

IDHW - Children's Mental Health / Juvenile Justice Protocol PURPOSE

The purpose of this protocol is to provide guidance to juvenile justice personnel at state and local levels and Idaho Department of Health and Welfare (DHW) personnel relative to accessing children's mental health services for individual youth within their client populations who are identified as Seriously Emotionally Disturbed (SED). See SED definition in Appendix 1.

INTRODUCTION

This multi-agency protocol is designed to facilitate the successful provision of appropriate mental health services for children with SED in the juvenile justice system who may benefit from community based mental health services. The 1999 Needs Assessment of Idaho's Children with Serious Emotional Disturbance and their Families indicated that many children and adolescents involved with the juvenile justice system have concurrent mental health issues or are thought to be seriously emotionally disturbed.

This population is typically under-identified within the context of the juvenile justice system. The 1999 Needs Assessment makes the conservative estimate that approximately 5 percent of the general population of Idaho's youth under 18 years old has a serious emotional disturbance. Department of Juvenile Corrections (DJC) data identifies that approximately 30% of the DJC population have a serious emotional disturbance. Additionally, youth in the larger juvenile justice system, including those in local and county run diversion and probation programs, with a SED may be as high as 20% (Otto et al., 1992).

Within this protocol efforts for serving this population of youth should be directed toward working together in good faith, consistent with statute and administrative rule, to:

- Share a commitment to responsibility and values for children, youth and families with multiple needs;
- Eliminate inappropriate commitments of youth with SED;
- Eliminate duplication of services;
- Identify children with SED early;
- Appropriately transition children/youth out of institutional care;
- Increase cross education between Department of Health and Welfare and state and local juvenile justice systems in Idaho; and
- Increase and enhance cooperation and communication between Department of Health and Welfare and state and local juvenile justice systems in Idaho in an effort to eliminate the barriers to successful collaboration.

The needs of transitioning youth as they exit child-serving systems are an area that highlights the need for coordinated attention. The likelihood of a youth's success will increase with the development and implementation of a viable transition plan. Some youth in the custody of DJC reach adult status while in State custody. The participating parties will also consider this issue within the context of this protocol and the unique issues facing those young adults as they return to the community.

CORE VALUES

- System of care should be child-centered and family-focused with the strengths and needs of the child and family dictating the types and mix of services provided.
- Children with serious emotional disturbance should receive services that are integrated, with linkages between child-serving agencies and programs and mechanisms for planning, developing and coordinating services.
- The families and surrogate families of children with serious emotional disturbance should be full participants in all aspects of the planning and delivery of services.
- System of care should be community-based, with the location of services as well as management and decision-making responsibility resting at the community level.
- System of care should be culturally competent with agencies, programs and services that are responsive to the cultural, racial and ethnic diversity of the population they serve.
- System of care should be cost effective and accountable to service recipients and funding agencies for the attainment of outcomes for which the system was created.

RESPONSIBILITIES OF PARTIES UNDER THE JOINT CMH PROTOCOL

GENERAL PROVISIONS

- 1) For the purposes of this protocol, the Parties are defined as the family of children with SED and in need of treatment, the Department of Health and Welfare and state and local juvenile justice agencies.
- 2) The Parties agree that their joint mission is to collaborate in the best interest of the child/youth, family, and the community, and that each agency has an important role to play in the identification and treatment of SED children/youth.

- 3) The Parties agree to define methods for the exchange of necessary information to assure effective service coordination and communication. Additionally, the parties agree to maintain the confidentiality of information at the meetings according to the corresponding laws governing the use of such information. Each agency is responsible for compliance with federal statute according to their agency directives.
- 4) The parents and/or families of the youth of concern will help determine and provide informed consent in regards to any proposed course of action or course of treatment. This involvement will be documented and become part of the client file.
- 5) Any party may request a convening of the interested partners any time an issue arises with an immediate high risk to the community or youth" s safety.
- 6) The Parties agree to respect the individual missions of each respective agency and to work for joint cooperation, collaboration, communication and mutual understanding for the benefit of all concerned.
- 7) The Parties agree to review and evaluate this protocol as needed.
- 8) This protocol is subject to modifications agreed upon by the parties.
- 9) This protocol shall not be considered a binding and enforceable agreement. It is merely a procedural guideline to assist the parties in carrying out roles as defined in statute. However, the parties agree to identify and pursue resolutions to statutory barriers that prevent collaboration.
- 10) The Parties agree to meet at regularly scheduled times to discuss issues of mutual concern, and to collaborate in the provision of appropriate services.
- 11) For the purposes of this protocol, the definition of collaboration will be commensurate with that adopted by the Idaho Council on Children" s Mental Health. Specifically, collaboration is defined as " an on-going process among child-serving agencies, at all levels, defined by 1) shared commitment to responsibility and values for children and families with multiple needs and 2) shared planning, training, development and funding of services and systems of care with clearly defined roles for individual agencies and families. Open communication will be demonstrated by the sharing of aggregate data, policies and strategic decision-making regarding systems of care. True collaboration exists when families are full partners."
- 12) For the purposes of this protocol, the definition of consultation will be a mutual exchange of information, ideas, suggestions and recommendations in the formulation of a treatment plan or a course of action relative to a specific case.

13) For the purposes of this protocol, the definition of an emergency will be consistent with the one established within the Children's Mental Health Services Act. "Emergency means a situation in which the child's condition, as evidenced by recent behavior, poses a significant threat to the health or safety of the child, his family or others, or poses a serious risk of substantial deterioration in the child's condition which cannot be eliminated by the use of supportive services or intervention by the child's parents, or mental health professionals, and treatment in the community while the child remains in his family home."

DEPARTMENT OF HEALTH AND WELFARE:

- 1) Agrees to conduct screening, intake and assessments, as appropriate, for children referred from state and local juvenile justice systems and provide determinations of eligibility for children's mental health services. (For children and adolescents informed consent of the parents or guardians is a pre-requisite for receiving any services). (See Appendix I for Eligibility Criteria for CMH services)
- 2) Agrees to provide consultation to juvenile justice personnel for youth with SED that are transitioning out of DJC custody.
- 3) Agrees to the procedure for referral from DJC as defined in Appendix II (Guidelines for Referral and Prequalification).
- 4) Agrees to provide periodic training and engage in joint training activities with state and local juvenile justice personnel.
- 5) Agrees to designate key CMH personnel regionally who shall function as the primary liaison with state and local juvenile justice personnel.
- 6) Agrees to assist in transitioning youth with SED who are being released from DJC custody and may require DHW's Adult Mental Health services as they approach the age of majority:

STATE AND LOCAL JUVENILE JUSTICE SYSTEMS

- 1) Agrees to utilize the Referral and Release form, which must be signed by the youth's parent or guardian, or the pre-screening tool that has been approved by the Idaho Council on Children's Mental Health in considering a referral to the children's mental health unit for assessment purposes. (See Appendix III and IV for Referral and Release Form and the Pre-Screening Guide respectively)

- 2) Agrees to provide all necessary information to DHW to assist in the assessment process.
- 3) Agrees to initiate contact with DHW through the designated DHW points of contact during business hours.
- 4) Agrees to assist in the contact of parents and obtaining necessary releases and informed consent for those youth identified through this protocol.
- 5) Agrees to utilize all available resources that make the youth accessible to DHW personnel for the purposes of assessment and consultation.
- 6) Agrees to provide periodic training and engage in joint training activities with state and local juvenile justice personnel.
- 7) Agrees to follow the Crisis Response Protocols that have been established in their own local or regional geographic area.
- 8) Acknowledges that DJC is responsible for the cost of direct provision of mental health services for youth while in the legal custody of that agency.

SIGNATURES FOR APPROVAL

Director of the Department of Health and Welfare

_____-_____-_____
Date

Director of the Department of Juvenile Corrections

_____-_____-_____
Date

County Commissioner

_____-_____-_____
Date

County Probation

_____-_____-_____
Date

APPENDIX I

Eligibility Criteria for Department of Health and Welfare Children's Mental Health Services

Emergency Conditions:

The Department assists families in situations where a child exhibits the following:

1. Psychotic symptoms (e.g. delusions, hallucinations, disorganized thinking, etc.)
2. Risk of harm to self - life threatening risk which, if left unmet may result in physical harm or loss of life.
3. Risk of harm to others - life threatening risk which if left unmet may result in physical harm or loss of life and which is specifically related to psychosis.

A serious emotional disturbance (SED) is not required for Emergency Conditions, but is required for ongoing mental health services.

To be eligible for Department of Health and Welfare Children's Mental Health services on an ongoing basis, a child must have a serious emotional disturbance characterized by a DSM-IV diagnosis as described below ***and*** a functional impairment as described below. A standard clinical assessment will be used to gather and document information required to determine if a child has a serious emotional disturbance.

DSM-IV Diagnosis:

An Axis I clinical disorder is required. A substance abuse disorder, conduct disorder, or developmental disorder alone does not by itself constitute a serious emotional disturbance, although one or more of these disorders may co-exist with a serious emotional disturbance. Co-existing conditions require a joint planning process which crosses programs and settings. V Codes are not considered an Axis I disorder for purposes of this definition.

Functional Impairment:

The Child Adolescent Functional Assessment Scale (CAFAS) will be used to determine the degree of functional impairment. The child must have a full scale score (using all 8 subscales) of 80 or above with a "moderate" impairment in at least one of the following three scales:

1. Self-harmful behavior
2. Moods/emotions
3. Thinking

APPENDIX II

GUIDELINES FOR REFERRAL AND PREQUALIFICATION OF YOUTH WITH SERIOUS EMOTIONAL DISTURBANCE IN THE CUSTODY OF DJC TO DHW

The purpose of this guidance for referral is to qualify children with SED for DHW services as soon as possible after their commitment to DJC, so that they are eligible for follow-up and supportive services from DHW upon release from DJC custody. Children's Mental Health services are voluntary and require the parent's consent in order to provide any service that is not an emergency service. This includes determining eligibility for services upon discharge from DJC.

1. Once committed to DJC custody by a court, the committed child is assessed by a DJC clinician. The assessment includes extensive psychological testing, clinical interview with the child, and observation. Children potentially meeting criteria for DHW services due to SED will be identified by the DJC clinician at this time.
2. Children who are identified by DJC as potentially meeting criteria for DHW services will be staffed at a date and time to be specified, so that a DHW clinician may attend the staffing to collect information regarding the child's SED. DHW will assign a specific clinician for this task so that there is continuity. Whenever possible the DHW clinician will be provided any written reports or testing results prior to the staffing.
3. At the staffing the DHW clinician will inform the child's parents of the availability and advantages of DHW/CMH services upon discharge from DJC custody. If the parents are in agreement, they will sign an Application for Children's Mental Health Services. The DHW clinician may proceed no further without a signed Application for Services by the parents.
4. Once an Application is signed, the DHW clinician will use the DJC clinical evaluation, testing, and any further collateral with the parents, along with scoring a CAFAS (Child and Adolescent Functional Assessment Scale) to make a determination of the child's current eligibility for Children's Mental Health services from DHW. Both DJC and the child's parents will be notified of the Department's determination.
5. If the child is found to be eligible for DHW services, the child will be accorded presumptive eligibility status for DHW services when the child is discharged from DJC custody. The DHW case will be closed from the time of initial eligibility determination until the child is released from DJC custody. At the time of release from DJC custody the child will be assumed to be eligible for services regardless of current functioning. All that will be required is that the parents complete another Application for Services in order to re-open the DHW case so that services may be provided. On re-opening the case, DHW will still have to complete all necessary tasks, such as a Comprehensive Assessment, and a new

APPENDIX II

CAFAS, but these will not be used to determine eligibility as eligibility was determined earlier. DHW will complete a service plan and provide supportive, community based services according to that plan. Parties to the plan will be the parents, child, and DHW. DJC and County Probation may act as consultants in the development of the plan.

APPENDIX IV
DHW PRE-REFERRAL SCALE

Using the scale below, please assess the degree to which the individual's life is influenced by problems associated with his/her emotional/behavioral difficulties. Evaluate each life domain listed by assigning a whole number from zero to three which represents the degree to which that area is influenced by the individual's difficulties ("0" indicates an absence of serious problems; "3" indicates a profound absence of success or healthy activity). Examples of behaviors for each life domain, which can be used to anchor your ratings, are found under the scale points below. Based on your knowledge of the child, please write your rating for each domain in the column entitled "score".

Domain	Score	3 Severe	2 Moderate	1 Mild	0 No Problems
Family		Behavior severe enough to require extensive management by parent to prevent harm to family members or property	Frequent family fighting or overt, provocative defiance of family rules	Has to be "nagged" to do chores	No Problems
School		Long-term expulsion from school, dropped out, or failing	Behavior severe enough to influence programming at school i.e., IEP, SED class	Occasional disruption handled by classroom teacher	No problems
Emotional		Hallucinations, pervasive, severe subjective distress resulting in attempts to harm self or others	Often sad or anxious for little or no observable reason	Occasionally sad or anxious	No problems
Legal/Justice		Multiple arrests, recent or current incarceration	Has been arrested once recently and referred to Probation	Minor violations (shoplifting), but not smoking tickets	No problems
Substance Use		Life centers around use	Occasional "binges" to the point of drunkenness or being high	Occasional use without intoxication	No problems
Mental Health Services		Recent (past 3 months) psychiatric hospitalization	Receives outpatient treatment which doesn't appear to help	Receives outpatient treatment which appears to make a difference	No services
Social		Assaultive, sexually inappropriate, or cannot name one friend	Child has few friends, frequently associates with negative peer group	Behavior or immaturity causes child to be "targeted" by peers	No problems

From "Ecology Rating Scale" by Debra Srebnik, Ph.D. Used with author's permission.

Rater name _____ Signature _____

Rater agency: _____

APPENDIX IV

Child's name: _____ Parent's name: _____

City/County of residence: _____ Parent's phone #: _____

Date completed: _____

A total score of 14 or higher, with at least a "moderate" score in one of these scales - "Emotional" or "Mental Health Services" - should be referred to the Department of Health and Welfare, Children's Mental Health, for assessment. Whether an assessment actually occurs is dependent upon parent acceptance of Department services.

Total scores of less than 14, or scores of 14 or higher without a moderate score in "Emotional" or "Mental Health Services", may still be referred to the Department, but will be evaluated by the Department on a case-by-case basis and may be referred to other resources.

It is the responsibility of the referring agency to notify the parents of the child being evaluated that a referral is being made to the Department for Children's Mental Health Services.

PARENT'S AUTHORIZATION

I give permission to _____ (referring agency) to share the results of this Pre-referral Scale, and the information used to score this scale with the Department of Health and Welfare, Children's Mental Health, for the purpose of accessing a mental health assessment for my child.

I understand the Department of Health and Welfare, Children's Mental Health, will be contacting me to make arrangements for my child's mental health assessment.

I understand services from the Department of Health and Welfare, Children's Mental Health are voluntary and I may decline services at any time either before or after the mental health assessment.

I understand the results of my child's mental health assessment may not be released to the referring agency or any other person or entity without further signed authorizations or consent on my part.

Parent/Guardian Signature

Date