

Family Support Centers
Serving Families with Service Needs in Connecticut



Prepared by the State of Connecticut Judicial Branch
Court Support Services Division
Center for Best Practices

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DRAFT

This information is intended to provide a brief description of the Family Support Center (FSC) program and the detailed process that has been developed to achieve successful implementation. The document reflects a collaborative process between the CSSD Center for Best Practices, Grants and Contracts, Juvenile Probation, and FSC providers. Questions can be directed to Erika Nowakowski, Court Planner at Erika.Nowakowski@jud.ct.gov, Carmen Garcia, Compliance Staff at Carmen.Garcia@jud.ct.gov, Daisy Ortiz,, Compliance Staff at Daisy.Ortiz@jud.ct.gov or Kimberly Selvaggi, Program Manager at Kimberly.Selvaggi@jud.ct.gov

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Summary

Since 2005, legislative change impacting the treatment and handling of status offenders (or Families with Service Needs, FWSN) resulted in the development of distinct services for FWSN children and their families. Beginning with the prohibition on a court's placing an adjudicated child in detention for a violation of a court order, changes in the law also called for statewide process modification for the handling of FWSN referrals. Public Act 05-250 establishes that "no child that is found to be in violation of any such FWSN order may be punished for such violation by commitment to any juvenile detention center". In 2006, the legislature authorized an amendment to this legislation, Public Act 06-188, which established the Families with Service Needs Advisory Board to oversee the implementation of services in response to 05-250. The most recent legislative change came in an amendment of 46b-149 which changed the FWSN statute substantially, resulting in the development and funding of Family Support Centers.

Description of FWSNs:

There are approximately 4000 FWSN children and families referred to the court each year, making up one-third of all cases in Juvenile Probation. More than 50% of them are referred for Truancy, followed by Beyond Control, and Runaway. 900 have significant needs and/or escalating behaviors that result in more court involvement and often detainment or placement. FWSN is often the gateway for many adolescents to the delinquency side of the court. Research shows that these adolescents need support and treatment for family, school, and peer issues.

Process:

The Judicial Branch worked with DCF to develop a service delivery strategy to satisfy requirements outlined in 05-250, which was then approved by the FWSN Advisory Board. Subsequently, full funding for the first year of the plan was included in the approved state budget and implementation of Family Support Centers began in October of 2007.

Program Description:

The FSC model is a multi-service "one-stop" for FWSN referred juveniles and their families. This program model was predicated on research of best practices to divert status offenders from court involvement. There are seven FSC programs in Bridgeport, Hartford, Middletown, New Britain, New Haven, Waterbury, and Waterford. In the smaller Juvenile Court locations, Danbury, Norwalk/Stamford, Rockville, Torrington, and Willimantic, FSC services were embedded into existing CSSD contracted community based program YES! (Youth Equipped for Success) to allow for service for status offenders to be provided across the state.

The purpose of the FSC is to quickly assess service and/or treatment needs for the children and families and then provide and/or access the needed services in a timely fashion. FSC staff is trained to provide key services for status offending children and their families. Core FSC services include:

- ◆ Assessment
- ◆ Crisis Intervention
- ◆ Family Mediation
- ◆ Education Advocacy
- ◆ Case Planning
- ◆ Case Management
- ◆ Psycho-educational and cognitive behavioral groups (i.e. ATP, MET/CBT, Voices, Girls Circle, Boys Council, TARGET, and parent support groups)

Flexible funding is also available for pro-social activities including special programs, classes, and vocational training. Other services that children and families need are available through referral.

This model is design to help FWSN children and their families in the following areas:

- Diversion from further court involvement
- Improved school attendance
- Decreased school suspensions
- Improved family functioning
- Decreased stress/ perceived emotional distress
- Increased resiliency
- Improved community connections
- Decreased DCF placements
- Increased participation in pro-social activities/ community connections

Referral Information for CSSD funded Family Support Centers

Program Description: The FSC model is a multi-service “one-stop” for FWSN referred juveniles. The goal is to divert status offenders from court involvement by providing appropriate and effective services as behaviors begin to escalate. The FSC will offer crisis intervention services coupled with an array of interventions, treatment, and linkages to other appropriate programs as needed. Core program elements of the FSC include:

- Screening and assessment (Mental health, trauma, substance abuse, family dynamics, strengths)
- Crisis intervention
- Family mediation
- Educational assessments and advocacy
- Mental health treatment and services, including trauma treatment and services
- Resiliency skills building
- *Flex Funding for pro-social activities (special programs, classes, vocational training)
- *Access to respite care (CARE Programs)
- *Access to existing services - CSSD (slots for BSFT, MST, IICAPS, and court-based assessments, either expanded or existing), DCF (mentoring, extended day programs, clinical after school programs, and vocational skills building programs through local and state agreements), and other community-based programs.

*Information regarding access to non-FSC services is attached.

The intended outcomes of the FSC model include:

- Decreased Court-Involvement
- Improved Educational Functioning
- Improved Family Functioning
- Increased Resiliency
- Improved Community Connections

Population: The target population includes girls/boys who are 11 – 16 years old, status offending, with escalating behaviors, who do not pose a significant threat to the public but are engaging in risky behaviors. The target population for the FSC includes families with girls and boys who:

- Were referred to the court as a FWSN because of running away, beyond control, truancy, defiance of school rules, or other behaviors defined as FWSN resulting in either non-judicial or judicial case assignment.
- Are from various racial, ethnic and socioeconomic groups
- Have a history of risky behavior (running away, beyond control, truancy, etc.)
- Do not pose a threat to public safety
- Are able to remain home or for whom alternative custody arrangements in the community can be established, including temporary respite care

Referral Protocol: FSC is a voluntary program that is offered as a diversion to court involvement through the Juvenile Probation department. All children and their families referred to the FSC shall be asked to sign an agreement verifying their willingness to participate in the program and to comply with all program requirements, including release of information forms with the Department of Children and Families and others as necessary.

1. In accordance with the triage process, Juvenile Probation Supervisors may, upon receipt of referral, be the referring agent to the FSC. Those referrals made by a Supervisor will be made within 24 hours of their review. The JPO may make a referral following consultation with the supervisor that a child be referred to the FSC as a result of an assessment/interview conducted by the assigned Probation Officer.
2. Probation will notify the referral sources and the family of the referral made to FSC. This is to ensure that the family understands what actions will follow and encourage engagement of the juvenile and family with the FSC.
3. The FSC referral form will be filled out as completely as possible and faxed or e-mailed to the FSC provider (see attachments for the referral form and referral form directions).
4. Within one (1) hour of receiving a referral, the FSC provider will call or e-mail the assigned Probation Officer to acknowledge its receipt.
5. The FSC provider will attempt to contact the family within 3 hours of the referral to determine urgency of need. Those that require crisis intervention will be seen as soon as possible, following the initial contact, usually that same day. Those not requiring immediate intervention shall be scheduled for intake within 72 hours.
6. It is recommended that FSC and assigned probation officer discuss and collaborate as to status of case and recommendations for services / treatment within completion of admission.
7. FSC may not accept referrals that have been referred to and / or are receiving a higher level of care (i.e. IOP, MST, and IICAPS) concurrently with a referral to FSC.

Program Communication:

1. Within one (1) hour of receiving a referral, the FSC provider will call or e-mail the assigned Probation Officer to acknowledge its receipt.
2. Following the assessment process or triage of the case to services, the FSC will inform the assigned Probation Officer of all referrals for service made on behalf of the child and family, if a Probation Officer is assigned. Information about the content of the assessment will not be reported, unless a release is signed by the parent or guardian.
3. If a child requires respite care, a referral will be made directly to the CARE program by the FSC. Written notification will be e-mailed or faxed to the assigned Probation Officer (see attached).
4. If the assessment reveals that the child/family is in need of a home-based service that is only accessible through the probation department (MST, BSFT, or IICAPS), a request will be made in writing to the office supervisor, with a copy to the assigned JPO, utilizing the Justification Form included. Supervisors will grant access to services based on demonstrated need, slot availability, waiting lists, and anticipated openings. Supervisors will inform the FSC of their decision within 24 hours of receipt of request (see attached).
5. The FSC staff may contact the DCF FWSN Liaison at any time to request a consultation regarding services that may be available to the child and family. FSC staff will also request a consultation if services have been attempted and the FSC is considering a notification to the assigned Probation Officer that “the child and family can no longer benefit from services” and the presenting problems have escalated or worsened.
6. The FSC staff will notify the assigned Probation Officer when “the child and family can no longer benefit from services” because the presenting problems have been resolved. The Probation Officer may use this information when assessing the appropriateness to close a case.
7. The FSC staff will notify the assigned Probation Officer when “the child and family can no longer benefit from services” and the presenting problems have escalated or worsened. The Probation Officer may use this information when assessing the appropriateness to request a Case Review Team meeting to determine possible next steps. The FSC staff should be invited to attend the CRT.

Directions for making a referral to the Family Support Center:

1. COMPLETE THE REFERRAL FORM, PROVIDING AS MUCH INFORMATION AS POSSIBLE. If you do not have the information requested please put UNKNOWN in the box. If boxes are left empty, please anticipate that the FSC staff may contact you seeking additional information. FSC staff is required to be as thorough as possible in gathering information about a child and family.
2. FAX THE FORM TO THE FSC, INCLUDING A COPY OF THE FWSN COMPLAINT. Please note the time you made the referral,
3. CALL THE FSC. In the event that you do not hear back from the FSC within an hour, you will need to call and verify it was received.
4. PROGRAM LIAISONS WILL TRACK THE REFERRALS MADE TO THE FSC. It is recommended that each office Program Liaison maintain a list of clients that are referred to the FSC (inclusive of the client numbers so tracking is available for a research project).

Family with Service Needs Triage and FSC Referral Form

FWSN Complainant: _____ Date Complaint was made: _____

Date Probation Supervisor received FWSN Complaint Form: _____

I. CLIENT INFORMATION

CA#: _____ CL #: _____

Name: _____ D.O.B: _____ Age: _____ Gender: _____

Current Address: _____

Phone Number _____ Medical Ins. (plan name & ID #) _____

SS # _____ Race/Cultural/Ethnic Background: _____

Mother/guardian Information		Father/guardian Information	
Name:		Name:	
Address:		Address:	
ZIP Code:		ZIP Code:	
Email:		Email:	
Telephone:		Telephone:	
Other Phone:		Other Phone:	

Referrals to the FSC should be made when 3 or more of the following factors are present as ascertained from the referral form or subsequent to an interview:

FWSN Complaints:

- Previous history of running away.
- Child missing for over 24 hours at the time of complaint.
- Recent hospitalization for behavioral/mental health problems.
- History of DCF involvement.
- Child involved with substance abuse.
- Child chronically violating curfew (out past 11pm).
- Child engaging in verbal arguments beyond simply talking back (screaming/swearing).
- Child engaging in physical violence in the home.
- Child has had previous out of home placements including with other family members, because of problematic behavior.
- Two Prior FWSN Referrals.
- Three (3) or more warnings on MAYSI-II (current or prior)
- Brief Risk Assessment Tool score of ____
- One or more years of school failure resulting from truancy.
- Three (3) or more warnings on MAYSI-II

_____ Total number of factors present

Probation Officer Assigned: _____ Contact #: _____

Is client being referred to FSC? ____yes ____no

If no, sign here, and then stop here. If yes, please complete the rest of the form.

Signature

Title/Position

Date

II. SCHOOL

Current Grade: _____ Current School Name and Address _____

Contact Person and Phone Number _____

Special Education Student? ____yes ____no

School Counselor or Social Worker: _____

III. BACKGROUND INFORMATION:

Who is the adult primarily responsible for the child's care?

Name: _____ Relationship: _____

Address: _____ Phone: _____

Primary Language(s) Spoken in home: _____

Other individuals residing in home with client:

Name	Relationship to Client	Age

Current DCF involvement: ____yes ____no

If yes, please describe:

Past DCF involvement: ____yes ____no

If yes, please describe:

Involved with the System of Care: ____yes ____no

If yes, please describe:

Any known or suspected safety concerns in home? ____yes ____no

(if yes, explain): _____

IV. CLIENT TREATMENT HISTORY:

Current/Prior Treatment History

Agency/Facility	Dates of Treatment	Treatment Modality (individual, inpatient, outpatient)	Discharge Status (successful/unsuccessful)	Phone #	Contact Name

Diagnosis information:

DSM IV Axis I: _____

Axis II: _____

V. CURRENT MEDICATIONS: (include over the counter)

Name:	Dose/frequency:	Prescribing Physician:	Phone:

Allergies: _____

VI. ADDITIONAL INFORMATION:

Current or Past Delinquency? ____yes ____no Current or Past Detention? ____yes ____no
 If yes, please describe:

JAG Completed? ____yes ____no if yes, fax scores to FSC

MAYSI Completed? ____yes ____no if yes, fax scores to FSC

FWSN Agreement? ? ____yes ____no if yes, Start Date _____ End Date _____

VII. REFERRAL TO FSC

Documents to send to FSC for referral:

- JAG scores
- MAYSI scores
- FWSN Complaint Form
- This completed Triage and Referral Form

Signature of completer Title/Position Date Sending Form

Protocol for FSC and CARE clients to access CSSD contracted services through Probation

If a child/family is receiving services from the CARE program or from the Family Support Center, and the provider makes a determination that the service the child and family need is one that is only available through the CSSD contracted service network that serves probation (i.e. BSFT, MST, IICAPS), the provider must provide a written justification supporting the need for service to the Supervisor and assigned Probation Officer. This written request should indicate:

1. What services have already been tried with the child/family
2. How the service requested matches the needs of the child/family as determined by the assessment process
3. If there is an alternative service that can be offered; by whom and when (see Justification for CSSD-Funded Treatment/ Behavioral Health Services)

The probation office Supervisor will determine whether or not to allocate the requested slot.

1. If the client has been seen by a probation officer, the staff at FSC should make contact with that person before sending the request to the Supervisor, notifying them of the request.
2. If there is slot availability and the information provided is sufficient, the Probation Supervisor will notify the FSC or CARE staff of the approved request AND will contact the requested contracted service provider to notify them of such authorization. The FSC or CARE program is responsible for making the actual referral to the requested contracted service.
3. If there is no slot availability, the Probation Supervisor will notify the FSC or CARE staff within 24 hours of the request, noting when a slot may become available.
4. If there is slot availability, however the Probation Supervisor does not believe that the information provided is sufficient, the Probation Supervisor will inform the assigned Probation Officer, the FSC or CARE staff and the contract monitor to further review within 24 hours from the date of the request. This discussion may occur by email or phone. If a consensus is not reached, the matter is referred to the Regional Manager and the Program Manager of Girls' Services for final review and determination.
5. Monthly tracking should be maintained by the Probation Supervisor, or their designee, maintaining a record of the clients, inclusive of case numbers, referred to the CSSD contracted service providers by the FSC or CARE programs.

Communication Protocol after referral is made from FSC to CSSD program slot:

1. The FSC assumes responsibility for the case as "case manager", however, the treatment provider remains responsible as the clinical lead on the case.
2. The treatment provider will contact FSC either before or simultaneously with Probation for client/family specific information that needs attention.
3. Monthly reports regarding the client will be forwarded to FSC and Probation.
4. If the child and family are not able to engage in services, or services are being terminated for any reason, the treatment provider shall meet with FSC and collectively report to Probation.
5. Since the treatment provider is the clinical lead on the case, they will be responsible (as is current and preferred practice) to recommend and help clients and families access services outside of the treatment model. FSC may be asked for a service but the FSC may not direct clients to a service during treatment.

Protocol for access to CARE

I. CARE Program Girls Only – Connecticut Junior Republic, Waterbury, Ct

Program Description: The CARE program exists to intervene and divert status-offending girls from further involvement in the juvenile justice system and detention. Services include 6 respite care beds, on-site stabilization, and assessment and case management in a staff secure facility, 24 hours per day. The provider will connect girls and their families to home-based, family-centered interventions and access other community based services as needed both during and following a stay at CARE. The average length of stay is 3 – 14 days, to be determined by the provider, the client, and his/her family upon intake. Total program involvement may be up to 4 months. Each CARE program will serve more than 100 clients per year.

Population: The target population includes girls who are 11 – 16 years old, status offending, with escalating behaviors, may be at risk of removal from home and who do not pose a significant threat to the public but are engaging in risky behaviors. The CARE Program is intended for status offending girls as a diversion from further court involvement or detention. If none of the following exclusionary criteria are present, clients who may be referred to CARE include:

- Experiencing acute crisis with parent(s) in the home
- Runaways
- At risk of being put out of the home by a parent
- In violation of FWSN Supervision

The goal is to divert FWSN's from further judicial involvement. The JAG may or may not have been conducted. The MAYSI will be administered prior to making a referral in an effort to screen out girls/boys with significant mental health issues.

Clients who are not eligible for this program include the following:

- Actively homicidal, suicidal or psychotic
- In need of detoxification
- Severely developmentally disabled
- Lacking an available parent, guardian or potential caregiver
- Sex offender
- Poses a serious threat of assault
- Chronically delinquent or currently on probation for a delinquent charge

Referral Protocol:

1. If probation believes that a CARE referral is needed for a child who fits the criteria as outlined above AND the office has access to a FSC, the referral should be made immediately to the FSC noting the recommendation of CARE on the FSC referral.
2. Probation officers will contact the FSC by phone following the fax or e-mail referral to ensure receipt and to verbally inform the staff of the recommendation for CARE.
3. FSC staff will immediately contact the child and family and determine urgency of need for services.
4. FSC staff will contact CARE to notify them of an impending intake, forwarding the referral form and information sent by probation.
5. FSC staff will be available to Probation and to CARE as needed to ensure effective communication on behalf of each referred client.

6. CARE remains responsible for reporting and communicating with probation as outlined herein and will provide the same information to the FSC, according to the same guidelines.
7. FSC and CARE will work together toward successful discharge and aftercare services as needed.

Program Communication:

1. Once referral is made to CARE by the probation officer, CARE staff will contact probation within 6 hours of the referral to acknowledge acceptance or denial of a referral. It is expected that if probation contacts the CARE program regarding a pending referral and requests an immediate response, CARE staff will contact probation within 1 hour whenever possible.
2. If accepted, CARE staff will update probation via telephone after 3 days to provide an update of her/his progress/status. On the 5th day, a discharge plan will be faxed to probation. The discharge plan will include a summary of the assessment findings, overview of service plan, treatment recommendations and discharge date. Phone contact will continue between CARE and probation every two days until she returns home.
3. If there is some reason the child can not return home, the probation officer will be notified as soon as possible but not after the 5th day. At that time, a CRT will be scheduled within 72 hours.
4. In cases of the family refusing to accept the child back into the home, the CARE staff will call the DCF hotline and file a 136. Probation will work with DCF and CARE staff to determine the best course of action. The Probation officer will work to secure a court date prior to CARE release date (day 14 is maximum length of stay).
5. If a child refuses to return home and the case is pre-adjudicatory or there is no pending petition the JPO will consult with the Probation Supervisor and the DCF liaison to determine next steps. If there is a pending petition before the court the JPO will consult with the Probation Supervisor and DCF liaison and may request an in-court review of the pending FWSN petition. The DCF liaison will be notified of said hearing. DCF or the JPO may request an OTC at the hearing.

Readmission will be allowed in two instances only, with Probation Supervisor approval. If recommended by the MST or MDFT therapist in conjunction with CARE, the Supervisor may make a re-referral in special circumstances. Alternately, a girl/boy may be referred to CARE more than once if there is at least one year between referrals. Exceptions will be made on a case by case basis.

**State of Connecticut Judicial Branch
Court Support Services Division
Contracted Services for Families with Service Needs**

<i>Location</i>	<i>Provider/Site Location</i>	<i>Contact Information</i>	<i>CSSD Contact</i>
Stand Alone FSC Program			
Bridgeport	CT Renaissance 1120 Main Street Bridgeport, CT 06604	Maria Lamb Ph: 203-333-2040 ext2326 Fax: 203-333-2152 Cell:203-814-8988 marial@ctrenaissance.com	Daisy Ortiz
Hartford	Wheeler Clinic 103 Woodland Street Hartford, Ct 06105	Lisa Griffiths Ph: 860-241-0317 ext. 244 Fax: 860-241-0327 lgriffiths@wheelerclinic.org	Carmen Garcia
Middletown	CT Junior Republic 3 Colony St Meriden, CT 06451	Danyell Jackson 203-982-0782 (cell) djackson@cjryouth.org	Daisy Ortiz
New Britain	CT Junior Republic 29 Russell St New Britain, CT 06052	Gira (Gigi) Valentin Ph: 860-357-4467 Cell: 860-839-1889 Fax: 860-357-4472 gvalentin@cjryouth.org	Carmen Garcia
New Haven	St. Francis Home for Children 672 Congress Ave New Haven, CT 06519	Kathy Brown Ph: 203-401-2066 ext. 26 Cell: 203-889-6721 Fax: 203-401-2099 JCarroll@stfrancishome.com	Daisy Ortiz
Waterbury	CT Junior Republic 80 Prospect Street Waterbury, Ct 06702	Ana M. Flamengo, MPA Ph: (203) 759-1189 ext. 201 Fax:(203) 759-1224 Cell: (203)-528-6384 aflamengo@cjryouth.org	Carmen Garcia
Waterford	NAFI 21 Montauk Ave New London, CT 06320	Kenisha Farquharson 860-478-7800 kenishafarquharson@nafi.com	Daisy Ortiz
YES! Expansion (FSC Services)			
Danbury	CT Junior Republic 72 North St. Suite 306 Danbury, CT 06810	Erica Hikec 203-797-8575 ehikec@cjryouth.org	Carmen Garcia
Torrington	CT Junior Republic 168 South Main St Torrington, CT 06790	Jody Cohen 860-482-7600 jcohen@cjryouth.org	Carmen Garcia
Norwalk/Stamford	CT Renaissance 4 Byington Place Norwalk, CT 06852	Greg Hilgert 203-854-2915 GregH@ctrenaissance.com	Daisy Ortiz
Rockville	Forensic Health Services 112 Spencer St Manchester, CT 06040	Patricia Skoog 860-646-1300 pskoog@forensichealthservices.com	Carmen Garcia

Willimantic	NAFI 322 Main St 2 nd Floor Willimantic, CT 06226	Karley Watkins 860-576-5011 karleywatkins@nafi.com	Carmen Garcia
CARE Programs			
CARE Program for Girls	CT Junior Republic 80 Prospect Street Waterbury, Ct	Chris Jaffer 203-757-9939 ext. 222 cjaffer@cjyouth.org	Kelly Stutzman

CSSD Contacts

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**JUSTIFICATION FORM FOR CSSD-FUNDED TREATMENT/ BEHAVIORAL
HEALTH SERVICES**

Client first name and initial of last name: _____

Probation CA#: _____ and/ or CL#: _____

Probation Officer: _____

Program currently attending: _____ Staff Contact: _____

Service slot requested: MST IICAPS BSFT FFT Other

Assessments conducted: _____

How does the service requested match the risk/needs/strengths of the child/family? _____

What services or interventions have already been tried? _____

Is there an alternative service that can be offered? If so, what is it? When is it available? _____

Supervisor Signature _____ Date _____

To be filled out by Juvenile Probation

Is the requested slot available? Y N if no, when will it be available?
Date: _____

Is the justification sufficient? Y N if no, what other information is needed?

Does the Supervisor authorize the slot? Y N

Probation Supervisor Signature

Upon completion, please forward to the agent requesting the slot. If the slot is approved, also forward to the slot provider (MST, IICAPS, and BSFT). If not approved, also forward to the contract monitor.

Communication Protocols:

The following information is intended to outline the goal and process for streamlining communication for referrals and active cases made by Juvenile Probation to the Family Support Center.

Goal:

Seamless, reciprocal information sharing between Juvenile Probation and Family Support Centers that will generate agreements and concrete plans to achieve successful program implementation, so that children and families receive the best possible care.

Process:

To ensure information sharing and opportunities for feedback, meetings with Juvenile Probation and Family Support Centers will be arranged by central office program staff. The following outlines the plan for meeting configuration¹,

- 1) 1st meeting to take place with Juvenile Probation Supervisors, Center for Best Practice Staff, and the FSC Contract Compliance Specialist. The agenda will include:
 - a) Referral Information for CSSD funded FSC
 - b) Protocols for FSC and CARE client to access CSSD contracted services available through probation
 - c) Protocols for access to CARE
 - i) Justification for CSSD-Funded Treatment /Behavioral Health Service Form
 - ii) FWSN Juvenile Evaluation for Service/Data Form
 - iii) FWSN Parental Notice
 - d) Monthly Status Report
 - e) Communication Protocols for FSC to J.P.O./ Supervisor
 - f) Length of Stay and Case Closing
 - g) Recommendations for non-compliant youth/family
 - (1) 1st letter Attempt
 - (2) 2nd letter attempt
 - h) Other items as suggested by Supervisors
 - i) Open discussion.
- 2) 2nd meeting to take place with FSC staff, Contract Compliance Specialist, and Center for Best Practice to present above (a-h) and a discussion of any corrective actions needed based on feedback from Juvenile Probation.
- 3) 3rd meeting to take place with Juvenile Probation Supervisors and Officers, FSC, Center for Best Practice staff, and Contract Compliance Specialist to “close the loop” on program operations and communication processes. This meeting will continue to take place on an as needed basis to continue to identify what is working and not working and create corrective action within a collaborative framework.
- 4) 4th meeting will provide staff training as needed to assure process implementation and successful program outcomes.

Attachments:

- Referral Information for CSSD funded FSC
- Monthly Status Report
- Communication Protocols for FSC to J.P.O.
- Length of Stay and Case Closing
- Recommendations for non-compliant youth/family

¹ Meeting participants can include, as appropriate, DCF, DCF FWSN DCF Liaison, and other Probation representatives

Triage meetings: Family Support Centers and Juvenile Probation

The intent of this process is to clarify communication exchanges between FSC and Juvenile Probation. The goal is divert status offenders from court involvement and to decrease interaction and/or reliance of the child and family on the court. The process below is designed to meet this goal and ensure that all parties are abreast of the child's service needs and treatment status. This will ensure that appropriate decisions are made regarding DCF involved FWSN children and those who have escalating behaviors despite FSC interventions.

Clients to be presented at this Triage / monthly case review meetings can include:

1. A client with escalating behaviors and FSC program has exhausted all options.
2. A client not engaging and or complying in services and FSC has exhausted all strategies.
3. Clients that are significantly involved with DCF and it would be more appropriate for client to be serviced by DCF.
4. A client who FSC believes is likely to become further involved with court.
5. A child who is involved with the Family Support Center and the FSC believes that DCF services are also indicated. In this case the FSC staff will consult with the DCF FWSN Court Liaison. If indicated the DCF FWSN Court Liaison will make the referral for DCF services via the FWSN Protocol, and may arrange a meeting between the FSC, the child and family and the DCF Area Office for planning purposes.

When clients are presented at triage/monthly case review meetings, all parties will work to come to an agreement of appropriate next steps for the child and family. A Release of information must be in place prior to meeting. Some examples of meeting outcomes include;

1. Parties may agree that clients with escalating behaviors and FSC program has exhausted all options can be better served by Probation.
2. Parties may agree that clients significantly involved with DCF may be better served by DCF. DCF will take lead in servicing the client and family.
3. Parties may agree that clients assessed by FSC as at risk for possibly becoming further involved with court may develop a plan that outlines next steps.

Other recommended communication protocols

Monthly meetings should occur with FSC, Probation FWSN Liaison, and other agencies, as appropriate. The agenda will include monthly status report, upcoming referrals, intakes, and discharges

FSC will lead a case review on any resistant/ non-compliant clients who may be referred back to Probation, and will include recommended next steps, and discuss programmatic concerns and possible solutions.

FSC will use the Authorization form and e-mail it to the designated person(s) when requesting access to CSSD contracted services. FSC will contact the probation officer, if previously involved with the client before requesting the slot.

FSC will contact Probation by phone when a child's needs have escalated and / or the child is in imminent risk

FSC will report non-compliant and/or service resistant children and families in the monthly report to probation for each child.

FSC will report successful closing a case via e-mail and in the monthly report (as a close out report)

THE FOLLOWING SECTION IS FOR FSC STAFF ONLY

Client Service Level Types

Note: the following information distinguishes the youth served at the FSC into three types:

1. Service Level 1: FSC client is a juvenile / family receiving primary service at the FSC with an initial collaborative plan developed and reviewed every 30 days.
2. Service Level 2: FSC client is a juvenile/ family who has been referred to a CSSD contracted service or is receiving primary services through outside community provider because assessments indicate that a higher level of care is needed. Since the treatment provider is the clinical lead on the case, they will be responsible (as is current and preferred practice) to recommend and help clients and families access services outside of the treatment model. FSC may be asked for a service but the FSC may not direct clients to a service during treatment.
3. Service Level 3 client has successfully met treatment goals and is in process of being discharged. Program is coordinating aftercare services.

Length of Stay and Discharge for Service Level 1 Clients

Each FSC will determine when a child and family are ready to be discharged from services based on the continued review and update of the service plan in collaboration with the child and family. It is estimated that services provided may range from 4 to 5 months, as appropriate and based on the successful completion of treatment plan goals and results of a brief re-assessment. Re-assessment should be conducted at point of discharge and utilizing the JAG instrument. Service Level 2 Clients do not receive a re-assessment from the FSC.

Clients, who are discharged from the FSC, if needed and based on a comprehensive plan of treatment, can have their cases re-opened at the FSC for services without involvement with probation or a new FWSN compliant. The contracted service provider (MST, IICAPS, and BSFT) and FSC will make this determination and seek consultation from the Compliance Specialist to ensure that re-admission to FSC is appropriate or if other actions should be taken.

If it is determined that a FWSN compliant is the best route, FSC will communicate with Probation to alert them of the situation.

Service Level 2 Clients will be discharged from FSC under the following conditions:

- a. Immediately after the client and family are fully engaged in services and with agreement from CSSD contracted provider or community based service provider,
- b. Upon discharge from service (i.e. MST, IICAPS, and BSFT),
- c. No significant disruptions in the last 30 days,

When a Service Level 2 client remains open with the FSC it is recommended that FSC remain informed of clients status with external provider. Client status can be obtained by way of monthly status reports and or case review meetings. Client status information obtained will feed into the Service Level 2 Collaborative Plan Review Form. The Service Level 2 Collaborative Plan Review form should be updated monthly. The FSC can discharge the client from FSC services per above conditions.

FSC Screening and Assessment Instruments, Process, and Forms

After a comprehensive review of screening and assessment tools and processes, the following instruments and processes are recommended for implementation at the Family Support Centers. Best practices indicate that screening be conducted with all clients and that assessments done only if significant concerns are found through screening or other sources.

Instruments Recommended for Screening

- The Massachusetts Youth Screening Instrument-2 (MAYSI-2)
- The Suicidal Ideation Questionnaire (SIQ), and,
- The CT Juvenile Assessment Generic (JAG).

Basis Needs Screening: At intake the case manager is to discuss with the client and family any basic needs that they may have and review the Basic Needs Screening form. This is self-administered form assistance in completing the form can be provided when requested by the client and or family (see Basic Needs Screen Form).

The purpose of conducting these instruments is to screen clients for imminent risk/danger, including harm to one's self or others, assess emotional status, assess for imminent psychosocial needs, and assess for protective, risk and criminogenic factors. These screenings will assist the case manager in determining the client's and/or families immediate needs.

Instrument Recommended for Assessment

Research tells us that assessments should only be administered when the screening results indicate a significant concern.

- When further assessment is necessary it is recommended that the Child and Adolescent Needs and Strengths with Mental Health Challenges (CANS-MH) be administered.

Recommended Approach for Service Planning:

- The Collaborative Plan (CP) is recommended as it bridges screening and assessment information regarding identified needs and strengths of the client and family to services. The CP embraces the importance of client-treatment matching which is based on the screening and assessment process. The CP is a document that should be created collaboratively with the client and family using screening results, assessment results, and any collateral information obtained.

Process

Process is defined as a series of goal directed, inter-related procedures that transforms resources into a desired service or outcome. The following process will provide a standardized step-by-step guide regarding the screening and assessment of juveniles referred to the FSC. This process delineates staff's roles, not only to ensure a standard process across all the FSC's but to also identify each staff's responsibilities.

Initial face to face contact

Upon receiving a referral from Juvenile Probation, the FSC will determine if the referral is appropriate and then contact the family within three (3) hours of receipt of referral to schedule an initial face to face meeting. The initial face to face contact will be conducted by the primary case manager who will remain the client's and family's primary contact person while receiving services at the FSC. The focus of the initial face to face contact is to obtain and provide some essential information:

- 1) Client Rights and Responsibilities
- 2) Clients Treatment Consent Forms
- 3) Authorization to Release/Obtain Confidential Information

- 4) Grievance Procedures
- 5) Other agency forms

The initial face to face contact will also serve as the time when the case manager administers primary screening instruments. The recommended screening instruments are the Massachusetts Youth Screening Instrument-2 (MAYSI-2), the Suicidal Ideation Questionnaire (SIQ) if applicable, and the CT Juvenile Assessment Generic (JAG). The purpose for these screenings is to assess for imminent danger, including harm to one's self or others, assess emotional status, assess for imminent psychosocial needs, and assess for protective, risk and criminogenic factors. These screenings will assist the case manager in determining the client's and/or families immediate needs. The case manager may recommend continued service with the FSC or refer for a higher level of care, which may include the local emergency department or respite. It is imperative for the case manager to score the MAYSI-2 and SIQ while at this initial face to face visit.

When deemed appropriate, based on screening instrument scores and agency policy/guidelines, the case manager shall develop a safety plan with the client and family. The designated FSC staff will follow-up with the client and family within 24 hours to continue to screen/monitor for imminent danger and safety.

When there is no imminent danger or safety concern, the primary case manager will administer the JAG to the client. Re-assessment should be conducted at point of discharge utilizing the JAG instrument. Service Level 2 client do not receive a re-assessment from the FSC.

At end of the initial face to face contact, the primary case manager should coordinate a second appointment with the client and family to be held at the FSC. The primary case manager will explain what will occur at the next appointment, who they will meet, and anticipated length of that appointment. In instances where smaller children are in the home, the parent/guardian may need to take time off from work, or any other extenuating circumstances, the case manager should explain to the parent/guardian how much of that time the parent/guardian will actually be needed so appropriate accommodations can be made. In circumstances when the client and/or family cannot make it to the FSC for services, and after all transportation options have been exhausted, services will be provided in the client's/family's home.

Before the second face to face contact with the client and family, the case manager, clinical coordinator and educational advocate will review the results of the MAYSI, SIQ, and JAG, as well as discuss any notable observations of the first face to face contact. They will also review any collateral information obtained from Juvenile Probation, school, and/or other providers involved with the client and family. The case manager and clinical coordinator will begin to outline the Collaborative Plan (a.k.a. TX plan). At this point the clinical coordinator and case manager will determine if further assessment is needed.

Second face to face contact

At the second visit, the case manager will provide an orientation to the facility, staff, and program expectations to the client and family. They will also remind the client and family of what will be occurring during this visit. Upon completion of the orientation and if no further assessment is needed, the case manager, in partnership with the client and family, will then review the screening instruments results and begin to develop the collaborative plan.

At the second visit, the educational advocate should take that opportunity to follow up on any educational status information.

Research tells us that assessments should only be administered when the screening results indicate a significant concern. Furthermore, the assessments to be administered should be focused on the identified area of concern documented through the screening process.

Once it is determined that further assessment is needed, the clinical coordinator will, at the second visit, administer the recommended assessment instrument. If time allows, the scoring and interpretation of the assessment instrument can be done at this time and results incorporated into the collaborative plan. If time does not permit, the recommendations, based on the assessment instruments results, can be incorporated into the collaborative plan at the next appointment with the client and family or during a home visit. Note that the collaborative plan is a fluid document that can be started in partnership with the family, continue once results of assessment are obtained, and will be continually updated and amended as progress is achieved.

Collaborative Plan

As previously stated, the Collaborative Plan (CP) will be developed by the case manager and clinical coordinator in partnership with the client and family based on the screening and assessment results and collateral information obtained. The CP should be directly linked to the client's identified needs and embrace the importance of client-treatment matching, and should address discharge planning.

The CP is to be completed within 7 days of the initial intake with the client and family. The CP is to be reviewed and modified every thirty (30) days with client and family and will easily identify the client's progress.

Collaborative Plan (CP)

The System of Care Promising Practice in Children's Mental Health 2001 Series: Volume II Learning from Families: Identifying Service Strategies for Success, interviewed family and clinicians within the system of care service in attempt to identify what works. One category that was stressed and is a guiding principal to the CP is "Parents as Partners"

"Parents and providers perceived establishing a "partnership" with families in service provision to be a key element of success. From the point of initial contact and assessment, providers sought to empower families to take an active role in their own care. In addition to a strength-based approach to developing a comprehensive, family-focused treatment plan, providers emphasized outreach and attended to vulnerabilities (Pg. 57)... Families stressed the importance of being involved in the treatment process and frequently described a working partnership with program staff. Supportive providers were described as listening to the concerns and opinions of parents and children and involving them in decision making when considering specific interventions (Pg. 58)".

It is a goal that all partners (program staff, client, and family) are able to use the CP as a tool that clearly identifies agreed upon services and treatment while at the FSC for both client and family.

Guidelines

The following are guidelines for development of the Collaborative Plan (CP) within the Family Support Center (FSC). It should be noted that the FSC can expand on this documents but at a minimum the following essential elements should be considered.

The CP should be:

- directly linked to the client's identified needs and strengths based on screening and assessment outcomes (further elaboration below)

- **developed in partnership with parent and client**
- developed within 7 days of the initial assessment of the client and family
- a two-way communication tool
- culturally sensitive
- written in the dominate language of the client and family
- embracing the importance of client-treatment matching (further elaboration below)
- addressing discharge planning
- reviewed with the client and family every thirty days using the collaborative plan review form
- measurable
- complete in content, which includes:
 - identification of goals and objectives
 - target date
 - discharge plan and discharge date
 - signatures of the parent and/or client (except for SL 2 Collaborative Plan Review)
 - signatures of the clinician and/or case manager

Directly linking the client’s identified needs and strengths based on screening and assessment outcomes and embracing the importance of client-treatment matching is critical in the success of family and clients as they move through the program. The System of Care Promising Practice in Children’s Mental Health 2001 Series noted that “clinicians who were deemed successful focused on what the family identified as its needs, rather than on a fixed repertory of available services. Parents, in turn, characterized the therapeutic relationship as involving mutual respect, a focus on the strengths of the child and family, and the clinician’s ability to clarify and prioritize goals” (Pg. 62).

**Family Support Center
Collaborative Plan**

Client Name:	DOB:	CA #:	Date:	<input type="checkbox"/> Initial	<input type="checkbox"/> Revised	# of Revisions:
Primary case manager/counselor:	School Name, Identified contact and phone number:					
FSC contact information:						
My individual goal is:						Target Date:
Strengths I have to achieve this goal are:						
Barriers/obstacles that can prevent me from achieving this goal are:						
I recommend the following so that I can achieve this goal:						
My case manager/counselor recommends the following so that I can achieve this goal:						
We agree on the following:						
My social / community goal is:						Target Date
Strengths I have to achieve this goal are:						
Barriers/obstacles that can prevent me from achieving this goal are:						
I recommend the following so that I can achieve this goal:						

My case manager/counselor recommends the following so that I can achieve this goal:	
We agree on the following:	
My educational / vocational goal is:	Target Date
Strengths I have to achieve this goal are:	
Barriers/obstacles that can prevent me from achieving this goal are:	
I recommend the following so that I can achieve this goal:	
My case manager/counselor recommends the following so that I can achieve this goal:	
We agree on the following:	
My family / guardian goal is:	Target Date
Strengths we (family) and I have to achieve this goal are:	
Barriers/ obstacles that can prevent us (family) and I to achieve this goal:	
I recommend the following so that we (family) and I can achieve this goal:	
My case manager/counselor recommends the following so that we (family) and I can achieve this goal:	

We agree on the following:

Other Goals Identified:

Initial Discharge Plan:

- Additional Referrals not anticipated
- School
 - Tutoring
 - On-going educational advocacy
 - Meetings (i.e. PPT)
- Medication management:
 - Where:
 - When:
- Referral to other treatment service
 - Where:
 - When:

Anticipated discharge date:

- Pro-social activity
 - What:
 - Where:
 - When:
- Identify relevant community resources

Client Signature:	Date:	Clinical Coordinator Signature:	Date:
Legal guardian Signature:	Date:	Educational Advocate Signature:	Date:
Case manager Signature:	Date:	Date of first collaborative plan review:	

**Family Support Center
Collaborative Plan Review**

Client Name:	DOB	CA #	Review Date	Last Review Date
Rate the goals using the following scale: N =not addressed R =regressed 2 =no progress 3 =on going progress 4 =good progress 5 =resolved				
Individual Goal(s):				
Progress:	Rationale:			
Modification:				
Social/Community Goal(s):				
Progress:	Rationale:			
Modification:				
Education/Voc. Goal(s):				
Progress:	Rationale:			
Modification:				
Family/ guardian goal(s):				
Progress:	Rationale:			
Modification:				

Other Goal (s):	
Progress:	Rationale:
Clients / family feedback on progress:	
Case manager/counselor feedback on progress:	
New Goal(s) identified:	
Aftercare service identified:	
Recommended follow-up/next steps:	
Client Signature:	Date:
Case manager signature:	Date:
Clinical coordinator signature:	Date:
Educational Advocate signature:	Date:
Supervisor signature:	Date:
Next Review Date:	

Family Support Center
Service Level 2 Collaborative Plan Review

CL#:	Client Name:	DOB:
CA#:	SL 2 Provider:	SL 2 Primary Clinician:
JPO:	Intake date into SL 2:	SL 2 Anticipated Discharge Date:
FSC Assigned Program Staff:	FSC staff participating in review:	Date of Review:
When was the last contact between Service level 2 provider(s) and family?		
Describe the level of engagement between Service 2 provider(s) and family.		
Describe any barriers to treatment reported by Service level 2 provider(s).		
If barriers to treatment exist describe next steps (who, what, and when)		
Describe client's progress toward meeting his/her goals.		
Was a request made for FSC to provide a service and if so what was the service?		
Agreement made for FSC to discharge Case: Yes <input type="checkbox"/> if yes, anticipated FSC discharge date:		
If FSC to remain open, date of next review scheduled:		
FSC Program Staff Signature:	Date:	
FSC Supervisor Signature:	Date:	

Family Support Center
Assessment Summary

Client Name:
Conducted by:

Date of Assessments:

Screening Summary and Findings:

MAYSI:

JAG:

SIQ:

Overall Collateral Information (identify/list all information collected):

Assessment Summary and Findings:

CANS:

Educational Information and Findings:

Current School: (name, fax, address)		
Administrator Contact		Phone:
Social Worker		Phone:
Guidance Counselor		Phone:
Special Ed. Coordinator		Phone:
Current Grade	Repeating Grade Y <input type="checkbox"/> N <input type="checkbox"/>	
	Note Grade repeated:	
Special Education	Y <input type="checkbox"/> N <input type="checkbox"/> if yes, please note current special education services provided;	
Truancy history	Y <input type="checkbox"/> N <input type="checkbox"/> note current # of days	
Suspension history	Y <input type="checkbox"/> N <input type="checkbox"/> note # of times and detail reason for suspension	
Expulsion history	Y <input type="checkbox"/> N <input type="checkbox"/> note when and school	
Academic challenges identified (i.e. difficulty reading):		
Behavioral /Emotional concerns (i.e. difficulty relating to peers/teachers):		
Brief summary of juvenile's perspective of current educational issues:		
Brief summary of parent/guardian's current educational concerns:		
Brief summary of school's current concerns regarding the client educational needs, concerns, and issues:		

If known please complete the following information for CMT/CAP Testing				
	Grade/YR	Results/ Grade Equivalent	Grade/YR	Results/ Grade Equivalent
Math				
Reading				
Writing				

Client Strengths and Support:

Family Strengths and Support:

Recommended Community Support (i.e. school, home) and Pro-social Opportunities:

Treatment Recommendations (i.e. educational, therapeutic service):

CANS Assessment Conducted By:		Date
Clinical Coordinator Signature:		Date
Educational Advocate Signature:		Date
Program Director Signature:		Date

FSC Program Completion

The formal definition of a completion is anyone who successfully completes the requirements of their treatment plan/collaborative plan regardless if they are involved with the court system or obtain charges while at the FSC.

Within CDCS there is a list of descriptive discharge reasons that attempt to categorize the results of a client's "stay" at the FSC. This allows us to examine how many clients completed and for those that did not, we can determine the detailed reason. In some situations, this level of detail is not needed. When the detail is not helpful, we aggregate discharges in 3 categories: those that complete, those that did not complete because they did not have the opportunity to complete, and those that had the opportunity to complete but did not. Those without the opportunity to complete are considered more "neutral" because circumstances over which the client and program have little control such as moving or inappropriate referrals occurred. This is in juxtaposition to discharges with the opportunity to complete but did not where events were more within the client and provider's control, such as lack of engagement or re-arrest.

The following are recommended discharge indicators from the FSC program.

1. Client has been engaged in program and has successfully completed 80% or above of the identified treatment goals within the treatment plan/collaborative plan.
2. Child and family have been responsive to services and programs.
3. There is no imminent risk of crisis or escalation
4. Review of treatment plan/collaborative plan shows that the dosage and/or term of services have been completed.
5. Review of the treatment plan/collaborative plan demonstrates that identified goals and desired outcome has been achieved. Examples of achieved outcomes can be improved educational functioning, improved family functioning, increased resiliency, and improved community connections.
6. Results of re-assessment demonstrate improved child well being.
7. Client is engaged in aftercare for a sustainable period of time.
8. Aftercare plans, which identify other services needed, resources and expected follow-up by FSC aftercare worker has been developed and agreed upon by child and family in advance of case closing. Note: Aftercare plans should be developed with the participation of child and family to assure a successful transition from program this would include the of coordination of resources and referrals to the identified community support

For program and service discharge reason see attached CDCS document.

Family Support Center Service Team Meetings and Case Review Meetings (Internal):

The intent of the Service Team Meeting is to ensure that all FSC staff are informed of the client's service needs and treatment status. FSC staff should at end of the service team meeting have direction as to who, what, and when regarding next steps.

Who: Program Director will provide overall guidance as to who will be present at the service team meeting but it is recommended that for the case review meetings the following staff be present;

- Case Manager or staff directly working on the case,
- Clinical Coordinator, and
- Educational Advocate

Frequency of meeting:

Service Team meetings should occur on a weekly basis with Case Review Meeting occurring on a bi-weekly basis.

Discussion Points: The following will be discussed at the Service Team Meeting

- intakes,
- Collaborative Plans due for review,
- treatment status,
- aftercare plans, and
- clients being discharged

*Case Review meeting will consist of in depth review of the client's progress services needs and treatment status and developing and refining clinical and educational services.

Family Support Center Service Components:

The following information provides a definition and detail process expectations of Family Support Center service components. The service components defined are, Educational Advocacy, Case Management, Crisis Intervention, Aftercare, and Family Mediation.

Note: Based on assessment of client/family needs, frequency and intensity of services can be more or less then noted.

Educational Advocacy Defined: Assisting client / family to navigate and access support and resources within their local school systems by way of facilitating, assessing client educational needs, and educational strengths by,

- reviewing educational records,
- informing the collaborative plan and assisting client in achieving goals outlined (alternative school, relocating school, vocational training, GED)
- staying informed of clients school attendance, and
- facilitating system level collaboration to establish an educational plan that will address client's educational needs, strengths, and educational support to be successful.

Educational Advocacy Process:

Educational Advocates will be primarily responsible for working with FWSN clients referred for Truancy and or Defiant of School rules. If a client with a referral type other then truancy or defiant of school rule has educational needs then the FSC educational advocate will be responsible for either working or coordinating educational services.

- Educational Advocates will consult and or work with FWSN clients as it is assessed that educational issues/needs are present,

- one (1) face to face session to determine educational needs,
- minimum of one (1) hr review of client educational records when record obtained
- minimum of four (4) contacts with school personnel within a calendar month (phone, e-mail, and/ or face to face) until goals successfully achieved within the collaborative plan,
- one (1) face to face contacts with client / family within a month to review identified educational goals outline in the collaborative plan,
- step down to one contact a month with client and one contact a month with school when it is determined that client no longer needs intensive service.
- Minimum (30) days prior to discharge an aftercare planning meeting (IC, parent, program staff, system) should take place to review aftercare plans with family and assure a smooth transition from program.

NOTE: Sample letters have been provided that the program can use to obtain educational records and or request a PPT.

Case Management Defined: Assisting client / family from becoming further involved in the court system. For FSC model, there are two types of clients, Service Level 1) clients receiving primary services at the FSC, which would require level of services outlined below. Service Level 2) client was referred to an outside contracted CSSD funded service (i.e. MST, BSFT, ICAPS), which would classify them as the primary service providers with FSC as an added resource when needed.

Case management can consist of,

- coordination of appropriate services based on assessed needs,
- ongoing monitoring toward achieving goals outlined in the service plan,
- facilitating and empowering clients / family to access support and resources within the community,
- Case management services can be provided in-home or community and where it is most feasibly accessible to client / family
- Family mediation as needed

Case Management Process: Case management services provided to Level 1 clients,

- Minimum of (3) contacts within a week which can include face to face and/ or phone
- Minimum one face to face contact bi-weekly
- minimum of one face to face contact to review treatment plan/success plan as appropriate, to achieve clients goals outlined in the service plan
- Step down to one contact a month with client/family when it is determined that client no longer needs intensive service

Aftercare Defined: Non-intensive service provided to client / family upon *successfully completing the requirements of their treatment plan*. All FSC clients in Service level 1 receive aftercare services, as appropriate. Service Level 1 client receive aftercare services for one month or as deemed appropriate by program. Service Level 2 clients receive aftercare service with approval and as appropriate. For Service level 2 clients' collaborative efforts and pre-arrangements with primary service providers should take place. For all clients the following applies,

- Aftercare plans are developed in advance of discharge (should begin at intake) to assure a smooth transition from program.
- Coordination and referrals of identified services / resources identified within the aftercare plan

- Identify needed services
- Development of aftercare plans
- Coordination and referral
- Periodic follow-up

Aftercare Process (Service Level 3 Client):

- Minimum (30) days prior to discharge a aftercare planning meeting (IC, parent, program staff, system) should take place to review aftercare plans with family and assure a smooth transition from program
- Minimum one face to face contact with client/family one (1) week after transition from intensive services
- Minimum one contact (i.e. phone, face to face) for the next two weeks
- Minimum one final face to face contact with client/family to review aftercare plan in order to assure that client is ready for discharge
- Coordination and monitoring of following services
 - School attendance
 - Pro-social activities
 - Group intervention (boosters)
 - Family support
- Follow-up questionnaire, short in-person interviews, or phone interviews (provide incentive to increase response) is implemented at the agency administrative level
 - One month
 - Three months
 - Six months

Crisis Intervention Defined: Immediate outreach to client/family which can be conducted face to face and/or over the phone and consist of,

- of a short screening for imminent danger, including harm to one's self or others,
- assess emotional status and imminent psychosocial needs,
- referral to higher level of care or least restrictive service (i.e. ED or respite) if deemed appropriate, based on clients/family immediate needs,
- development of a safety plan with client/family,
- follow-up with client/family within 24 hrs by program staff, when appropriate
 - ✓ **assess**
 - ✓ **de-escalates**
 - ✓ **stabilize**
 - ✓ **follow-up**

Crisis Intervention Process:

- Determined upon receipt of referral
- 1 to 3 hrs based on the crisis situation
- If client is in imminent danger, harm to one's self or other – **referral** to police/fire departments, hospital emergency rooms, mental and physical health crisis team, child and adult protective services
- Safety plan established
- Follow-up within (24) hrs to determine stabilization of client / family and ensure ongoing services is in place, if needed.

SAMPLE LETTER

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize the [name of organization] Family Support Center or any person duly authorized by them to:

Obtain all information and records from any school, state or federal agency or counselor that rendered service to my **son / daughter / ward**, named below; and

Obtain all medical information and records (including psychiatric, substance abuse and HIV) from psychologists, psychiatrists, doctors, clinics and hospitals concerning my **son's / daughter's / ward's** case history, examinations, diagnosis, treatment or hospitalization, including copies of records received from other sources;

CHILD'S NAME:

DATE OF BIRTH:

CURRENT SCHOOL:

I hereby authorize all proper officials of all such organizations to release to the [name of organization] Family Support Center, their employees or any persons duly authorized by them such requested information for the purposes of educational advocacy. Any photocopy or facsimile of this document is to be regarded with the same legal significance as the original.

I further authorize the [name of organization] Family Support Center to provide relevant information related to the education issues of my child to the juvenile probation officer, to other juvenile court personnel, and to any educational consultants being contracted to provide training and consultation as deemed necessary by them, or any person or persons duly authorized by them.

Unless otherwise indicated, this release will expire one year after the date executed.

Signature (Parent or Guardian)

Date

Print name

SAMPLE LETTER

[Date]

VIA FACSIMILE and REGULAR MAIL

[Principal]
[School Address]

**RE: [Child]
(DOB)**

Dear [Principal],

Please be advised that [parent] is working with the [name of company] Family Support Center regarding the free appropriate public education of his/her [son/daughter] [student].

On behalf of the parent, I request a complete copy of [student]'s educational records, including but not limited to:

- the cumulative file;
- confidential file;
- permanent record card;
- discipline records;
- all reports written as a result of the school's evaluation;
- reports of independent evaluations;
- any sub-test scores;
- medical records;
- reports and minutes from evaluation team and eligibility committee meetings;
- IEPs;
- Section 504 plan documents;
- report cards;
- results of standardized testing;
- any correspondence retained between parents and school officials;
- any correspondence written between school personnel regarding the student;
- any records maintained by the student's teachers; and
- all electronic communications as well as written documents.

[Child] is currently enrolled in (school). Enclosed for your reference is a copy of an authorization of release of records executed by [parent].

This request is being made under the provisions of the Family Educational Rights and Privacy Act regulations, 34 C.F.R. Sec. 99.1 *et seq.*, and the Connecticut Freedom of Information Act, Gen. Stats. §1-200 *et seq.*

Thank you for your attention to this matter.

Very truly yours,

[file manager]
Educational Advocate

Encl. Signed Authorization to Release Information

cc: [parent]

SAMPLE LETTER

[Date]

VIA FACSIMILE and REGULAR MAIL

[Special Ed Administrator]
[BOE Address]

**RE: [Child]
(DOB)**

Dear [Special Ed Administrator],

Please be advised that [parent] is working with the [name of organization] Family Support Center in an effort to address the educational concerns regarding his/her [son/daughter] [student name].

[Parent] is requesting a complete copy of [child]'s **regular and special educational records**, including but not limited to:

- the cumulative file;
- confidential file;
- permanent record card;
- discipline records;
- all reports written as a result of the school's evaluation;
- reports of independent evaluations;
- any sub-test scores;
- medical records;
- reports and minutes from evaluation team and eligibility committee meetings;
- IEPs;
- Section 504 plan documents;
- report cards;
- results of standardized testing;
- any correspondence retained between parents and school officials;
- any correspondence written between school personnel regarding the student;
- any records maintained by the student's teachers; and
- all electronic communications as well as written documents.

[Child] is currently enrolled in (school). Enclosed for your reference is a copy of an Authorization of Release of Records executed by [parent].

[Parent] is looking forward to receiving the requested records within five (5) days as required by Connecticut State Regulations 10-76D-18(b)(2).

Thank you for your attention to this matter.

Very truly yours,

[name]
Educational Advocate]

Encl. Signed Authorization to Release Information

cc: [parent]

SAMPLE LETTER

[Date]

VIA FACSIMILE and REGULAR MAIL

[Principal/Special Ed Administrator]
[School/BOE Address]

**RE: [Child]
(DOB)**

Dear [Principal/Special Ed Administrator],

Please be advised that the [company name] Family Support Center is working with [parent] regarding the free appropriate public education of (his/her) (son/daughter) [child]. On behalf of [Parent], and pursuant to State Regulation § 10-76d-7, I am requesting that a Planning and Placement Team (PPT) meeting take place as soon as possible.

[Parent] is concerned about [child]'s (educational progress/number of disciplinary incidents/appropriateness of school placement etc). [Parent] requests that [child] be evaluated to determine eligibility for special education and related services under IDEA. [Parent] requests the district ensure the attendance at the PPT of the following staff members who have knowledge of [child]'s educational needs (list the names and titles). Please also send a PPT invitation to (names and addresses of outside parties who have knowledge of student).

[Parent] has requested that you contact me at (number) to schedule a mutually convenient date and time for the PPT. Please note that I am currently available to attend the PPT on the following dates:

(dates available)

Thank you for your attention to this matter.

Very truly yours,

[file manager]
Educational Advocate

cc: [parent]

Recommendations for non-compliant/ youth and Families at FSC

The FSC will make every attempt to engage the child and family to begin services. It is recommended that there be five (5) documented attempts to engage resistant child/families.

The following outlines the tangible engagement structure:

1. FSC will contact child/family via phone to schedule an initial face to face appointment within 3 hours of receipt of referral from probation. Three (3) phone attempts is considered appropriate before step 2 is implemented
2. If no response by phone is established, FSC will send a written letter (see attachment 1 for sample letter) to the home informing the family who they can contact to schedule a face to face appointment
3. If no response to the letter is received, the FSC will call child/family to inform them that an FSC staff will make a home visit. The phone call should be made 24 hours prior to the date of attempted home visit
4. If no response to the phone call is received, the FSC will visit the home to try and engage child and family. Please note that FSC staff should take appropriate safety measures (i.e. if when arriving to location it is deemed unsafe FSC will not go to the home)
5. If no one is home at the time of the visit, the FSC will mail a 2nd letter to the home as the final attempt to engage the child and family. The 2nd letter will have information as to who the child/family can contact to obtain services from the FSC. The letter will also inform the child/family of the previous attempts made by the FSC to reach the family and that a referral back to the assigned Probation officer will be made. A copy of this letter will be faxed to P.O.

Recommended steps by P.O. to engage resistant child/families in collaboration with FSC and other providers as appropriate:

1. Once P.O has received above letter demonstrating attempts made by FSC to engage the child/family to services a (Case review meeting/triage meeting) meeting will be scheduled. The P.O will contact the family within 24 hours of receipt of the FSC letter and schedule a meeting within 5 days with the following individuals present
 - P.O.
 - Child and Family (family representative, as appropriate)
 - FSC assigned staff
 - DCF if applicable
2. P.O. will notify the FSC assigned staff of scheduled meeting and or status within 48 hours by phone or e-mail.
3. The purpose of the meeting is to further attempt to engage the child and family through the provision of information about service offerings at FSC. FSC will use this meeting to introduce themselves and provide information as to their working relationship with the youth and family. The objective of this meeting is for the FSC and child/family to have established next steps on the child/family treatment in collaboration with other entities the child/family is involved with or can provide support
4. If the child/family is not willing to move forward and is still being resistant to the involvement of the FSC the P.O will proceed as appropriate.

If all above has been attempted and family and client are not reached by 30 days after initial attempt to engage family and client it is appropriate for FSC to close case. A conversation between FSC and Probation should take place prior to case being closed.

SAMPLE LETTER

(Insert date)

Dear _____,

This letter is to inform you that we have received a request for services on your behalf from (insert probation office name or probation officer name) _____. We have made several attempts to connect with you by phone to schedule a face to face appointment. We understand that it might be difficult for you to come to our office so we would like to let you know that we can come out to your home to provide the service. Please contact us as soon as possible to schedule an appointment for us to come out to your home or what ever is most convenient for you.

In case you have questions about our services, please see our brochure of the (insert organization name) _____ Family Support Center. Please contact me at (insert phone number) _____ so that we can schedule a face to face appointment. I look forward to our work together.

Sincerely,

SAMPLE LETTER

(Insert date)

Dear _____,

This letter is to inform you that we have received a request for services on your behalf from (insert probation office name or probation officer name) _____. We have made several attempts to connect with you by phone and mail to schedule a face to face appointment.

We understand that it might be difficult time for you but please know that we are here to assist you and your family. Please contact us within the next 5 days so that we can begin services. I also need to inform you that a copy of this letter will be sent to your assigned probation officer in an attempt to further assist you and your family.

Please contact me at (insert phone number) _____ to schedule an appointment for us to come out to your home or what ever is most convenient for you.

Sincerely,

WAITLIST PROTOCOL

The Family Support Centers will require the management of a waitlist when the programs are working at full capacity. This means that the FSC is utilizing all of their available slots for active clients. Clients could be at any level of treatment (1, 2, or 3).

The FSC Program Director will be responsible for maintaining and managing the client waitlist. Referrals will be assigned in the order that they were received (first come, first serve). Exceptions will be made if the family is in crisis, and/or there are safety issues that require immediate services. If a Probation Supervisor feels that a family cannot be waitlisted, they will contact FSC Program Director in order to request that the case be prioritized. Prioritization changes on the waitlist will be made at the discretion of the Probation Supervisor, FSC Compliance Specialist, and FSC Program Director.

When a program requires the use of a waitlist, the following protocol will be followed:

- ◆ Upon receipt of referral, FSC Program Director will review referral in order to determine appropriateness to the program.*
- ◆ Once the referral is deemed suitable for the FSC, the Program Director will email the referring Probation Officer within one (1) hour of receiving referral in order to acknowledge receipt and to let them know that the client will be placed on the waitlist. The email to Probation should include the estimated time that the family is expected to remain on the waitlist.**
- ◆ The FSC Program Director will then proceed to contact the family by phone within three (3) hours of receipt of referral. During this initial phone contact, the Program Director will:
 - ◆ Introduce him/herself to the parent/guardian (i.e. name, agency, and program).
 - ◆ Introduce the FSC and how they were referred to the program.
 - ◆ Provide the family with the status of the case (i.e. waitlist) as well as an estimated intake date.
 - ◆ Explain the process they can expect once the case is assigned to a case manager.
 - ◆ Briefly screen the family in order to ensure that they are not currently in crisis. The Program Director will ask the following questions:
 - ◆ What are the major areas of concerns for your son/daughter?
 - ◆ Do you have any formal supports (i.e. state agency, community agency, church, etc) or informal supports (i.e. family member, friend, etc) that can help you at this time? Who/What are they?
- ◆ Program Director will prompt family to utilize the supports they identified in order to help them while on the waitlist. Program Director will also prompt the family to utilize community emergency services (i.e. EMPS, Police or 911, 211, etc) if a crisis situation arises.

- ◆ Program Director will attempt to reach the family via phone 3 times during the first week of referral. If Program Director is unable to reach the family via phone, a letter will be mailed to the family (see sample letter) with the program information.
- ◆ After one week of attempts, Program Director will contact referring Probation Officer in order to update him/her on his/her attempts to reach the family. Program Director will fax the Probation Officer a copy of the letter being sent to the family.
- ◆ Once client is ready to be taken off the waitlist, the Program Director will assign the case to a case manager. An email to the referring Probation Officer will follow in order to let them know that the case has been removed from the waitlist. Program Director will also provide the Probation Officer with the name and contact information of the assigned case manager.
- ◆ Upon assignment, the FSC case manager will contact the family within three (3) hours. During the initial case management contact, FSC case manager will complete the crisis assessment in order to determine urgency of need.
- ◆ Those that require crisis intervention will be seen as soon as possible, following the initial contact, usually that same day. Those not requiring immediate intervention shall be scheduled for intake within 72 hours of case assignment.
- ◆ If the FSC case manager is unable to reach the family via phone, they will follow the engagement protocol stipulated in the FSC Information Guide.

** Any referral to the FSC 10 years and younger or 17 years and older must be approved by the Compliance Specialist. If client does not meet the age criteria required for the FSC (11 to 16 years old and approval given by monitor to accept referral), the FSC will intake and assess client in order to determine eligibility and appropriateness.*

***During the initial email to the referring Probation Officer, FSC Program Director will also include any case specific information (i.e. age) that could affect client's admission into the FSC. If a client is 10 years old or younger, the FSC Program Director will include the Probation Supervisor, DCF liaison, DCF liaison's supervisor, and CSSD Compliance Monitor in the email. If a client is 17 years old, Program Director will notify court monitor of referral. Program Director will speak with referring Probation Officer in order to refer client back to Juvenile Probation for services if it has been accessed that FSC can service the client.*

SAMPLE LETTER

Date:

Client Name:

Client Address:

Dear *(parent's name)*,

Welcome to the Family Support Center (FSC). On *(date of referral)*, we received a referral for *(client's name)* to participate in the FSC program. He/She was referred by his/her probation officer, *(name of PO)*.

We currently have a waitlist and *(client's name)*'s name shall be added to this list as of *(waitlist start date)*. We shall contact you as soon as there is an opening in the program. We anticipate beginning services on *(estimated intake date)*.

We look forward to working with you, and we are sorry for the delay in services. If you have any questions, please feel free to contact me at *(FSC PD phone number)*. Thank you.

Sincerely,

Name

FSC Program Director

Agency

CL# _____

CA# _____

FAMILY SUPPORT CENTER

Monthly Report to Probation Officers

Youth Name: _____

Current Date: _____

(1st Name, Last Initial)

Referral Date: _____

Intake Date: _____

Assigned JPO: _____

PO Supervisor: _____

FSC Contact Person: _____

Tel. #: _____

Reason for Referral: _____

Antic. FSC Dis. Date: _____

Brief Statement of Aftercare plan, if known: _____

On a scale of 1 to 5, with 5 being the greatest and 1 being the lowest, please circle a number for each of the following:

Level of Engagement	1	2	3	4	5	
Barriers*	1	2	3	4	5	
Strengths	1	2	3	4	5	
Community Involvement/Resources		1	2	3	4	5

* If barriers rated 3 and lower, please provide brief statement of interventions being tried:

Services currently receiving or completed:

- Initial Assessment**
- Crisis Intervention:** If intervention administered, please indicate date of when it occurred and a brief outcome status statement (i.e. client stabilized and at home)

- Family Mediation**

- C/M Planning**
- Individual Interventions**
- Educational Advocacy**
- Psycho-Educational and Cognitive Behavioral**

_____ **TARGET Group**

_____ **VOICES Group**

_____ **ART Group**

_____ **GIRL Circle/BOY Council**

_____ **MET/CBT 5**

_____ **ADOLESCENT TRANSITIONS OR OTHER PARENTING GROUP**

Referred for services (specify): _____

Brief Monthly Summary:

Brief Discharge Planning Summary:

Case Coordinator

Date

Level of Engagement = can include client and family participation or willingness, Etc.

Barriers = can range from psychiatric, disabilities, parents marital status issues, domestic issues, unemployment, poverty, Etc.

Strengths = can range from client's support system, interest in pro-social activities, determination to succeed, etc.

Com. Involve./Resources = can include engagement with pro-social activities, counseling, after school activities, etc.

Family Support Center
Discharge Summary

CL#	Client Name:	Date of Referral:
CA#	DOB:	Date of Intake:
JPO Name:	PO Supervisor:	Date of Discharge:
Short Description as to referral reason to FSC:		
Program Discharge Status: Complete <input type="checkbox"/> Incomplete <input type="checkbox"/> if incomplete, please select below possible reason		
<input type="checkbox"/> Lack of engagement(FSC engagement protocol exhausted) <input type="checkbox"/> Client placed outside of home (not escalating behavior, i.e. residential or group home) <input type="checkbox"/> Court/Legal System Involvement <input type="checkbox"/> youth to be assigned to PO due to escalating behavior <input type="checkbox"/> Violated Program Rules <input type="checkbox"/> Withdrawn by Referral Source <input type="checkbox"/> Inappropriate referral (on probation/prior adjudication) <input type="checkbox"/> Inappropriate referral (services already in place) <input type="checkbox"/> Client Transferred <input type="checkbox"/> Moved from Area		
Services received while at the FSC: <input type="checkbox"/> Target <input type="checkbox"/> Girl Circle <input type="checkbox"/> Boys Council <input type="checkbox"/> ART <input type="checkbox"/> MET/CBT <input type="checkbox"/> Voices <input type="checkbox"/> Pro-social Activity <input type="checkbox"/> Family mediation <input type="checkbox"/> Mentoring <input type="checkbox"/> Other, provide short description: <input type="checkbox"/> Educational Advocacy (complete info below)	Services Referred to: <input type="checkbox"/> MST <input type="checkbox"/> MDFT <input type="checkbox"/> BSFT <input type="checkbox"/> CARE <input type="checkbox"/> IICAPS <input type="checkbox"/> Pro-social Activity <input type="checkbox"/> Mentoring <input type="checkbox"/> Educational Advocacy <input type="checkbox"/> Tutoring <input type="checkbox"/> Medical <input type="checkbox"/> other, provide short description:	Date services to start:
School: Contact at School: Phone #: Grade: Special Ed <input type="checkbox"/>		
Please provide any other pertinent information (i.e. if unsuccessful discharge any information that could be helpful to probation or if transferring over to community provider information that could assist with engagement).		
FSC program staff signature:	Date:	Program Director Signature:
		Date:

**FAMILY WITH SERVICE NEEDS
PARENTAL NOTICE**

JD-JM-120A New 9/07
Spec. P.A. 07-04 Secs. 30, 32

STATE OF CONNECTICUT
SUPERIOR COURT
JUVENILE MATTERS
www.jud.ct.gov



As a parent/guardian, making the decision to refer your child to the court as a child from a Family with Service Needs (FWSN) may be difficult, but may be necessary when you believe your child needs help for certain behaviors. The FWSN statute applies to children (up to age 18) who are: Truant, Defiant of School Rules, or demonstrate Out of Control Behavior.

The FWSN process is intended to assist you and your child to resolve the issues related to the behavior of concern. You as the parent/guardian, working with the Probation Officer and other individuals, are key to achieving a successful outcome. In order to help you make an informed decision about filing a FWSN complaint, the following information is provided to parents/guardians. After you have filed a FWSN complaint you can expect:

- One or more meetings with a Juvenile Probation Officer (JPO) to assess your family's needs. You may be asked to sign Releases of Information allowing the Juvenile Probation Officer to contact your child's school and other agencies that you are currently working with, or have worked with in the past. Sometimes, referrals for clinical assessments are also necessary. This may require other visits by you and your child to a licensed professional.
- In some cases, a referral to a Family Support Center will be made. The Center, operated by a private agency, provides crisis intervention, short term respite, assessment and evaluation. At the Center, a plan is developed with your family to address the issues.
- In some cases, services needed by your child may be met by a referral to the Department of Children and Families (DCF) for Voluntary Services. DCF may also become involved with your family if the court believes your child requires out of home placement and commits your child to the custody of DCF.
- Prior to any court hearing or court order, your child is entitled to have an attorney represent him or her. If you meet established financial eligibility guidelines, your child will be provided with a state paid attorney by the Office of the Chief Child Protection Attorney. If you do not meet established financial guidelines, you will be required to pay for your child's attorney.
- In general there will be no, or minimal cost, to you for the services provided to you and your child. You may be responsible for a "co-pay" based on your insurance coverage. If your child needs a court ordered inpatient hospitalization or residential placement, you may be responsible for some portion of those costs.
- All the practices and procedures of the Juvenile Probation Officer are regulated by law and Judicial Branch policies. Since they work within the framework of the law, they can only act within permitted guidelines. These may at times conflict with your wishes or desires in the case, but you should understand that every effort is made to work with you and to help your child and family.
- The effort to resolve the problems presented always requires the on-going commitment of the parents or guardian to work with professionals to deliver effective strategies for change. You should be prepared to make this commitment before making a referral to the court.

If you have any questions prior to filing this complaint, you may ask to speak with the Probation Supervisor. If you do not have additional questions, please sign below, to indicate that you have read this notice and understand the information provided.

SIGNED (Parent/Guardian)	DATE	CHILD'S NAME
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MEMORANDUM OF AGREEMENT (Draft)

**DEPARTMENT OF
CHILDREN AND FAMILIES**

AND

**CONNECTICUT
JUDICIAL BRANCH**

Revised Policies and Procedures for Serving Family with Service Needs Cases

The 2004 Family with Service Needs (FWSN) Memorandum of Agreement between the Department of Children and Families (DCF) and the Judicial Branch, Court Support Services Division (CSSD) was intended as a collaborative approach to meet the needs of children referred to the Juvenile Court as FWSN. The two goals of this MOA are:

1. to provide effective diversion from the juvenile justice system; and
2. to provide speedy and complete access to necessary services.

To support these efforts, DCF assigned staff, the DCF FWSN Court Liaisons, to serve as a resource to Juvenile Probation and to the Superior Court for Juvenile Matters.

In 2007, amendments to Connecticut General Statutes §46b-149 significantly changed the processing of FWSN cases by CSSD. Changes included the requirement that services be offered to the child and family prior to the filing of a petition and the prohibition of ordering a FWSN child to be held in Juvenile Detention, or adjudicating a FWSN as Delinquent solely for the violation of a FWSN court order. The intent of these changes was to provide FWSN children and families with the services they needed without the involvement of the Superior Court for Juvenile Matters.

CSSD Funded Services for FWSN:

The following services were funded to support these legislative changes:

- 1.) Family Support Centers (FSC) are a multi-service program offering an array of services, including crisis intervention to children identified as the highest need by Juvenile Probation. Referrals to the program are made by Juvenile Probation.
- 2.) Care Respite Programs (CARE) are voluntary, temporary respite programs where children and families are assessed, stabilized and linked to community services. Referrals are made by Juvenile Probation or the FSC and the child can remain in the program up to 14 days.
- 3.) FWSN Centers are staff secure programs for children who have been adjudicated FWSN and found to have violated a FWSN Court Order or found to be in immediate or imminent risk from their surroundings. Children are court ordered to the program and may remain for up to 45 days with a court review every 15 days.

Filing of a FWSN Complaint:

Any FWSN complaint filed pursuant to Section 46b-149 of the Connecticut General Statutes shall be in writing and signed by the complainant. Such complaint shall be assigned to the Juvenile Probation Supervisor and may be reviewed by the Juvenile Court Prosecutor for legal sufficiency.

If a complaint is found to be legally insufficient to support a FWSN petition the Juvenile Probation Supervisor will notify the complainant. (If the complainant obtains additional information they may file a revised complaint with the Juvenile Court.)

If a case is found to be legally sufficient to support a FWSN petition, the Juvenile Probation Supervisor may refer the family to the Family Support Center and/or assign the case to a Juvenile Probation Officer. If the case involves a child 11 years of age or younger, the complaint may be given to the DCF FWSN Court Liaison to review.

The Juvenile Probation Supervisor may also recommend to the assigned JPO that a FWSN referral for DCF services be made at the time of initial assignment based on the following; child's reported mental health issues, an immediate need to access services, or known child protective services history.

DCF Area Office staff may consult with the DCF FWSN Court Liaison when they believe a family could benefit from the filing of a FWSN complaint. The DCF FWSN Court Liaison will provide information about FWSN services and may schedule a meeting with the Area Office to develop an appropriate plan of services that may or may not include the filing of a FWSN complaint.

Upon receipt of a FWSN complaint by DCF the Probation Supervisor will notify the DCF FWSN Court Liaison. The DCF FWSN Court Liaison will review the information, contact the Area Office and may coordinate a case conference between Juvenile Probation staff and the DCF Area Office staff to determine how they will work together to assess the family's needs and strengths and coordinate service delivery.

Initial Interview:

If a family has not been referred to a FSC by the Juvenile Probation Supervisor, the Juvenile Probation Officer will meet with the family with the goal of resolving the conflict through mediation or other dispute resolution techniques. Upon request, the DCF Area Office Worker or the FWSN Court Liaison may attend the initial interview. The Juvenile Probation Officer will administer the Massachusetts Youth Screening Instrument (MAYSI) and based on the results, may consult with the DCF FWSN Court Liaison to refer the child to DCF for services. If DCF involvement is indicated the Juvenile Probation Officer will ask the parent/guardian to sign the necessary Releases of Information.

If the initial meeting is unsuccessful in resolving the matter, the Juvenile Probation Officer may attempt to assist the family in accessing resources or consult with the DCF FWSN Court Liaison. The Juvenile Probation Officer may also schedule a second appointment with the child, parent(s) and the DCF Area Office Worker or FWSN Court Liaison to further identify issues and coordinate appropriate services. School personnel should be invited to this appointment when the presenting issues involve truancy or the child's school behavior.

The DCF FWSN Court Liaison may be consulted at any time during the Non-Judicial FWSN case, may be invited to the initial interview, and shall be invited to any subsequent non-judicial interviews. Whenever a FWSN referral for DCF services has been filed, the assigned JPO will collaborate with the DCF Area Office Worker, or the FWSN Court Liaison, in completing a comprehensive assessment of the juvenile by means of interviews with the juvenile and family, review of the case records and consultation with past and present service providers.

Department of Children and Families:

The DCF FWSN Court Liaison will be available to the Superior Court for Juvenile Matters as well as to Juvenile Probation staff to answer questions, interview families if more information is requested by the court, and to consult on cases prior to identifying the need for a FWSN referral for DCF services. DCF staff, including FWSN Court Liaisons, must have either a court order or

a properly executed Release of Information prior to disclosing confidential information verbally or in documentary form to third parties, including the Judicial Department. Therefore, Probation staff are encouraged to obtain Releases of Information with parents as soon as possible.

For cases not already involved with DCF, the DCF FWSN Court Liaison may attend the FWSN hearings, (and may attend delinquency hearings if requested by Probation or the court). If a case is open with DCF, the DCF Area Office Worker will be responsible for attending FWSN and delinquency hearings.

The DCF FWSN Court Liaison will work collaboratively with the DCF Area Office and Juvenile Probation to provide community-based intervention and diversion from the juvenile justice system. The DCF FWSN Court Liaison will participate as a member of the Case Review Team (CRT). The DCF FWSN Court Liaison will maintain regular contact with the FSC for their area, offer training to FSC staff and attend case conferences at the FSC.

If the family is not involved with DCF, and Juvenile Probation believes they are in need of DCF services, the Probation staff will consult with the DCF FWSN Court Liaison who may;

- refer the family to community services
- assist the family with applying for DCF Voluntary Services
- refer the family to DCF for services by filing a FWSN Referral with the Hotline

Note: At any time Probation staff or the DCF FWSN Court Liaison have reason to suspect a child is being abused or neglected they are required to call the DCF Hotline and file a Form DCF-136 (Report of Suspected Abuse or Neglect) pursuant to Conn. Gen. Stat. §17a-101 *et seq.*

Referral for DCF Services:

After consultation with the DCF FWSN Court Liaison, the Juvenile Probation Officer shall complete a FWSN referral for DCF services and email it to the DCF FWSN Court Liaison. The DCF FWSN Court Liaison will review the referral and if DCF services are indicated send the referral, via email to the DCF Hotline. The DCF Hotline will enter the referral into LINK and send it to the appropriate DCF Area Office for assignment.

If the DCF FWSN Court Liaison does not believe DCF services are indicated, or is aware of community services that could address the child and families needs, the DCF FWSN Court Liaison will inform the Juvenile Probation Officer and assist with referring the family to these services.

If an open DCF case exists, upon receipt from Hotline, the FWSN referral will be assigned to the same DCF Area Office Worker. If an open DCF case does not exist, the DCF Area Office will open and assign the case to an Area Office Worker within three business days to begin an assessment of the child's and family's needs.

The DCF FWSN Court Liaison will inform the Juvenile Probation Officer of the name of the assigned DCF Area Office Worker. The DCF Area Office Worker will consult with the Juvenile Probation Officer and make initial contact with the child and his/her family within five business days of being assigned to the case.

The DCF Area Office Worker and Juvenile Probation Officer may consider offering the family services funded by either agency. The DCF Area Office Worker will coordinate services that the DCF has identified for the family. The Juvenile Probation Officer will coordinate those services offered by the Judicial Branch.

The DCF Area Office Worker will monitor compliance with services accepted by the family on a voluntary basis. In the event that the family requests that the referral for DCF services be withdrawn, the DCF Area Office Worker will notify the Juvenile Probation Officer and close the DCF case. If the DCF Area Office Worker has reason to believe this refusal of services places the child and/or other family members at risk of abuse or neglect they will consult with their Supervisor to determine whether further Department intervention on a non-voluntary basis is required.

Note: If a child is involved with the Family Support Center and the FSC believes that DCF services are also indicated, the FSC staff will consult with the DCF FWSN Court Liaison. If indicated the DCF FWSN Court Liaison will make the referral for DCF services, and may arrange a meeting between the FSC, the child and family and the DCF Area Office for planning purposes.

Case Closure:

The DCF Area Office and Juvenile Probation staff will confer with each other when either party is considering the termination of services to the child and family. The DCF Area Office shall close its case if it is determined that the child and his/her family have been provided services according to the treatment plan, can no longer benefit from the continued provision of services, and/or have sufficiently achieved treatment goals. Juvenile Probation will end their involvement with the child and family when it has determined that the child and family can no longer benefit from any CSSD services (including the FSC) and/or there are no grounds for filing a FWSN petition.

Judicial Handling:

When it appears that the voluntary provision of services have not been successful in resolving the issues identified in the FWSN complaint, Juvenile Probation may decide to file a FWSN petition. Juvenile Probation staff will notify the DCF FWSN Court Liaison whenever a FWSN petition is filed (since this indicates the child may be in need of an out of home placement).

At any time the Juvenile Probation Officer identifies the need for a court-ordered evaluation or interim orders, the Juvenile Probation Officer will file the necessary court documents to bring these concerns before the court for consideration.

The Juvenile Probation Officer shall monitor the compliance of the child with any orders of the court including any court-ordered DCF services and interventions.

FWSN Disposition:

1) Supervision

Prior to a child being placed by the Court under a FWSN Order and Warning, it may be the recommendation of the Juvenile Probation Officer that the order include a condition that the child cooperate with the Department of Children and Families. The DCF Area Office Worker and the Juvenile Probation Officer will review the recommendations from service providers in order to provide the child and his/her family with services to maintain the child in the home and to prevent an out-of-home placement. The Juvenile Probation Officer and DCF Area Office Worker will continue to confer and monitor the child's compliance with services and supervision.

2). Commitment

When Probation staff are recommending that the child will be committed to the Commissioner of DCF as a child from a Family with Service Needs, it is the expectation that:

- A. A Case Review Team (CRT) or case conference will be held between Probation, DCF and any involved providers to ensure that there are no other community-based options available.
- B. If the case is open with DCF, the DCF Area Office Worker shall provide a written update to the Probation Officer to present to the court. The update will include:
 - a. FWSN complaint or presenting problem
 - b. family history including any DCF child protection history
 - c. educational history
 - d. evaluation, diagnosis and treatment history
 - e. summary/recommendations
- C. The Juvenile Probation Officer will complete all of the paperwork necessary to make a referral for residential placement to the Behavioral Health Partnership. Once a placement has been identified the Juvenile Probation Officer will complete any other pre-placement responsibilities including bringing the child and their parent/guardian to visit the program.
- D. The Juvenile Probation Officer will request that the FWSN commitment order include a condition that the child cooperate with DCF and with any services to which the family is referred by DCF.

Note: If a delinquency charge exists at the time of disposition of the FWSN matter, the Juvenile Probation Officer may recommend that these charges be disposed of by placing the child on a period of Juvenile Probation, (that coincides with the FWSN commitment) and includes as a condition of Probation, that the child cooperate with DCF services.

3.) Post Commitment

Following the commitment of a child as a FWSN:

- A. The DCF Area Office Worker will make the actual placement of the child.
- B. The DCF Area Office Worker will be responsible for filing a Motion for Review of Permanency Plan and Study in Support of Motion to Approve Permanency Plan and Maintain Commitment.