

<p>Milwaukee County Department of Health and Human Services Division of Youth and Family Services</p> <p><b>POLICY &amp; PROCEDURE</b></p>	<p>Original Date Issued: <b>06/01/2014</b></p> <hr/> <p>Last Revision Date: <b>08/01/2018</b></p>	<p>Current Review Date: <b>4/24/2019</b></p> <p>Current Review By: <b>VL</b></p>	<p>Section: <b>SERVICE RELATED</b></p>	<p>Policy No: <b>031</b></p>	<p>Pages: <b>Page 1 of 4</b> (1 Attachment)</p>
<p><input checked="" type="checkbox"/> Division of Youth and Family Services (DYFS)</p> <p><input type="checkbox"/> Detention Center</p> <p><input checked="" type="checkbox"/> DYFS Services Network</p> <p><input checked="" type="checkbox"/> Purchase of Service Agencies</p>	<p>Current Effective Date: <b>08/01/2019</b></p>	<p>Subject: <b>Court Capias Abatement Program</b></p>			

## I. Policy

It is the policy of Division of Youth & Family Services (DYFS) that the Court Capias Abatement Program is to prevent the issuance of a petition or a capias for a missed court appearance by making efforts to ensure that youth appear for either the intake inquiry and/or the initial court hearing. When youth miss initial dates, there is a higher likelihood that these youths will miss their initial court hearing. The main benefit of using this program is to avoid the resulting apprehension by law enforcement and possible detention for youth missing court appearances.

Upon referral for the capias abatement program, providers of this service will make up to three face-to-face contact attempts with youth (and parent/guardian) who have missed their order-in appointment at Children's Court with the goal of ensuring that youth appear in court for their scheduled court hearing to prevent the issuance of a capias.

## II. Scope

There are two target populations for the program:

- 1) Youth who missed their initial intake inquiry (order-in appointment date).
- 2) Youth who missed their initial court hearing date and the capias is stayed (new court date is issued) by the court.

## III. Procedure

### A. DYFS Responsibilities

- 1) **Initial Contact:** Once a Human Service Worker (HSW) receives a new order-in case, the HSW should contact the family within 2 business days to remind them of the order-in date and to see if that date needs to be changed due to scheduling conflicts. **HSW's must document each contact attempt and contact made in Synthesis.**
- 2) **Court Recommendation:** HSW's must inform the courts of the attempted (or made) contacts at the youth's parent/guardians address at the time of the initial court hearing. HSW's can recommend that the judge issue a Stayed Capias, and then proceed with referral to the Court/Capias Abatement Program.
- 3) **Program Referral:** After a youth/family misses one (1) intake inquiry, the HSW needs to email the Information Application System Specialist within one (1) business day with the completed referral form with the demographic information, charge and upcoming court hearing information on the top portion of the Court Capias Abatement Referral Form (*Refer to Attachment A: Capias*

*Abatement Form*). The HSW must continue to engage the family in the Youth Justice process while the referral is pending.

- 4) **Information to Courts:** At subsequent hearings, the HSW must provide any updated information to the courts via the HSW's efforts and/or the Capias Abatement Program's efforts.

The email should include the following:

i. **For Missed Intake Interview include the following:**

- Youth name
- Address
- Name of Parent/Guardian/Relative & Relation where the youth resides
- Date of Missed Intake Interview
- Date/Time of Rescheduled Intake Interview

ii. **For Stayed Capias Issued/Missed Court Appearance include the following:**

- Youths name
- Address
- Name of Parent/Guardian/Relative & Relation where the youth resides
- Date of Missed Intake Interview
- Date/Time of Rescheduled Court Hearing
- Branch #
- CCAP #

- 5) **Information to Providers:** The Information Systems Application Specialist (ISAS) is responsible for sharing program outcomes via the quarterly Provider Performance Report. Report has the following information:

- Youth Name
- Date of Birth
- Program Referral Date
- Type of Referral
- Status of Intake Interview or Court Appearance

## **B. Provider Responsibility**

- 1) **Referral Receipt:** Agencies will receive an email from DYFS with the referral form attached. Every effort will be made to ensure that the referrals are sent at least ten (10) calendar days in advance of the rescheduled intake inquiry date.
- 2) **Initial Face-to-Face:** Agencies will make face-to-face contact with the youth and family within 48 hours of receiving the referral to:
  - Verify the address,
  - Remind them of the rescheduled intake inquiry date or upcoming initial court hearing,
  - Complete the Court Capias Abatement Referral Form with date and signature, to acknowledge that they have met with the agency representative and have received the information regarding the upcoming court hearing for the youth.
  - Have the family contact the HSW to confirm the intake inquiry appointment date, time and location.
- 3) **Home Visits & Calls:** Agencies will make up to three (3) home visit attempts prior to the rescheduled intake inquiry date. Agencies will make reminder calls to the youth and family the evening prior to the court hearing or the rescheduled intake inquiry date.
- 4) **Court Reminder Contact:** The agency will make a reminder call/contact on the day prior to court to ensure youth and family is aware of the court date, despite any previous contact efforts.
- 5) **Parent/Guardian Contact:** The provider must request to speak with the youth in addition to their parent/guardian. If a parent or guardian is not available, then they may speak with another adult caregiver residing in the home.

- 6) Initial Documentation: The return portion of the Court Capias Abatement Referral Form from the agencies must be completed and returned to the HSW within 24 hours of the face-to-face (or attempted) contact. This must be done even if the agency is planning to make additional contact attempts.
- 7) Subsequent Documentation: If the agency makes subsequent contacts after the submission of the return portion of the Court Capias Abatement Referral Form, an updated form via email should be sent to the HSW and DYFS Administration within 24 hours of the contact.
- 8) Follow-up with DYFS:
  - The completed return portion of the Court Capias Abatement Referral Form must be returned within 24 hours of the face-to-face contact.
  - If face-to-face contact has not been made, the agency must document attempts and submit return portion of the Court Capias Abatement Referral Form no later than 24 hours of the contact and prior to the scheduled court hearing, even if the agency is planning to make additional contact attempts.
- 9) Service End: The agency's obligation stops at the time of the rescheduled intake inquiry and/or court date.
- 10) Continued Failure to Appear: If the youth fails to appear for the rescheduled intake inquiry and/or court date, the process can be repeated starting at the point of initial referral (or III A of this policy).
- 11) Missing Youth Defined: A youth is only defined as missing (*formerly known as* AWOL) in the event that the youth's family has indicated that they have not been in contact with the youth and a missing person's report is being filed. Otherwise, the youth is defined as non-compliant.

#### IV. Transportation

- A. If transportation is identified as a barrier to getting to court, bus tickets may be provided by the agency or the HSW. If the agency believes that the youth is unlikely to go to court unless he or she is taken, the agency should contact the HSW to discuss options, which may include the agency bringing the youth and family out to court. The HSW can also conduct a home visit if the family is able to meet in the home before the scheduled court hearing.
- B. If transportation is provided by the agency:
  - The agency will return the referral form to ([cccdecdhelp@milwaukeecountywi.gov](mailto:cccdecdhelp@milwaukeecountywi.gov)) indicating transportation is needed for the youth and / or parent 48 hours from receiving the referral.
  - A confirmation email by the agency to the HSW is required 48 hours from receiving the referral noting the youth and parent will be transported to court.
  - The HSW and agency will provide a reminder call to the youth and parent 24 hours prior to the court hearing.
  - Youth and one parent may be transported to and from court by the agency staff. A consent form must be signed (*Agency Transportation Parental Consent Form*) by the youth and parent prior to the court hearing.
  - Youth 12 years of age and up may be transported by the agency without a parent. A consent form must be signed (*Agency Transportation Parental Consent Form*) prior to the court hearing by the youth and parent.
  - Agency staff will pick up the youth and parent from court after they are notified via phone call from the youth, parent or HSW.

#### V. Billing

- A. DYFS Program Staff will invoice on Synthesis once the referral form is returned with a request for transportation by the agency.
- B. The service code to use is *Transportation* [5577]. Each unit is per trip. If the agency requires additional units beyond first trip, prior authorization must be obtained from the HSW. The maximum number of trips is 2 per youth.

Reviewed & Approved By:



\_\_\_\_\_  
**Mark Mertens, Division Administrator**

**Court Capias Abatement Referral Form**

**Juvenile's Name** \_\_\_\_\_ **Intake Number** \_\_\_\_\_ **HSW/Worker** \_\_\_\_\_

**Lives With:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address Verified  Yes  No  
Correct Address (If Different Than Above): \_\_\_\_\_ (Apt # \_\_\_\_\_)  
\_\_\_\_\_  
\_\_\_\_\_

Cell Phone#: (\_\_\_\_) \_\_\_\_\_ Work#: (\_\_\_\_) \_\_\_\_\_ Land Line#: (\_\_\_\_) \_\_\_\_\_

**Rescheduled Intake Date** \_\_\_\_\_ **Intake Time** \_\_\_\_\_ **Room** \_\_\_\_\_ **Intake Number** \_\_\_\_\_ **Charge** \_\_\_\_\_

Plan for getting to Rescheduled Intake: Own Vehicle  Bus  (If bus, was fare provided: Yes  No   
Other: \_\_\_\_\_

Parent or Guardian Planning to Attend? Yes  No  - If not, why: \_\_\_\_\_

**Date of Missed Order-in:** (Indicate reason for missed Order-In: Circle or list all that apply)  
Wasn't Aware of Appointment  Forgot  Thought Would be Locked Up   
Wasn't Able to Attend (e.g. no transportation)  Don't Care  Youth Missing/AWOL   
Thought Nothing Would Happen/Didn't Have to go  Other: \_\_\_\_\_

<b>Face to Face Contact/Attempts Made:</b>		<b>Contact Made</b>		<b>Contact With: (Circle and or list)</b>	
<b>Date:</b>	<b>Contact Type</b>	<b>Yes</b>	<b>No</b>	<b>Parent</b>	<b>Juvenile</b>
1. _____	<b>Face to Face Phone</b>			<b>Other:</b> _____	
2. _____	<b>Face to Face Phone</b>			<b>Parent</b>	<b>Juvenile</b>
3. _____	<b>Face to Face Phone</b>			<b>Parent</b>	<b>Juvenile</b>

List all Dates and Number of Units. (Units are in 6 minute intervals, i.e. 1 unit = 6 mins or 10 units = 1 hr.)

Date/Units: \_\_\_\_\_  
\_\_\_\_\_

*(Use additional paper if necessary)*

Total number of units: \_\_\_\_\_ (Prior HSW authorization needed if total units will exceed 40 (or 4 hours))

Face-to-Face Contact(s)/Attempt(s) Made By: \_\_\_\_\_

Court Capias Abatement Referral Agency: \_\_\_\_\_