



# TRANSPORTING YOUTH WITH HIGH RISK BEHAVIORS STANDARD WORK

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**Purpose - To provide guidance to Field Operations, Office of Child Welfare Investigations and Placement Administration in the safe transportation of youth with high risk behaviors (as defined in this Standard Work).**

**Definition of High-Risk Youth: Youth who have absconded; have absconded or had a serious incident during prior transport; have a history of substance abuse; are victims of sex trafficking; or are in a mental health crisis.**

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## **A. Return of youth on runaway status:**

See Policy Chapter 4, Section 8

- Complete medical exam **and if required**,
  - Complete crisis evaluation, for example:
    - Contact crisis team
    - MIND 24/7 (Maricopa County) or CRC (Pima County)
    - Request psychiatric evaluation at hospital as part of medical exam
- Update out of home care provider of youth status and results and recommendations from any examinations and evaluations conducted.
- If youth is not able to return to same out of home provider:
  - Contact the System of Care Coordinator (SOCC) to assist with securing appropriate level of care and services.
  - Notify Placement Administration and submit thorough referral of youth's history for the prior 90 days.
- Schedule emergency CFT regarding services, and appropriate level of care, if needed.

## **B. When transport involves a new placement, or change of placement, the assigned DCS Specialist or designee is responsible to communicate with the receiving facility the following:**

- Placement history
- Current behaviors
- Current diagnosis
- Behavioral and medical history
  - Diet restrictions
  - Scheduled medical and behavioral health appointments
  - High-Risk factors
  - Current medications
- Probation restrictions
  - Upcoming court hearings
- School information
- Existing court orders

## **C. Transportation Guidelines:**

## **Prior to Transport:**

- Conduct discussion with Supervisor and/or Program Manager to develop transportation plan for youth.
- Whenever possible, the assigned case manager, or person who knows youth best will transport.
  - Identify two persons to transport, unless determined during Supervisor/Program Manager discussion not needed or available.
  - Determine if appropriate to have the following provide transportation and/or accompany DCS in transporting:
    - Probation
    - Family Member
    - Someone with a significant relationship with youth
    - Current or Receiving Placement
    - Former assigned case manager or staff with knows youth.
  - Determine if alternative or secure transportation (as defined as locked and secure) is appropriate and available to provide transportation:
    - Secured probation transportation (locked and secure)
    - Ambulance or other medical transportation– (Note: ambulance is not defined as locked and secure and requires CHP approval)

***Transportation contract shall not be utilized for any youth defined as high risk (per definition in this standard process) for placement to out of home care.***

If someone other than assigned DCS Specialist is transporting, DCS Specialist, Supervisor or designee shall:

- Contact youth, if available to receive calls, to explain plan for placement and supports that will be provided to help youth transition to new out of home care provider.
- Provide person transporting with information about youth listed in Section B, including High-Risk status, and items that need to be transported with youth, e.g. Medication, personal belongs, etc.
- Provide individual(s) transporting with “*Transporting Youth with High Risk Behaviors Standard Work*”
- Contact receiving placement/facility with name and contact information of person identified to transport youth.

## **Medications:**

### **Planned Placement Arrangements:**

- Receive all medication from current placement and transport medication with youth to receiving placement.
- If medication is new or needs refill, request prescription be called in, and pick up prior to transporting youth to receiving placement.
- Notify Mercy Care/CHP and SOCC of any medication issues.

## **Medications (Cont.):**

### **Emergency or Unplanned Placement Arrangements:**

- Receive all medication from current placement and transport medication with youth to receiving placement.
- If prescription needs to be filled:
  - Request current out of home provider fill and have medication available, or
  - Request current out of home provider hold youth until prescription can be picked up
  - If current placement is not able to hold youth:
    - Make arrangement for another DCS employee to pick up prescription and deliver to receiving placement while transport of youth is being made, or
    - Place youth, then pick up medication and return medication to receiving placement immediately after, same day.
  - Request receiving out of home provider pick up prescription, request prescription be filled at pharmacy nearest to receiving placement for pick up. (Note: some facilities will not accept youth without medication).

### **Other Transportation Guidance:**

- Notify receiving out of home provider and supervisor with estimated time of arrival.
- Place youth in back passenger side of the vehicle, seat belted, and child locks activated.
- Ensure that youth do not have possession of a cell phone or other communication capable devices.
- Collect youth's personal belongings and secure in back or trunk of vehicle. Minimize any personal items on possession during transport.
- Ask youth to use facilities prior to transporting to avoid any requests to stop.
- Depending on length of travel have water, snacks or meal for youth available (do not stop for food).
- Have all important phone numbers available: Current and receiving Out of Home Provider, Crisis Line, Supervisor and AAG emergency contact information, etc.
- Arrange transportation early in the day or during business hours whenever possible.
- **The use of physical restraints is not allowed by DCS staff.**

### **D. Documentation:**

- Maintain a thorough record in Guardian of the transportation, including incidents, interventions and communications.