

Interdepartmental Protocol Concerning Title 15 Referrals to The Department of Health and Human Services

I. Purpose of the Protocol

The purpose of this protocol is to establish a framework and process for meeting the needs of youth/children involved with the Division of Juvenile Services (DJS) of the Department of Corrections (DOC) for whom there is a concern that remaining in their homes is contrary to their welfare or safety and may require Department of Health and Human Services (DHHS) custody. Because both departments [DOC and DHHS,] recognize that there are unintended consequences to removing children from their parents' custody, emphasis will be placed on making all reasonable efforts to secure alternative options before consideration of state custody.

This protocol covers all Title 15 referrals, including judicial review of disposition under Title 15 Section 3317. DJS personnel will initiate this interdepartmental protocol when they initially identify youth for whom they believe remaining in their homes, or returning to their homes, is contrary to their welfare and may require custody by DHHS. A recommendation that a youth be placed in DHHS custody may be considered in, but is not limited to, the following situations:

- A youth has a guardian who is unwilling or unable to provide adequate care and protection, and or supervision;
- Reasonable efforts to safely maintain the youth in his her own home have been tried, documented, and substantially failed;
- Parental behavior/environment is a significant risk factor apparently contributing to youth's delinquent behavior;
- When work with the youth and the youth's family has resulted in the youth making progress, but the parent(s) have not adequately progressed so that the youth's care and protection can be assured.

II. Protocol Steps

When considering a recommendation for DHHS custody, the following protocol shall be implemented by DJS personnel. Upon consideration of the individual case characteristics, particularly if there are significant issues — including criminality, abuse/neglect issues, public safety concerns, and or mental health needs — DJS personnel will initiate the following protocol steps:

1. DJS will consult with Children's Behavioral Health Services' (CBHS) Mental Health Program Coordinator assigned to juvenile cases, and other appropriate agencies and individuals as indicated, to assess and review

the youth's unmet mental health and behavioral health treatment needs. The Mental Health Program Coordinator will assist with referrals.

2. Following that consultation, DJS may initiate a referral of the youth for possible DHHS custody, if a youth's situation appears to meet any of the criteria listed in Section I. If the decision is to refer, DJS will notify DHHS by calling the Child Protective Intake office.
3. Within two working days DJS will forward a written referral of the same nature to the appropriate District Office of DHHS. Simultaneously, DJS will notify the youth's parents that a referral to DHHS has been made and that they will be invited to a meeting to review and discuss the referral. When available to DJS, the written referral information to DHHS will include the following:
 - Vital statistics on youth;
 - Primary family members or alternative relative placement;
 - Reasonable efforts that have already been tried to maintain youth in her/his parents' custody;
 - History of any known previous DHHS involvement;
 - Complete criminal history;
 - Current correctional status;
 - Legal guardian/current caretaker;
 - Youth Level of Service/Case Management Inventory (YLS-CMI) findings and any previous assessments and evaluations;
 - Medical history;
 - History with other departments/agencies;
 - School information including special education status and any handicapping condition;
 - Current living circumstances; and
 - Notice of any safety concerns when going into home environment.
4. DJS will schedule an interdepartmental team meeting within three days with DHHS Child Welfare and Children's Behavioral Health Services, and other necessary parties, which should include the juvenile's parents whenever possible. The purpose of this meeting is to assure all pertinent information is available and shared among all participants. The Juvenile Community Corrections Officer (JCCO) of DJS will provide copies of the written referral and results of the Risk/Needs Assessment, YLS/CMI, for this meeting. A date will be set for a Family Team meeting to review the information and findings from the home study.
5. The assigned Child Welfare Caseworker will complete a home study of the family using a standardized format within three weeks of the Interdepartmental Team meeting.

6. The assigned Child Welfare Caseworker will convene a meeting of all stakeholders to review the results of the home study and its findings using the Family Team Meeting planning process. Based on the outcomes of this meeting, one of two plans for the youth/family shall be developed as follows:
 - A. If the team is not recommending removal of the youth from the parents' custody, the meeting will focus on developing an alternative plan for the youth and family, which shall include a comprehensive service plan based on the strengths, needs, and challenges as identified in the Home Study and YLS/CMI. The plan will clearly identify services and actions intended to assist the youth/family in reaching goals that provide for the safety and welfare of the youth and his/her community. Goals, objectives, and assignment of responsibilities will be outlined in the plan. The service plan will also contain a contingency or crisis plan to be implemented should the original plan not be implemented for any unforeseen reasons. If all parties agree to the plan, steps will be taken to implement the case plan as soon as possible.
 - B. If the team is recommending that the youth be placed in DHHS custody, this meeting will focus on the development of an interim plan of care for the youth pending final disposition. This plan will list the factors that contributed to the recommendation for out-of-home placement, and will identify any responsibilities for parents that will be part of the recommendation to the court and be incorporated into the Family Service Plan.
7. If there is professional disagreement concerning the plan, the assigned Child Welfare Caseworker will forward all documentation and a summary of the meeting within two working days to the District Program Administrator for Child Welfare Services, the Regional Team Leader for Children's Behavioral Health Services, and the Regional Correctional Administrator for the Division of Juvenile Services who will meet and review all of the information and develop a recommendation to be returned to the Youth's Team. Upon agreement this recommendation will be presented at the court hearing.
8. Should the Regional Management, comprised of members listed in number 7, be unable to achieve agreement within two days of receiving the documentation and request for review, the material will be forwarded, along with a summary of issues raised and unresolved by the Regional Management, to the DHHS Director of Children's Behavioral Health Services, the DHHS Director of Child Welfare Services, and the DOC Associate Commissioner for Juvenile Services who will review all materials and develop a recommendation to be returned to the Regional

Management Team and the Youth's Team. This recommendation will be presented at the court hearing.

9. Regardless of specific time frames listed in each section, the process from receipt of referral by the Child Protective Intake until the recommendation to provide to the court is agreed to by all parties, shall not exceed 30 days.
10. DJS in conjunction with the attorney for the state will assure that all parties, including legal and putative parents, shall be notified, and that an income affidavit is distributed.
11. If the youth is placed in DHHS custody all parties of this protocol agree that both departments will stay actively involved and continue to work collaboratively on all significant case management issues that may arise concerning the youth while the juvenile remains under the jurisdiction of both Departments.
12. The lead person in each department responsible for policy implementation, training, and clarifying questions will be:
 - DJS — Director, Juvenile Programs
 - DHHS — Director, Child Welfare Services
 - DHHS – Director, Children's Behavioral Health Services
13. At a minimum, there will be quarterly meetings to review this protocol to determine how it is working, if adjustments need to be made to the protocol, its implementation, or the training around the protocol. DOC's Associate Commissioner of Juvenile Services will convene any necessary meetings.
14. This protocol may be amended by agreement of all parties.

Signatures of agreement for Interdepartmental Protocol Concerning Title 15

January 27, 2007 S/ Brenda Harvey
Date Commissioner, Department of Health & Human Services

January 23, 2007 S/ Marty Magnusson
Date Commissioner, Department of Corrections