



**Texas Department of
Criminal Justice**

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TCOOMMI

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**Program Guidelines and Processes
for Juvenile Case Management**

Supersedes: March 1, 2010

Subject: Case Management process for juvenile offenders on criminal justice supervision.

Purpose: To provide a process to TCOOMMI contract programs for identified juvenile offenders who may be considered for, or are receiving, Case Management services.

Contents: Section I Special Needs Diversionary Program (SNDP) Caseloads
Section II Non-SNDP Caseloads
Section III TCOOMMI Web Application (WebApp)

Definitions:

Collateral Contact	Any face-to-face or verbal interaction that is not conducted with the juvenile and/or family but is in reference to the juvenile and/or family.
Community	The geographic region in which the juvenile's parent or guardian resides.
Community Contact	A face-to-face or verbal interaction with the juvenile and/or family that occurs in the community other than the school, juvenile's home or office/program headquarters.
Contact	A face-to-face or verbal interaction with the juvenile and/or the juvenile's family designed to address case/treatment plan goals and objectives for the juvenile and/or family.
Core Team	The specialized juvenile probation officer and Qualified Mental Health Professional (QMHP) assigned to the juvenile's case.
Detention/Confinement/Court Contact	A face-to-face interaction with the juvenile and/or family that occurs while the juvenile is confined or appearing in court.
Enrollment Date	The date the core team initiates and coordinates services.
Home Contact	A face-to-face interaction with the juvenile and/or family that occurs in the home of the juvenile.
Joint Contact	A face-to-face or verbal interaction with the juvenile and/or family conducted concurrently by the specialized juvenile probation officer and QMHP.
Juvenile Probation Contact	Any contact conducted by the specialized juvenile probation officer regarding the juvenile while in detention, confinement, court, school, office, program headquarters, community or home.
Licensed Professional of the	An individual who is licensed or certified by the state of Texas to

Healing Arts	diagnose, evaluate or treat any mental, emotional condition or disorder including but not limited to a psychiatrist, psychologist, licensed social worker, licensed professional counselor, and marriage and family therapist.
Mental Health Contact	Any contact conducted by the mental health professional regarding the juvenile while in detention, confinement, court, school, office, program headquarters, community or home.
Non-Core Team Member	Any service provider who participates in the treatment, case plan/treatment plan, and/or case plan/treatment plan review of the juvenile and/or family.
Non-Custodial Contact	A verbal and/or face-to-face interaction with the juvenile and/or non-custodial family member while the juvenile resides with that family member.
Office/Program/Headquarters Contact	A face-to-face interaction with the juvenile and/or family in any office setting including the therapist's office, juvenile probation officer's office or the SNDP Team's office.
Out of Home Placement	The placement of a juvenile in a residential setting outside the home, including: foster home, secure pre-adjudication detention facility, secure post-adjudication facility, or other public or private institution or agency.
Phone Contact	A verbal interaction with the juvenile and/or family that is conducted via the telephone.
Priority Population	The population of juveniles who have a Diagnostic and Statistical Manual Axis I diagnosis other than, or in addition to, substance abuse, mental retardation, autism or pervasive developmental disorder, and who meet eligibility for mental health services and have met criteria for one of the levels of care as determined by the Child and Adolescent Needs and Strengths Assessment, or as determined by a licensed mental health professional as a result of the implementation of a standardized mental health assessment.
Referral Date	The date that the juvenile was referred to the SNDP for screening.
School Contact	A face-to-face interaction with the juvenile and/or family in the school of the juvenile.
Special Needs Diversionary Program (SNDP) Team	Consists of all core and non-core team members who are working with a juvenile and the juvenile's family.
Specialized Officer	The certified juvenile probation officer(s) funded under this grant who served only those juveniles who have been identified as being appropriate for services through the SNDP.

Guidelines:

I. Special Needs Diversionary Program (SNDP) Caseloads

- A. Referrals: At least monthly, the TCOOMMI Program Director and/or designee shall meet, face-to-face when possible, with a representative of the local Juvenile Probation Department to review possible referrals to TCOOMMI Case Management.
- B. Target Population: The program shall serve only those juveniles who:

1. Have received a disposition of deferred prosecution, juvenile court-ordered probation or who have been released under court ordered conditions of release and are being supervised in the community by the juvenile probation department; and
 2. Have met the priority population definition.
- C. Clinical Assessment
1. Each juvenile's case file shall include a clinical assessment that has been signed and dated by a licensed professional of the healing arts completed within 90 calendar days prior to enrollment in the SNDP.
 2. The clinical assessment establishing eligibility shall contain the following information:
 - a) A current DSM Axis I diagnosis other than, or in addition to substance abuse, mental retardation, autism or pervasive developmental disorder; and
 - b) A current Global Assessment of Functioning (GAF) Score.
- D. Family Suitability Interview
1. The core team shall complete a family suitability interview for each juvenile found to meet the requirements for services through this program prior to, or at the same time as, the juvenile's enrollment into the SNDP.
 2. The family suitability interview shall document the following:
 - a) Whether the juvenile has an adult family member available for participation in the program;
 - b) Whether the family is willing to participate in the program; and
 - c) That an explanation of the requirements of the program was provided to the juvenile and family.
- E. Insurance Screening
1. All juveniles shall be screened for medical insurance coverage prior to, or upon enrollment into the SNDP.
 2. If third party insurance, Medicaid, or Children's Health Insurance Program (CHIP) does not already cover the juvenile, then the mental health team member shall ensure that an application for Medicaid or CHIP is completed and submitted within 5 calendar days of the juvenile's enrollment into the SNDP.
- F. Out of Home Placement
1. Juveniles may be enrolled in the SNDP if they meet the requirements under Section I.B. upon discharge from an out of home placement.
 2. A juvenile shall remain enrolled in the SNDP if the juvenile is being placed in a short-term residential placement, as long as their absence from the home does not exceed 45 calendar days. The core team shall continue to provide services to the juvenile and family according to the juvenile's case/treatment plan during this 45 day period.
- G. Re-enrollment of Discharged Juvenile
1. Juveniles may be re-enrolled into the SNDP after previously completing the program, or having been discharged from the program, if the requirements under Section I.B. are met.
- H. Team Requirements
1. At least one member of the core team shall be available in person, by pager, office phone or cell phone to the family 24 hours a day, seven days a week and 365 days a year for assistance with crisis resolution.

2. The core team shall maintain a minimum caseload of 12 juveniles and their families, and shall not exceed 15 juveniles and their families at any one time.
 3. The mental health core team member shall have at least one face-to-face in-home contact with the juvenile per week during the first thirty days of enrollment. Every other week, the in-home contact shall be with the juvenile and family. The frequency of contacts shall be addressed in the case/treatment plan.
 4. The first 30 day case plan review and all subsequent case plan reviews shall determine, based on need, the number and type of contacts with the juvenile and family to be made by the core team. At a minimum, the mental health core team member shall conduct:
 - a) One face-to-face contact every other week with the juvenile.
 - b) Of these face-to-face contacts, one should be in-home with both the juvenile and the family.
 - c) One phone contact weekly with the juvenile on weeks with no face-to-face contact.
 5. For the final two months of the juvenile's enrollment, the mental health core team member shall conduct, at a minimum:
 - a) One in home contact with the juvenile and family per month; and
 - b) One contact per month with juvenile; and
 - c) One contact per month with family.
 6. The number and types of contacts shall be made in conjunction with the required service hours in the authorized level of care.
 7. The core team shall establish a unified enrollment date for each juvenile enrolled in the SNDP.
 8. The core team shall provide services to the juvenile and family for the period the juvenile is enrolled in the SNDP.
 9. Weekly communication between core team members is required to monitor the progress and needs of each juvenile enrolled in SNDP.
- I. Case/Treatment Plan
1. The core team shall meet with the juvenile and family to develop an initial case/treatment plan within 72 hours of the juvenile's enrollment into the SNDP.
 2. The case/treatment plan shall be developed by the core team with input from the juvenile and the parent or guardian.
 3. The case/treatment plan shall be written in terms that are specific and measurable and shall document each of the following criteria:
 - a) All identified areas of need for the juvenile and family;
 - b) What activity/intervention is to be completed;
 - c) Who is responsible for completing the activity/intervention;
 - d) When the activity/intervention is to be conducted and/or completed;
 - e) How the activity/intervention is to be conducted;
 - f) What services will be made available to the juvenile and family to assist them in acquiring skills and resources to meet their needs;
 - g) All required contacts; and
 - h) What long-term community supports will be utilized.
 4. A copy of the plan shall be provided to the juvenile and family within 7 calendar days of the juvenile's enrollment into the program.

5. The core team shall formally review and update case/treatment plans monthly with the juvenile and parent or guardian, and a copy shall be provided to the family within 7 calendar days from the date of completion of the review.
6. Transition planning shall be incorporated by the core team into the juvenile's case/treatment plan review each month.
- J. Discharge/Aftercare Plan: On the day of the juvenile's discharge from the SNDP, the core team shall complete a written discharge/aftercare plan with the juvenile and family, which shall:
 1. Outline the ongoing support systems and resources for the family;
 2. Identify required services and linkages to appropriate resources; and
 3. Provide the juvenile and family a copy of the discharge/aftercare plan signed by the core team.

II. Non-SNDP Caseloads

- A. Referrals: At least monthly, the TCOOMMI Program Director and/or designee shall meet, face-to-face when possible, with a representative of the local Juvenile Probation Department to review possible referrals to TCOOMMI Case Management.
- B. Target Population: The program shall serve only those juveniles who:
 1. Have received a disposition of deferred prosecution, juvenile court-ordered probation or who have been released under court ordered conditions of release and are being supervised in the community by the juvenile probation department; and
 2. Have met the priority population definition.
- C. Clinical Assessment
 1. Each juvenile's case file shall include a clinical assessment that has been signed and dated by a licensed professional of the healing arts completed within 90 calendar days prior to enrollment in the program.
 2. The clinical assessment establishing eligibility shall contain the following information:
 - a) A current DSM Axis I diagnosis other than or in addition to substance abuse, mental retardation, autism or pervasive developmental disorder; and
 - b) A current Global Assessment of Functioning (GAF) Score.
- D. Insurance Screening
 1. All juveniles shall be screened for medical insurance coverage prior to, or upon enrollment into the program.
 2. If third party insurance, Medicaid, or Children's Health Insurance Program (CHIP) does not already cover the juvenile, then the TCOOMMI Program Director and/or designee shall ensure that an application for Medicaid or CHIP is completed and submitted within 5 calendar days of the juvenile's enrollment into the program.
- E. Case Management Services
 1. Every juvenile and family shall have access to crisis services 24 hours a day, seven days a week and 365 days a year.
 2. The case manager shall maintain a minimum caseload of 12 juveniles and their families, and shall not exceed 15 juveniles and their families at any one time.
 3. The case manager shall have at least one face-to-face in-home contact with the juvenile per week during the first thirty days of enrollment. Every other week, the

in-home contact shall be with the juvenile and family. The frequency of contacts needed shall be addressed in the case/treatment plan.

4. The first 30 day case plan review and all subsequent case plan reviews shall determine, based on need, the number and type of contacts with the juvenile and family to be made by the juvenile, family, and case manager. At a minimum, the case manager shall conduct:
 - a) One face to face contact every other week with the juvenile.
 - b) Of these face-to-face contacts, one should be in-home with both the juvenile and the family.
 - c) One phone contact weekly with the juvenile on weeks with no face-to-face contact.
5. For the final two months of the juvenile's enrollment, the case manager shall conduct, at a minimum:
 - a) One in home contact with the juvenile and family per month; and
 - b) One contact per month with juvenile; and
 - c) One contact per month with family.
6. The number and types of contacts shall be made in conjunction with the required service hours in the authorized level of care.
7. Weekly communication between the case manager and probation officer is required to monitor the progress and needs of each juvenile enrolled in the program.

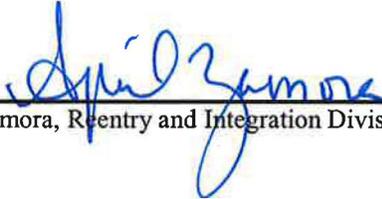
F. Case/Treatment Plan

1. The case manager shall meet with the juvenile and family and develop an initial case/treatment plan within 72 hours of the juvenile's enrollment into the program.
2. The case/treatment plan shall be developed by the juvenile, the parent or guardian, and case manager.
3. The case/treatment plan shall be written in terms that are specific and measurable and shall document each of the following criteria:
 - a) All identified areas of need for the juvenile and family;
 - b) What activity/intervention is to be completed;
 - c) Who is responsible for completing the activity/intervention;
 - d) When the activity/intervention is to be conducted and/or completed;
 - e) How the activity/intervention is to be conducted;
 - f) What services will be made available to the juvenile and family to assist them in acquiring skills and resources to meet their needs;
 - g) All required contacts; and
 - h) What long-term community supports will be utilized.
4. A copy of the plan shall be provided to the juvenile and family within 7 calendar days of the juvenile's enrollment into the program.
5. The juvenile, family, and case manager shall formally review and update case/treatment plans monthly, and a copy shall be provided to the family within 7 calendar days from the date of completion of the review.
6. Transition planning shall be incorporated into the juvenile's case/treatment plan review each month.

- G. Discharge/Aftercare Plan: On the day of the juvenile's discharge from the program, the case manager shall complete a written discharge/aftercare plan with the juvenile and family, which shall:
1. Outline the ongoing support systems and resources for the family;
 2. Identify required services and linkages to appropriate resources; and
 3. Provide the juvenile and family a copy of the discharge/aftercare plan signed by the core team.

III. TCOOMMI Web Application (WebApp)

The TCOOMMI Web Application (i.e., WebApp) will be deployed beginning September 2013. The WebApp will replace the Microsoft Access database file required for reporting program activity and service delivery information. All contract providers are required to request and maintain access to the WebApp for a sufficient number of individuals to ensure that referrals are received and acted upon, and that program activity and service delivery information is entered timely and accurately.



April Zamora, Reentry and Integration Division, Director

9/1/2013

Date