

MONTEREY COUNTY
2019 CSAC Challenge Award Entry
Issue Area: Administration of Justice & Public Safety
Population: Suburban County Category

Monterey County - Preventative Child-Family Team (PCFT) Protocol

OVERVIEW

The Preventative Child-Family Team (PCFT) protocol is a family-inclusive and preventive measure for youth determined to be at imminent risk of out-of-home placement. This protocol is implemented by a multi-disciplinary team of professionals from Probation and Behavioral Health, with active participation from the minor and family to assess the needs of at-risk youth and generate a cohesive and comprehensive case plan to maintain permanency, enable a child to reside in the least restrictive family setting, and promote normal childhood experiences.

CHALLENGE

1. Identify appropriate and comprehensive interventions for imminent-risk youth with direct involvement of the affected youth and his/her family.
2. Reduce the placement of youth out-of-home and away from the local community.

SOLUTION

The implementation of the PCFT protocol for imminent risk youth allows the Monterey County Probation Department to use less restrictive measures in an effort to avoid out-of-home placement of youth. This proactive and all-inclusive approach addresses the individual needs of youth and his/her family, prior to and in lieu of out-of-home placement.

INNOVATION

This approach extends a mandatory process for youth in placement to youth at imminent risk, with a proactive protocol to directly involve children and their families in creating a shared plan for the youth rehabilitation and making every effort to keep the youths home with their families.

Further, this process allows participants in the PCFT process to access additional services through the Action Council of Monterey Service Provider Network, such as mentoring, housing, and other support

services. The protocol utilizes the services of experts in the foster care field, the Seneca Family of Agencies, to facilitate the meeting(s) with the Probation Officer, Behavioral Health Therapist, the child and his/her family, and other natural supports (such as a relative, friend, teacher, coach or religious advisor) who are identified. In addition, Seneca provides family finding efforts as needed.

RESULTS

The PCFT protocol has only been in place with Monterey County Probation since November 2018; since that time, it has been utilized for 11 “imminent risk” minors. While it is still too early to determine the level of effectiveness in preventing out-of-home placement, it is promising that three of those youth were able to remain within their families and received wraparound-like services in support of youth rehabilitation, family reunification, and healthy growth environment.

The PCFT did increase communication and participation with the youth and families, and facilitated buy-in from the clients, as well as integrated planning among County agencies and service providers.

REPLICABILITY

The PCFT has developed a system protocol and forms that are available and can be easily customized and utilized by other counties for local implementation. The Monterey County Probation Department is also available to review the program and protocol with colleague departments.

CONTACT

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OPTIONAL SUBMISSION:

Attached: PCFT Program Protocol

Monterey County Probation Department Interagency Placement Committee (IPC) Children and Family Team (CFT)

IPC PURPOSE

The Interagency Placement Committee (IPC) is a multi-agency, multi-disciplinary team that consists of Probation Staff, Educational Liaison, Social Worker, Behavioral Health Services, Public Health Nurse, and Wraparound, which meets weekly to review and assess the needs of youth who come under the jurisdiction of the Juvenile Court and the Probation Department for 241.1WI evaluations, and where Short Term Residential Therapeutic Program (STRTP) placement/Foster Care/WRAP services are contemplated or have been ordered. The IPC will make recommendations with the goal of accessing the most appropriate available services for minors and their families in accordance with California law and regulations, Monterey County policies and contract requirements, and clinical/professional best practices guidelines.

CFT BACKGROUND

Child welfare services are most effective when delivered in the context of a youth and family-centered, child and family team (CFT) that shares responsibility to assess, plan, intervene, monitor, and refine services over time. Welfare and Institutions Code, Sections 16501.1 (c) and (d) require that county placing agencies convene a CFT meeting as defined in Section 16501 to identify supports and services that are needed to achieve permanency, enable a child to live in the least restrictive family setting, and promote normal childhood experiences. This requirement applies to all children and youth residing in a group home with an existing case plan or children and youth who come into child welfare foster care placement after January 1, 2017, including probation youth in foster care and non-minor dependents. Locally, the use of Preventative Children and Family Team (PCFT) meetings attempt to provide intervention services to prevent the child being removed from the home.

****The Special Services Reviewer (SSR) of the Special Services Unit shall screen every case prior to the presentation of the case to IPC or for 241.1WI/STRTP/WRAP/PCFT/CFT services. Staff will need to complete the standard IPC Screening Form prior to the SSR review. Exceptions must be approved by the Juvenile Special Services Probation Services Manager or his or her designee.**

Consideration for placement in STRTP requires the following to proceed:

1. The youth is currently identified at imminent risk of removal,
2. A valid pre-placement case plan is in effect,
3. The youth has an open case with Children's Behavioral Health or active case where mental health services are being provided, (e.g. AB 3015, ICT, Door to Hope, School Based)
4. Juvenile Intake cases as appropriate,
5. Emergency removal considerations may be reviewed on a case by case basis and require Juvenile Division Director/Administrative approval.

PREVENTATIVE CFT OF AT-RISK YOUTH NON-EMERGENT

If the SSR does not feel placement in an STRTP/WRAP is appropriate, a Preventative Child Family Team meeting may be recommended and the following must occur:

1. DPO contacts Probation Scheduler,
2. DPO has obtained 3 possible dates for the DPO, BH-Therapist, and Parent(s)/Youth to be included on the referral,
3. Probation Scheduler contacts Seneca Scheduler,
4. Preventative Child Family Team (PCFT) meeting is scheduled - Family Finding initiated,
5. PCFT is conducted,
6. Imminent Risk Case Plan is updated as appropriate,
7. PCFT may continue as determined by the members of the team,
8. Case returns to general supervision.

IPC PROCESS AND CFT OF AT-RISK YOUTH EMERGENT

If the assigned DPO and his or her PSM believe the most appropriate recommendation is for STRTP/WRAP, the assigned DPO will initiate the screening process through the Special Services Reviewer (SSR), and if determined that removal is necessary, the DPO must complete a referral for an "Emergent" CFT to expedite the organization of the CFT. The following requirements are needed to proceed:

1. DPO screens case with Special Services Reviewer (SSR), if cleared to proceed;
2. DPO contacts Probation Scheduler – DPO has obtained 3 possible dates for the DPO, BH-Therapist, and Parent(s)/Youth to be included with the referral,
3. Probation Scheduler contacts Seneca Scheduler,
4. Child Family Team (CFT) meeting is scheduled - Family Finding initiated,
5. DPO/Probation Scheduler will work together to inform the custodial parent/legal guardian with IPC date/time for the opportunity to give their input. Telephone conference calls will be allowed with approval, (5 minutes)
6. Complete the Placement Screening form,
7. Provide the psychological evaluation (must be a recent psychological evaluation; not older than one year) if applicable,
8. Provide the most recent court report (can be the Social Study, Probation Violation, etc., however, the report needs to include the youth's probation history, any behavioral or mental health history, parent information, etc.,
9. The DPO and PSM will present the case to the IPC members and provide details of the youth's issues which warrant placement in an STRTP/WRAP,
10. The IPC will determine if the youth meets medical necessity and/or other criteria for placement in an STRTP/WRAP,
11. Upon approval of the IPC, DPOs will then be authorized to make a recommendation for placement in an STRTP/WRAP,
12. DPO finalizes placement case plan and TILP objectives, if applicable, with CFT/IPC input and it is to be submitted with the dispositional report.

*If Not approved for out of home removal, case is returned to supervision with updated pre-placement case plan objectives and PCFTs may continue as determined by the IPC team.

IPC will meet every Monday at 08:30 a.m. and appointments will be scheduled every 30 minutes on a first-come, first-serve basis for the sign-up sheet. IPC Screening forms shall be completed in advance prior to the scheduled appointment with signatures of the DPO and Unit PSM. DPOs are to sign-up for an appointment on the IPC schedule before 3:00 p.m. on the Friday prior to the Monday screening. Add-ons will only be permitted with the approval of the IPC Chairperson/PSM.

The DPO shall consult with his/her unit PSM and with appropriate parties involved, e.g., school, mental health, family, etc. prior to the presentation to the IPC. In the absence of the unit PSM, the DPO may discuss the case with another PSM or unit DPO III before presenting to IPC. The unit PSM will be identified on the IPC referral form.

The DPO, his or her PSM, or a designee (who is knowledgeable of the case) must be present at the IPC meeting so that there can be meaningful dialogue of the minor's case plan and the proposed recommendation. The emphasis of the presentation should be a thorough analysis to support the department's dispositional recommendation. The DPO/Probation Scheduler will work together to notify collaborative partners who are involved with the case and the custodial parent/legal guardian with the IPC date/time for the opportunity to give their input. Telephone conference calls will be allowed with approval of the IPC Chairperson/PSM.

Approval through this screening committee does not guarantee acceptance to any particular program, but rather a recommendation for the type of treatment services based on the specific needs of the minor.

IPC RECOMMENDATION

Once the DPO has presented the minor's case to the IPC, a committee recommendation will be made. The Chairperson/PSM of the IPC will summarize the reasons for the recommendation in a clear and concise manner. A copy of the IPC's findings will be provided to the DPO at the conclusion of the screening. The referring DPO has the responsibility of including the recommendation of the IPC in the disposition report, even if it differs from the department's recommendation. In the evaluation section of the Court report, the DPO is to discuss all resources and measures considered by the DPO and provide information as to why they are not recommended for the case based on feedback from IPC.

SECOND LEVEL REVIEW FOR ONGOING PLACEMENTS INTO GROUP HOMES AND STRTPS

- **Case Plan Documentation and Second Level Review**

The CCR is predicated on the belief that residential care is best used when necessary as a short-term, therapeutic intervention until the child is able to transition to a home-based family setting. Case plan documentation and the second level review is applicable to county placing agencies and intended to ensure that diligent effort has been made to address barriers to home-based family placement and that the STRTP or group home placement continues to be necessary.

For children, 13 years and older, under the supervision of delinquency court, the placement shall not exceed 12 months unless the Chief Probation Officer of the county probation department or his/her designee has approved for the continued placement and no less frequently than every 12 months thereafter, pursuant to WIC section 727(a)(4)(E). County placing agencies should have established processes to insure these provisions are followed immediately for children placed in STRTPs or group homes. Consistent with the goals of CCR, counties should re-assess a child placed in an STRTP or group home to determine if the child can be transitioned to a home-based family setting as described in ACIN NO. I-42-16.

- **Second Level Review Process**

Youth who are placed at a STRTP or who are participating in WRAP services, the DPO will complete the Placement Screening form and present the case to the IPC for re-assessment at the following intervals: 6-month, and 11-month. At the 11-month mark, if the IPC determines the youth needs to continue in placement, mandates dictate that the Chief Probation Officer (or his designee) must also authorize continued placement past 12 months. Staff are to utilize the tickler function in Smart Probation to insure internal compliance with this mandate.

- **Non-Minor Dependent - CFT**

Youth participating in AB 12 services may elect to not include their parents/guardians/Behavioral Health in the CFT meeting as they have reached the age of majority. A CFT will be held at a minimum of every 6 months, unless circumstance dictate a need for additional supportive efforts.

DIVISION OF JUVENILE JUSTICE RECOMMENDATIONS

If the DPO and PSM believe the most appropriate disposition for a youth is a commitment at the Division of Juvenile Justice, the case must be presented to the Division Director and the Assistant Chief Probation Officer for authorization to make such a recommendation.

MONTEREY COUNTY YOUTH CENTER RECOMMENDATIONS

If the DPO and the Unit PSM believe the Youth Center would be the most appropriate disposition, taking into consideration community safety, the lack of compliance with community programs, all lesser alternatives have been exhausted, and based on the minor’s risk level and needs, along with the number of programs offered at the Youth Center that would benefit the minor, the DPO shall:

1. Call the YC MDT coordinator for appointment on Tuesdays beginning at 10:00 a.m.,
2. Screening form is to be emailed to the Youth Center PSM before 3:00 p.m. the Monday prior to the Tuesday screening,
3. Complete the YC screening form,
 - A. Provide the most recent psychological evaluation if applicable,
 - B. Provide the most recent court report (can be the Social Study, Probation Violation, etc., however, the report needs to include the youth’s probation history, any behavioral or mental health history, parent information, etc.

Screenings will be presented to the YC MDT which consists of the PSM of the Youth Center and/or their designee, along with representatives from Behavioral Health and Education. In the event of time constraints, cases may be presented by telephone. Each case will have a determination made as to the eligibility and suitability of the minor’s commitment at the Youth Center. A copy of the Youth Center MDT’s findings will be provided to the DPO at the conclusion of the screening.

References:

- WIC 16501
- WIC 16501.1 (c) and (d)
- WIC 4096(4)(e)(1)
- WIC 727(a)(4)(E).
- ACIN NO. I-42-16
- ACL NO. 16-84
- ACL NO. 17-122
- ACL NO. 18-23

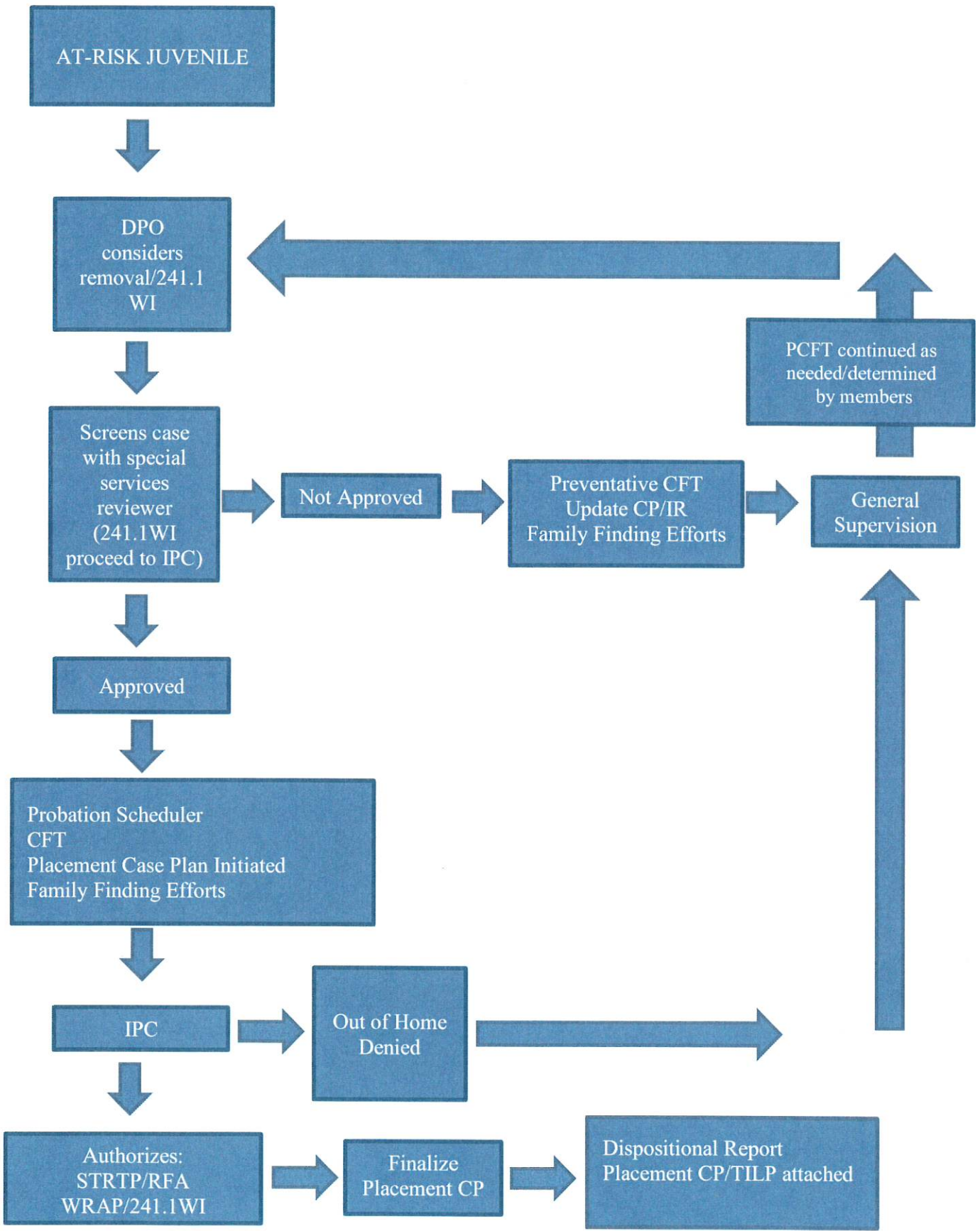
I. Attachments:

- IPC Flow Chart
- CFT Form
- IPC Screening Form
- Child and Family Team (CFT) Meeting Form
- CFT Agenda/Summary Addendum
- STRTP/WRAP Re-Assessment

Distribution:	Juvenile Division Youth Center
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Marcia Parsons
Chief Probation Officer

Date: 10/01/2018



**Monterey County Probation Department
Child and Family Team (CFT) Facilitation Request Form:**

Email All Requests To:
CFTPartnership@senecacenter.org

Referring Party/Facilitation Need Information:

Referred By: _____
 Position: _____
 Phone #: _____
 Email: _____

Referral Date: _____ Next Court Date: _____
 Desired Meeting Date/Date Range: _____ Hearing Type: _____
 Desired Meeting Time/Time Range: _____
 Service Component: **Emergent CFT** Non-Emergent CFT

Family Finding Needed? Yes No Not Yet Known CFT Flex Funds Needed? Yes No Not Yet Known

Child(ren)'s/NMD's Information

Child/NMD's Name: _____ Age: _____ Caregiver's Name: _____
 Date of Birth: _____ Primary Language: _____ Placement Type: Choose One:
 Date of Placement: _____ Address: _____ Number of Placements to date: _____

Is this CFT for an individual child, or a full sibling group? Yes No
 * if no, the facilitation agency will assume the requested CFT is only for the child listed above.
 *If yes – list siblings' information below:

Child's Name	DOB/Age	Primary Language	Placement Type (Choose One)
			Choose One:
			Choose One:
			Choose One:
			Choose One:
			Choose One:

Meeting Information and Logistics:

What is the primary reason for this CFT Meeting? Choose One:
 If "other," please indicate primary reason for CFT: _____
 How long should the meeting last? _____
 Is this the first CFT Meeting? Yes No
 Parent(s)' Primary Language: _____
 Majority Primary Language of other attendees: _____
 Does the family have a preferred meeting location? Yes No
 If "yes," please explain: _____

What are the primary goals/needs of this meeting? _____
 Is the family already aware of the need for a meeting to discuss the above? Yes No
 What are the family's strengths? _____
 What are some of the family's current obstacles and challenges? _____
 Is there anything that should NOT be discussed during this meeting (i.e., hot button topics)? Yes No
 If "yes," please explain: _____

Might the team need to discuss presumptive transfer of the child's medical benefits? Yes No Not Yet Known
 If there is an anticipated need for CFT Flex Funds, please explain the need and estimated cost associated:

Meeting Attendees:

Please list contact information for individuals who should be invited to this CFT Meeting:

Name:	Relationship	Address	Phone	Email

**INTER-AGENCY PLACEMENT SCREENING
LEVEL OF CARE ASSESSMENT**

Placement Screening Date: _____

DPO Staffing Case: _____

Risk/OYAS Information

Date determined to be at Imminent Risk: _____ By DPO: _____
Date of last Imminent Risk Screening _____ By DPO: _____
Ohio Youth Assessment Survey Score: _____ Date Assessed: _____
Maximum Confinement time: _____

Bring the most recent copy of Imminent Risk Screening and Pre-Placement Case Plan for Discussion and Review

Child Identifying Information

Client #: _____ Dispo date: _____ Wardship Status/Date: _____

Name: _____
(Last) (First) (Middle) DOB: _____ Age: _____

Gender: Male Female Ethnicity: _____ Place of Birth: _____

Immigration status: _____ Current Location: _____

City of Residence: _____

Juvenile Justice Involvement

Prior offenses: _____

Current offenses: _____

Comments: _____

Education

Current Grade: _____ Is minor IEP? Yes No (Non-SED) or IEP/SED

of school suspensions: _____ # of school expulsions: _____

Current enrollment status: _____ Chronic truancy: _____

Types of significant behavior problems at school: _____

Drug/Alcohol Use

Type and extent of drugs used: _____

Comments: _____

Mental Health

Has minor been seen by Mental Health? Yes No Therapist Name: _____ MH#: _____

How often? _____ Psychotropic medications: _____

Comments: _____

Relationship/Social Orientation

Sexual Issues: _____ Victim: _____ Perpetrator/Exploits Others: _____

Comments: _____

Gang Association: Yes No Type: Associate Gang Member

Name of Gang: _____ Affiliation: Norteño Sureño Other: _____

Behaviors indicating the need for higher levels of structure and supervision (explain): _____

Family/Child Environment

Previous Placements: Yes No Type: Group Home Wraparound STRTP RFA Other

When/Where: _____

History of abuse/neglect: Physical Emotional Sexual Abandonment Neglect

Comments: _____

Family/Caretaker Situation/Information (e.g.) deceased, incarcerated, substance abuse, physical/sexual abuse:

Parent(s): _____

Step-Parent (s): _____

Other Adults/Relatives: _____

Family Strengths: _____

Child's Strengths: _____

What community resources have been tried in this matter? _____

Child and Family Team (CFT) Meeting

Name of Family: _____

Next Court Date: _____

Child(ren)/NMD's Name(s): _____

Meeting Date: _____

Time: _____

Location: _____

Next Meeting Date: _____

Child and Family Team Meeting:

Purpose: _____

Goals: _____

Facilitator: _____

Note Taker: _____

Probation Officer: _____

Ground Rules and Agreements: Only one person speaks at a time. Be respectful. Respect confidentiality

Other: _____

Introductions/Attendees:

Agenda	
Strengths	
What's Working	
Worries	
Referrals Needed	
Emergency Needs	

Youth Updates

Updates Regarding:

Topic	Discussion	What Needs to Happen Next?	By When?	Person Responsible:
Medical/Presumptive Transfer				
Educational				
Social/ Extracurricular				
Therapy				
Updates from Youth				
Updates from Team				
Placement				
Visitation				
Additional Topics				

Updates Regarding:

Topic	Discussion	What Needs to Happen Next?	By When?	Person Responsible:
Medical/Presumptive Transfer				
Educational				
Social/ Extracurricular				
Therapy				
Updates from Youth				
Updates from Team				
Placement				
Visitation				
Additional Topics				

Updates Regarding:

Topic	Discussion	What Needs to Happen Next?	By When?	Person Responsible:
Medical/Presumptive Transfer				
Educational				
Social/ Extracurricular				
Therapy				
Updates from Youth				
Updates from Team				
Placement				
Visitation				
Additional Topics				

Current Visitation Schedule:

Person Visiting					
How Often					
Where					
Who Transports					
Supervised?					

CFT Agenda/Summary Addendum Parent(s) Case Plan/Services Update:

Update Regarding:

Topic	Discussion	What Needs to Happen Next?	By When?	Person Responsible:
Employment				
Housing				
Drug Testing				
AA/NA Meetings				
Outpatient				
Sponsor/12 Steps				
Mentor Mom/Dad				
Domestic Violence				
Therapy				
PEG (Parent Ed. Group)				
Parenting Classes				
Additional Topics				

Update Regarding:

Topic	Discussion	What Needs to Happen Next?	By When?	Person Responsible:
Employment				
Housing				
Drug Testing				
AA/NA Meetings				
Outpatient				
Sponsor/12 Steps				
Mentor Mom/Dad				
Domestic Violence				
Therapy				
PEG (Parent Ed. Group)				
Parenting Classes				
Additional Topics				

Probation Officer: _____ Today's Date: _____

Phone Number: _____

STRTP/WRAP RE-ASSESSMENT

Minor's Name	
Minor's Date of Birth and Age	
Protective Issue	
Family Involvement (If none, why not)	Parents-
Name and Address of Current Placement	
Date and Type of Current Placement	
Current Behavioral Issues That Require Placement in a STRTP	
Current Psychotropic Medication(s)	
Current Mental Health Diagnosis	
Recent Placement History	
Long Term Plan	
Involved Agencies	<input type="checkbox"/> CBH <input type="checkbox"/> Probation <input type="checkbox"/> DSS <input type="checkbox"/> Other:
The minor is currently receiving the following services	<input type="checkbox"/> STRTP <input type="checkbox"/> Wraparound Program (Specify): _____ <input type="checkbox"/> RFA <input type="checkbox"/> Other:

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR RE-ASSESSMENT

Specify Behavioral Issues Since Last Certification (Including Incident Reports)	
Specify Positive Changes That the Minor Has Made Since Last Certification	
Specify Outcome of The Most Recent CFT Meeting	
Discharge Plan	
Outpatient mental health counseling	
Mental Health provider or STRTP provider input re: youth's mental health needs	
Psychotropic medications	
Specialized education services and school-based behavioral intervention plans	
Mental health day treatment program	
Wraparound services	
RFA - Kinship Care/Foster Care/FFA Foster Care	

Yes <input type="checkbox"/>	No <input type="checkbox"/>	1. The minor has had an evaluation within the last year and has DSM-V diagnosis. Evaluation Date:
		DSM-V diagnosis:

		2. As a result of a mental disorder, the minor reveals one of the following:
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Significant danger to others: (Specify)
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Significant danger to self: (Specify)
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Significant/grave disability: (Specify)
		3. The minor has significant health problems impacting placement options: (Check all that apply)
		<input type="checkbox"/> Morbid Obesity <input type="checkbox"/> Brittle Diabetes <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Visual Impairment
		<input type="checkbox"/> Seizure Disorder <input type="checkbox"/> Asthma <input type="checkbox"/> Other (Specify): _____
Yes <input type="checkbox"/>	No <input type="checkbox"/>	4. If the minor's IQ is subnormal (<70) or there is an evidence of organic brain impairment:
Yes <input type="checkbox"/>	No <input type="checkbox"/>	The minor has been referred to SARC.
		SARC has rejected the minor: Reason
		SARC has accepted the minor but unable to place: Reason
Yes <input type="checkbox"/>	No <input type="checkbox"/>	5. The minor has been identified as having specialized educational needs (Specify):
		6. The minor has failed to respond to interventions at lower level of care: (Check all that apply)
Yes <input type="checkbox"/>	No <input type="checkbox"/>	a) Outpatient mental health counseling
Yes <input type="checkbox"/>	No <input type="checkbox"/>	b) Psychotropic medications
Yes <input type="checkbox"/>	No <input type="checkbox"/>	c) Specialized education services and school-based behavioral intervention plans
Yes <input type="checkbox"/>	No <input type="checkbox"/>	d) Mental health day treatment program
Yes <input type="checkbox"/>	No <input type="checkbox"/>	e) RFA/Kinship Care/Foster Care/FFA Foster Care
Yes <input type="checkbox"/>	No <input type="checkbox"/>	f) STRTP
Yes <input type="checkbox"/>	No <input type="checkbox"/>	g) WRAP

RESULTS

<input type="checkbox"/> Youth does NOT meet STRTP criteria	
<input type="checkbox"/> Youth meets STRTP criteria	

Interagency Placement Committee Sign In

Name and Title:	Organizational Affiliation:	Phone Number:	Signature:

Youth placed in a Licensed Group Home or Short Term Residential Therapeutic Program over one year requires the approval of the Chief Probation Officer or the designee. Signatures are below:

Name and Title: _____ Signature: _____