

REGULATIONS GOVERNING MENTAL HEALTH SERVICES TRANSITION PLANS FOR INCARCERATED JUVENILES

SECTION I.

OVERVIEW OF THE REGULATIONS (6 VAC 35-180)

History & Purpose

Statutory Requirements (Va. Code § 16.1-293.1)

During the 2005 session, the General Assembly established § 16.1-293.1 of the Code of Virginia. This provides that the “Board of Juvenile Justice, after consultation with the Department of Mental Health, Mental Retardation and Substance Abuse Services, must promulgate regulations for the planning and provision of postrelease services for persons committed to the Department of Juvenile Justice (DJJ) pursuant to subdivision A 14 of § 16.1-278.8 or placed in a postdispositional detention program pursuant to subsection B of § 16.1-284.1 and identified as having a recognized mental health, substance abuse, or other therapeutic treatment need.” § 16.1-293.1 also specifies certain elements that must be included in the mental health services transition process and plan.

Development of the Regulations

As required, the Department of Juvenile Justice convened a work group consisting of staff from multiple state and local agencies, as well as other interested parties entities. A listing of those agencies and parties that participated in the process is found at the end of this document.

Purpose and Goals of the Regulations

The purpose of the regulations is to ensure the planning and provision of postrelease services addressing the mental health, substance abuse, or other therapeutic treatment needs of incarcerated juveniles/residents as they transition back into their communities. The goal is to ensure implementation and continuity of necessary treatment and services in order to improve short- and long-term outcomes for juvenile offenders with significant needs in these areas. The plan shall address the juvenile’s need for, and ability to access, medication, medical insurance, disability benefits, mental health services, and funding necessary to meet the juvenile’s treatment needs.

Highlights of the Regulations

Interagency Memorandum of Understanding

Each court service unit (CSU) and post-dispositional detention program shall enter into an integrated Memorandum of Understanding (MOU) with the public agencies that are required to participate in the Community Policy and Management Team (CPMT), for each jurisdiction covered by the CSU or post-dispositional detention program.

This MOU is to address:

- the services that will be made available by each agency,
- the role of the Family Assessment and Planning Team (FAPT) and other designated teams in reviewing cases referred;
- the processes for referral of cases for review;
- timelines for service implementation upon the youth's release;
- sources of funding that may be utilized, including methods for maximizing funding resources; and
- methods for handling confidential information.

Juvenile Correctional Center or Detention Facility Case Review

Initial Eligibility Review

At least 90 days before a juvenile's scheduled release, staff at the facility where the juvenile resides will review the juvenile's case, including the juvenile's individualized service plan, to determine if the juvenile qualifies for the mental health services transition plan. Participants in this review meeting shall include the juvenile; the probation or parole officer, or a representative of the Department of Corrections (adult probation), if applicable; and facility staff knowledgeable about the juvenile and his mental health needs. Additionally the juvenile's family, legal guardian, or legally authorized representative and other appropriate community agency staff (e.g., Department of Social Services (DSS) personnel for a youth to be released to DSS custody) shall be invited and encouraged to participate.

Community Transition Planning Meeting

If the juvenile meets the criteria for a mental health transition plan, a community-based planning meeting must occur no later than 30 days prior to their anticipated release. This meeting will be initiated by the juvenile probation or parole officer (in accordance with the specific practices identified in the MOU) or the adult probation officer for the purposes of developing the mental health transition plan. The juvenile and their parents/legal guardian shall participate in this planning meeting.

To facilitate the process of referrals for services and application and enrollment for financial and other assistance, the written plan must be completed at least 10 days prior to the juvenile's release from incarceration. Referrals for services and applications for financial and other assistance should be completed within sufficient timeframes to ensure continuity of necessary treatment and implementation of recommended services upon the juvenile's release.

Required Content of the Mental Health Transition Plan

The plan shall specify:

- the person(s) assigned case management responsibilities for the development and implementation of the mental health transition services plan;
- the kinds of substance abuse, mental health, or other therapeutic treatment that will be made available;
- the provider or providers who will be responsible for delivering each service;
- the projected time frame over which each service will be provided;

- the proposed sources through which the services will be funded; and
- any applications for services, insurance, and other financial assistance that must be completed in order for the juvenile to obtain the identified services. The plan shall assign responsibility for assisting the resident or the resident's parents or guardians in completing such applications.

Actions During the Period of Community Supervision (Probation or Parole)

During the period of active post-release supervision, the person or agency providing the treatment or services must provide at least monthly progress reports to the designated case manager(s). The progress reports must continue as long as the juvenile remains involved in the treatment and on probation or parole supervision. Every 90 days, the parties to the plan must review and assess the juvenile's progress and continued applicability of the plan.

The individuals and agencies participating in the implementation of the mental health transition plan must convene no later than 30 days before the juvenile's anticipated release from probation or parole supervision to determine if the services should continue beyond the juvenile's release from supervision.

Confidentiality

For all activities conducted to develop and implement a mental health transition plan, confidential information must be handled in accordance with relevant state or federal laws or regulations.

Participants in the Development of the Regulations

Department of Correctional Education
 Department of Education
 Department of Medical Assistance Services
 Department of Rehabilitative Services
 Department of Social Services
 Department of Corrections
 Rappahannock Community Service Board
 Chesapeake Community Service Board
 Virginia Counsel on Juvenile Detention
 Virginia Post-Dispositional Detention Coordinators' Association
 Virginia Municipal League
 JustChildren Foundation
 Virginia Commission on Youth
 University of Richmond School of Law Mental Disabilities Law Clinic.

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SECTION II.

**THE MEMORANDUM OF UNDERSTANDING
(6 VAC 35-180-50)**

Each Locality Must Develop a Memorandum of Understanding

The regulations require each court service unit and post-dispositional detention program to develop “a single, integrated Memorandum of Understanding (MOU) with the public agencies that are required to participate in the Community Policy and Management Team (CPMT), as established by § 2.2-5205 of the Code of Virginia, for each jurisdiction covered by the CSU or post-dispositional detention program.” Other public or private agencies may be party to these agreements as appropriate.

The MOU **is not** intended to be a purchase of service agreement. The MOU should reflect each locality’s plans for meeting the requirements in the regulations and each agency’s participation in the provision of services to juveniles and families identified as having a recognized mental health need as defined in the regulations. The regulations require seven distinct areas that must be addressed in the MOU.