

CUSTODY DIVERSION PROTOCOL 2015

A JOINT
TRAINING :

CHILDREN'S
DIVISION

DEPARTMENT OF
MENTAL HEALTH
AND OUR
PROVIDERS

JUVENILE
OFFICE

ACRONYMS

- CDP – Custody Diversion Protocol
- DMH – Department of Mental Health
- DBH – Division of Behavioral Health
- DD- Division of Developmental Disabilities
- DD- RO – Developmental Disabilities – Regional Office
- CD - Children’s Division
- JO –Juvenile Office
- CMHC – Community Mental Health Center
- FST – Family Support Team
- ADA provider – substance use disorder provider
- CSTAR provider – community substance abuse and rehabilitation services
- VPA – voluntary placement agreement

OBJECTIVES

- To provide participants with the information and tools necessary to explain the Custody Diversion Protocol and to empower staff across multiple agencies to implement it appropriately.
- To understand what parties are involved/engaged throughout the Custody Diversion Protocol process.
- Understand when it is appropriate to utilize the Voluntary Placement Agreement.

- Missouri Department of Social Services – Children’s Division
- Missouri Department of Mental Health - Division of Behavioral Health
- Missouri Department of Mental Health – Division of Developmental Disabilities
- DMH’s related contracted service providers
- Juvenile Office

PURPOSE OF THE PROTOCOL

To divert youth from entering or remaining in state custody solely to access mental health services

HISTORY

- **HB1453:** Divert children from custody & establishes the voluntary placement agreement.
- **SB1003:** Establishes process for a child's return to parent/legal guardian if in the care of the state solely to access mental health services.
- Statutory References
 - 210.108 RsMo
 - 208.204.2 RsMo
 - 208.204.3 RsMo



- The CDP is established to identify potential service needs.
- The CDP should only be initiated when the parent/legal guardian wants to relinquishing custody of their child in order to access mental health services.

PROCESS

Step 1

- Initial Contact

Step 2

- Eligibility & Referral

Step 3

- Level of Care Assessment

Step 4

- Transition Planning

Step
1

- Initial Contact



INITIAL CONTACT

- If a parent/legal guardian comes in person to the JO or CD, the same process should be followed, with the staff indicating that there must first be an assessment.

Step 2

- Eligibility & Referral

April 2015

CUSTODY DIVERSION PROTOCOL SCREENING AND FEEDBACK FORM

**THIS SECTION TO BE COMPLETED BY THE REFERRING AGENCY & FORWARDED TO THE CUSTODY
DIVERSION PROTOCOL DESIGNEE FOR THE COMMUNITY MENTAL HEALTH CENTER**

Legal Guardian name and phone number _____

Child's name _____ DOB _____ County of Residence _____

Is parent seeking to voluntarily relinquish custody? NO YES

If yes, according to the parents for what reason? _____

Has the parent/legal guardian had recent contact with a Community Mental Health Center, Developmental Disability- Regional Office or CSTSAR provider? NO YES

Is the child currently in the home (excluding a psychiatric hospitalization)? NO YES

Has safety been assessed and assured for the child? NO YES

Are there pending allegations likely to be substantiated? NO YES

Has the juvenile office received a current referral for an alleged delinquent or status offense? NO YES

If there is no current referral to the juvenile office, then a referral through the protocol is appropriate. If there is current referral to the juvenile office for which the juvenile office will take some kind of action beyond referral to another agency, the protocol should not be utilized. If there is a recent child abuse and neglect allegation, but the child's safety can be assessed and assured, the protocol may be utilized. If there is a current allegation of child abuse and neglect likely to be substantiated, the protocol should not be utilized. However, if mental health services are needed, a referral may be made to the Community Mental Health Center for a screening and assessment. To initiate a non-Custody Diversion Protocol referral, provide the family with the phone number of the appropriate agency.

Name of CD or JO referring party _____

Date of referral _____ Fax number _____ Phone number _____

THE SECTION TO BE COMPLETED BY THE CUSTODY DIVERSION PROTOCOL DESIGNEE

Date of initial Diversion Protocol appointment offered by CMHC _____

Date of initial appointment, if not within two (2) business days _____

Any concerns related to the safety of the child? _____

Assessment by another DMH Division required? NO YES

If YES, which division DD ADA

Name of agency to do additional assessment _____

Date of referral _____ Fax number _____ Phone number _____

Outcome of Assessment (check only one)

- Community based services
- residential placement
- treatment family home
- Out-of-home placement planned for less than one month
- referral to CD for screening
- Referral to Juvenile Justice for screening
- other _____

INITIAL
CONTACT
Screening &
Feedback Form

ELIGIBILITY & REFERRAL

- If a recent standard referral for assessment has been made to the CMHC, DD-RO or ADA provider and the parent/legal guardian still wants to voluntarily relinquish custody, the JO or CD staff should assist the parent/legal guardian in contacting the Designee.
- Staff should also explain an assessment process must occur before custody is explored.

WHAT IF THE PARENT REFUSES TO TAKE THE CHILD HOME?

- The agency contacted (CD or JO) by the parent/legal guardian should immediately call an emergency meeting (in person or by phone) with the contacts of the other agencies (JO, DMH provider, or CD) and develop an emergency plan.
- The assessment process should continue.
- The staff should assess for CA/N.



VPA

Step 3

- Level of Care Assessment

LEVEL OF CARE ASSESSMENT

- The assessment process should begin by determining if there is a psychiatric, developmental /or substance use issue.
 - If there is a psychiatric issue, then the CMHC should do the assessment
 - If the youth has either a developmental &/or substance use issue, the CDP Designee for the CMCH will contact either the DD-RO or local ADA provider to participate in the assessment process.

LEVEL OF CARE ASSESSMENT

- The assessment should include the following to establish the level of care needs for the child related to mental health issues:
 - The child/youth's current mental health needs;
 - The parent/legal guardian's perception of the child's needs;
 - Identification of risk factors;
 - Past history of needs and services; and
 - Information from past and current caretakers.

LEVEL OF CARE ASSESSMENT

- Once the assessment process is complete the CDP Designee for the CMHC should complete the bottom half of the Screening/Feedback form send the information to the following individuals:
 - Referring agency contact
 - DMH staff listed on the bottom of the form

LEVEL OF CARE ASSESSMENT

- If the child is in a psychiatric hospital, the level of care assessment will likely occur at the hospital within 3-7 days.
 - If the child is in a hospital outside their county of residence, the CMHC, DD-RO or ADA provider can contact the CMHC provider that serves that county and request a courtesy assessment.



Step 4

- 
- Plan
Coordination



Discuss result
of the level of
care assessment

Service options

Fiscal resources
necessary to
implement the
plan

Develop a plan
for
implementation

PLAN COORDINATION

- The plan can take several paths:
 - CD is able to provide additional supports to add to DMH services;
 - DMH has determined the child needs out-of-home placement and has identified a provider with DMH resources;
 - The parent/legal guardian rejects the services and continues to want to pursue giving up custody of their child; or
 - DMH had determined the child needs out-of-home placement and there are no means of financial support.

PLAN COORDINATION

- Parent refuses services and continues to want to give up custody
 - CA/N hotline should be call to assess if there is reason to suspect child abuse & neglect.
- Out-of-home placement recommended no financial resources
 - Consider a Voluntary Placement Agreement (VPA)

LET'S TALK VPA

- THE VOLUNTARY PLACEMENT AGREEMENT CAN ONLY BE USED IN CONJUNCTION WITH THE CDP AND UNDER THE FOLLOWING CIRCUMSTANCES:
 - The parent/legal guardian is legal resident of the state of Missouri;
 - The parent/legal guardian does not receive adoption/subsidy on behalf of the child
 - No reason has been found to suspect abuse or neglect
 - There is no current referral to JO on which the JO will be taking any level of action besides making a referral for mental health services
 - The child is currently residing in the parent/legal guardians' home (this excludes a psychiatric admission)

VPA

- The VPA can be used for short-term or up to a maximum of 180 days.
- The VPA is an agreement between the parent/legal guardian and the Children's Division.
- If the VPA is utilized, the DMH provider is responsible for locating an appropriate out-of-home placement and for monitoring that placement.

VPA

- Collaboration and communication between RCST and DMH provider
- Monthly FST meetings
- Continual assessment of need for services

VPA

- Issues to be addressed include in monthly meetings:
 - The child's progress in services,
 - The parent/legal guardian's involvement in the treatment,
 - The need for the child to continue out-of-home placement beyond the maximum allowed 180 days; or,
 - The plan to transition that child back into their home community.

CONTINUING TO ASSESS FOR CA/N

- If the parent/legal guardian rejects the transition plan and refuses to take the child home, or find alternative means to care for the child, the CA/N Hotline should be contacted as required by law, RSMo 210.115, and Children's Division will proceed as specified in statute and policy.
- CD can initiate a referral to the court based on 211.031.1(1) (d)

TEMPORARY CUSTODY

- If the court has ordered custody pursuant to 211.031. (1)(d), then pursuant to 211.181.1(5) this team will propose a plan and submit it to the court within 30 days.
- The court will then determine whether to return the child to the custody of the parent/legal guardian or adjudicate.
- Within 72 hours of the child placed in the temporary custody of CD, CD shall convene a meeting with all involved/interested parties, including the parent/legal guardian, to examine the child's and parent/legal guardian's needs and identify service options.
- CD, Juvenile Office, CMHC, DD-RO and/or ADA provider will develop a temporary plan for placement and services that best meets the child's needs

REVIEW OF CHILDREN IN CD CUSTODY

- Within 72 hours of coming into Children's Division custody, pursuant to Section 208.204.2 and 208.204.3 RSMo, through judicial review or family support team process, a review of children in CD custody must be completed to determine whether or not they are custody solely to obtain mental health services.
- When children are identified as meeting the criteria under SB1003, Family Support Teams, which include the child's parents, are established to transition the child back to the custody of their parents within 60 days, absent a probable cause or preponderance of evidence CA/N finding

REVIEW OF RETURN TO PARENTS' CUSTODY

- In situations in which a child is returned home, services and supports are arranged through the FST, which also include representatives from DMH and any other appropriate providers.
- In situations where the child needs continued residential treatment, that service is continued and CD continues to pay for the service.

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