

Technical Assistance Document 6

Providing Services to Children in Detention



**Developed by the
Arizona Department of Health Services
Division of Behavioral Health Services**

**Effective June 1, 2005
Last Revised August 23, 2005
Arizona Department of Health Services
Division of Behavioral Health Services**

Purpose

To support coordination between the public behavioral health system and the juvenile justice system for children needing behavioral health services who are in a county detention facility and eligible, or may have the opportunity to become eligible, for Title XIX/XXI.

Targeted Population

Children who are detained in a county detention facility who are, or may have the opportunity to become, eligible for Title XIX/XXI services.

Introduction

Some children held in county detention facilities lose their eligibility for Title XIX/XXI, including covered behavioral health services, for some period of time, while many children remain Title XIX/XXI eligible while in detention. A large number of children in detention will gain or regain eligibility for Title XIX/XXI services. Coordination between the Arizona Health Care Cost Containment System (AHCCCS), Tribal and Regional Behavioral Health Authorities (T/RBHAs)¹ and county Juvenile Probation Departments is essential so that these children will receive needed covered behavioral health services in a timely and seamless fashion, and in accordance with the 12 Arizona Principles.

T/RBHAs are responsible for providing all necessary covered behavioral health services to children eligible for Title XIX/XXI who are located in a county detention facility.

Definitions

Adjudication Hearing: In juvenile proceedings – during a fact finding session, the court determines whether or not there is sufficient evidence to sustain the allegations found in a petition. An adjudication hearing is the juvenile counterpart to an adult trial.

Detention: The temporary confinement of a juvenile who requires secure care in a physically restricting facility that is completely surrounded by a locked and physically secure barrier with restricted ingress and egress for the protection of the juvenile or the community pending court disposition or as a condition of probation (A.R.S. 8-201).

Disposition Report: A report developed by a Juvenile Probation Officer with insights from other involved parties (e.g., behavioral health system representatives) that includes recommendations for placement and ongoing behavioral health services subsequent to the Disposition Hearing. The Disposition Report is presented to the judge at the Disposition Hearing.

Disposition Hearing: A hearing conducted after a juvenile is adjudicated or admits to the delinquent/incorrigible act, to determine the most appropriate placement of the juvenile. Other consequences may also be assigned at a disposition hearing. A disposition hearing is the juvenile counterpart to sentencing in an adult trial.

¹ For the purposes of this document, references to T/RBHAs should be interpreted to include T/RBHAs and their subcontracted behavioral health providers.

Procedures

Eligibility

When a Title XIX/XXI eligible child is detained in a county detention facility, the juvenile justice designee will wait until the detention hearing (usually this hearing is completed within 24 hours) is completed, and will then make the determination if AHCCCS should be notified. If it is determined that AHCCCS should be notified about the status of the child, the juvenile justice designee will need to complete the "AHCCCS Notification of Children in Detention" form (see attached) and fax it to AHCCCS within one business day of admittance to the facility. AHCCCS will then determine whether or not the child will remain eligible for Title XIX/XXI and make any necessary adjustments to the AHCCCS Pre-Paid Medical Management Information System (PMMIS). Then AHCCCS will notify the juvenile justice designee within one business day of receiving the information by filling out the back of the "AHCCCS Notification of Children in Detention" form (see attached) and faxing back to the original juvenile justice designee.

T/RBHAs are responsible for providing all necessary covered behavioral health services to persons who are Title XIX/XXI eligible and must respond to all referrals from the juvenile justice system regarding Title XIX/XXI eligible children within the timeframes described in [Provider Manual Section 3.2, Appointment Standards and Timeliness of Service](#). When a T/RBHA receives a referral from the juvenile justice system, the T/RBHA must check PMMIS to determine if the child is currently eligible for Title XIX/XXI services. Although some children held in county detention facilities may lose their Title XIX/XXI eligibility, T/RBHAs must not assume that a child being held in a county detention facility is ineligible for services. However, T/RBHAs must check PMMIS to ensure Title XIX/XXI eligibility prior to the delivery of each behavioral health service for children held in detention facilities.

If upon checking PMMIS, the child **is** eligible for Title XIX/XXI services, then T/RBHAs must provide all necessary covered behavioral health services in accordance with ADHS/DBHS policy. If the child **is not** eligible for Title XIX/XXI services, then T/RBHAs are not required to provide services.

County Juvenile Probation Departments are granted access to PMMIS, allowing them to check a child's eligibility status prior to referring the child to a T/RBHA for behavioral health services. Use of PMMIS will minimize the number of referrals that cannot be acted upon due to a child's ineligibility for Title XIX/XXI services, and might also reduce administrative costs associated with the referral process and checking eligibility status. County Juvenile Probation Departments should limit referrals to T/RBHAs to those children who, upon notification to AHCCCS of being placed in a county detention facility, remain eligible for Title XIX/XXI, as indicated in PMMIS. County Juvenile Probation Departments may contact the AHCCCS Division of Member Services at (602) 417-4537 to request access to PMMIS.

Coordination Between T/RBHAs and County Juvenile Probation Departments

When providing services to children in detention, T/RBHAs should work closely with detention facility personnel, including the child's Juvenile Probation Officer and detention facility health services personnel who have seen the child. Those personnel will be able to provide the T/RBHA with information about the behavioral health issues the child is currently experiencing, and can provide useful background information that may assist in

the development and/or revision of the child's service plan. When coordinating care with county Juvenile Probation Departments, T/RBHAs must obtain all necessary authorizations for the release of information from the child's guardian in accordance with [Provider Manual Section 4.1, Disclosure of Behavioral Health Information](#).

Prescribing clinicians must be cognizant of the fact that frequently, children entering detention have been non-compliant with prescribed medications and may require a dosage adjustment before medications are administered in detention as previously ordered. When a child is evaluated by a T/RBHA prescribing clinician and found to need medications, the T/RBHA prescribing clinician (or appropriate designee, e.g., a nurse) will call the detention facility's health services staff (i.e., detention facility prescriber or nursing office) and relay the findings of the T/RBHA's psychiatric assessment, including diagnosis and prescribed medications. The T/RBHA will document these coordination-of-care efforts. A prescription written by the T/RBHA prescribing clinician will be either provided to the transportation officer from the detention facility, or called into a pharmacy that is part of the T/RBHA network that is preferred by the detention facility. In the latter event, the T/RBHA prescribing clinician will inform the detention center's health services staff of the T/RBHA network pharmacies from which the detention center may choose. The T/RBHA will call in the prescription, then inform the juvenile justice designee of the filling pharmacy's name, address and phone number. The juvenile justice designee will be responsible for coordinating and ensuring that the prescriptions are picked up from the pharmacy. T/RBHA prescribing clinicians are responsible for coordinating care and communicating relevant information with other health services personnel regardless of a child's current eligibility status.

T/RBHAs must provide needed covered behavioral health services in the setting(s) most appropriate to address the child's needs, as determined by the child and family team. When serving children in juvenile detention settings, this may sometimes require provision of services away from the detention facility as well as in the detention facility. The detention facilities may be able to assist in providing transportation for children who are in need of behavioral health services away from detention facilities. T/RBHAs should contact the facility where the child is held to coordinate transportation to behavioral services. T/RBHAs, in consultation with county detention facility health services staff, should consider issues, such as risk of flight and the child's potential for violent behavior, when arranging transportation and, as indicated, request appropriate personnel from the detention facility accompany the child to appointments outside the detention facility. T/RBHAs may also provide services via telemedicine, as appropriate (the [ADHS/DBHS Covered Behavioral Health Services Guide](#) describes the services that can be provided via telemedicine).

Participation in "Disposition Report" Development

A key step for children who remain in detention through the Adjudicatory Hearing (i.e., trial) is the development of a disposition report. Juvenile Probation Officers are responsible for developing a disposition report for each child prior to the Dispositional Hearing (i.e., sentencing). The disposition report is presented to the judge at the Dispositional Hearing and contains the Juvenile Probation Officer's recommendations for disposition, and might include recommendations for specific behavioral health services (e.g. counseling) and living arrangements (e.g. home with family, in protective foster care, in a treatment setting).

T/RBHAs may receive requests from county Juvenile Probation Departments to participate in recommendations for behavioral health services to be included in the disposition reports for children who are in need of behavioral health services and who are either eligible for Title XIX/XXI services, or who will soon regain their eligibility for Title XIX/XXI services. T/RBHAs will respond to referrals to provide their “expertise” in behavioral health to ensure that children receive services:

- In the most appropriate setting,
- That are tailored to the child and family,
- Through the child and family team process, and
- In a manner that is compatible with and respects the child and family’s unique cultural heritage.

The development of the child’s disposition report may, in itself, enable children in some situations to gain or regain eligibility for Title XIX/XXI services. The T/RBHAs participation in developing recommendations for the disposition report will typically be an encounterable service because the child’s eligibility for Title XIX/XXI is often established upon the development of the disposition report. For example, if the disposition report includes recommendations for the child to return home with his/her family, receive behavioral health services on an outpatient basis, and be placed on probation for a period of time, the child is likely to regain eligibility. Once a child’s disposition report is developed, the juvenile justice designee will notify AHCCCS by completing the “AHCCCS Notification of Children in Detention” form (see attached) and faxing it to the appropriate AHCCCS designee within one business day. AHCCCS will then make an eligibility determination and provide the juvenile justice designee the information within one business day of receiving the initial request by faxing the response on the back of the “Notification” form (see attached). If AHCCCS determines that the child is eligible for Title XIX/XXI services, then the juvenile justice designee will refer the child to the appropriate T/RBHA.

T/RBHAs should consider the following when assisting the Juvenile Probation Officer in developing recommendations for disposition reports:

Safety Planning: Community-based treatment of children and adolescents who may be at risk of further delinquency requires a thorough, thoughtful and detailed safety plan with input from all involved agencies. Community safety, consideration of victims’ needs (whether they reside in the home or in the community, feelings, and security), and the avoidance of risk factors (e.g. negative peer influences, provocative situations and environments) should be considered to the extent possible in all safety plans.

Crisis Planning: The CFT should develop a crisis plan prior to the child’s release from the detention setting. This will ensure that all parties understand and agree on their roles if and when a predictable crisis should occur. Examples of the detailed planning that should be carefully completed in advance include:

- What steps will be followed;
- Who will be called;
- Where the child might be taken; and
- Who will take the child.

In this way, an organized, coordinated inter-agency response to a potential crisis (with the behavioral health agency planning its response to the behavioral health needs of the

child, juvenile justice agencies determining their response to the needs for confinement or public protection, etc.) will be in place well before a crisis might occur. There will usually be significant overlap in the content of crisis and safety plans.

Child and Family Teams

ADHS is committed to the provision of services through family focused practice in the context of Child and Family Teams (CFTs). In order to extend this commitment to children and adolescents in detention, service provision and planning should:

- Explore and document the strengths and needs of the child or adolescent and family;
- Establish and prioritize service goals in conjunction with and support of the disposition report developed by the Juvenile Probation Officer;
- Identify the most appropriate services and supports necessary to meet those goals;
- Ensure that the services provided are of sufficient intensity to accomplish identified service goals;
- Describe a course of action encompassed in a written service plan developed by team members, with input from all involved agencies;
- Monitor the accomplishments of the child and family; and
- Determine the responsibilities of all team members involved in these efforts.

Every Title XIX/XXI eligible child located in a county detention facility should have a CFT. All assessments, service planning and service provision should occur within the context of the CFT process. The juvenile justice and behavioral health systems should ensure the continuation of an enrolled child's CFT during transitions into and out of detention facilities, or the establishment of a CFT for detained children without a functioning team. Even after the child's release from detention, T/RBHAs should always invite involved Juvenile Probation Office personnel to participate in the child and family team process.

CFTs should include a broad representation by both professionals and community members, as described in the [ADHS/DBHS Child and Family Team Practice Improvement Protocol](#). The Juvenile Probation Officer (JPO) and other representatives from the juvenile justice system who are involved with the child, and agents from other involved service systems (e.g. from Child Protective Services (CPS), the Division of Developmental Disabilities (DDD), local schools) should participate in CFT meetings, and their schedules should be considered in the planning of all team meetings. Even when their representatives cannot directly participate with the CFT, their input into the CFT process should always be solicited, and their perspectives should be given consideration in all decisions made. The CFT should strive to provide agencies with behavioral health expertise and with any relevant information that would help inform their decision-making processes.

The CFT must fully respect the mandates of each involved system (e.g. conditions of probation, court orders, no contact orders) and strive to implement them in the most appropriate and clinically sound manner.

Victim participation on a CFT must always be voluntary and not coerced. The willingness and ability of a victim to effectively and beneficially participate must be cautiously considered and weighed against potential personal trauma. The victim should be provided a thorough understanding of the benefits and risks.

General and Informed Consent

General consent is a one-time agreement to receive behavioral health services that is usually obtained from a person during the intake process at the initial appointment, and is always obtained prior to the provision of any behavioral health services, except in an emergency situation or pursuant to a court order. For persons under the age of 18, the parent, legal guardian, or a lawfully authorized custodial agency representative's signature demonstrates general consent. Whenever possible, T/RBHAs should obtain general consent to treatment from the child's parent or legal guardian. Juvenile detention facility personnel do not have the authority to provide general consent to treatment. In situations where the child's parent, legal guardian or lawfully authorized custodial agency representative (e.g., the Department of Economic Security/Child Protective Services (DES/CPS) for children who had been removed from the home by DES/CPS prior to being detained in a county juvenile detention facility) is not available to provide general consent to treatment, a court order for necessary non-emergency behavioral health services must be obtained prior to the provision of behavioral health services. T/RBHAs should work with county Juvenile Probation Departments to obtain court orders for non-emergency behavioral health services in situations where the child's parent, legal guardian or lawfully authorized custodial agency is not available to provide general consent to treatment. For more information on general consent to treatment, see [Provider Manual Section 3.11, General and Informed Consent to Treatment](#), and [ADHS/DBHS Policy Clarification Memorandum: General and Informed Consent to Treatment for Persons Under the Age of 18](#).

Informed consent is a process in which consent is obtained before the provision of a specific treatment that has associated risks and benefits and after an appropriate behavioral health representative has presented the facts necessary for a person to make an informed decision regarding whether to agree to the specific treatment and procedures. Informed consent must be obtained from the child's parent, legal guardian or authorized custodial agency, except in emergency situations or pursuant to a court order. Like general consent to treatment, county detention facility personnel do not have the authority to provide informed consent to treatment. [Provider Manual Sections 3.11, General and Informed Consent to Treatment](#), [3.15, Psychotropic Medications: Prescribing and Monitoring](#), and [ADHS/DBHS Policy Clarification Memorandum: General and Informed Consent to Treatment for Persons Under the Age of 18](#) describe the services that require informed consent and the specific requirements associated with obtaining informed consent.

AHCCCS Notification of Children in Detention

Refer to the **June 2005 Children in Detention** document for instructions on when to notify the AHCCCS Administration of a child's detention status

From: Name: _____ Agency: _____ Phone #: _____ Fax #: _____	To: AHCCCS CEU 801 E. Jefferson, MD 2500 Phoenix, AZ 85034 Phone: (602) 417-4453 Fax: (602) 253-0938
--	--

I. Child's Information

Name (as it appears in PMMIS): _____		
DOB: _____	SSN: _____	AHCCCS ID #: A
Date entered detention: _____ Reason why in detention: <input type="checkbox"/> Status offense. Type: _____ <input type="checkbox"/> Probation violation. Reason: _____ Criminal in nature?: Y ___ N ___ <input type="checkbox"/> Criminal act <input type="checkbox"/> Material witness to a criminal act <input type="checkbox"/> Other (explain): _____ _____	Date left detention: _____ Released to: Home <input type="checkbox"/> ; RTC <input type="checkbox"/> ; Foster Care <input type="checkbox"/> ; ADJC <input type="checkbox"/> ; or Other <input type="checkbox"/> - Explain: _____ REQUIRED - Provide the following information on person or facility child is being released to: Name: _____ Phone #: _____ Address: _____ _____ _____	

II. Adjudication and Disposition Information

Most recent hearing	Date	Results
<input type="checkbox"/> Advisory		
<input type="checkbox"/> Adjudication		
<input type="checkbox"/> Disposition		* Specific plan for release/placement approved by the court at the Disposition Hearing

III. Signature Section

The party completing Sections I and II must sign below attesting to the information provided.

_____	_____
Signature	Date
_____	_____
Printed Name	Title

Communication from AHCCCS CEU

From: AHCCCS CEU 801 E. Jefferson, MD 2500 Phoenix, AZ 85034 Phone: (602) 417-4453 Fax: (602) 253-0938	Child's Information Name: _____ DOB: _____ AHCCCS ID#: _____
---	--

Communication to Juvenile Detention

Based on the information provided the child's status is as follows:

- Not an inmate. The child remains eligible for AHCCCS Health Insurance pending a change in status.
- Inmate suspended eligibility. AHCCCS Health Insurance has been suspended effective _____ pending a change in status.
- Inmate terminated eligibility. The child's AHCCCS Health Assistance has been terminated effective _____ due to inmate status.

Comments: _____

Communication to DES Research & Analysis

AZTECS Case #:	AZTECS eligibility open <input type="checkbox"/> or closed <input type="checkbox"/> . Status date - ___/___/___.
----------------	--

- Member is in detention as of _____ but is not an inmate, document CADO. **Do not discontinue eligibility.**
- Member's enrollment in PMMIS has been temporarily suspended effective _____, document CADO. **Do not discontinue eligibility.**
- Member is an inmate effective _____, **discontinue eligibility** and document CADO.

Comments: _____

Communication to KidsCare

KC eligibility open or closed . Status date.

- Member is in detention as of _____ but is not an inmate, document KEDS. Do not discontinue eligibility.
- Member's eligibility has been temporarily suspended effective _____, document KEDS. Do not discontinue eligibility.
- Member is an inmate effective _____, discontinue eligibility and document KEDS.

Comments: _____

