

RSC FY24 Referral Process and Revised Referral Form

Presented by:
AMIkids and Evidence-Based Associates in partnership with DJJ

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**Virginia Department of
Juvenile Justice**

**Safety. Connection.
Purpose. Fairness.**



Today's Goal

To gain knowledge and confidence to submit a completed referral through DJJ's RSC process.



Agenda

1. Be familiar with resources available to support identifying needs and services on referral requests
 - Review Service Categories through RSC Model
 - Review available Resources (including directories)
2. Learn about revisions on FY24 RSC Referral Form
 - Focus on Pre-Release services
 - Change Form
 - GPS Form
3. Practice a live referral walk-through
4. Review Referral Packet Requirements
 - incomplete packets can't be accepted
5. Learn what happens after referrals are submitted to RSCs

Resources Available to support referral process





Service Categories

Non-Residential Services

DJJ Category	DJJ Sub-Category
Assessments/ Evaluations	Mental Health Intake or Evaluation
	Psychological Evaluation
	Substance Use Assessment/Evaluation
	Youth with Sexualized Behaviors Assessment/Evaluation
Case Management	Intensive Care Coordination (ICC)
	Mental Health Case Management
	Substance Use Case Management
Clinical Services	Crisis Services
	Family Therapy
	Group Therapy
	Individual Therapy
	Specialized Individual Therapy
	Substance Use Therapy
	Youth with Sexualized Behaviors Treatment
Monitoring Services	Electronic Monitoring
	Surveillance
Non-Clinical Services and Interventions	Anger Management
	Behavioral Intervention and Educational Course
	Conferencing/Mediation
	Employment/Workforce Services
	Gang Intervention
	Skills Coaching Group
	Skills Coaching Individual

Residential Services

DJJ Category	DJJ Sub-Category
Residential Services	Residential Group Home
	Residential Independent Living
	Residential Treatment Center
	Residential Supplemental Therapy

Service Enhancements

DJJ Category	DJJ Sub-Category
Other: Non-Interventions/ Service Enhancements	Court Appearance
	Feedback Session
	Language Services
	Non-Interventions and Service Enhancements
	Residential Education Fees
	Residential Other Supplemental Fees
	Service Enhancement Other
	Supplemental Testing or Screening
	Transportation Service/Travel



Provider Service Directories

Southern, Eastern, and Western Regions

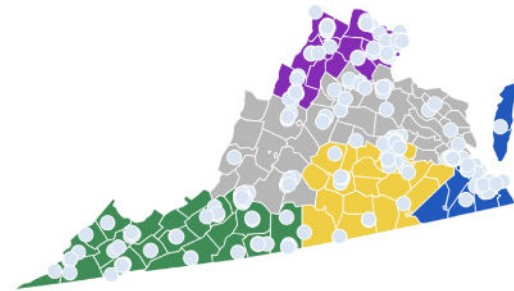
STORY LEADERSHIP NEWS VENDOR DIRECTORY CONTACT DOCUMENTS			
Search by provider name	Eastern	Therapy	7
Provider	Regions	Service Types	Court Service Units
Agape Counseling	Eastern	Psychological Evaluations Intensive In-Home Services Individual Therapy Outpatient Substance Abuse Group Life Skills	1,2,2a,3,4,5,7,8
Crescent Counseling & Casework Services	Eastern	Intensive In-Home Services Family Therapy Outpatient Individual Therapy Outpatient Mental Health Skill Building	1, 2, 2A, 3, 4, 5, 7, 8
Family Insight	Eastern	Psychological Evaluations Substance Abuse Screen Substance Abuse Evaluations Mental Health Evaluations Home Based Services Intensive In-Home Services	1, 2, 3, 4, 5, 7, 8

AMIkids DSP Vendor Directory: Searchable by Provider, Region, CSU, or Service

<http://www.amikids.org/amikids-virginia/vendor-directory>

Central and Northern Regions

Evidence-Based Associates Virginia DJJ Continuum Provider Directory



last updated: November 5, 2020

How is this directory working? We want to improve this tool to meet your needs. [Report an error](#) [request a feature](#) [offer a comment](#)
Index:

[Filter and Search](#)

[CSUs](#)

[Providers](#)

[Services](#)

[Languages](#)

Filter/Search:

Find a Provider That Offers...

Service: (please select) Location: (please select) Language: English Search

EBA Provider Directory Searchable by Provider, Region, Service, and/or Language

vamap.evidencebasedassociates.com/index.php

FY24 Revised Referral Form





Updates to FY24 Referral Form

Why was the form revised?

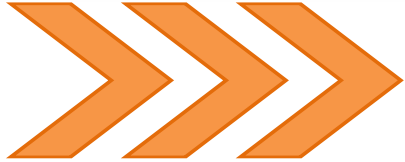
- To improve the function
- To align with DJJ updates
- Provide refined instructions and guidance language
- To provide additional drop-down responses to promote consistency

Attachments and Links

- Instructions are linked in the document.
- The Change Notification, GPS Referral Forms, and Release of Information are accessible from within the Referral Form by clicking on their respective links.



New Referral Form



RSC Model Service Referral and Rationale

[Referral Form Instructions](#)

[GPS Referral Guidelines Form](#)

Virginia Department of Juvenile Justice

[Change Notification Form](#)

[Release of Information Form](#)

Referral Type:

Referral Date:

YOUTH INFORMATION

Referring Region:

Referring DJJ Unit:

Referring FIPS:

First Name: Last Name:

Juvenile #: DOB: Age: years, months

Current Supervision Status:

Anticipated Supervision Status:

Youth's Current Location:

Expected Location for Services:

Next Court Date:

Court Details:

**Note: A Change Notification Form must be sent to the RSC to report a change in the youth's status or location.*

ASSESSMENT OF RISK, NEEDS, AND RESPONSIVITY

Date of Current YASI:

If the YASI has not been completed, indicate the reason:

September 2023						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
27	28	29	30	31	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
1	2	3	4	5	6	7
Today: 9/6/2023						

Large font and spacing makes it easy to read

Drop down options help reduce typing and improve accuracy

Instructions Tab for additional guidance



New Referral Form Functionality

RSC Model Service Referral and Rationale

Virginia Department of Juvenile Justice

[Referral Form Instructions](#)

[Change Notification Form](#)

Referral Type: Initial Referral

Referral Date: 08/25/2023

YOUTH INFORMATION

Referring Region: Central

Referring DJJ Unit: 16

Referring FIPS: Charlottesville City 540

First Name: Albemarle County 003

Juvenile #: Charlottesville City 540

Current Supervisor: Culpeper County 047

Anticipated Supervisor: Fluvanna County 065

Youth's Current Supervisor: Goochland County 075

Expected Location: Greene County 079

Next Court Date: Louisa County 109

Next Court Date: Madison County 113

Form Prompts and Functionality

- Guide Boxes with prompted instructions
- Drop Down Boxes



General Adobe Instructions

- The form must be completed in the **Adobe Reader desktop program** and NOT the web browser version. If the form opens in your web browser, click “Open in Desktop App” on the top right.
- To view additional details and examples while completing any of the forms, hover your mouse cursor over the dropdown list or open text field.
- Upon opening the linked documents, double-click on the document you wish to open. Each form will open as a separate document, so remember to save them individually.
 - If you are unable to save the document by selecting File and Save As, select Print (also listed under File on the top left). From the printer dropdown list, select “Microsoft Print to PDF” and click print at the bottom. You will then be prompted to name the document and select the location of where you wish to save the document.
- Enter the Referral Date First



Referral Form Overview

RSC Model Service Referral and Rationale

[Referral Form Instructions](#) [GPS Referral Guidelines Form](#)

Virginia Department of Juvenile Justice

[Change Notification Form](#) [Release of Information Form](#)

Referral Type: Choose an item.

Referral Date: **DATE**

YOUTH INFORMATION

Referring Region: Choose an item. Referring DJJ Unit: Choose an item.

Referring FIPS: Choose an item.

First Name: Last Name:

Juvenile #: DOB: Age: years, months

Current Supervision Status: Choose an item.

GENERAL YOUTH INFORMATION

Expected Location for Services:

Next Court Date:

Court Details:

**Note: A Change Notification Form must be sent to the RSC to report a change in the youth's status or location.*

ASSESSMENT OF RISK, NEEDS, AND RESPONSIVITY

Date of Current YASI:

If the YASI has not been completed, indicate the reason:

RISK, NEEDS, RESPONSIVITY

Overall Risk Level: Choose an item.

Dynamic Needs 6-Level: Choose an item.

Dynamic Protective Score: Choose an item.

YASI Priority Domain 1: Choose an item.

Domain 2: Choose an item. Domain 3: Choose an item.

Indicate DSS Involvement: Choose an item.

Check areas of responsivity/barriers: ☐ Language (list here):

☐ Access to Telehealth ☐ Transportation ☐ Trauma History

Explain and elaborate on areas of responsivity/barriers:

Page 1

RSC Model Service Referral and Rationale

Virginia Department of Juvenile Justice

FUNDING INFORMATION AND OTHER SERVICES

Medicaid Status: ☒ No Medicaid ☐ Medicaid Eligible ☐ Pending ☐ Medicaid is Active

CSA Eligibility Status: Choose an item. Current CSA/FAPT Involvement: Choose an item.

Other Funding Available 1: Choose an item. Other Funding Available 2: Choose an item.

Other Funding Available 3: Choose an item.

Explain other funding sources utilized, available, explored, and/or ruled out:

OTHER FUNDING & SERVICES

Current Services:

Prior Services:

REQUEST FOR ASSESSMENTS AND EVALUATIONS*

Requested Assessment/Evaluation Type: Choose an item.

What questions need to be answered during the assessment/evaluation? Explain the purpose and goals:

REQUEST FOR AN EVALUATION

Page 2



Referral Form Overview

RSC Model Service Referral and Rationale

Virginia Department of Juvenile Justice

RSC Model Service Referral and Rationale

Virginia Department of Juvenile Justice

#1

REQUESTED SERVICES* Use the web links below to

Service Request 1) Requested Sub-Category: [Choose an item.](#)

Service:

Dosage: Provider:

Primary Target Need Area for Requested Service: [Choose an item.](#)

Requested Start Date:

If the youth is currently detained or in direct care, are services requested to begin prior to the youth's release to the community? [Choose an item.](#)

Are pre-engagement activities being requested? [Choose an item.](#)

Provide a detailed rationale and goals for this specific service:

REQUESTED SERVICES

Service Request 2) Requested Sub-Category: [Choose an item.](#)

Service:

Dosage: Provider:

Primary Target Need Area for Requested Service: [Choose an item.](#)

Requested Start Date:

If the youth is currently detained or in direct care, are services requested to begin prior to the youth's release to the community? [Choose an item.](#)

Are pre-engagement activities being requested? [Choose an item.](#)

Provide a detailed rationale and goals for this specific service:

Service Request 3) Requested Sub-Category: [Choose an item.](#)

Service:

Dosage: Provider:

Primary Target Need Area for Requested Service: [Choose an item.](#)

Requested Start Date:

If the youth is currently detained or in direct care, are services requested to begin prior to the youth's release to the community? [Choose an item.](#)

Are pre-engagement activities being requested? [Choose an item.](#)

Provide a detailed rationale and goals for this specific service:

[Click here to add an additional service request page.](#) Note: There is a limit on the number of service requests being requested exceeding 3.

Click here to add an additional service request page.

RSC Model Referral Form (9/1/2023)

- Concise Reason for **each** requested service
 - What do you expect the youth to achieve with the requested service?
 - Who else will participate in the service?
- Summarize how the requested service addresses the identified criminogenic needs and priorities identified by the YASI Assessment and Behavioral Analysis.
- Explain or elaborate on the dosage and why a specific provider is being requested.
- Include recommendations from current providers, placement and/or treatment bodies
- Include recent behaviors/needs that may not be captured in the Social History or supporting documents.



Referral Form Overview

RSC Model Service Referral and Rationale Virginia Department of Juvenile Justice

Other notes/general comments:

This form must be emailed to the assigned RSC company with the documents below attached:



For all referrals, the current:	For all Probation, Parole, and Direct Care referrals:
<input type="checkbox"/> BADGE Face Sheet <input type="checkbox"/> Release of Information <input type="checkbox"/> YASI Screen or Assessment (Wheel)	<input type="checkbox"/> YASI Behavioral Analysis (ABCD) <input type="checkbox"/> YASI Narrative <input type="checkbox"/> Social History <input type="checkbox"/> Case Plan

For all GPS/EM referrals: ☐ [GPS Referral Guidelines Form](#)

Check additional items attached:

<input type="checkbox"/> BADGE Offense History <input type="checkbox"/> Court Order <input type="checkbox"/> Intake History/Police Reports (for assessments/evaluations) <input type="checkbox"/> Prior Assessments (e.g., CANS) <input type="checkbox"/> Prior Screenings (e.g., MAYSI, SEAS, SASSI)	<input type="checkbox"/> JCC Progress Reports <input type="checkbox"/> MHSTP <input type="checkbox"/> IEP <input type="checkbox"/> Other Relevant Documentation <i>Attach additional pages as needed.</i>
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Send the referral and supporting documents to:

 Eastern: VAServices-Referrals@amikids.org Southern: VAServices-Referrals@amikids.org Western: VAServices-Referrals@amikids.org AMikids Resources: www.amikidsvirginia.org AMikids Provider Directory http://www.amikids.org/amikids-virginia/vendor-directory	 Central: RSCCentral@ebanetwork.com Northern: RSCNorth@ebanetwork.com EBA Resources: https://evidencebasedassociates.com/ EBA Provider Directory http://vmap.evidencebasedassociates.com
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PROVIDER NOTES AND INSTRUCTIONS

**This referral form includes a brief overview of the youth and service(s) as requested from the referring DJJ staff member, but does not reflect the final service(s) as authorized by the RSC company. Please refer to the approved service authorization (POSO) issued by the RSC company for documentation on the authorized service(s) and dosage.*

Regional Service Coordination Company Notes (internal use only):

Resources and Reminders

- Notes
- Required Attachments
- Link to GPS Form
- RSC contact information
- Links to the RSC Directories
- RSC/Provider Note Section



Referral Form

RSC Model Service Referral and Rationale

Virginia Department of Juvenile Justice

[Referral Form Instructions](#)

[Change Notification Form](#)

Referral Type: New Service

Referral Date: 08/25/2023

YOUTH INFORMATION

Referring Region: Central

Referring DJJ Unit: 24

Referring FIPS: Amherst County 009

First Name:

Last Name:

Juvenile #: DOB: 09/25/2005 Age: 17 years, 11 months

Current Supervision Status: Committed to DJJ

Anticipated Supervision Status: Parole - Level 3

Youth's Current Location: Bon Air

Expected Location for Services: At IL program in VA Beach - Tidewater

Next Court Date:

What does the information above tell you about this youth?



Live Demonstration



FY24 Completed Packet Items





Required Documents for Referrals

All referrals require a completed

- **Referral Form**
- **BADGE Face sheet** and
- **Consent/Release of Information (2022)**
 - Ensure the youth and/or legal guardian signed the form.
 - Boxes checked for sharing information and the RSC Contracted Providers and other items are checked off, as needed.



Release of Information (ROI)

AUTHORIZATION FOR THE DEPARTMENT OF JUVENILE JUSTICE (DJJ) TO RELEASE INFORMATION FOR TREATMENT OR SERVICES

Client's Full Name: _____ **DOB:** _____

The Virginia Department of Juvenile Justice (DJJ) partners with other entities to better meet the needs of our youth through treatment and programming. These entities are also committed to protecting your personal information throughout this process and we want to make sure that DJJ and these entities only share your protected information when authorized by law.

☒ I hereby authorize the Virginia Department of Juvenile Justice (DJJ) and its contracted entities to share my confidential information with the following entities/individuals for the purposes of compliance monitoring, service coordination & treatment planning, eligibility determination, utilization review, and the procurement of services. Information may be shared in the form of written information, computerized data, in person, or by phone.

Authorized Recipients: *(Indicate which entities/individuals may receive confidential information)*

- | | |
|--|--|
| <input type="checkbox"/> Behavioral Health & Developmental Services (DBHDS) | (EBA) and AMIkids (AMI) |
| <input type="checkbox"/> Community Services Board (CSB) | <input type="checkbox"/> Providers coordinated through local VJCCCA offices |
| <input type="checkbox"/> Children's Services Act (CSA) Coordinator | <input type="checkbox"/> Health Care Providers |
| <input type="checkbox"/> Department of Social Services (DSS) | <input type="checkbox"/> Department of Education, local school system, and post-secondary programs _____ |
| <input type="checkbox"/> Department of Corrections (DOC) | <input type="checkbox"/> Tidewater Youth Services Commission |
| <input type="checkbox"/> Magellan or Other PPO/HMO: _____ | <input type="checkbox"/> Others: _____ |
| <input checked="" type="checkbox"/> Providers subcontracted with Evidence-Based Associates | |

Confidential Information: *(Check "All Available Records" or indicate individual types of information you consent to share)*

- ☐ **ALL AVAILABLE RECORDS** (this includes substance use disorder and education information)
- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Assessment Information | <input type="checkbox"/> Financial Information | <input type="checkbox"/> Psychiatric Records | <input type="checkbox"/> Family Planning |
| <input type="checkbox"/> Benefits / Services Needed | <input type="checkbox"/> Mental Health Diagnosis | <input type="checkbox"/> Medical Diagnosis / Records | <input type="checkbox"/> Substance Abuse Screenings/ |
| <input type="checkbox"/> Criminal Justice Records | <input type="checkbox"/> Planned/Received Treatment | <input type="checkbox"/> Infectious Diseases (includes sexually transmitted diseases) | <input type="checkbox"/> Drug Tests/Assessments |
| <input type="checkbox"/> Educational Records | <input type="checkbox"/> Psychological Records | <input type="checkbox"/> Other: _____ | |



Referral Packet

The referral package includes:

- **RSC Model Service Referral and Rationale Form**
- **Universal Release of Information/Consent** (revised 2022)
- **Updated BADGE –Generated Face Sheet** (with current information)
- **YASI Wheel and Behavioral Analysis**
- **Case Plan** and MHSTP
- **Current Social History** (when applicable)
- Court Order (when applicable)
 - For court ordered assessments, include police reports, description of offense, any prior assessments and information that can be used in the assessment.



Required Documents for Referrals

Evaluations

Clinical and Non- Clinical Services

Supervision Status	All statuses (Pre/Post-Dispositional, Probation, Parole) Youth must be adjudicated	Probation, Parole
Current YASI (within 90 days)	YES, Pre-Screen or Wheel Exceptions: 1) Adjudicated CHINS, 2) Youth has a sex-related offense, 3) SA offense before the court	Yes, Wheel and Behavioral Analysis Exception for <u>Clinical</u> Services, <u>if</u> the service is recommended by an evaluation may be approved. YASI shall be sent to the DSP and RSC as completed.
Case Plan	If available	Exception for Clinical Service: 1) <u>Clinical</u> Service recommended by an evaluation (e.g., SA, YSB); or 2) <u>EBP</u> service with a detailed rationale
Current Social History	If available and completed (YES, for youth on current supervision)	
Court Order	YES, if the evaluation is court ordered or if the report is needed for upcoming court date.	As applicable
Other Items	Background info (current or prior Edu and Tx records) is always encouraged. Police reports needed for psycho-sexual evaluations	Mental Health Services Transition Plan (MHSTP) as needed.



Required Documents for Referrals

	Services for Youth in Confinement (JDC/CPJ/JCC)	Residential RTC, GH, TLP, or IL (Step-down)
Supervision Status	Probation, Parole, CAP <i>*Service may only be referred through the RSC when they are not duplicative of current programming</i>	RTC: Direct care (all ages) Parole youth Step Down Age: 18+ (case-by-case for 17 ½)
Current YASI	YASI Wheel and Behavioral Analysis	YASI Wheel and Behavioral Analysis
Case Plan	Yes	Yes
Current Social History	Yes	Yes
Court Order	As applicable	As applicable
Other Items <i>* Additional approvals on a case by case</i>	Education and Medical needed for residential service requests.	Mental Health Services Transition Plan (MHSTP) as needed. Background info: Education and Medical needed for residential service requests.



Rationale for Service(s)

- Concise Reason for **each** requested service
 - What do you expect the youth to achieve with the requested service?
 - Who else will participate in the service?
- Summarize how the requested service addresses the identified criminogenic needs and priorities identified by the YASI Assessment and Behavioral Analysis.
- Explain or elaborate on the dosage and why a specific provider is being requested.
- Include recommendations from current providers, placement and/or treatment bodies
- Include recent behaviors/ needs that may not be captured in the Social History or supporting documents.



What About Residential Placements?

DJJ funding is used primarily to support:

- Placement of **Committed Youth** referred by CAP;
- As a **step-down for Parole Youth** (age 18 and older),
- Parole Cases (< Age 18) on a case-by-case basis and subject to the availability of funds: e.g. DJJ can authorize the RSCs to approve residential for parole youth under age 18 if the post-placement planned arrangement for the youth is to live independently. These are **not** DJJ-placed residential cases, but rather parental placements for which DJJ has agreed to serve as the payee.

Funding through the RSC model is not a Replacement for CSA / FAPT:

- Youth under age 18 and not in direct care status should be referred through CSA /FAPT process.



Change Form

Captures changes that may impact service availability, coordination and funding authorization:

- CSU assignment (or regions)
- Providers ongoing communication with the current Probation/ Parole officer (if different than the referring worker)
- Changes in (or closure to) youth's supervision status
- Changes in youth's location or availability (e.g., family moved, in detention, moved from Bon Air to a CPP, etc.)
- Routing information for monthly billing approval

RSC Model Service Change Notification

NOTIFICATION SOURCE	
Notification Date: _____	Change Effective Date: _____
Staff Name: _____	
Email: _____	Phone: _____
Supervisor's Name: _____	
Email: _____	Phone: _____
YOUTH INFORMATION	
Juvenile #: _____	First Name: _____ Last Name: _____
YOUTH CHANGES <i>Select Yes or No for each item listed below.</i>	
1) SUPERVISION STATUS CHANGE: Choose an item. <input type="text"/>	
New Supervision Status: Choose an item. <input type="text"/>	
2) CHANGE IN JURISDICTION: Choose an item. <input type="text"/>	
Former Region: Choose an item. <input type="text"/>	Former DJJ Unit: <input type="text"/>
New/Pending Region: Choose an item. <input type="text"/>	New DJJ Unit: <input type="text"/>
Is the youth residing or moving to a new RSC region? Choose an item. <input type="text"/>	
If the youth is moving into a new RSC region, has a new referral been submitted? Choose an item. <input type="text"/>	
3) CHANGE IN ASSIGNED DJJ STAFF: Choose an item. <input type="text"/>	
Former Assigned Staff: _____	
Current/New Staff: _____	
New Email Address: _____	
New Phone Number: _____	
4) CHANGE IN RESIDENCE (e.g., new address or residential setting): Choose an item. <input type="text"/>	
New Address: _____	
New Living Situation: _____	
5) CHANGE IN FUNDING SOURCE: Choose an item. <input type="text"/>	
Funding changed and is now the responsibility of: Choose an item. <input type="text"/>	



Test your knowledge

Change form related funding considerations:

- **What happened when a youth is released from parole?**

If the youth is released from parole supervision, DJJ no longer has jurisdiction, and all funding must stop immediately.

- **What happens if a youth is released from probation supervision?**

If a youth is unexpectedly released from probation, the provider is permitted to transition services only for the remainder of the month in which supervision ended. Note the original Service Authorization is not valid without active supervision.



GPS Supplemental Form

RSC GPS Referral Supplemental Details and Notification Protocols

The below supplemental information is required when making a referral for GPS /Electronic Monitoring. This is important so that as the primary case manager and consumer of services, the Probation/Parole Officer communicates needs and expectations to the direct service provider regarding real-time reporting of violations and after-hours emergencies. This form also provides an opportunity to report specific rules and restrictions on movement and to provide direct service providers with after-hours contact information.

YOUTH INFORMATION	
Youth Name: _____	Juvenile #: _____
Referring DJJ Staff: _____	Referring DJJ Unit: Choose an item.
Supervision Status while on GPS: <input type="radio"/> Parole <input type="radio"/> Direct	
DETAILS FOR GPS INSTALLATION	
Planned/requested GPS setup date: _____ Time: _____	
Planned/requested location for setup: _____	
Point of contact to coordinate and assist with setup: _____	
RULES RELATED TO GPS MONITORING Attach Parole Rules as applicable.	
1. _____	
2. _____	
3. _____	
INDICATE EXPECTATIONS REGARDING LEVEL OF NOTIFICATION AND FREQUENCY OF CONTACTS	
<p>Note: Unless otherwise communicated as an expectation by the referring worker, GPS will include equipment, a minimum of 2 remote check-ins each week conducted by the provider with the youth and/or caregiver, and completion and submission of monthly reports. It is incumbent upon the referring worker to indicate here if non-remote/face-to-face contacts are required, and with what frequency. It is also incumbent upon the referring worker to indicate here with what frequency reports are required and with what level of urgency violations and alerts should be reported.</p>	
YOUTH CONTACT INFORMATION RELATED TO GPS MONITORING	
Primary Address (where the GPS will be utilized): _____	
Residence Type (check all that apply): <input type="checkbox"/> Apartment <input type="checkbox"/> Townhouse <input type="checkbox"/> House <input type="checkbox"/> Residential Program	
Youth's Mobile Number: _____	Home Phone Number: _____

RSC GPS Referral Supplemental Details and Notification Protocols

CAREGIVERS OR OTHERS RESIDING AT THE SAME LOCATION			
<input type="checkbox"/> N/A, youth is not in a residential program.			
Name	Relationship	Phone (list all numbers)	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
RESIDENTIAL OR IL PROGRAM CONTACTS			
<input type="checkbox"/> N/A, youth is not in a residential program.			
Role	Name	Email	Phone
Case Manager	_____	_____	_____
Program Supervisor	_____	_____	_____
Afterhours Contact for	_____	_____	_____
Alerts	_____	_____	_____
Youth is permitted to leave home (or the grounds of the residential program) for the following:			
Employer, School Name, Parameters	Location	Hours	
<input type="checkbox"/> Work: _____	_____	_____	
<input type="checkbox"/> School: _____	_____	_____	
<input type="checkbox"/> Family Activities: _____	_____	_____	
<input type="checkbox"/> Social Activities: _____	_____	_____	
<input type="checkbox"/> Appointments/Other: _____	_____	_____	
Additional details not otherwise indicated above: _____			Enter hours for social activities: _____
<p>For the below three tables, please note the following: Selecting Urgent/Priority Notifications indicates that the expectation is that the provider needs to report the identified alert or violation to the CSU immediately, including notifications after normal business hours.</p>			
CURFEW REQUIREMENTS			
Curfew Zone	Address	Timeframe Youth Should be Inside Zone	Indicate Notification Urgency for Violation
_____	_____	_____	Choose an item.
_____	_____	_____	Choose an item.
_____	_____	_____	Choose an item.
LIST OF EXCLUSIONARY ZONES AND NOTIFICATION NEEDS			
Exclusionary Zone	Address	Exclusion Zone (Default 24/7)	Indicate Notification Urgency for Violation
_____	_____	_____	Choose an item.
_____	_____	_____	Choose an item.
_____	_____	_____	Choose an item.

REFERRAL PROCESS





Service Referral Process



- PO identifies a need.
- Completes YASI
- PO completes the referral Packet and reviews with Supervisor
- PO sends Referral Packet to the RSC referral e-mail address.
 - Include the NEW form with required attachments

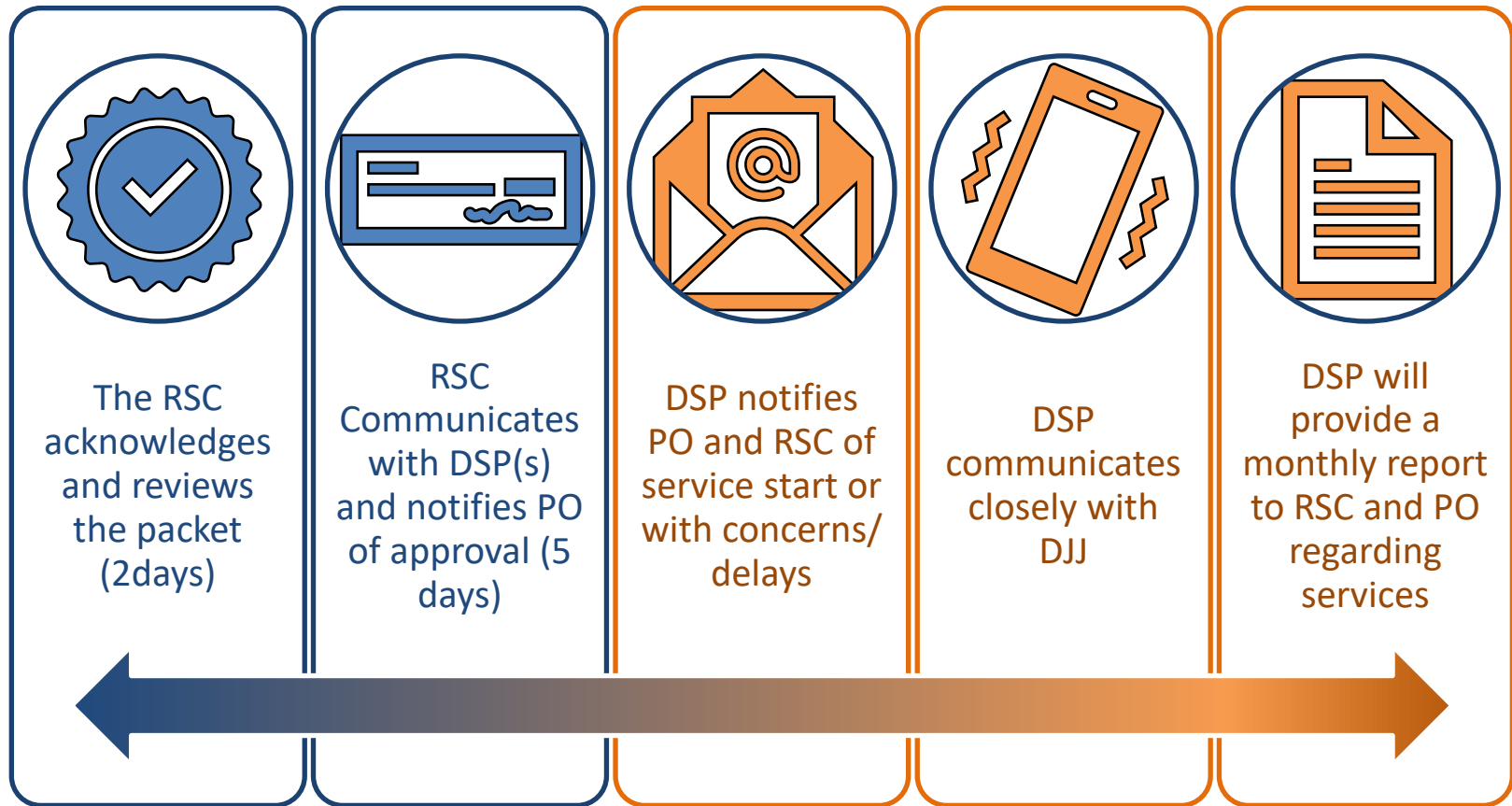
- RSC reviews referral packet and follows up with CSU (as needed).
- Service matching
- Addresses RNR, service availability, alignment, etc.
- RSC ensures funding and service availability
- RSC sends service authorization to DSP

- DSP will acknowledge receipt of the referral with projected start date.
- DSP notifies CSU/ RSC when service begin (or with challenges in reaching the youth).

Right Youth, Right Intervention, Right Time



After a Referral (RSC & DSP)



The RSC is available by phone or email to the PO and DSP with any questions or concerns. The RSC is also actively monitoring providers and conducting quality assurance activities.



After a Referral: DJJ/ CSU



Participate in provider treatment and discharge planning



Communicate needs and/or changes timely to RSC and DSP



Review provider reports for info and billing for accuracy



Review DSP reports for progress and needs



The RSC is available by phone or email to the PO and DSP with any kudos, questions, or concerns. The RSC is also actively monitoring providers and conducting quality assurance activities.



What if services are needed longer than planned/or approved?

An **extension request** (updated referral form) is needed from the PO/CSU **PRIOR** to the Service Authorization expiration, if services are needed beyond the original approval date or if there is a request for an increase or change in dosage.

Need Identified

- **Prior to the service expiration** (allow time to transition to closure or request for an extension)
- Provider may contact CSU to recommend an extension
- Recommendations noted in the monthly report

CSU Sends Referral and RSC Reviews


- Youth engagement/ consistency of sessions
- Changes in YASI or supervision status
- What progress has been made?
- **RSC QA Review**
- RSC Monthly Report review
Evaluate effectiveness of services, DSP quality, and adherence service description/ Logic Models

**RSC
Approve,
Deny or
Modify**




PDF Referral Form Roll out

- Start using the new form
- The revised Referral Form is available beginning September 1, 2023.
 - Located on the VA DJJ Tools drive and on the RSC websites
 - **AMikids:** <http://amikids.org/programs-and-services/programs/amikids-virginia/documents>
 - **EBA:** <https://evidencebasedassociates.com/virginia-service-coordination/>

 The revised form will be required for all referrals beginning October 1, 2023

September						
Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

October						
Su	M	Tu	W	Th	F	Sa
 1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Questions?



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Instructions: <http://ebanetwork.hubspotpagebuilder.com/referral-form-instructions>