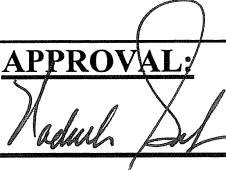


Policies and Procedures

<u>Department Name</u>		
Utilization Management		
<u>CHAPTER:</u>	<u>SUBJECT:</u> Coordination of services including mental health and substance abuse services for youth in the custody of the Department of Children and Families, supervised by the Children's Network of Southwest Florida and served jointly by the Department of Juvenile Justice	<u>POLICY NUMBER:</u> UM-002
<u>APPROVAL:</u> 	<u>EFFECTIVE DATE:</u> 3-8-07	<u>REPLACES (policy # and date):</u> CFOP 175-96, October 15, 2002

- I. **PURPOSE:** This policy establishes requirements for the coordination of services including mental health and substance abuse services for youth jointly served by the Department of Juvenile Justice (DJJ) and the Children's Network of Southwest Florida, LLC. (CNSWF). Adherence to this policy provides assurance that the Children's Network of Southwest Florida, LLC is identifying and coordinating services including mental health and/or substance abuse service needs with the Department of Juvenile Justice. The goal is to ensure that service needs identified for the youth will be met, regardless of which agency retains custody of the youth. This policy provides that DJJ and CNSWF will use a team approach to ensure that services are coordinated.

- II. **REVIEW HISTORY:** New policy.

- III. **CONTACT:** Utilization Management Department.

- IV. **PERSONS AFFECTED:** Children's Network of Southwest Florida staff and contracted Case Management Organizations.

- V. **POLICY:** The Children's Network of Southwest Florida will work in partnership with the Department of Juvenile Justice to assure information is shared between the two agencies and that children served by both agencies have their service needs met.

- VI. **RATIONALE:** By collaborating on treatment plans and service provision the children involved will get the most comprehensive evaluations needed and will obtain access to services in a timely and effective way.

VII. **CROSS REFERENCES:** Section 39.4085, F.S. The design and the delivery of child welfare services should be directed by the principle that the health and safety of children should be of paramount concern. S. 39.4085(7), F.S.: “to be referred to and receive services, including necessary medical, emotional, psychological, psychiatric, and educational evaluations and treatment, as soon as practicable after identification of the need for such services by the screening and assessment process”. Interagency Agreement Between The Florida Department Of Juvenile Justice Circuit 20 And District 8 Florida Department Of Children And Families And The Children’s Network Of Southwest Florida, LLC.

VIII. **DEFINITIONS:**

- A. **“Assessment”** means a more thorough evaluation of youth, identified through the DJJ Positive Achievement Change Tool (PACT) screening process, in need of further examination. The screening process will help to assist Juvenile Probation Officers in determining the risk for re-offending, identifying areas of highest need, developing a case management plan and monitoring progress in reducing risk factors. The underlying philosophy is that the implementation of the PACT enables Juvenile Probation Officers to reduce relapse rates by providing positive changes in attitude and behavior of youth while monitoring court-ordered sanctions.
- B. **“Care and Custody”** for DCF means those children in the legal or physical custody of DCF and under the supervision of the CNSWF in paid substitute care, shelter care, or foster care. For DJJ it means those juveniles in secure detention facilities and those placed in residential programs through commitment to DJJ.
- C. **“Child Welfare Case Manager”** means a professional position held by staff working for the Children’s Network of Southwest Florida’s contracted case management organizations which provide case management to children under the supervision of DCF. Included in this definition are persons supervising cases where there is abandonment or neglect of children. Cases include in-home care, out-of-home care, independent living, and adoption services.
- D. **“Commitment Program”** means as a result of a judicial proceeding which considers the youth’s needs and risks to public safety, the court can order a youth committed to DJJ for placement in a program which is a residential facility for 24 hours a day, 7 days a week programming and treatment.
- E. **“Comprehensive Mental Health or Substance Abuse Evaluation”** means a collection of detailed information using extensive procedures such as clinical interviews, questionnaires, and tests to determine the presence or absence of a mental disorder or substance abuse impairment. Comprehensive mental health or substance abuse

evaluation determines the nature and complexity of the youth's mental disorder or substance abuse related disorder, and assists in developing treatment recommendations.

- F. **“Comprehensive Behavioral Health Assessment”** means an in-depth and detailed assessment of the child's emotional, social, behavioral, and developmental functioning within the family home, school, and community. A comprehensive behavioral health assessment must include direct observation of the child in the home, school and community as well as the clinical setting. The comprehensive behavioral health assessment meets the definition and goals of a comprehensive assessment for a child in the care and custody of the department as defined in F.S. 39.01.
- G. **“Conditional Release”** means the continuum of services, and supervision provided to a juvenile released from a DJJ residential commitment program, which is intended to promote rehabilitation and prevent recidivism.
- H. **“DCF”** means the Department of Children and Families.
- I. **“DJJ”** means the Department of Juvenile Justice.
- J. **“Day Treatment”** means either facility-based (school system) or non-facility based (community) day treatment programming that the court can order as part of a probation program taking into consideration a youth's needs and low risk to public safety.
- K. **“Detention Care”** means the temporary care of a child in a secure, non secure or home detention, pending a court adjudication or disposition or execution of a court order.
- L. **“Detention Screening”** means a process to determine whether detention care is required or mandated by statute. The process begins when a law enforcement officer delivers a juvenile to a Juvenile Assessment Center or a Secure Detention Facility. The screening is conducted by a DJJ Juvenile Probation Officer assigned to the task or by staff of a contracted agency from whom this function is purchased. The administration of the PACT is part of the detention screening process.
- M. **“Intake Screening”** means the initial acceptance and screening by DJJ of a complaint or a law enforcement report or probable cause affidavit of delinquency to determine the recommendation to be made in the best interest of the child, family and the community.
- N. **“JJIS”** means the Juvenile Justice Information System that is the DJJ's automated information system.
- O. **“Juvenile Probation Officer”** means the authorized agent of DJJ who performs the intake, case management or supervision functions.
- P. **“Lead Agency”** means the Children's Network of Southwest Florida LLC (CNSWF).

- Q. “Licensed Care Placement”** means out-of-home placements for children in which care is provided in a licensed emergency shelter home or facility, a foster family home, or a foster care or group care facility.
- R. “PACT”** The implementation of the PACT revitalizes the role and responsibilities of the Juvenile Probation Officer from that of monitoring sanctions to promoting positive changes in attitudes and behaviors in the youth they supervise. Prior to administering the PACT assessment, the JPO explains to the youth and family the purpose of the PACT, which is to:
- Identify the areas of strength specific to the youth and family
 - Identify factors that place the youth at risk to re-offend
 - Develop a case plan targeting the areas of need
 - Make targeted, cost effective service referrals that minimize the youth’s exposure to new or existing risk factors
 - Monitor the youth’s success
 - Assist the court at disposition
- S. “Probation”** means the legal status of probation created by law and court order in cases involving a child who has been found to have committed a delinquent act. Probation is an individualized program in which the freedom of the child is limited and the child is restricted to non-institutional quarters or restricted to the child’s home in lieu of commitment to the custody of DJJ. Youth on probation may be assessed and classified for placement in day-treatment probation programs designed for youth who represent a minimum risk to themselves and public safety and do not require placement and services in a residential setting. Program types in this more intensive structured day-treatment probation option include vocational programs, marine programs, juvenile justice alternative schools, training and rehabilitation programs, and gender-specific programs.

IX. PROCEDURES:

A. Communication and Planning:

Communication and planning between the Department of Juvenile Justice and CNSWF are essential to ensure successful intervention when a youth is under the jurisdiction of both agencies. The full participation of the Child Welfare Case Manager is critical to the successful coordination of mental health and substance abuse services when initial plans are being formulated (for example when the DJJ Pre-Disposition Report is being written) through the period when a youth is transitioned from DJJ residential commitment back into the community. When requested by the Juvenile Probation Officer, the Child Welfare Case Manager will provide available information related to the youth’s background, family history, current status and service needs and will participate proactively in transition planning sessions as necessary.

1. The Child Welfare Case Manager shall coordinate with the DJJ Juvenile Probation Officer to receive information regarding the services and sanctions being provided to the youth on a monthly basis. This includes the receipt of the child's DJJ written plan. If the assigned Child Welfare Case Manager does not receive this information in the timeframes described, the Child Welfare Case Manager will advise his or her unit supervisor, and a request will be made in writing to the DJJ Chief Probation Officer for a report on the services and sanction information.

B. Intake To Detention Status:

1. When a youth in the custody of DCF is placed in a Regional Juvenile Detention Center, the Child Welfare Case Manager upon notification of such placement will notify the DJJ detention center staff of the youth's status and will provide detention staff with the name, address and telephone number of the youth's caregivers.
2. When a youth in the custody of DCF is placed in a Regional Juvenile Detention Center the Child Welfare Case Manager shall draft a visitation agreement with the detention center staff. The Child Welfare Case Manager shall approve or deny, in accordance with the case plan, visitation by the youth's parent(s)/caregiver(s) and will notify the child's parent(s)/caregiver(s) about visitation procedures.
3. When the Juvenile Probation Officer notifies the Child Welfare Case Manager that a youth is referred for a clinical mental health/substance abuse evaluation or comprehensive behavioral health assessment it is the responsibility of the Child Welfare Case Manager to inform the parent(s) or caregiver(s) of the referral.
4. The Child Welfare Case Manager will participate in planning with DJJ to ensure that the youth has a place to live after his or her 21-day stay in secure detention while awaiting the outcome of the judicial process and eventual placement in a program.
5. While youth are on home detention status, CNSWF has continuing responsibility for coordinating mental health and/or substance abuse treatment needs.
6. At the Regional Juvenile Detention Center case staffing, the Child Welfare Case Manager will collaborate with the DJJ staff, the youth and parent(s) (when reunification is the case plan goal) to develop the service plan(s) required by each agency. At the staffing, the immediate and interim mental health and/or substance abuse treatment needs of the youth and the counselor who will be designated to ensure that these needs are met will be identified-as well as the individual(s) responsible for keeping parents and or other caregivers informed of the youth's progress. CNSWF will participate in the joint sharing of copies of case plans which will include specific roles and responsibilities and the services that will be provided.

i. Probation Status. While the youth is under probation with DJJ, CNSWF has continuing responsibility for providing mental health and/or substance abuse treatment needs.

ii. Day Treatment.

7. The Child Welfare Case Manager will obtain monthly updates from the DJJ Juvenile Probation Officer on the status of the youth's placement and progress in day treatment.
8. While the youth is assigned to the day treatment program, CNSWF has continuing responsibility for providing mental health and/or substance abuse treatment needs beyond those met by the DJJ day treatment program and for providing appropriate living arrangements.

C. Commitment:

1. Youth in the care and custody of DCF and under the supervision of CNSWF, who are adjudicated by the court as delinquent can be assigned to placement in 24-hour seven day a week residential commitment programs. The court assigns the youth to a restrictiveness level based up the youth's risk to the public safety. The options range from low risk to maximum risk. Prior to a juvenile being committed to DJJ by a court, a commitment staffing will occur. When a youth under the care and custody of DCF is a subject of a commitment staffing, a representative from CNSWF must be invited to and must participate in the commitment staffing to ensure an uninterrupted transition of mental health, substance abuse, or other services.
2. Upon placement in a residential commitment program, the Child Welfare Case Manager will participate in a staffing with DJJ staff to collaborate with the youth, the caregiver(s) and parent(s) (when reunification is the permanency goal as approved by the court). The staffing will develop the service plan(s) required by each agency to identify treatment needs and roles and responsibilities including the staff person(s) designated to ensure needs are met and the individual(s) responsible for keeping parents and/or other caregivers informed of the youth's progress.
3. The Child Welfare Case Manager will make arrangements with the DJJ Juvenile Probation Officer to obtain monthly information regarding the services and sanctions being provided to the youth.
4. If the assigned Child Welfare Case Manager is not receiving this information in the time frames described, the Child Welfare Case Manager will advise their unit supervisor, and a request will be made in writing to the DJJ Chief Probation Officer for a report on the needed service and sanction information.

iii. Judicial Reviews. Judicial reviews will continue according to s. 39.701, F.S. The Child Welfare Case Manager will obtain information from the DJJ counselor regarding service provisions to the youth on a monthly basis. Should treatment information not be shared, the Child Welfare Case Manager will advise his or her supervisor, and a request will be made in writing advising that the reports were not made available. The Child Welfare Case Manager will continue visitation as required. If the youth is placed out of the district/region, courtesy supervision visits will be arranged according to CNSWF policy.

iv. Commitment Release.

5. The Child Welfare Case Manager will make arrangements with DJJ to participate in a release staffing to discuss the transition plan. This plan must include the anticipated subsequent placement and mental health and/or substance abuse treatment needs. Upon release of the youth, lead responsibility will be transferred to the Child Welfare Case Manager. DJJ conditional release planning will be integrated within the overall case plan developed and implemented by the Child Welfare Case Manager.
6. It is the responsibility of DJJ to notify CNSWF in writing the planned released date of the youth from a DJJ commitment program so that appropriate placement arrangements can be made.
7. No youth in the custody of DCF will be held in commitment status for lack of placement upon release. The Child Welfare Case Manager will notify the case management organization program director and the lead agency if efforts to release a youth in the custody of DCF fail, due to lack of placement.

X. **EXHIBITS:**

1. Exhibit A – Guiding Principles



Exhibit A

FLORIDA DEPARTMENTS OF CHILDREN AND FAMILIES AND JUVENILE JUSTICE GUIDING PRINCIPLES FOR THE PROVISION OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

The following principles and goals for the provision of mental health and substance abuse services to children in the care and custody of the state have been developed by the Departments of Juvenile Justice and Children and Families. For the Department of Juvenile Justice “Care and Custody” is defined as involving those juveniles in secure detention facilities, and those placed in residential programs through commitment to the department. For the Department of Children and Families, “Care and Custody” means those children in paid substitute care, shelter care, and foster care. In addition, where appropriate, this agreement addresses screening, referral for assessment, and the recommendation and referral for treatment services for youth on probation supervision with the Department of Juvenile Justice.

1. Mental Health and Substance Abuse Screening.

a. Children and youth placed in the care and custody of the state and on probation supervision are screened for mental health and substance abuse treatment needs.

b. If the preliminary screening indicates a potential need for services, a referral for further assessment is made.

c. Both the screening and referral for further assessment, if indicated, are completed within 30 days. If not completed within 30 days, reasons are documented in the case file.

2. Mental Health and Substance Abuse Assessment.

a. The assessment must be conducted or reviewed and approved by a licensed mental health professional or certified addictions counselor.

b. The assessment includes a comprehensive review of behavioral, educational health, and home environment.

239/226-1524 | fax 239/226/1115 | 2232 Altamont Ave | Fort Myers, FL 33901



The Children's Network of Southwest Florida is sponsored in part by the State of Florida,
Department of Children and Families

The Children's Network of Southwest Florida is committed to working with the community in building and maintaining a child protection system that promotes safety and stability for children and families.

3. Planning.

a. All children and youth in the state's care and custody or on probation supervision who have mental health or substance abuse needs have a case plan, performance plan, or supervision plan as required.

b. Mental health and substance abuse needs identified through a comprehensive assessment are included in the child's/youth's plan.

c. Plans are individualized according to the needs of the child or youth and emphasize the strengths of the child or youth and, where possible, his family.

d. The child, family and other individuals important to the child and family are involved in developing the plan (unless there is reason for non-involvement consistent with the child's needs, efforts to secure their involvement are unsuccessful or other statutory requirements).

e. The plan includes a description of the mental health and substance abuse needs being addressed, a description of the services to be provided, including type, frequency, duration, location, and name of provider.

f. As treatment needs change, the plan is adjusted accordingly.

g. For youth placed on probation under the supervision of the Department of Juvenile Justice through the juvenile court, if the youth and family choose not to participate in mental health or substance abuse treatment services, the plan will document this fact and include the type of service recommended, and the service provider to whom the youth and family were referred.

4. Services.

a. For youth in the physical custody of the Department of Children and Families and the Department of Juvenile Justice:

1. The planned mental health and substance abuse services are implemented within 30 days of identification of the need. If services are not initiated within 30 days, reasons are documented.

2. The mental health and substance abuse services are provided consistent with the child's plan.

3. The Family Safety case manager or Juvenile Justice program staff monitors the results of services to determine whether progress is being made and to detect risk situations and emerging needs or problems and takes steps to address them.

4. As appropriate, needs and stated goals for independent living skills and future personal/adulthood plans are identified in the case plan or performance plan, and needed supports and services are provided accordingly.

b. For youth placed on probation under the supervision of the Department of Juvenile Justice, through the juvenile court, the Department will:

1. Refer the youth and family for service by a licensed mental health professional or certified addictions counselor as indicated by the initial assessment, within 7 working days of the receipt of the assessment report.

2. Strongly encourage the youth and family to participate in the service by including resolution of the identified issues as a goal/goals in the youth's probation supervision plan.

3. Provide reasonable follow-up to facilitate the youth and family accessing the service, if they choose.

4. Report to the juvenile court the youth's progress toward meeting the mental health and/or substance abuse goals.

5. Service Coordination/Quality Assurance/ Quality Improvement.

a. For those youth served by both departments, planning and service delivery will be coordinated.

b. The Department of Children and Families service providers and the Department of Juvenile Justice have internal quality improvement processes to monitor the extent to which these principles are being met, problems identified, corrective plans developed, and implemented.

c. The Department of Children and Families and the Department of Juvenile Justice have in place Quality Assurance (QA) systems. These systems identify needs and problems in assessment; planning and service provision areas and promote continuous improvements to the systems.