

Advocating for Youth Checklist: Transitioning Back to the Community from the Department of Youth Services

This checklist describes the steps a legal guardian, parent, or advocate can take when a youth with mental health issues, committed to the Massachusetts Department of Youth Services (DYS), is transitioning back to the community. This resource can be accessed online at: <http://www.mass.gov/mhlac/dys.html>.

DYS has responsibilities for committed youths transitioning back to the community. Transition to the community may occur when a youth's term of commitment has ended at age 18 or 21 or prior to that time pursuant to a grant of conditional liberty (an agreement signed by the committed youth and his or her DYS caseworker that establishes a set of rules that the youth must follow in exchange for being allowed to leave a secure setting).

It is important that DYS start work early on a youth's transition plan. This plan describes how the youth will transition from DYS confinement to the community. The plan should be completed by the DYS caseworker working with the youth and his or her parents or legal guardian. The plan should be individualized to the youth's needs.

For detained youths

What should happen

- Detained youths who are discharged from DYS with a current medical problem must, upon request, be referred to a previous community provider or another community provider.

What you should do

- If your child has a current medical problem, including a mental health or substance abuse problem, talk with DYS staff about setting up a referral to an existing or new community provider prior to discharge from DYS.

For committed youths

What should happen

- Transition to the community may occur when a youth's term of commitment has ended at age 18 or 21 or prior to that time pursuant to a grant of conditional liberty.

The information in this checklist has been adapted from the book Just for Youth: Advocating for Youths in the Massachusetts Department of Youth Services (2010) by the Mental Health Legal Advisors Committee, <http://www.mass.gov/mhlac/Justforyouthfinal.pdf>.

This checklist contains research supported by the Corporation for National and Community Service under an AmeriCorps Grant. Opinions or points of view expressed in this document are those of the authors and do not necessarily reflect the official position of, or a position that is endorsed by, the Corporation or the AmeriCorps Program.

- Meet with DYS to start working on your child's transition as early as possible. Your child will have both a service delivery plan and a relapse prevention plan developed in preparation for his release. These plans describe how your child will transition from DYS confinement to the community. The DYS caseworker completes these plans working with the youth, his parents or legal guardian, and DYS staff, and community resources.
- The service delivery plan should be individualized and should describe the services the youth will receive in the community. These services may be provided directly by DYS or by other entities.
- At a minimum, intensive transition planning should begin 90 days prior to discharge when DYS holds a 90-day prior to release treatment meeting, attended by the caseworker, youth, parent/legal guardian, and program clinical staff. This is the first of three monthly meetings at which participants review and revise the youth's service delivery plan. From this date until release, the caseworker and caseworker supervisor should follow through with any issues that may affect the youth's release date.
- At the 60 day meeting prior to release, participants shall review and sign off on the youth's relapse prevention plan. DYS expects that a youth will continue to work on and refine his relapse prevention plan up to the time of transition to the community.
- Medical staff is responsible for providing a referral to a local provider for follow-up of any existing medical or psychiatric problems when a committed youth returns home and for the duration of the youth's commitment. Such planning must be made in consultation with the parent/legal guardian and youth.
- The DYS caseworker and DYS clinician will talk to parents/guardians and the youth regarding relevant options for behavioral health services and which service(s) might best fit, including referral to Intensive Care Coordination (ICC) or other MassHealth services available to Medicaid-eligible youth. With consent, the DYS caseworker and DYS clinician will arrange for a referral to the local provider, including a Community Service Agency, and provide follow-up as needed to ensure that an initial intake and service assessment occurs. As DYS does not have legal custody of your child, it is the parent/ legal guardian who decides which service is best.

What you should do

- Meet with DYS to start working on the youth's transition plan as early as possible.
- Attend each of the three monthly transition planning meetings convened by DYS.
- Do not settle for a standard transition plan. Make sure the plan is individualized to address the youth's needs, strengths, weaknesses and goals.
- In preparing for your child's transition to the community, ensure that the DYS service delivery plan addresses any of the following areas, as needed. As each youth's plan is individualized, it may or may not include these specific services, and it may include other services not listed here:
 - health insurance coverage;
 - medical care;

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- dental care;
- mental health and substance abuse treatment;
- crisis intervention;
- anger management groups;
- skills training groups;
- victim awareness groups;
- sex offender treatment;
- violent offender treatment;
- family counseling and referrals;
- respite care;
- vocational training;
- employment issues;
- educational services (including by addressing specific issues including transcript transfer, access to the local school district, pursuit of a Massachusetts State High School Equivalency Diploma (GED), and placement);
- living arrangements (including any foster care, independent living, or step down transition programs);
- parenting issues;
- substance abuse screening and testing;
- monitoring, including electronic monitoring;
- assistance in fulfilling any legal obligations including
 - victim notification requirements of Mass. Gen. L. ch. 258B, § 3(t);
 - warrant checks;
 - sex offender registry requirements of Mass. Gen. L. ch. 6, §§ 178C-178P.

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