINAL, SIGNED COPY TO THE DIRECTOR IN THE DJS OFFICE OF HUMAN RESOURCES FOR PLACEMENT IN YOUR PERSONNEL FILE.

HOME PASS DOCUMENTATION CHECKLIST

When the youth, as part of the treatment plan, is preparing for reentry to the community, staff may recommend the youth be released on a home pass. The facility CMS shall review the youth's behavioral progress and document the information listed below. The facility CMS shall send the documentation to the Community CMS, the Facility CMSS, and the Treatment Team for review prior to the home pass. Consistent with the protection of public interest, each home pass shall be reviewed individually.

- **LEVEL AND PERCENTAGE**
Document the level reached in the Behavior Management System and the length of time the youth has maintained that level and percentage.
 - DJS may request sending a youth on a home pass on Honors Level with a minimum percentage of 95%.

- **MODERATE AND MAJOR RULE INFRACTIONS**
Document the number and type of moderate and major rule infractions since admission.
 - DJS may request sending a youth on a home pass who is meeting program expectations and has no major rule infractions for at least 30 calendar days and no moderate rule infractions for at least two (2) weeks.

- **THERAPEUTIC SERVICES**
Document any special management plans developed for a youth with identified concerns and/or goals.
 - DJS may request sending a youth on a home pass who is attending and participating in individual and group counseling.

- **CHARGES AND AWOL/ESCAPE HISTORY**
Document and provide information on current charges and AWOL/escape history.
 - DJS may request sending a youth on a home pass who does not have AWOL/escape incidents within the last year.

- **SUBSTANCE USE TOXICOLOGY TEST**
Document of test results.
 - DJS may not request sending a youth on a home pass for 30 days after a refusal or positive test result.

Boyd K. Rutherford
Lt. Governor

Larry Hogan
Governor

Sam Abed
Secretary

Community Services Home Pass Approval Form

Youth Name: _____ DOB: _____
ASSIST No#: _____ DJS Facility: _____
Facility CMS: _____ Phone #: _____

The following has been completed by the Community Case Management Specialist in preparation for a home pass:

- | <u>Yes</u> | <u>No</u> | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Court order has been received authorizing the home pass for specified dates. |
| <input type="checkbox"/> | <input type="checkbox"/> | CMS conducted a home visit to confirm the housing is suitable for the youth to visit. |
| <input type="checkbox"/> | <input type="checkbox"/> | CMS completed a background check on the residents of the home. |
| <input type="checkbox"/> | <input type="checkbox"/> | CMS has confirmed there are no serious safety issues that would preclude the youth from a home pass (example – Safety Plan Youth). |

Approved **Disapproved**

Community CMS Signature

Date

Community CMS Supervisor Signature

Date

CC: Facility CMS (include a copy of the court order)

COURT ORDERED RELEASE

Facility: _____

Date: _____

Youth's Name: _____ **Assist #:** _____ **DOB:** _____

- | | | | |
|--|---|---|------------------------------------|
| <input type="checkbox"/> Death Bed Visit | <input type="checkbox"/> EM/CD | <input type="checkbox"/> Funeral | <input type="checkbox"/> Interview |
| <input type="checkbox"/> Home Pass | <input type="checkbox"/> Interstate Compact | <input type="checkbox"/> Release to Community Supervision | |
| <input type="checkbox"/> Other (provide details): _____ | | <input type="checkbox"/> In-State/ Out-Of-State Placement (complete below): | |

Placement Name: _____
 Representative: _____
 Contact #: _____

TRANSPORTATION PLAN

Departure Date: _____ Time: ____ AM ____ PM Return Date: _____ Time: ____ AM ____ PM

DJS Transport To: _____

If other than DJS complete below:

(Name of Parent/Guardian/Custodian)

Address: _____

Phone #: _____

Notes: _____

DJS Transport To: _____

If other than DJS complete below:

(Name of Parent/Guardian/Custodian)

Parent agrees to return youth to facility or community office:

Designate Location

Notes: _____

Attachments: Court Order Face Sheet Detainer (If Applicable)

Facility CMS/Designee: _____ Date: _____

APPROVAL

Approved
 Not Approved Superintendent/Designee: _____ Date: _____

* Copy sent to Receiving Facility, if applicable. Date: _____ Time: _____ AM PM

RELEASE VERIFICATION

Youth released to: _____ (Name of Parent/Guardian/Custodian) _____ (Relationship)

Youth's Signature: _____ Date: _____

A picture ID for person picking up youth was verified and a copy is attached. Medication Picked up: Yes No

Date: _____ Time: _____ AM PM

Shift Commander/Designee Signature

Date: _____ Time: _____ AM PM

Community CMS/Designee Signature

HOME PASS CONTRACT

My child, _____ will reside at the following address during the home pass:

Street Address: _____

City, State, Zip Code: _____

Phone number(s): _____

I _____, understand that my child's home pass will be from Day/Date/Time _____ until Day/Date/Time _____.

Youth Expectations

I, _____, understand that I am currently committed to the
(Child's Name)

Department of Juvenile Services by the Juvenile Court, and I will meet expectations of this treatment facility at all times during my home pass. Expectations include, but are not limited to the following:

1. I will abide by all laws.
2. I will not use drugs, alcohol, or tobacco products.
3. I will follow the stated curfew of _____.
4. I will call the facility once per day at _____ and speak with the Shift Commander.
5. I will take all medication(s) as prescribed.
6. I will follow house expectations set by my parent/guardian/custodian.
7. I will not have any contact with known co-dependents.
8. I will not have any contact with victim(s).
9. I will maintain personal appearance and hygiene, and not get any tattoos, hair extensions, body piercing, etc.
10. I will not bring back any contraband upon return to the DJS facility.
11. I will not tamper or remove the GPS equipment for any reason.

I understand that I will be searched for contraband and drug tested upon my return to the facility.

Upon return to the facility, if I refuse the drug test or screen positive for a drug that is not prescribed to me, there will be a demotion in level and DJS will not support another home pass for 30 days. The Behavioral Health Clinician will determine the need for additional treatment.

HOME PASS CONTRACT

Parent/Guardian/Custodian Expectations

I, _____, will maintain supervision of _____,
Parent/Guardian/Custodian Child's Name

at all times during the home pass. My child will be under my supervision or I will know his/her whereabouts, including when he/she is outside the home. If my child is not under my supervision for one (1) hour or anytime the his/her whereabouts are unknown, I will contact the facility immediately.

Expectations include, but are not limited to the following:

1. No drugs in the home during the home pass.
2. Ensure that my child takes all medication(s) as prescribed.
3. If my child has any contact with law enforcement during the home pass, I must immediately report it to the Facility Shift Commander (see contact information below).
Phone number for the Facility Shift Commander: _____
4. If there is a problem with the arrangements for my child's return to the designated DJS site, I will contact the Facility Shift Commander immediately.
5. I will transport my child to and from the designated DJS site at the agreed upon time. A writ may be issued if he/she does not return to the designated location at the designated time.
6. I will complete the home pass evaluation and send it with my child when they return to the facility.

If at any time your child becomes unmanageable or you need assistance, please contact the facility. The parent/guardian/custodian or child can shorten or end the home pass at any time. If your or your child have any questions, please contact the facility.

HOME PASS CONTRACT

Transition Activities to be Completed During the Home Pass

The Treatment Team will review and structure the activities for the home pass with input from the youth and parent/guardian/custodian. The transition activities should be focused on treatment needs, resources available and hobbies and interests to strengthen the family bond. A sample is below, add or modify as needed.

Health and Leisure Activities

- Attend local recreation classes and other options for positive activities.
- Attend a sport/art event.
- Go to the gym with family.
- Visit local library and obtain library card.
- Other: _____

Educational Activities

- Visit school to talk with principal, teacher(s), counselor, etc.
- Take SAT or placement test.
- Visit college or go on a college tour.
- Visit a military recruiter center.
- Visit a trade/vocation/technology school/program.
- If school uses PBIS, find out what matrix is used. If school doesn't use PBIS, find out information about the school's points system or rules.
- Identify options for continuing education.
- Other: _____

Work-Related and Volunteer Activities

- Develop Resume.
- Obtain employment applications.
- Certified flaggers look for job opportunities and employment.
- Research stipend, volunteer, and community service opportunities.
- Other: _____

General Life Skills

- Go shopping (e.g. grocery, clothing) at area stores.
- Open bank account.
- Other: _____

Religious Activities (Voluntary)

- Visit local faith-based facility (e.g. church, mosque, synagogue) to obtain information.
- Other: _____

Aftercare Activities

- Meet with community case manager to review aftercare plan.
- Other: _____

Other Activities

- Start the process of obtaining a driver's license, ID, or other documents.
- Keep a journal or write an essay of events or activities that occurred during home pass.
- Go to a DJS Evening Reporting Center.

HOME PASS CONTRACT

- If you are a parent, spend “quality time” with your child.
- Other: _____

Home & Community Activities

- Spend “quality time” (e.g. meal time) with minimal or no distractions with siblings and family.
- Complete assigned household chores.
- Begin discussing youth’s daily/weekly schedule that will start after release.
- Develop STARR expectations for the home and community that will start after release.
- Other: _____

Treatment-Related Activities

- Identify potential behavioral health providers in the community.
- Schedule appointment for counseling or other aftercare services and/or complete intake.
- Parent/guardian/custodian and youth complete sections of Forward Thinking workbook (e.g. Re-entry Planning, Family, Relationships and Communication).
- Other: _____

Provide a detailed summary for the activities completed:

I, the undersigned, recognize that I am under the legal custody/jurisdiction of the State of Maryland, Department of Juvenile Services. I hereby agree that I will comply with the rules and regulations of my Home Pass Contract with the above conditions and instructions.

I understand that if I fail to comply with the conditions of this Home Pass I will be held accountable through the behavior management program which may include demotion of my level.

In signing this agreement, I indicate that I have read and understood the information above and have been given the opportunity to ask questions.

_____	_____
Youth	Date
_____	_____
Parent/Guardian/Custodian	Date

Parent/guardian/custodian participated by: Phone Videoconference

_____	_____
Facility Case Management Specialist	Date
_____	_____
Behavioral Health Clinician	Date

HOME PASS CONTRACT

EVALUATION FORM

Youth: _____ **Parent/Guardian/Custodian:** _____

For each day, please place a check mark (✓) if your child displayed the described behavior.

	Day 1	Day 2	Day 3	Day 4	Day 5	N/A
Solved Problems in a Mature and Responsible Manner						
Talked to others respectfully (without using profanity, threats or demeaning language)						
Expressed disagreement without being threatening or argumentative						
Asked for items or help in a calm manner						
Task Focused						
Followed directions						
Engaged on home pass activities						
Helped around the house						
Engaged with family and siblings						
Acted as a Role Model						
Maintained good hygiene						
Maintained neat appearance and proper dress						
Interacted in a cooperative and polite manner with others						
Respected Self, Others, Home, and Rules						
Followed parent/guardian/custodian rules						
Did not bring any unauthorized guests to the home						
Cleaned room						
Respected others' property and personal space						
Responsibility						
Listened to feedback without interrupting the other person or becoming aggressive						
Completed tasks as requested						
Took medications as prescribed						
Completed check-in calls as required						

Boyd K. Rutherford
Lt. Governor

Lawrence Hogan
Governor

Sam Abed
Secretary

NOTIFICATION TO VICTIM OF RESPONDENT'S CHANGE IN STATUS

DATE: _____

TO: Name: _____

Address: _____

City, State, Zip code: _____

RE: Youth Name: _____

Case Number: _____

Dear Mr. /Ms.: _____

Our records indicate that you requested to be notified of any changes in the status of the above referenced youth. Please be advised that the above referenced youth:

_____ was allowed to return home _____ on a home pass
(Address of Home)
from _____ to _____
(Date) (Date)

_____ was released from placement on _____
(Date)

_____ is deceased _____
(Date)

_____ was transferred to another agency _____
(Name of Agency)

_____ Escaped or was AWOL on _____ and returned to custody on _____
(Date) (Date)

_____ was terminated from DJS legal jurisdiction on _____
(Date)

If you have any questions or concerns, please feel free to contact me at () _____ - _____.

Sincerely,

(Name)

(Title)

(Address)

c: file



GPS EQUIPMENT REQUEST FORM HOME PASSES

CMS Name:		
Youth Name: Youth DOB:		Court Order Language (Can police be called to assist?)
PID:	Race:	Circle One: Male / Female
Home Address:		Telephone Number:
Placement/Group Home Shelter/Foster Home Name		Telephone Number:
Facility Emergency Contact:	Name:	Telephone Number:
CMS email and phone #:	<u> </u> @maryland.gov	
CMSS email and phone #:	<u> </u> @maryland.gov	
Date Requested:	<u> </u> / <u> </u> / <u> </u>	
Date home pass starts:	<u> </u> / <u> </u> / <u> </u>	Date of home pass return <u> </u> / <u> </u> / <u> </u>
Facility Name Completing the Install		
Community Location/Address of Install: (Pick up/Drop Off Location)	Parent/Guardian: Address/Contact information:	

Please put and “X” next to all that apply:

DJS Home Pass Court Directed:	<input type="checkbox"/>	Home Pass DJS Requested:	<input type="checkbox"/>
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Please insert a detailed schedule for each day. Include information for school, doctor’s appointments, and treatment programs. CMS appointments and work schedules etc. **Please include ALL addresses.**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

**** Please detail any special circumstances (i.e. Exclusion Zones with locations and boundaries as per the Court Order etc.) ****

GPS Program Guidelines

All youth on GPS Monitoring **MUST** adhere to the below listed **GPS Guidelines**:

- ❖ Follow ALL daily schedule requirements. Arrive on time to school, to all designated appointments, and do not leave early.
- ❖ Follow all curfew and home detention restrictions.
- ❖ Failure to charge the equipment or replace the battery in the device appropriately will result in an **IMMEDIATE** GPS Violation.
- ❖ Upon **initial** arrival to the home plug the power supply into the wall and charger. **Do not remove charger from wall outlet. (place the charger in the middle of the home on a stable surface).** The **PWR LED** (*Light closes to the power cord*) turns **GREEN** indicating the charger has power.
- ❖ Place the extra battery in the charger and the **Charge LED** (*Light next to the PWR LED light*) will turn Red.
- ❖ The battery is fully charged when the **Charge LED** (*Light next to the PWR LED light*) is **GREEN**. **Do Not** remove the battery from the charger until you are ready to use it.
- ❖ **Change / Charge battery every morning and night.** (*Place the charged battery you just removed into your tracking device and the removed battery into the charger.*)
- ❖ Failure to replace the battery into the device will result in an **IMMEDIATE** GPS violation.
- ❖ **If the Tracking device vibrates and/or emits a tone, double-tap the device to acknowledge a pending message, listen to the message, double-tap again to acknowledge that you received the message.**
- ❖ **IMMEDIATELY** contact the DJS Command Center at **410-464-2427** for **ALL** questions and concerns.
- ❖ **ALL GPS violations will be addressed.** Sanctions will be imposed for non-compliant behavior up to and including possible secure detention.
- ❖ ALL GPS violations will be reported to the Court as necessary.
- ❖ You are responsible to ensure that the equipment is not broken, damaged, or lost. **Equipment that is lost or damage will be reported to the Court.** Report any equipment related matters to the DJS Command Center at **410-464-2427**.
- ❖ **DO NOT TAMPER WITH OR REMOVE THE GPS EQUIPMENT FOR ANY REASON.** **DJS STAFF WILL GIVE YOUTH DIRECTION WHEN GPS SUPERVISION WILL BE TERMINATED. ONLY AUTHORIZED DJS STAFF CAN REMOVE THE EQUIPMENT.**
- ❖ All of your GPS equipment **MUST** be returned at the time of removal.

Please sign below acknowledging that you have read the above and understand the GPS monitoring expectations.

Youth: _____ Date: _____

Parent/Guardian: _____ Date: _____

DJS Signature: _____ Date: _____

HOME PASS FACILITY SPECIFIC GUIDELINES

Alfred D. Noyes Children's Center - Youth will be taken through the back sally port area entering the admission area. Youth will remain in open admission area. The parent/guardian/custodian shall be informed to arrive at the back secured sally port area for pick up. Upon return parent shall be informed to bring youth back to the same secured sally port area.

Baltimore City Juvenile Justice Center - Youth will be taken to the Assignment Office on the 3rd floor. Youth will wait in the waiting area until parent/guardian/custodian arrives. The rapid response team staff will verify the identification once the parent/guardian/custodian arrives. Parent/guardian/custodian will be required to escort youth to Assignment office on 3rd floor of BCJJC. Assignment office staff will notify the DJS Transportation desk ext:2750 of youth's arrival. DJS Transportation will go to Assignment office to retrieve youth. Youth will be escorted to open holding area.

Cheltenham Youth Detention Center - Youth will be taken to admission area and wait in the open area or case manager office until parent/guardian/custodian arrives. Once parent/guardian/custodian arrives youth will be escorted to the main lobby for release. Upon return from home pass the youth will enter through the front lobby and be escorted to the admission area.

Charles H. Hickey, Jr. School – Youth will be dropped off at Ford Hall Building entering on the admission area side. Youth will wait in open area or the admission officer office until parent/guardian/custodian arrives. Once parent/guardian/custodian arrives youth will be escorted to the gatehouse area to be released to parent. Upon return youth will be escorted to the Ford Hall Building entering on the admission area side. Youth will wait in open area or admission officer office.

Lower Eastern Shore Children's Center – Youth will be taken through the back sally port area entering the admission area. Youth will remain in open admission area. The parent/guardian/custodian shall be informed to arrive at the back secured sally port area for pick up. Upon return parent shall be informed to bring youth back to the same secured sally port area.

Thomas J. S. Waxter Children's Center – Youth will be taken to admission area and wait in the open area or case manager office until parent/guardian/custodian arrives. Once parent/guardian/custodian arrives youth will be escorted to the main lobby for release. Upon return from home pass, youth will enter through front lobby and be escorted to the admission area.

Western Maryland Children's Center - Youth will be taken through the back sally port area entering the admission area. Youth will remain in the open admission area. The parent/guardian/custodian shall be informed to arrive at the back secured sally port area for pick up. Upon return, the parent/guardian/custodian shall be informed to bring youth back to the same secured sally port area.

HOME PASS MEDICATION/TREATMENT RECORD

Youth's Name: _____ Date of Birth: _____ Facility: _____
 Start Date: _____ Stop Date: _____ Prescribing Physician: _____

MEDICATION /TREATMENT REQUIRING DOCUMENTATION OF ADMINISTRATION

Medication: _____
 Dosage: _____
 Frequency and Route of Administration: _____

Date	Time to be Administered	Time Administered	Signature of Parent/ Guardian/Custodian Administering Medication

Reviewed by Nursing Staff

Observations/Comments: _____

Signature: _____ Date: _____ Time: _____

This form must be returned with the youth after completion of the home visit.