



JUVENILE FAMILY CRISIS UNIT MANUAL

Revised 2025

NOTICE

This Manual is intended to provide procedural and operational guidance for staff in the operation of Family Crisis Intervention Units (FCIUs), including those in programs operating as combined Mobile Response and Stabilization Services/Family Crisis Intervention Unit programs (CUs).

The Manual was prepared under the supervision of the Conference of Family Presiding Judges, along with the Conference of Family Division Managers, the Family Practice Division of the Administrative Office of the Courts (AOC) and the Department of Children and Families (DCF).

The Manual is intended to embody the policies adopted by the New Jersey Supreme Court, the Judicial Council, the Administrative Director of the Courts, and where related to CUs, the DCF, but does not itself establish case management policy.

It has been approved by the Judicial Council on the recommendation of the Conference of Family Presiding Judges, to promote uniform case management statewide of FCIUs and those operating as CUs. As such, staff in outside agencies performing the duties of the FCIU or CUs are required to adhere to its provisions.

While the Manual reflects AOC and DCF policies and laws existing as of the date of its preparation, in the event there is a conflict between the Manual and any law or statement of policy issued by the Supreme Court, the Judicial Council, the Administrative Director of the Courts or the Commissioner of DCF, that law or statement of policy, rather than the Manual, will be controlling. Other than in that circumstance, however, this Manual is binding on FCIU and CU staff performing the functions of the FCIU as well as the Judiciary staff working to support the operations.

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Introduction

On July 23, 1982, a new Code of Juvenile Justice and related legislation was approved (N.J.S.A. 2A:4A-20, et seq.). The law became effective December 31, 1983, and changed many legal principles and procedures in cases involving children and their families.

As defined in N.J.S.A. 2A:4A-22(g) a “juvenile-family crisis” is:

Behavior, conduct or a condition of a juvenile, parent or guardian or other family member which presents or results in:

- (1) a serious threat to the well-being and physical safety of a juvenile, or
- (2) a serious conflict between a parent or guardian and a juvenile regarding rules of conduct which has been manifested by repeated disregard for lawful parental authority by a juvenile or misuse of lawful parental authority by a parent or guardian, or
- (3) unauthorized absence by a juvenile for more than 24 hours from his home, or
- (4) a pattern of repeated unauthorized absences from school by a juvenile subject to the compulsory education provision of Title 18A of the New Jersey Statutes, or
- (5) an act which if committed by an adult would constitute prostitution in violation of N.J.S.A. 2C:34-1 or any offense which the juvenile alleges is related to the juvenile being a victim of human trafficking.

The definition encompasses many situations that, before the effective date of the new Code and related legislation, were known as “juvenile in need of supervision” or “status offense” cases. Excluded from the definition are child abuse, child neglect, and domestic violence cases.

A Senate Judiciary Committee Statement to the legislature summarized the legislative intent at that time:

Essential in the reasoning underlying a family court is the recognition that a vast majority of juvenile misconduct is a result of troubled family circumstances. Critical in dealing with this situation is a mechanism which will provide troubled juveniles and their families a non-coercive opportunity to resolve conflicts and receive needed services. These juvenile family crisis intervention units which, in most cases, would be operative under present court intake systems, provide a procedure to deal with those juvenile matters which do not result in delinquent acts, but which are sufficiently serious to necessitate intervention. Behavior by a juvenile which under present law identifies him as "in need of supervision," will, in many but not all cases, warrant a crisis intervention response under this bill. Presently, the determination that a juvenile needs supervision is based totally on the conduct of the juvenile. This bill, however, views the juvenile's conduct as part of the family condition and therefore, it is structured to treat juvenile problems within the family context.

The statute requires that each county have one or more crisis intervention units that will attend to and stabilize juvenile family crises on a 24-hour basis.

Specifically, N.J.S.A. 2A:4A-76 provides that:

Each unit shall operate either as a part of the court intake service, or where provided for by the county, through any other appropriate office or private service pursuant to an agreement with the Administrative Office of the Courts, provided that all such units shall be subject to the Rules of Court.

In 2005, the Judicial Council approved the concept of moving the court-run Family Crisis Intervention Units (FCIUs) to non-judiciary entities. An affiliation agreement was entered into among the Department of Children and Families (DCF), the New Jersey Juvenile Justice Commission and the New Jersey Judiciary to require all FCIUs to be established in non-judiciary entities.

The Division of Children's System of Care (DCSOC) is one division of DCF, which was created in 2006. Since its inception, DCSOC has worked toward implementation of a system of care that supports the efforts of families, caregivers, and communities to keep children at home, in school and out of trouble. At the heart of this system of care is the fundamental principle that

children and youth have the greatest opportunity for stable healthy development when ties to community and family are maintained. The key areas of focus include:

- increasing the availability of community-based services so children can receive treatment at home;
- increasing the case management capacity to assist children, and families in accessing appropriate services; and
- coordinating the delivery of child behavioral health services with other children's services.

It was recognized that DCF's Mobile Response and Stabilization Services (MRSSs) and FCIUs served similar target populations. Thus, the affiliation agreement between the Judiciary and DCF included provisions for FCIUs and MRSSs integrate into MRSS-FCIU combined units (CUs) if county Youth Services Commissions select that option.

In each of the county units, including those that operate as CU programs, the Judiciary has signed an agreement that requires the programs to comply with all related legislation and with implementing Supreme Court Rules, Administrative Office of the Courts (AOC) Directives and Manuals. Additionally, CU programs have signed agreements that require adherence to all DCSOC policies and procedures, specifically those related to MRSS.

This Manual contains information on the Rules, standards and procedures governing FCIUs in addition to policy and procedures specifically related to CU operations. References to the FCIU Operational Standards are cited within the Manual where appropriate. N.J.A.C. 10:77, subchapter 6, sets forth MRSS policies, which apply to CUs.

This Manual is divided into several chapters, each of which discusses a particular aspect of FCIU operation, and incorporates CU procedures, where applicable.

Foreword

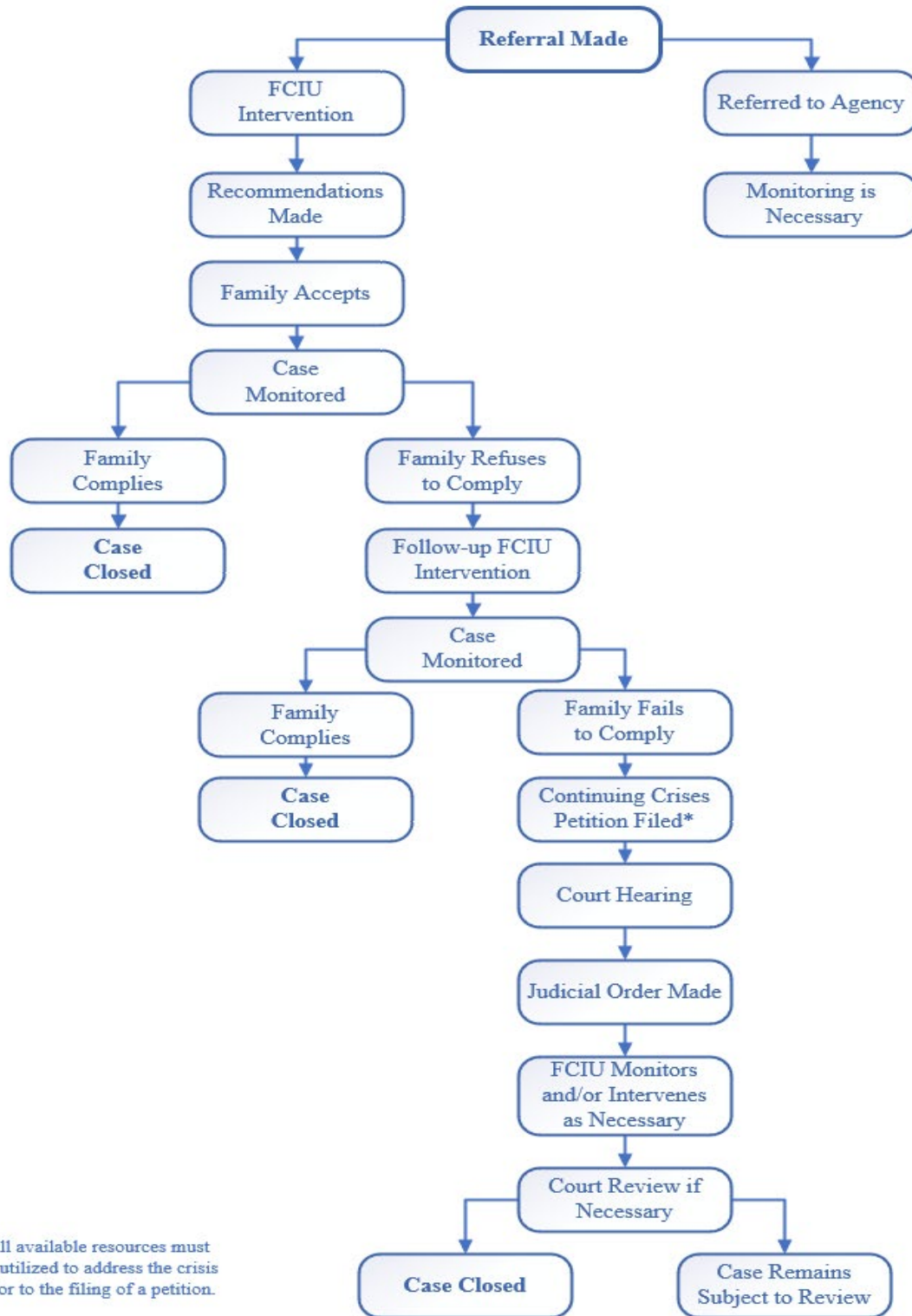
On July 10, 1985, the Supreme Court adopted for statewide use the first FCIU Manual, which was prepared by the Supreme Court Crisis Intervention Task Force.

On June 29, 2005, the Judicial Council approved updates to the FCIU Manual. In addition to the revised 2005 FCIU Manual, a revised Affiliation Agreement was executed, which added the AOC as a party to that agreement. This reflected the transfer of FCIU functions from court staffed FCIUs to non-judiciary entities.

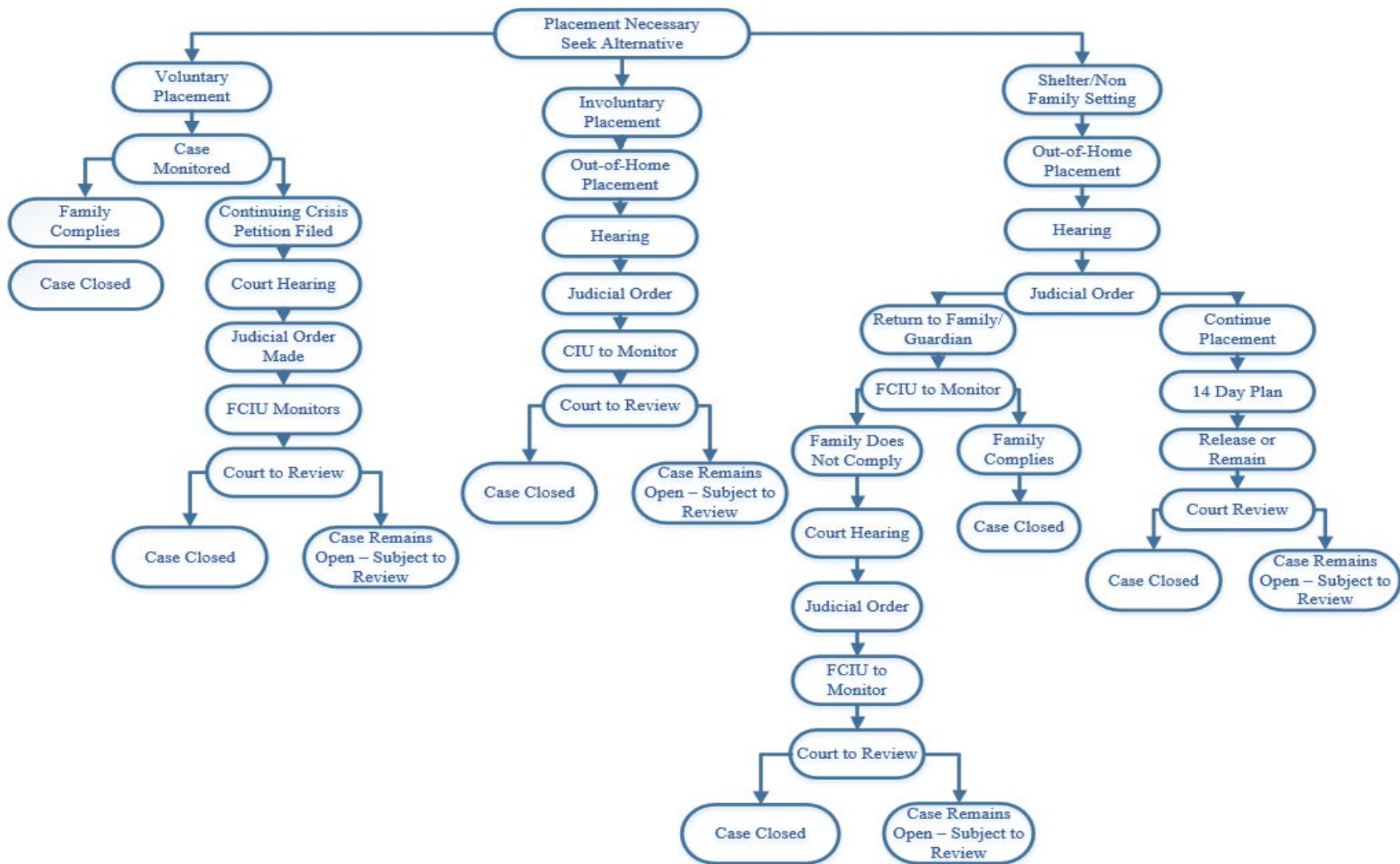
On June 27, 2024, the Judicial Council approved further updates to the FCIU Manual. The updates include references to the CUs. Language regarding the CUs was developed in collaboration with representatives from DCSOC, FCIUs, vicinage court staff and CUs.

Note: On July 1, 2006, the Office of Children's Services, under the Department of Human Services, was elevated to the level of Department and named the Department of Children and Families. All language referring to the Department of Human Services has been altered to reflect this change.

FCIU Referral Flow Chart



Juvenile Placement Flow Chart



I. LEGISLATIVE AUTHORITY/PURPOSE/DEFINITION/OPERATIONAL STANDARDS

A. AUTHORITY/ESTABLISHMENT OF FCIU

FCIUs are established and governed by N.J.S.A. 2A:4A-76 to -90 and R. 5:15-1 through 5:18-3.

MRSS programs were established by state plan amendment of Title XIX in 2002. MRSS programs are regulated by N.J.A.C. 10:77- 6.1 through 6.12.

B. EXPLANATION OF FCIU/MRSS/CU

1. Purpose of FCIU

N.J.S.A. 2A:4A-77 states:

The purpose of the unit shall be to provide a continuous **24-hour on call** service designed to attend and stabilize juvenile-family crises as defined pursuant to section 3 of P.L. 1982, c. 77 (C.2A:4A-22). The juvenile-family crisis intervention unit shall respond immediately to any referral, complaint or information made pursuant to section 5 or 6 of this act [N.J.S.A. 2A:4A-80 or 2A:4A-81], except if, upon preliminary investigation, it appears that a juvenile-family crisis within the meaning of this act does not exist or that an immediate referral to another agency would be more appropriate.

2. Purpose of MRSS

The purpose of MRSS programs as established within N.J.A.C. 10:77, subchapter 6, is to provide **face to face** response by a local response team **24 hours** per day by trained professional team member(s) who is qualified to assess and stabilize the presenting emotional and/or behavioral health crisis and respond to the needs of children/youth who may be at risk of losing their current living arrangement. MRSS is a voluntary service available to children and families experiencing behavioral and emotional health needs. The focus of the service is to engage children and families in necessary services and support to benefit them in stabilizing behaviors and maintaining children in the home.

MRSS is available for youth through age 20 who are exhibiting escalation in their behavioral and/or emotional state, which may place the youth at risk of losing their current living arrangements, including, but not limited to, home, treatment homes, resource families, shelters, and detention.

DCSOC clinical guidelines provide specifics on service eligibility criteria at www.state.nj.us/dcf/about/divisions/dcsc and the Contracted System Administrator (CSA) website [Clinical criteria | Perform Care \(performcare.nj.org\)](http://performcare.nj.org), and the regulations outlining expectations for MRSS program operations at N.J.A.C. 10:77-6.

3. Purpose of the Combined Units (CUs)

CU programs are charged with meeting all statutory obligations of the FCIU and legislative mandates of the DCF and MRSS programs. **Where not otherwise outlined, the more stringent requirement between MRSS and FCIU shall be met and upheld by CU operations.**

Some children and families served by MRSS will fall into a broader category than the FCIU population. CUs by nature will see a broader spectrum of children and families in crisis than those meeting the criteria for a juvenile-family crisis as defined in N.J.S.A. 2A:4A-22(g).

CU's initial response follows the MRSS program model. CUs address all youth and families served using the least restrictive manner to address the identified needs. CUs provide information upon initial intervention outlining the MRSS components of the CU with expansion around the services initially offered. CUs also inform families as to the FCIU components, when FCIU services may be useful and circumstances in which court involvement may be pursued. During involvement with a family, if a specific family crisis conflict is identified or continues (e.g., serious threat to the juvenile's well-being/physical safety, serious conflict between the parent/guardian and juvenile, runaway behavior, truancy, or prostitution/human trafficking), the CU will revisit the scope of its services and emphasize the court referral capability and requirement. Court referral may apply to matters involving minor delinquent acts that have been referred to the FCIU or CU.

The MRSS programs in counties without CUs will access standalone FCIUs if a child's and/or family's situation requires court involvement to resolve an identified family crisis.

4. Difference between FCIU and MRSS

The intention of the law establishing the FCIUs, whether standalone FCIUs or CUs, is to encourage cooperative efforts among family members in resolving family crisis situations. An important feature of this law was the recognition that juvenile misconduct is a family problem and responsibility. In some cases, it will not be possible to resolve the crisis without the cooperation of all family members, and the law sets forth the protocol for referring these situations to the court for resolution. This is true for FCIUs and CUs.

	FCIU	MRSS
Availability	24 hours, 7 days a week	24 hours, 7 days a week
Referred by	Law enforcement, the courts, the juvenile justice system, schools, the community, or self-referrals	Originate from several sources, including family, school, community, and law enforcement, and are made by contacting the DCSOC's Contracted System Administrator (CSA) statewide service access line. MRSS services are voluntary and require family/guardian consent to access
Contact	Initial Contact is telephonic with a follow-up in-office appointment during business hours	Face-to-face intervention within 1 to 24 hours of referral in the community, typically at the family's home
Reason for Referrals	<ul style="list-style-type: none"> • Truancy • Runaway behavior • Conflict w/ parent/caregiver • Involvement in Human Trafficking 	<ul style="list-style-type: none"> • Escalation in their behavioral and/or emotional state • Mental Health challenges • Substance abuse issues • Caregiver needs relative to youth's needs
Follow-up	Provided by FCIU staff and/or by referral to another program with oversight by FCIU	Provides a 72-hour intensive intervention with the possibility for an 8-week stabilization period. During the stabilization period. MRSS oversees: <ul style="list-style-type: none"> • Planning • Access and delivery of supports and services by other providers

C. OPERATIONAL STANDARDS

The Operational Standards provide uniformity to the delivery of family crisis services including within CU programs statewide. Each of the standards apply to all FCIU and CU programs, regardless of unit type or organization.

Additionally, DCF and DCSOC policies, procedures, operating rules and guidelines provide a standard of operation for the MRSS programs.

Initial responses to dispatch requests for CU services will be performed and all services will be delivered in the manner set forth in those guidelines unless indicated otherwise. See N.J.A.C. 10:77-6.1 through -6.12.

ORGANIZATION AND TRAINING

1. FCIU shall select and maintain a staff of trained and qualified counselors to intervene in juvenile-family crises.

FCIU counselors must, at a minimum meet the requirements of N.J.S.A. 2A:4A-79 for education and experience. Counselors in the FCIU should have wide knowledge of the methods, techniques and principles used in counseling troubled youth and their families. They should be familiar with the workings of the Family Court, the juvenile justice system and the social service agencies in their area. They should have knowledge of family system dynamics, socioeconomic stress on families and the cultural context in which their client families exist.

2. Training topics

a. *Training for counselors in FCIUs should include the following subjects:*

Training for counselors in Juvenile Family Crisis Intervention Units should include the following subjects:

- Juvenile-Family Crisis Intervention statutes
- The Family Court system
- Relevant court rules and the Crisis Intervention Manual
- Crisis stabilization techniques and intervention strategies

- Family dynamics
- Normal adolescent development
- Child abuse statutes and procedures
- Department of Children and Families (DCF) including Department of Child Protection & Permanency (DCC&P) and Special Protection Response Unit (SPRU) procedures as well as DCSOC procedures.
- County specific shelter and other placement requirements
- Resource availability and use

In addition to the above, training for CU staff should include, but is not limited to, the following topics:

- Engagement and Motivational Skills
- Wrap-around approach
- Cultural Competence
- DSM V
- Community safety
- Assessment and Crisis Assessment Tool
- Individualized Crisis Planning
- System dynamics
- Risk assessment

b. In counties where it is necessary to expand the pool of counselors by using people outside the unit to provide twenty-four-hour response these additional people must also receive this training.

It is primarily the responsibility of the FCIU to ensure that newly hired counselors are trained in the FCIU Operations Manual, applicable court rules and statutes, crisis stabilization techniques, family dynamics, normal adolescent development, and related fields.

This training should be completed within six months after the hiring of a new counselor. All on-call personnel should receive basic training in FCIU and placement procedures before being assigned to after-hours duty. CU staff are required to complete CSOC MRSS certification which incorporates training and core competency attestation within 12 months of hire.

The Administrative Office of the Courts may provide training for FCIU counselors on relevant topics which may include FCIU legislation, Court Rules, and the Manual.

- 3. FCIU Administrators shall monitor and evaluate worker counseling activities at stated intervals and provide additional training where needed.**

The FCIU director, senior counselor, or other designated administrator shall periodically review a random sample of each counselor's files and with the consent of the client family, observe the counseling activities of each staff member at regular intervals.

Where necessary, the FCIU should provide additional training to support best practice and remedy any observed deficiencies.

Each FCIU shall develop a written policy setting forth review intervals and procedures.

INTERAGENCY RELATIONSHIPS

- 4. FCIU shall establish and maintain open communication systems with police departments, family service agencies, mental health agencies, public youth services programs and other pertinent court related and social service agencies. FCIU shall establish and maintain a network of services and agencies to which referrals may be made.**

As part of this process each unit should maintain a current list of service providers and update the list regularly. Where possible, a representative of the FCIU should visit annually each service provider to which the unit regularly makes referrals. The unit should seek either affiliation agreements or memoranda of understanding with the major agencies it deals with setting forth criteria for referrals between the parties and governing interagency relationships.

5. FCIU, DCF and CU should plan, implement, and participate in training programs for law enforcement personnel concerning the operations and philosophy of FCIU as needed.

FCIU should plan, implement, and participate in training programs for law enforcement personnel concerning the operations and philosophy of FCIU as needed.

CU programs are required to plan, implement, and participate in training for law enforcement on the operation and philosophy of CU programs.

The AOC may provide training for FCIUs and CUs periodically, and training is often available at little or no cost through other community agencies and institutions that have expertise in dealing with families in crisis.

DCF and CU service providers will provide training to CUs. It is essential to the functioning of the FCIUs, and CUs that initial and continuing education and training be made available for all staff on a regular basis.

6. The FCIU Director shall participate in the identification and development of needed services through active membership of the county Youth Service Commission.

FCIU, through their constant contact with troubled families and youth, have expert knowledge of the services and service gaps in their counties. FCIU shall participate in the Youth Services Commissions in their counties to develop needed services. Legislation and rules promulgated for the creation of the Juvenile Justice Commission require that the membership of any county Youth Services Commission include the Director of Family Crisis Intervention Unit or designee (See N.J.A.C. 13:90-2.4(b)14).

SERVICES

7. FCIU shall maintain a 24-hour crisis intervention response capacity. This response shall consist of either a telephone intervention or an in-person intervention.

FCIU shall maintain a 24-hour crisis intervention response capacity as required by N.J.S.A. 2A:4A-77. In smaller units with only one to three full-time counselors this necessitates the use of an expanded pool of people to provide

24-hour coverage since it would be otherwise impossible for such units to provide 24-hour coverage.

8. FCIU should provide families with counseling, guidance, or referral assistance as needed to stabilize the immediate juvenile family crisis.

FCIU should provide crisis counseling to youth with needs or challenges and their families to stabilize the immediate family crisis. Depending on the type of unit, the FCIU may continue to provide counseling aimed at resolving the family's problem or refer the family to further services once the immediate crisis has been stabilized.

If not available within the unit itself, FCIU shall also identify qualified service providers who will provide services including, but not limited to, conducting family/juvenile assessments and diagnostic testing, providing longer term counseling or therapy, and providing substance abuse counseling.

9. FCIU should interview and counsel children and their families who are involved in a crisis, in person or remotely by telephone or video. When a telephone/video intervention yields no progress, a face-to-face session should be scheduled, and the telephone/video intervention may be ended. Although in person interventions are preferred, telephone/video interventions are often the only possible alternative and must be considered as equivalent to face-to-face interventions for the purposes of evaluating workloads and performance within FCIUs.

Although face-to-face interventions are preferred, they are not always possible due to the family's choice or inability to attend a counseling session, or other circumstances. Because of this, telephone/video intervention must be considered the equivalent of face-to-face interventions for managerial purposes such as evaluating workloads and performance.

- 10. FCIU should collect, analyze, and interpret data concerning the juvenile and the family needed to prepare an individualized plan to meet the family's needs while complying with any applicable provisions of the Health Insurance Portability and Accountability Act (HIPAA). The FCIU should develop individualized plans for youth and their families and, when necessary, refer youth and their families to appropriate service providers after stabilization of crisis situations.**

FCIU should contact schools, the court, and any agencies the family may have been involved with to obtain necessary background information. The FCIU should obtain a family's signed consent to release information from families authorizing service providers to release confidential information to the FCIU. FCIU should comply with any applicable provisions of the HIPAA (Health Insurance Portability and Accountability Act). The FCIU should request that the court determine what, if any, prior contacts the family has had with the family court.

PRESENTATION OF CASES TO THE FAMILY COURT

- 11. When in the judgment of the FCIU, a juvenile family crisis continues to exist that requires court intervention, a petition shall be filed with the Superior Court. Prior to filing a petition, the FCIU shall exhaust all appropriate community services in its effort to resolve the crisis. The duty to exhaust community resources before filing a petition shall not prevent the filing of a petition regarding a family that refuses such services.**

FCIU should make every effort possible to avoid referring cases to court. The FCIU should exhaust appropriate community services in its effort to resolve the crisis without court intervention. Where the family refuses to cooperate with the FCIU, the unit must balance the intrusiveness of referring the case to court with the potential harm of not intervening. In some cases where the crisis alleged to exist seems minor, or the family denies that a crisis exists, the FCIU may wish to close the case rather than refer it to court.

12. The FCIU shall provide information to the court regarding family-related matters, upon filing a petition, and as requested. The FCIU shall provide specific suggestions for a service plan to be ordered by the court, and juvenile intake may provide a proposed order that the judge may sign immediately following the hearing.

a. When in the judgment of the FCIU, a juvenile family crisis continues to exist, a petition shall be filed with the Superior Court, Family Part.

Pursuant to R. 5:15-2, the petition shall include:

- a. The name, address and date of birth of the youth.
- b. The name, address and date of birth of the youth's parents, guardian or custodian and any other family member is believed to be contributing to the family crisis.
- c. A statement of facts describing the nature of the family crisis.
- d. The recommendations for resolving the crisis, including recommendations regarding community services or programs which are necessary to implement the recommendations.
- e. The services, if any, previously provided by FCIU, the community services to which the family has previously been referred, if any, and a statement that these services have not resolved or stabilized the crisis.
- f. If there is reason to believe that a parent or guardian of the youth has an alcohol use disorder, as defined by N.J.S.A. 26:2B-8 or drug dependent, as defined by N.J.S.A. 24:21-2, the petition shall state the basis for this determination and provide recommendations to the court. (See R. 5:15-2 and N.J.S.A 2A:4A-84 and 85.)

b. Further requisites in N.J.S.A. 2A:4A-85 require:

If Court Intake Services has reason to believe that a youth is an “abused or neglected child”, as defined in P.L.1974, c. 119 (C.9:6-8.21), they shall handle the case pursuant to the procedure set forth in that law. DCP&P shall, upon disposition of any case originated pursuant to N.J.S.A. 2A:4A-85b, notify Court Intake Services as to the nature of the disposition.

If there is reason to believe that the youth may have an auditory or vision problem, the petition shall include the basis for this determination and may request the court to order any appropriate school medical records of the youth. Based on this recommendation, or on its own motion, the court may order any youth for whom a complaint is filed to be examined by a physician, optometrist, audiologist, or speech language pathologist.

c. In addition to the information required by the rule and N.J.S.A. 2A:4A-85, FCIU should also make note of services that might be necessary for families with mental health concerns or history of another dysfunction.

- 13. An FCIU staff person should appear at each juvenile family crisis or out of home placement hearing to provide the court with information and recommendations.**
- 14. When bringing a case before the court for enforcement of a prior order, the FCIU should prepare for review by the judge, a written proposed plan for services to meet the family's needs. The judge shall consider, among other options, the use of dispositions provided in (b) (2), (4), (5), (6), (7) and (13) from N.J.S.A. 2A:4A-43, as provided in N.J.S.A. 2A:4A-46. The judge shall also consider the use of enforcement of litigant's rights proceedings pursuant to R. 1:10-3 for failure of a youth or family member to comply with the terms of a prior order.**

There is an ongoing problem with enforcing court orders in some cases. Truancy cases where the youth refuses to attend school even after being ordered to do so by the court, or cases in which a youth continues to run away from either home or a shelter, are common examples of this problem. While there is no simple answer to such enforcement problems, it was felt that the FCIU must have a definite plan for services when the case is presented to the court to avoid leaving a judge with no options other than restating the initial order. In addition to ordering alternative dispositions as recommended by the FCIU plan for services, the judge may enforce the original order of the court using R. 1:10-3.

MONITORING OF CASE OUTCOMES

- 15. FCIU shall establish and maintain a monitoring mechanism for all closed cases. A case should be closed when the unit is no longer actively seeing a family. Closed cases where the family has been referred to one or more service providers should be monitored for 30 days following closing of the case, and as necessary. Monitoring should consist of contacting the family, or where appropriate, the school and/or service provider agency, to ensure that the family has completed the program or is attending sessions.**

Monitoring need not be done by someone qualified to work as a counselor. Monitoring for closed cases should be routinely scheduled for 30 days following case closing but this interval may be adjusted, if necessary, to meet the individual needs of a particular family. Some families may be referred to a long-term program and the unit may wish to extend monitoring beyond 30 days. It is also possible that a family may complete a program or resolve their problems in less than 30 days, and it might be an unjustified intrusion into the family's privacy to monitor the family at 30-day intervals.

FEES

16. FCIU Fees

FCIU shall not charge fees for the initial intervention or for time spent in court. Furthermore, no family should be denied access to the FCIU for failure or inability to pay for service.

FCIU may charge on a sliding scale for treatment provided only after the unit has completed its statutory duty to stabilize the initial crisis. Furthermore, no family should be denied access to the FCIU for failure or inability to pay for services.

For children and families served by CUs, no fees will be charged directly to families for the initial contact with the CSA or for CU initial interventions, follow-up stabilization management or monitoring. Medicaid will be billed for services for Medicaid eligible youth within program parameters. State/other funding will cover costs of services, for non-Medicaid eligible children (plus more about Medicaid application requirement etc.)

STATEMENT OF RIGHTS, COMPLAINT PROCEDURES

- 17. FCIU shall distribute to all incoming clients a statement explaining what clients should expect from the FCIU. This statement may include a complaint procedure for families that are dissatisfied with the FCIU. This statement shall be prepared by each unit and shall be tailored to the services and procedures used by that unit.**

RECORD KEEPING

- 18. FCIU are required to maintain all information necessary to complete the monthly statistical report (Crisis Intervention Unit Monthly Report Form and Instruction Sheet). A copy of the completed monthly report must be provided to the Family Division Manager of the court by the 2nd working day following the last day of each month and to the AOC by the 5th working day following the last day of each month.**

It is the responsibility of court staff to docket received petitions from FCIU and to close those cases in the Family Automated Case Tracking System (FACTS) upon conclusion of the FCIU's intervention. FCIU must notify the courts of any docketed cases (FCIU Petition and Out of Home Placement Petition cases) that have been resolved so that judiciary staff can dispose of the case in FACTS.

- 19. FCIU shall maintain and keep accurate records and case notes. The AOC, in consultation with FCIU Directors, shall develop and promulgate uniform intake, monitoring and closing forms to be used in all units.**

The following information should be included in every FCIU file. The uniform intake and closing forms provided by the AOC should include this information:

- Juvenile's date of birth, gender, race/ethnicity
- Source of referral to FCIU
- Date of first contact
- Date of case closing
- Residence of juvenile
- Juvenile's current living arrangement

- Juvenile’s family constellation
- Juvenile’s employment status
- Juvenile’s school status, including highest school grade level completed and child study team classification, if any
- Family’s source of income
- Past intervention history
- Contributing factors for referral to FCIU
- Primary reason for referral to FCIU
- Actions taken by FCIU
- Who has been contacted in this case regarding the juvenile (family/guardian/caretaker)
- The type of contact involved
- Where the contact took place
- Number of contacts with the family

II. REQUIRED TRAINING AND SKILLS

A. FCIU Staff Requirements

N.J.S.A. 2A:4A-79 sets forth the training and skill requirements for FCIU staff:

The FCIU shall have knowledge of community services and agencies and shall be specially trained in family counseling and crisis stabilization skills.

The Supreme Court may issue rules concerning the duties, responsibilities, training, and practices of the FCIUs consistent with the provisions of this act.

In **no** instance shall the minimum qualifications for personnel employed as counselors and hired after the effective date of this act be less than a master's degree from an accredited institution in a mental health or social or behavioral science discipline including degrees in social work, counseling, counseling psychology, mental health, or education.

Equivalent experience is acceptable when it consists of a minimum of an associate degree with a concentration in one of the behavioral sciences and a minimum of 5 years' experience working with troubled youth and

their families, or a bachelor's degree in one of the behavioral sciences and 2 years' experience working with troubled youth and their families.

B. CU Staff Requirements

N.J.A.C. 10:77-6.4 sets forth the training and skill requirements for CU staff:

- (a) Mobile response and stabilization management services shall be delivered directly by, or under the supervision of, a licensed behavioral clinician, who, at a minimum:
 - 1. Is licensed in a behavioral health field, including, but not limited to: psychiatry, social work, counseling, psychology or psychiatric nursing.
 - 2. Has three and one-half years applicable clinical and supervisory experience; and
 - 3. Has the authority to directly provide, or supervise the provision of, these services within the scope of their practice, as defined by applicable New Jersey State statute and regulation.

- (b) The direct care staff of the mobile response agency shall, at a minimum:
 - 1. Possess a bachelor's degree in a behavioral health or related human services field, such as social work, counseling or psychology and have a minimum of one-year related field work experience; or
 - 2. Possess a master's degree in behavioral health or related human services field.

MRSS programs are required by design to maintain a network of intensive in-community providers by which therapeutic services may be offered for up to eight weeks post initial intervention. Intensive in-community service providers are governed by educational and training requirements as referenced in N.J.A.C. 10:77, subchapters 4 and 5.

C. Training Requirements set forth in the Operational Standards of this manual (Page 13)

Training Requirements as detailed in the Operational Standards section specifically, OS 1, OS 2, OS 3, and OS 5, must be followed.

III. GENERAL PRACTICE ISSUES

A. CLIENT CONFIDENTIALITY

The substance of discussions involving the FCIU and CU worker, the youth and family members during the crisis intervention process is confidential. Information may be disclosed in connection with the referral of a family crisis case to a community agency or the formal processing of the case in the Superior Court, Family Part. FCIU and CU must comply with the provisions of the HIPAA, P.L. No. 104-191, 110 Stat. 1936 (codified as amended in scattered sections of 18, 26, 29, and 42 U.S.C), and federal regulations governing the privacy of substance abuse treatment information (42 C.F.R. Part 2).

Pertinent information regarding the nature of the crisis may be provided to a community agency for the purpose of determining the appropriateness of, and securing an agreement with, the community agency to provide services to the family. The client's name and other identifying information shall not be disclosed prior to obtaining both: (1) formal, written consent from the family, and (2) an agreement to the provision of services. Once such an agreement is reached and the involved family member(s) provide written authorization to disclose by way of a signed Release of Information form, additional facts may be provided to the community agency. Again, the provisions of HIPAA and 42 C.F.R. Part 2 must be observed.

Where, pursuant to the requirements of N.J.S.A. 2A:4A-86 (for family crisis cases) and N.J.S.A. 2A:4A-89 (for out of home placement cases), a family crisis or out of home placement petition is filed with the Family Division, the court may request pertinent information regarding the nature of the crisis and the parties involved. This release of information is necessary to facilitate the court's consideration of appropriate dispositions in these matters that reflect the best interests of the child and other involved family members.

Confidential information that is revealed during the crisis intervention process, or any juvenile family crisis proceedings that result may not be used in

subsequent cases or matters against the interests of involved family members. The strict limitation on the disclosure of confidential information is essential to the ongoing credibility of the crisis intervention process.

FCIU and CU staff must report suspicions of child abuse or neglect or information relating to suicidal/homicidal ideations. When an FCIU or CU worker has reason to suspect child abuse or neglect, such suspicions must be reported immediately to the Division of Child Protection and Permanency (DCP&P) by calling the Child Abuse Hotline at 877-NJ-ABUSE (877-652-2873). When suicidal/homicidal ideations are expressed, the family must be referred to the appropriate mental health screening agency. Licensed staff have the legal responsibility to take certain actions if they are aware that an individual poses a threat to themselves or another individual. Information regarding these obligations can be found within New Jersey's "duty to warn and protect" statute, N.J. Stat. Ann. 2A:62A-16.

B. FAMILY DIVISION INFORMATION SHARING

The FCIU, including CU programs, shall have access to information regarding the pendency of family court matters (other than FCIU matters) that involve the youth and other family members. Information which may be obtained through the Family Division Manager or a designee, shall include all matters within the jurisdiction of the Family Division. FCIUs will have access to information regarding the existence of confidential proceedings but shall not have access to information regarding the substance of confidential proceedings, except upon approval of the court.

C. STATEMENT OF RIGHTS, COMPLAINT PROCEDURES

FCIU and CU staff must engage with family members in such a way as to encourage their collective pursuit of a solution without compromising the rights of family members if the matter should go to court.

OS 17 requires FCIU to distribute a statement to all incoming clients explaining FCIU services. Each FCIU should tailor the statement to the services and procedures used by that FCIU.

CU statements will be adapted to include information regarding the MRSS components of the program. Additionally, the statement may include a complaint procedure for families that are dissatisfied with the FCIU/CU. CU

statements will outline the complaint procedure specific to their local process in addition to the CSA's function of grievance identification and problem resolution.

In establishing a relationship with the youth, the parents or guardian, and any other family member involved in the crisis, the FCIU staff should explain the following:

- All the possible benefits and ramifications of the FCIU process.
- Explain that the process is aimed at helping the family recognize and cope with the presenting problem.
- Inform the family that the matter must be referred to court if the behavior continues despite appropriate interventions.
- Mandatory court referral may be made based on one of the five factors defining a crisis:
 - serious threat to the youth's well-being/physical safety,
 - serious conflict between the parent/guardian and the youth,
 - runaway behavior, truancy, and prostitution/human trafficking.
- Court referral also may be necessary for matters involving minor delinquent acts that have been referred to the FCIU or CU.
- Court referral could include situations where family members fail to participate in, or adhere to, family service agreements.
- Family members must be advised that, at the appropriate time, information may ultimately be disclosed to the court.

The following is an example of the FCIU worker's statement to family members at their first meeting:

The purpose of this intervention process is to assist you in dealing with a problem in your family that has endangered your child or created a risk to the family unit. The family crisis intervention unit is here to provide needed emergency counseling and to serve as your link to community resources. This process is voluntary, although you should know that if you choose not to participate either now or after the process has begun, we may determine that for the protection of your child, the matter must go to court anyway. If this is the case, you will be given notice and your rights will be protected in the court process. Also, if we attempt to

resolve the matter and it becomes apparent that all available resources in the community have been exhausted and are not sufficient to resolve the crisis, the matter may be brought to court.

You are encouraged to be open and frank. This is the only way that we can attempt to remedy a very serious problem in a way that is most agreeable to everyone involved. However, if this matter ultimately results in a court petition, it will be heard by a Family Court judge. I may be required to inform the judge about our attempts to deal with the crisis. In such a case, I would be asked to inform the court of the efforts to resolve the crisis and the attempts to use community resources. It is possible that I might be called upon to tell the court about conversations with family members that relate directly to the crisis and possible solutions.

D. FEES

OS 16 mandates that FCIUs shall not charge fees for the initial intervention or for time spent in court. Furthermore, no family should be denied access to FCIU services for failure or inability to pay for services. FCIUs may charge fees on a sliding scale for treatment provided only after the FCIUs have completed their statutory duty to stabilize the initial crisis.

For children and families served by CUs, no fees will be charged directly to families for the initial contact with the CSA or for CU initial interventions, follow-up stabilization management or monitoring. Medicaid will be billed for services for those children who are Medicaid eligible within program parameters. State/other funding will cover costs of services, as arranged, for non-Medicaid eligible children. Parents/legal guardians will be required to complete an eligibility application process for Medicaid services for the children.

If families are unwilling to complete the eligibility application process and are involved with a court petition, the CU may request the judge to order the parent to complete the eligibility application process for Medicaid funding. If a family refuses to complete the eligibility application process and the family is not pending in court, the CU administrator will notify the DCSOC program coordinator about the situation. Currently, CUs may not charge families at all for services rendered.

IV. PROCEDURAL INFORMATION

A. WHO CAN MAKE A REFERRAL

1. Law Enforcement

N.J.S.A. 2A:4A-80 states:

A law enforcement officer taking a juvenile into short-term custody . . . shall immediately notify the juvenile-family crisis intervention unit and shall promptly bring the juvenile to the unit or place designated by the unit when:

- a. The officer has reason to believe that it is not in the best interests of the juvenile or the family for the officer to return the juvenile to his home;
- b. The juvenile resides in another county and the officer is unable to make arrangements to return the juvenile to his home;
- c. The juvenile resides in another state;
- d. The juvenile has run away from a placement and the juvenile refuses to return home or the juvenile, through his past behavior, has demonstrated an inability to remain at home;
- e. The law enforcement officer is unable, by all reasonable efforts to identify or locate a parent, relative or other such appropriate person;
- f. The juvenile requires immediate emergency services, such as medical or psychiatric care; or
- g. No identification can be obtained from the juvenile.

For counties with FCIUs, law enforcement officers will contact the FCIU directly to access services. Law enforcement officers will contact the Contract System Administrator (CSA) to access CU services. A law enforcement officer taking a juvenile into short-term custody, which pursuant to N.J.S.A.

2A:4A-32 cannot exceed six hours, will contact the CSA to initiate CU services in the instances outlined above.

Note: If a child is deemed in need of psychiatric emergency services due to acute issues of suicidal or homicidal behavior, law enforcement officers should contact the county psychiatric screening services instead of contacting the FCIU in non-CU counties or the CSA in counties with CUs. If the psychiatric screening services concludes that the child does not need hospitalization, the psychiatric screening services representative upon a youth's discharge from the psychiatric screening unit may refer the youth for FCIU or CU program services.

Any referral originating from a law enforcement officer is processed immediately by the CSA by dispatching the CU. If a child requires immediate emergency services, such as medical or psychiatric care, the CSA will direct that the child be taken for medical or psychiatric intervention. Additionally, a law enforcement officer may call for CU services when a child is experiencing any escalating emotional or behavioral situation that may result in a disruption of a DCP&P out-of-home placement or an in-home living situation. The law enforcement officer may also provide the family with the phone number for the CSA, enabling the family to seek services on its own in situations where law enforcement is not required to make a referral to an FCIU.

A law enforcement officer will bring the youth to any shelter or other out-of-home placement designated by a FCIU or CU, if necessary, and authorized by Court Intake Services. (See N.J.S.A. 2A:4A-80 and N.J.S.A. 2A:4A-31). MRSS does not provide transportation.

Note: Where the youth require immediate emergency services, such as medical or psychiatric care, and a parent is refusing service, FCIU and CU can provide consent for a youth to be taken to the appropriate emergency service. A law enforcement officer will contact the FCIU directly or the CSA which will contact the CU.

2. Other Referrals

Referrals may be received from DHS, DCF, schools, family, other agencies or organizations.

N.J.S.A. 2A:4A-81 states:

- a. The juvenile-family crisis intervention unit shall also receive referrals on a continuous basis in situations where a juvenile-family crisis exists and there has been either:
 - (1) A request by a parent or juvenile for intervention; or
 - (2) A referral by a public or private agency, educational institution, or any other organization serving children, which has contact with the juvenile or family, and has reasonable cause to believe that a family crisis exists.
- b. Any agency or organization making such a referral shall indicate whether their agency can provide the appropriate services to the family or juvenile and indicate their present ability and willingness to do so in the case referred.
- c. Any public agency making the referral which is under a legal obligation to provide services to the family or juvenile, shall, where it is unable to provide appropriate services in the case referred, state the reasons therefor.

For CUs, referrals from these sources will be made by calling the CSA, for the DCSOC, at 1-877-652-7624.

For all youth referred, the CSA will gather information regarding the youth and family, and nature of the referral, and determine if CU intervention is appropriate. Information gathered will include the youth's current level of risk, emotional and behavioral needs, and brief history of any system partner involvement or treatment. When CU intervention is appropriate, the CSA will conduct a conference call between the referring party and CU staff. For juveniles enrolled in a Care Management Organization (CMO), the CSA will advise the CMO Care Manager, on-call staff and the local CU that a request has been made for CU services. When other services are necessary, the CSA will work with the referring party and the family to provide appropriate referrals or facilitate other interventions as necessary (e.g., police intervention, psychiatric emergency services, DCP&P or outpatient services).

A parent/legal guardian's verbal consent to CU program services is necessary for service delivery for referrals not originated by law enforcement officers or the court.

Referrals originating from law enforcement officers, or the court will be responded to with or without the presence or consent of a parent/legal guardian. Should a parent/legal guardian be present and refuse CU services, the CUs can file a Family Crisis/Out of Home Placement Petition as necessary.

A parent/legal guardian is not required to consent to dispatch the CU to maintain the youth in the youth's home. If a parent/legal guardian refuses to maintain a youth in the youth's home after the CU has been dispatched and has intervened, CUs may recommend the filing of a Family Crisis/Out of Home Placement Petition.

A Family Part judge may order a referral to FCIU/CU from a juvenile delinquency matter (FJ docket). The court may dismiss a juvenile delinquency complaint that alleges a disorderly persons or petty disorderly persons offense and refer that matter to the FCIU or CU. Family Court Intake Services also may recommend dismissal, and if the judge agrees, an Order of Dismissal will be entered. In these instances, a copy of the complaint and Order of Dismissal will be provided to the FCIU/CU Court Liaison/representative.

- For a family appearing in court on matters of this nature, the CU Court liaison/representative will ensure the youth is registered with the CSA and meet with the family for the initial intervention at the time of the referral.
- For families not appearing in court on these matters, the CU Court Liaison/representative will contact the family, coordinate the referral through the CSA and decide on a dispatch time for the initial intervention with the family.

CU staff may recommend the family for services appropriate to the youth's level of need. These services include, but are not limited to, stabilization management services through MRSS, CMO, outpatient services, intensive in-community services, and behavioral assistance services.

If the youth's behavioral and emotional needs persist beyond the CUs eight-week stabilization management period, and referrals to further community-

based services are insufficient, the youth may be referred to court through the filing of a Juvenile Family Crisis or Out of Home Placement Petition (N.J.S.A. 2A:4A-73). The CU may request that the judge order services if a family and/or youth does not cooperate with the CU's recommendations.

B. CRISES REPORTED TO THE POLICE

1. Receipt and Referral to FCIU/CU

Crises may be reported by any source to the police. The police should be encouraged to stabilize or resolve crises using resources available to them. When this is possible, referral to the FCIU or CU is not necessary.

Note: Law enforcement officers may choose to handle some matters informally that would normally be referred to FCIU, and in counties with CUs, may contact the CSA to alert to the occurrence and refer for CU services. The CSA will document this information in the electronic record.

2. Actions by Police for Referral to Other than FCIU/CU

After responding, the police officer determines what other immediate action(s) may be necessary such as:

- a. Referral to emergency medical or emergency mental health services.
- b. Immediate referral to DCP&P for any suspected child abuse or neglect by contacting the Statewide Central Registry (SCR) at 1-877-NJ-ABUSE or 1-877-652-2873.
- c. Referrals pursuant to the Prevention of Domestic Violence Act.
- d. Referral to Family Court Intake Services where acts constitute juvenile delinquency.
(i.e., where police, Intake or FCIU determine that the juvenile family crisis involves alleged acts of delinquency, or that there are pending delinquency charges against the juvenile who is involved in the family crisis.)
- e. Referrals to other mental health services or the DCSOC, through the CSA, for child and youth mental health needs.
- f. Other agencies as necessary.

3. Short-Term Custody

Short-term custody is not appropriate whenever the police can return the youth to the youth's home or can take the youth to another person's home, provided that the youth's safety can be assured. In any case, the police must notify the FCIU/CU of the action taken as soon as possible. Such an arrangement is only an interim one, pending further action by the FCIU/CU or Court Intake Services.

If, however, short-term custody is necessary, the police are to take the youth into custody and call the FCIU/CU immediately to arrange for an interview between the FCIU/CU, the youth and the parent/guardian.

Note: “Under no circumstances shall any juvenile taken into short-term custody be held for more than six hours. A juvenile taken into short-term custody shall not be retained in a detention facility or jail. . .” pursuant to N.J.S.A. 2A: 4A-32(a). This applies unless the court orders it under the Interstate Compact for Juveniles (ICJ) regarding a non-delinquent out of state runaway.

C. FCIU/CU ASSESSMENT OF THE CRISIS/24 HOUR CRISIS INTERVENTION CAPACITY

1. Interview Parties to Determine Appropriateness of Case/Follow Up

FCIUs should interview parties and the youth to determine if there is DCP&P involvement, and if so, alert DCP&P to FCIU's involvement and coordinate with DCP&P as soon as possible via DCP&P designated court liaison staff. When, in the judgment of the FCIU worker, the youth/family needs services that may be obtained only through the DCF, FCIU will contact the (SCR) on behalf of the juvenile/family, if there is suspicion of abuse and/or neglect. The reporting number is 877-NJ-ABUSE or 877-652-2873. FCIUs and CUs can provide services while DCP&P is investigating any reported child abuse or neglect. If allegations are substantiated, DCP&P will become the primary case manager except in CU programs in which case necessary care will be coordinated between the two entities throughout the service involvement and based on role definition. Where there are child behavioral health issues, the FCIU can provide direct services, call the CSA for the DCSOC at 877-652-7624, or other appropriate mental health agency.

CU county services are accessed through the DCSOC CSA. Upon request for service CSA Care Coordinators gather information pertinent to the reason for referral. If issues of child abuse or neglect are identified, the CSA Care Coordinators will contact DCP&P at the number above. Should CU staff suspect child abuse or neglect upon meeting with the family, they will contact DCP&P at the number above. CUs, as part of the DCSOC, will coordinate services for youth and families to meet identified behavioral health issues as prescribed within Medicaid regulation, N.J.A.C.10:77-6, DCF, and DCSOC policies and procedures, operating rules and guidelines. Coordination of behavioral health needs will be communicated to the CSA through required electronic record information elements such as Individualized Crisis Plans, Crisis Assessment Tools (CAT), service requests and progress notes. CUs need not follow the telephonic coordination process.

When the FCIU or CU learns that a child is under DCP&P supervision, DCP&P will be notified. When FCIU learns that a child is receiving services through DCSOC, the appropriate service provider will be contacted. CUs will coordinate with DCP&P and other system components of DCSOC throughout the CU's involvement with the youth and family. FCIUs must maintain a 24-hour intervention capacity.

OS7: CUs must maintain a 24-hour face to face response and intervention capacity.

a. Appropriate cases for FCIU/CU

1. A serious threat to the well-being and physical safety of a juvenile, or
2. A serious conflict between a parent or guardian and a juvenile regarding rules of conduct which has been manifested by repeated disregard for lawful parental authority by a juvenile or misuse of lawful parental authority by a parent or guardian, or
3. Unauthorized absence by a juvenile for more than 24 hours from his home, or

4. A pattern of repeated unauthorized absences from school by a juvenile subject to the compulsory education provisions of Title 18A of the New Jersey Statutes, or
5. An act which if committed by an adult would constitute prostitution in violation of N.J.S.A. 2C:34-1 or any offense which the juvenile alleges is related to the juvenile being a victim of human trafficking.

This could also apply to matters involving minor delinquent acts that have been referred to the FCIU or CU.

b. Inappropriate Cases for FCIU/CU

1. For FCIUs, generally, DCP&P cases.
For CUs, given their unique combination of DCSOC and court mandates, they can collaborate with DCP&P, another DCF Division, and are not restricted in working with DCP&P involved youth and families. The interaction of FCIUs and CUs with DCP&P will be one of coordination of resources based upon the needs of the youth and family. DCP&P is still expected to participate as a partner in situations necessitating a petition.
2. Homicidal or suicidal ideation or behavior.
FCIUs or CUs may provide authorization to transport to an emergency setting for psychiatric/medical evaluation if a parent is refusing to consent.
3. Custody/visitation matters.
4. Developmentally disabled.
CUs serve dually diagnosed children and youth with both mental health and developmental disabilities.
5. Crisis arising out of DCF placements.
DCF is ultimately responsible for the placement and removal of youth in their residential settings, including group homes and foster homes. If removal of these youth is necessary, such removal should be managed and coordinated by DCF and does not constitute a juvenile family crisis. Similarly, running away from a

DCF placement does not constitute a juvenile family crisis and remains a DCF responsibility.

c. In-State/Out-of-County-Runaway

When a youth without pending charges who resides in one county is found in another county in New Jersey, the police will contact the parents to pick up the youth. If the parents refuse, FCIUs/CUs in the county **where the child is picked up will be contacted.**

If the youth is retained in the shelter, a hearing will be held within **24 hours** of the filing of the out of home placement petition. If the parents still cannot be located, are not in attendance, or are refusing to take the youth back at the time of the hearing, DCP&P will be contacted or ordered by the court to follow up.

When a **youth with pending charges** who resides in one county is found in another county in New Jersey, the Family Court will decide about whose responsibility it is to return the child.

d. Out-of-State Runaway (Interstate Compact for Juveniles Procedures)

When the FCIU receives a report of an out-of-state runaway found within the county, the FCIU/CU counselor shall immediately attempt to determine whether the youth has been found to be adjudicated delinquent or has pending charges, usually through information obtained by the police.

Following a determination that youth does not have any pending charges, the FCIU/CU worker will determine if this matter is appropriate for referral to DCP&P. Appropriate referrals to DCP&P include those matters where there is an active child protective services case(s) or where there are current allegations of abuse/neglect by the parent or caregiver.

If DCP&P referral is not warranted, and the police or the FCIU/CU cannot arrange for safe return of the youth within 24 hours, the FCIU/CU will place the youth in shelter care, draft an out of home placement petition and arrange for a court hearing.

In cases deemed appropriate for DCP&P, the DCP&P worker will proceed to handle the situation in accordance with established DCP&P procedures. If the DCP&P worker is unable to make necessary arrangements on the same day,

and all other less restrictive placement alternatives have been exhausted, they may contact FCIU/CU directly to request overnight shelter care. FCIU/CU will then arrange such placement, if available, and will draft an out of home placement petition. If the FCIU/CU is unable to arrange a temporary shelter bed, DCP&P and MRSS agree to explore options to provide an emergent placement when available. When an out of home petition is required, it may be withdrawn if the child is returned to the home within the first 24-hour period following pick up.

For out-of-state runaways, it is DCP&P's responsibility to find an alternative placement until such time as a due process hearing pursuant to the ICJ is held. Initially, DCP&P, FCIU/CU, or the police shall attempt to return the child to his/her legal guardian within the first 24-hour period following the state's initial contact with the youth.

ICJ Rule 6-101 indicates a runaway may be released to a parent or legal guardian within the first twenty-four hours of detainment (excluding weekends and holidays), except in cases where abuse or neglect is suspected by holding authorities. If abuse or neglect is reported by the child, the ICJ office and DCP&P should immediately be notified. Absent such allegation, the juvenile may be released to the parent or legal guardian without applying the procedures set forth in ICJ Rule 6-102 (no due process rights are required prior to the expiration of the first 24-hour period). If the parent or legal guardian is unable or unwilling to pick up the juvenile within that timeframe, ICJ Rule 6-102 due process procedures must be used and the holding state's ICJ office should immediately be notified.

A juvenile runaway who is not pending charges is taken into custody and brought before a Family Part judge for the purpose of a Consent for Voluntary Return of Out-of-State Juvenile hearing. The Family Part judge informs the youth of their rights. The judge may appoint counsel or guardian ad litem. In the presence of the Family Part judge, and counsel or guardian ad litem (if appointed), the youth signs ICJ's Juvenile Rights Form for Consent for Voluntary Return of Out-of-State Juvenile. The Family Part judge and guardian ad litem, if appointed, also sign the ICJ form. The Family part judge may order the appropriate authorities in the holding state to assist in providing transportation that is coordinated between both ICJ offices. Requisitioned youth shall be accompanied in their return to the home state unless both ICJ offices determine otherwise. The Family Division staff shall forward the properly completed and signed Consent for Voluntary Return of Out-of-State

Juvenile form, and the Juvenile Rights Form for Consent for Voluntary Return of Out-of-State Juvenile (optional) to the holding state's ICJ office.

The New Jersey ICJ office can be reached by calling 609-815-3810. The ICJ office is responsible for processing the ICJ form and coordinating the return of the youth in cooperation with the home state's ICJ office. The youth's home state is responsible for the costs of transportation and coordinating the juvenile's safe return within five business days from the date of receiving the signed ICJ Consent form or adult waiver. This time period may be extended up to an additional five business days with the approval of both ICJ offices. Youth are to be returned to the home/demanding state in a safe and expedient manner.

When a runaway who is not pending charges refuses to voluntarily consent to return to the home/demanding state, New Jersey's ICJ office must be immediately notified of the status. The demanding state's ICJ office will in turn be advised of the requirement for a Requisition. A youth may be held up to a maximum of 90 days awaiting receipt, judicial review, and approval of the Requisition by New Jersey.

D. NON-POLICE REFERRALS AND FCIU RESPONSES TO ALL REFERRALS

The FCIU and CU may receive referrals from any individual or agency that becomes aware of a crisis involving a youth and the youth's family. If the FCIU finds the matter is appropriate for another type of coordination and/or services, it must consider referrals in accordance with the standards described by the police. See Section IV.B. Crisis Reported to the Police. The CSA, as the access point for CUs and all DCSOC services, will consider all referral options when the matter presented is not appropriate for FCIU/CU intervention.

When parental consent for intervention in a juvenile family crisis matter has been refused, and FCIU/CU services are necessary, the CSA will connect third party referents to their local FCIU/CU for coordinating intervention. A petition may be sought to request that the judge order the parents to participate with the FCIUs/CUs or to follow the FCIUs/CUs treatment recommendations. The type of FCIU response (telephonic/video or in person) will be determined by the FCIU. When a telephone/video intervention yields no progress, a face-to-face session should be scheduled. Telephonic/video interventions which

stabilize a family crisis without the removal of the youth from the youth's home is acceptable as long as a follow up interview is conducted the next day (within 24 hours).

Cases where a family-type alternate living arrangement (with a family member, neighbor, or friend) is agreed to by all parties involved (youth and family), corroborated by a neutral third party (police officer), and approved by Family Court Intake Services, telephonic/video management of the situation is acceptable. In these situations, an FCIU follow-up interview within 24 hours is required, but the filing of an Out of Home Placement Petition **is not** necessary.

In cases where an out of home placement into a non-family setting (including county shelter facilities) is required, either because of a failure of all involved parties to agree to an alternate living arrangement or because no such living arrangement is available, **an in person or telephone interview with the juvenile and other family members involved in the crisis is required prior to such placement.** Such a placement must be authorized by Family Court Intake Services and must be accompanied by the filing of an Out of Home Placement Petition which will be heard by the court within 24 hours.

CU response will always be **face-to-face** at the site of the need and is required prior to implementation of any treatment plan, or petition process. Telehealth response is allowable when requested by a family.

The FCIU and CU programs must monitor the implementation of family service agreements and/or family crisis plans, and individualized crisis plans. Such monitoring must include following up on referrals to other agencies/individuals and should continue until the crisis appears to be resolved. At such time, the case should be closed by FCIU.

E. RECORDING INFORMATION/INTAKE

Upon the receipt of any referral, the FCIU/CU shall request information using an intake form provided by the AOC concerning the juvenile family crisis. The intake form/case record shall provide, but shall not be limited to, information as provided in OS 19. (See **OS 19**)

Facts concerning the conduct of the youth or family, which may contribute to the crisis, will be recorded in the mandated uniform FCIU Intake Form. CUs are required to enter intake data into the DCSOC electronic record format.

OS 19 requires all FCIU/CUs to maintain and keep accurate records and case notes and use the uniform forms provided by the AOC.

F. JUVENILE FAMILY CRISIS STABILIZATION – Pursuant to N.J.S.A. 2A:4A-82

When the juvenile-family crisis has been stabilized and the youth is residing in the home, the crisis intervention unit shall arrange a second interview session with the family as soon as practicable and preferably the day following the initial intervention, for the purpose of monitoring the family situation. The crisis intervention unit may, in appropriate cases, continue to work with the family on a short-term basis to stabilize the family situation.

Once it has been determined that a case is appropriate for the FCIU and information has been recorded, the FCIU should:

- Interview and counsel youth and their families who are involved in the crisis.
- A statement regarding FCIU or CU procedures should be shared with the youth and family and a standard intake form filled out.
- Upon in-person contact, a release of information form should be signed.
- The FCIUs/CUs should collect, analyze, and interpret data and prepare an individualized plan to meet the family's needs.
- When necessary, the FCIU/CU will refer the family to appropriate service providers after stabilization of the initial crisis.
- Pursuant to **OS 10**, FCIUs/CUs should contact schools, the court, and any agencies the family may have been involved with to obtain necessary background information.
- The FCIU/CU should obtain a family's signed consent to release information from families authorizing service providers to release confidential information to the FCIU/CU.
- The FCIU/CU should request that the court determine what, if any, prior/pending contacts the family has had with the Family Court.

Note: All service providers must adhere to the provisions of the HIPAA and 42 C.F.R. Part 2.

CUs will follow the MRSS program model to intervene, conduct their interview, and complete a standard assessment and individualized treatment plan.

Access to DCSOC's MRSS is available statewide, 24 hours a day, 7 days a week, through a statewide toll-free number for the CSA. The CSA determines intensity of need and makes all initial referrals to MRSS. The MRSS practice model relies upon local agencies to support timely on-site responses and interventions, local stabilization networks, and focused local and state level system development and collaboration. Comprehensive training curriculum, certification process and supervisory practices support quality service delivery outcomes.

Initial MRSS services include on-site intervention by program staff delivered within one to twenty-four hours of an initial request. The goal is to restore baseline functioning by addressing primary presenting issues and underlying needs and inhibit cycling of crisis episodes. Interventions are grounded in crisis and systems theory and rely on successful engagement, relationship building, understanding youth and family dynamics, application of trauma informed care approach, and wraparound values.

Staff conduct comprehensive assessments across life domains, which include the identification of needs and emotional/behavioral triggers. The CAT was designed for MRSS use to communicate assessed needs, drive planning and evaluate outcomes. Youth and family strengths are identified and used to develop strategies around recognizing and managing triggers to avoid further crisis episodes. An Individualized Crisis Plan (ICP) is developed by delineating needs, goals, strategies, and desired outcomes. MRSS team members deliver and coordinate all necessary services and supports identified in the ICP for up to 72 hours and may deliver face-to-face interventions and telephonic/video coordination during this time. MRSS provides advocacy, psychoeducation, creative skill building in communication, coping, problem solving, self-monitoring, behavior management, and resource use. They assist families in accessing informal and formal resources and natural supports and arrange necessary referrals. Non-traditional modalities are encouraged, and state designated wrap flex dollars support efforts to address needs creatively.

Stabilization Management Services are provided by the agency for up to eight weeks following the initial response to support the ICP implementation. Stabilization Management activities coordinate youth and family care and monitor implemented ICPs. MRSS staff communicates with the youth and family, providers, and collateral resources, to ensure ongoing assessment, and conduct transition planning to develop community-based supports and linkages that will assist after youth and family involvement with MRSS is concluded. Stabilization services are delivered by network providers identified by the Mobile Response agency. Available services delivered in the community include intensive in-community services, behavioral assistance, psychiatric consultation, outpatient mental health services and informal supports.

G. WHAT CONSTITUTES THE NEED FOR A REFERRAL TO COURT

When, in the judgement of the FCIU/CU worker, a juvenile family crisis continues to exist despite the provision of crisis intervention services and the exhaustion of appropriate community services, FCIU shall refer the case to court by filing a petition (see Juvenile Family Crisis/Out of Home Placement Petition Form).

The FCIU/CU is required to have exhausted all appropriate community services prior to filing a court petition. The term “exhausted” describes situations where the FCIU/CU has contacted all relevant agencies, explored all admission criteria, determined the availability of services and facilitated the client's access to such facilities. If, despite these efforts, the needed services cannot be secured, then the court, through the submission of a Juvenile Family Crisis Petition (See Juvenile Family Crisis/Out of Home Placement Petition Form), may have to secure such services that would otherwise be unavailable. If the parent, guardian, or youth is not cooperative, the matter should be brought to court through the filing of a Juvenile Family Crisis Petition.

The petition shall include the nature of the petition and provides supporting documentation for it. CU documentation will include a description of the intervention, a completed assessment, an individualized crisis plan, and any other available documentation.

1. Two Types of Petitions: Juvenile Family Crisis Petition/Out of Home Placement Petition

There are two types of petitions that may be filed: an **Out of Home Placement Petition** or a **Juvenile Family Crisis Petition**. Both types are incorporated into the form. A Juvenile Family Crisis Petition is used whenever the case **does not** involve an out of home placement of the youth. However, if during the pendency of a Juvenile Family Crisis Petition, it is felt that an out of home placement is required, the court will treat the matter as an out of home placement case.

Hearings are held on the two types of petitions because judges must consider different factors for each. These factors are spelled out specifically in the statutes in sections N.J.S.A. 2A:4A-86 (for family crisis cases), and N.J.S.A. 2A:4A-89 (for out of home placement cases).

a. Filing Juvenile Family Crisis or Out of Home Placement Petition/Recommendations with the Court

When a juvenile family crisis continues to exist, a petition shall be filed with the Superior Court, Family Part. The petition will be prepared by the FCIU/CU and must be filed through the Juvenile Intake Services Unit in the Family Court. The Juvenile Intake Services Unit shall not refuse to docket a petition that is filed with the court by the FCIU. Upon the filing of the petition, the jurisdiction of the court shall extend to the youth, parent, guardian, or any family member found by the court to be contributing to the crisis. See N.J.S.A. 2A:4A-24.

FCIU shall submit with its petition facts as to the nature of the family crisis and its recommendations for resolving the crisis, including recommendations as to community services or programs which are necessary to accomplish this purpose.

b. Out of Home Placement Requirements – Pursuant to N.J.S.A. 2A:4A-87

Despite provision of crisis intervention services and the exhaustion of all alternative services, there may be one or more of the following situations:

- a refusal on the part of the youth to stay in or return to the home, or

- a refusal on the part of the parents to allow the youth to stay in or return home, or
- the physical safety of the youth is threatened, or
- the youth needs immediate care such that it is necessary to make an out of home placement of the youth.

In these scenarios, FCIU/CU shall:

1. Arrange, when agreed to by the parent or guardian and youth, alternate living arrangement for the youth with a relative, neighbor, or other suitable family setting. It shall **not** be necessary for a court hearing to approve the living arrangement, and the arrangement may continue if there is agreement, or
2. Arrange, when no alternate living arrangement can be agreed to and when all possible resources for alternate living arrangements as set forth in subsection a. of this section have been exhausted, temporary out of home placement prior to the placement hearing. FCIU shall immediately file a petition for out of home placement with the Family court which shall include documentation of the attempts made to provide alternate living arrangements including, but not limited to, the names of persons contacted, their responses and the lack of agreement by the juvenile or the juvenile's parents if the persons contacted are willing to take the juvenile with the court. FCIU shall inform the juvenile and parent or guardian that an out of home placement determination may be made by the court where an alternate living arrangement cannot be agreed to.

Temporary Placement – Pursuant to N.J.S.A. 2A:4A-88

Placement of the youth prior to the placement hearing or pending determination by the court concerning placement under a family service plan, pursuant to ... (N.J.S.A. 2A:4A-89), shall be made in a host shelter, resource family or group home, a county shelter care facility as defined by law, or other suitable family setting.

In no event shall such placement be arranged in a secure detention or other facility or in a secure correctional institution for the detention or treatment of juveniles accused of crimes or adjudged delinquent.

The Interstate Compact for Juveniles provides an exception for out of state runaways under certain circumstances. See the rules for the Interstate Compact on Juveniles specifically Rule 6-102: Voluntary Return of Runaways, Probation/Parole Absconders, Escapees or Accused Delinquents and Accused Status Offenders, page 41 of ICJ Rules, regarding holding of out of state runaways.

Out of Home Placement – Pursuant to N.J.S.A. 2A:4A-89

When a petition for out of home placement has been filed, the court shall, **within 24 hours**, conduct a hearing on the petition. The court shall notify the parents, the youth and counsel and, if indigent, have counsel appointed by the court. The hearing shall be conducted in accordance with the Rules of Court and shall be attended by the parents, the youth, and when requested by the court, a representative of the DCF (for example, the DCP&P or CMO, or other appropriate representatives).

The following procedure shall be followed for the hearing:

- a. The court shall hold the hearing to consider the petition and may approve or disapprove the temporary out of home placement.
- b. If the court **disapproves** a petition for an out of home placement, a written statement of reasons shall be filed, and the court shall order that the youth is to remain at or return to the parental home.
- c. The court may **approve** the temporary out of home placement if either of the following factors exists:
 - (1) A serious conflict or other problem between the parent and the youth which cannot be resolved by delivery of services to the family during continued placement of the youth in the parental home; or
 - (2) The physical safety and well-being of the youth would be threatened if the youth were placed in the parental home.

- d. Temporary out of home placement shall continue until otherwise provided by the court. The order approving the temporary out of home placement shall direct the DCF, or other service or agency, including FCIU, to submit a family service plan that is designed to resolve the family crisis consistent with the well-being and physical safety of the youth.

The court shall direct such department, service or agency to make recommendations as to which agency or person shall have physical custody of the child, the extent of the parental powers to be awarded to such agency or person and parental visitation rights.

Note: For youth who may have need for out of home treatment, FCIU, during their family service planning processes, can assist the family and youth in contacting the CSOC, CSA, to request a biopsychosocial evaluation, or, if a youth is currently receiving clinical services, the treating clinician can submit clinical information to the CSOC, CSA, for intensity of service determination and linkage.

- e. Within **14 days** of the date of the order approving the petition for temporary out of home placement is entered, unless for good cause shown, but no later than 30 days, the department, service or agency shall submit to the court a family service plan, which shall be presumed valid, detailing the specifics of the court order. The plan shall be developed within the limits of fiscal and other resources available to the department, service or agency. If the court determines that the service plan is inappropriate, given existing resources, the department, service or agency may request a hearing on that determination.

Note: CU program assessment and planning processes occur prior to and throughout the out of home petition process and serve as the family service plan. When CU programs are involved with a youth, a DCSOC 14-day plan referral is not required as the CU program is the mechanism for service planning and DCF system collaboration. The same rule applies for MRSS programs.

- f. At the hearing held to consider the family service plan presented by the department or other service or agency, the court shall consider all such recommendations included therein. The court, consistent with this section, may modify such plan and shall make its dispositional order for the youth. The court's dispositional order shall specify the responsibility of the DCF or other service with respect to the youth who shall be placed, those parental powers temporarily ordered to the department or service and parental visitation rights. Where placement cannot be immediately made, the department or other service or agency shall report to the court every 14 days on the status of the placement and progress toward implementation of the plan.

Long-term Placement – Pursuant to N.J.S.A. 2A: 4A-90

In considering whether to approve or disapprove out of home placement under a family service plan on a long-term basis, the court shall consider whether placement in the home would fail to provide adequate physical protection, shelter or nutrition or would seriously obstruct the youth's medical care, education or physical and emotional development as determined according to the needs of the youth. Upon making an order approving a long-term out of home placement plan, the matter shall be reviewed pursuant to the provisions of the Child Placement Review Act.

Information Required in Crisis Petition

When in the judgement of the FCIU or CU, a juvenile family crisis continues to exist, a petition shall be filed with the Superior Court, Family Part. Pursuant to R. 5:15-2, the petition shall include:

- (a) The name, address, and date of birth of the juvenile.
- (b) The name, address, and date of birth of the juvenile's parents, guardian or custodian and any other family member believed to be contributing to the juvenile-family crisis.
- (c) A statement of facts describing the nature of the juvenile-family crisis.
- (d) The recommendations of Court Intake Services [as informed by the FCIU or CU] for resolving the crisis, including recommendations regarding community services or programs necessary to implement the recommendations.

- (e) The services, if any, previously provided by the Crisis Intervention Unit [or CU] the community services to which the family has previously been referred, if any, and a statement that these services have not resolved or stabilized the crisis.
- (f) If Court Intake Services has reason to believe that a parent or guardian of the juvenile is an alcoholic, as defined by N.J.S.A. 26:2B-8, or drug dependent, as defined by N.J.S.A. 24:21-2, the petition shall state the basis for this determination and provide recommendations to the court.

See R. 5:15-2 and N.J.S.A. 2A:4A-84 and 85.

N.J.S.A. 2A:4A-85(b) and c.(1) further require:

When, because of any information supplied by the crisis intervention unit, court intake services have reason to believe that a juvenile is an “abused or neglected child,” as defined in ...([N.J.S.A.] 9:6-8.21), they shall handle the case pursuant to the procedure set forth in that law.

The DCF shall, upon disposition of any case originated pursuant to this subsection, notify court intake services as to the nature of the disposition.

When, because of any information supplied regarding any youth by the crisis intervention unit or from any other source, there is reason to believe that the youth may have an auditory or vision problem, the petition shall state the basis for this determination and provide recommendations to the court.

Before arriving at its determination, the court may order any appropriate school medical records of the youth. Based on this recommendation or on its own motion, the court may order any youth concerning whom a complaint is filed to be examined by a physician, optometrist, audiologist, or speech language pathologist.

OS 12 requires the following:

FCIUs should also make note of services that might be necessary for families with mental health concerns or a history of another dysfunction. CUs consider family context, dynamics, stressors, and vulnerabilities within the scope of needs assessment and treatment planning and

coordination.

Who Appears in Court for Juvenile Family Crisis Petition or Out of Home Placement Petition

A FCIU or CU program staff person should appear at each juvenile family crisis or out of home placement hearing to provide the court with information and recommendations. The Family Part judge may also indicate a preference for who should be present in the courtroom. DCF case management entities, including DCP&P, are expected to participate in court when involved with a child.

H. COURT FINDING OF EXISTENCE OF JUVENILE FAMILY CRISIS

Once a judge determines that a juvenile family crisis exists, the judge will order an appropriate disposition after hearing testimony offered by any of the affected parties, as well as the facts and recommendations submitted by FCIU.

The judge may choose from the dispositions provided for in paragraphs (2), (4), (5), (6), (7) and (13) of subsection b. of N.J.S.A. 2A:4A-43, as provided in N.J.S.A. 2A:4A-46. Further, N.J.S.A.2A:4A-24(a) permits the judge to order a parent, guardian or any family member found to be contributing to the family crisis, to participate in appropriate programs or services where needed to effectuate the dispositions specifically aimed at the youth.

I. COURT FINDING OF EXISTENCE OF FAMILY CRISIS WITH OUT OF HOME PLACEMENT PETITION

After a judge has determined that a juvenile family crisis exists in an out of home placement matter, the judge will decide on the appropriateness of the temporary out of home placement arranged by the FCIU/CU through Family Court Intake Services.

Where the judge approves the temporary out of home placement, the judge must direct DCP&P, or another service or agency, to prepare a family service plan that addresses the needs of the youth and families in crisis. CU assessments and planning, including but not limited to CAT and ICP, will represent a family service plan.

This plan, which must be submitted to the court for review within **14 days** of the order (unless good cause is shown) but no later than 30 days after a petition is filed, will be reviewed by the court.

Where the court does not approve the plan, the preparing agency must either revise the plan to correct whatever inadequacies are pointed out by the court or may request a hearing on the plan and the court's disapproval of it. Following such a hearing, the court will issue a dispositional order implementing the plan or any portion of it.

J. JUVENILE CRISIS HEARING DISPOSITIONS – PURSUANT TO N.J.S.A. 2A:4A-86

Whenever the court receives a petition stating that a juvenile family crisis may exist, the court shall hold a hearing and consider the facts and recommendations submitted by intake services to determine the appropriate disposition to be made.

The court shall notify the youth, their parent or guardian or other family member alleged in the petition as contributing to the family crisis that a juvenile-family crisis may exist.

The youth, parent, guardian, or other family member may present witnesses and evidence to rebut the determination.

If the court finds that there is not enough information to make a disposition it may continue the matter and hold one or more additional hearings.

The court shall enter an order of disposition if it finds that a juvenile-family crisis exists as provided in ... (N.J.S.A. 2A:4A-46). In support of any such order, the court may require the youth, parent, guardian, or family member contributing to the crisis, to participate in appropriate programs and services consistent with the disposition.

The court may dismiss the petition upon a finding that based upon the preponderance of the evidence presented the petition is not sufficient to establish that a juvenile-family crisis exists. The court shall state the grounds for any disposition made pursuant to this section.

In the case of the failure of any person to comply with any orders entered pursuant to this section, the court may proceed against such person for the enforcement of litigants' rights.

K. ADOPTION AND SAFE FAMILIES ACT (ASFA) REQUIREMENTS

ASFA requires that findings be made whenever a child is removed from the home, except when an alternate living arrangement is made for the juvenile with a relative, neighbor, or other suitable family setting and agreed to by the parent or guardian and the juvenile.

When the juvenile is placed with a relative, neighbor, or other suitable family member, N.J.S.A. 2A:4A-87 states “It shall not be necessary for a court hearing to approve the living arrangement, and the arrangement may continue as long as there is agreement.”

In family crisis cases, ASFA requirements apply to all other cases which require an out of home placement. See N.J.S.A. 2A:4A-87b. on out of home placement requirements, N.J.S.A. 2A:4A-88 on temporary placement, N.J.S.A. 2A:4A-89 on out of home placement hearing and N.J.S.A. 2A:4A-90 on long-term placement.

There are two findings which must be made regarding out of home placements. The first is a Contrary to the Welfare finding. **This is a finding made by the Family Part judge at the out of home placement hearing.** The finding is that it is contrary to the welfare of the child to remain in the home, with a statement of reasons. The next finding is a Reasonable Efforts finding which must be made between **30 to 45 days** after the out of home placement hearing if the child remains in placement. The Reasonable Efforts finding is a statement that reasonable efforts were made to prevent the placement or that one of the statutory exceptions exists.

1. Contrary to the Welfare Findings

Contrary to the Welfare findings must be made by a judge for all out of home placements. Findings must be made at the out of home placement hearing. This will be documented by the Family Court on the standard juvenile dispositional order form.

a. Examples of Appropriate Contrary to the Welfare Findings

- Risk to self (must state specific facts constituting risk to self)
- Behavioral mental health concerns
- Lack of supervision in the home
- Lack of appropriate services in place to maintain child safely in the home
- Family dysfunction
- Substance abuse issues posing risk to self
- Out of control behavior posing risk to self
- Emotional issues posing risk to self

b. Example of Inappropriate Contrary to the Welfare Findings

Judges should **never** cite risk to the community or seriousness of offenses. The key is that it is contrary to the welfare of the child not to be in placement.

2. Reasonable Efforts Findings

Reasonable Efforts findings must be made within **30-45 days** of the child being in placement. The Family Court will use one of two forms:

- Civil action, in chambers order (used when judge is in chambers and not in the court room.
- Civil action, reasonable efforts to prevent placement (used when judge is in the court room.

On the form, the court must choose either the first block indicating that “Reasonable efforts to prevent placement prior to removal were made, as follows _____,” **or**

the second block indicating that pursuant to N.J.S.A. 30:4C-11.2 “Reasonable efforts to prevent placement were not necessary due to risk of harm to the child's health or safety.”

If the second block is selected, the court must then choose a, b, c, or d, on the form, indicating why reasonable efforts are not needed. The court must check off the block with a check or an “x” to indicate the decision.

a. Examples of Reasonable Efforts Findings

Findings by the court may include, but are not limited to:

- Drug screening
- Past supervision
- Counseling
- Child study team evaluation
- Drug program attendance
- Mental health interventions
- After school programs

In addition to information from other agencies, parents may be a valuable source of information. If they have sought professional counseling or ministerial counseling, this can be documented as a reasonable effort. Keep in mind, this must pertain to efforts made **prior** to the out of home placement date.

b. Examples of Reasonable Efforts Exceptions Findings

Listed below are the reasons, pursuant to N.J.S.A. 30:4C-11.2, that reasonable efforts to prevent placement are **not** required, and a reasonable efforts exception finding is made on the appropriate Reasonable Efforts Court Order.

- The removal of the child(ren) was required due to imminent danger to the child(ren)'s life, safety or health, as follows _____ and reasonable efforts to prevent placement were not necessarily due to risk of harm to the child's health or safety, or
- The parent(s) has/have subjected the child(ren) to aggravated circumstances of abuse, neglect, cruelty, or abandonment, as follows, _____, or
- The parent(s) has/have been convicted of a crime specified in N.J.S.A. 30:4C-11.2, as follows _____, or
- The rights of the parent(s) to another of the parent(s) children have been involuntarily terminated.

3. Responsibility for ASFA Findings

The Family Court staff is responsible for ensuring that ASFA findings are made by a judge within the appropriate timeframes. This includes Contrary to the Welfare and Reasonable Efforts findings.

The Reasonable Efforts determinations may be made at a hearing scheduled for this explicit purpose or in conjunction with any other hearing. These determinations can also be a paper review, not connected with a court event. Family Court staff has the responsibility for providing the judge with the appropriate order and supporting documentation within the proper timeframes. Court staff is charged with the responsibility of obtaining information (via FCIU/CU, basic shelter center, DCF which includes DCP&P and the DCSOC, or any other source) and preparing a report which documents the efforts made to prevent the placement or the existence of an exception. This information should be listed on the Reasonable Efforts Order. The responsibility to prepare the Reasonable Efforts Report/Order is that of the juvenile team of the Family Court.

Orders containing Contrary to the Welfare and Reasonable Efforts findings must be kept in the FF case file and not purged as they are subject to audit by the federal government.

L. FOLLOW UP/HANDLING OF NON-COMPLIANCE AFTER PETITION AND COURT ORDER

Once an FCIU/CU staff person is assigned, the staff should follow up to see that all family members or individuals listed in the order are following the terms of the judge's order. Where an individual does not comply, the individual's noncompliance should be reported to the court.

When bringing a case before the court for enforcement of a prior order, the FCIU/CU should prepare a plan for review by the judge. The plan will include services to meet the family's needs.

The judge shall consider, among other options, the use of dispositions provided for in paragraphs (2), (4), (5), (6), (7) and (13) of subsection b. of N.J.S.A. 2A:4A-43, as provided in N.J.S.A. 2A:4A-46. In addition to ordering alternative dispositions as recommended by the FCIU or CU plan for services, the judge may also consider the use of enforcement of litigant's rights

proceedings pursuant to R. 1:10-3 for failure of a youth or family member to comply with the terms of a prior order.

M. MONITORING OF CASE OUTCOMES/CLOSED CASES

The FCIU/CU must monitor the implementation of family service agreements. Such monitoring must include following up on referrals to other agencies/individuals and should continue until the crisis appears to be resolved. At such time, the case should be closed by FCIU/CU.

OS 15 mandates that FCIUs establish and maintain a monitoring mechanism for all closed cases. A case should be closed when the unit is no longer actively seeing a family. Closed cases, where the family has been referred to one or more service providers, should be monitored for **30 days** following closing of the case and as necessary.

Monitoring should consist of contacting the family, or where appropriate, the school and/or service provider agency. The goal of this process is to ensure that the family has completed the program or is attending sessions. FCIUs should prepare a monitoring form and a closing form. CUs will provide documentation as required in the DCSOC electronic record.

Note: OS 7 through 15 provides additional guidance on service issues from initial response through monitoring of closed cases.

N. MENTAL HEALTH CRISIS PROCEDURES

In addition to working with the Community Mental Health Centers, it is necessary for the FCIU/CU to establish and maintain close working relationships with both the Designated Screening Unit for the county and with Children's Crisis Intervention Services (CCIS). The Designated Screening Unit for each county is responsible for making the determination whether a youth is dangerous to him/herself or others and therefore in need of psychiatric hospitalization. In most instances psychiatric hospitalization will occur in the CCIS that has the responsibility for acute psychiatric admissions in that county or otherwise determined jurisdiction (municipality or multi-county area).

When any FCIU/CU staff member encounters a situation in which a youth is making threats of dangerous behavior to self or others, FCIU/CU should immediately direct the parties to contact the Designated Screening Unit for

evaluation, intervention, and possible hospitalization. In addition, any suicidal threat or threat to harm others should be reported immediately to the police. Documentation of these circumstances is essential, and follow-up should also be recorded.

If the Screening Unit determines that the youth does not meet the criteria for further intervention on their part, the case may revert to the FCIU or the CU for additional services. In instances where an FCIU/CU client is admitted to the CCIS, the FCIU/CU may be called upon to assist with securing outpatient services following discharge. CCIS units have the capability to arrange a discharge plan and coordinate referrals through the CSA and do not need to access FCIU/CU programs for assistance.

O. HOMELESS YOUTH ACT PROCEDURES

The Homeless Youth Act applies to individuals 21 or younger, however youth served by Family Crisis include youth under the age of 18.

If a homeless youth under the age of 18 presents himself or herself to shelter for homeless youth, the shelter shall attempt to contact the youth's parent or legal guardian within **24 hours** after the youth's admission.

If the homeless youth is admitted to the basic center shelter, the shelter shall notify DCP&P within **24 hours** to determine if the youth is in the legal care or custody of DCP&P.

- If **yes**, DCP&P, in consultation with the basic center shelter, shall determine what services shall be provided to the youth. The services may include, but are not limited to:
 - crisis intervention services,
 - continued temporary placement in the basic center shelter for up to 30 days,
 - placement in an alternative living arrangement or referral to a transitional living program established pursuant to section 7 of the act, or
 - to other appropriate organizations and agencies.

When the shelter has reason to believe that the youth is abused or neglected, the shelter shall report the allegation to DCP&P. A homeless youth may remain at a shelter for up to **30 days** pending DCP&P's disposition of the case.

If the homeless youth under the age of 18 is not in the legal care and custody of DCP&P and there is no report to DCP&P based on an allegation or suspicion of abuse and neglect, the shelter shall notify the FCIU/CU in the county of residence of the homeless youth, within **24 hours** of the youth's admission to the shelter, that a juvenile family crisis exists pursuant to N.J.S.A. 2A:4A-22.

If a shelter notifies a FCIU/CU, the homeless youth may remain at the shelter for up to **10 days** without the consent of the youth's parent or legal guardian. During this time, the FCIU/CU and the shelter shall help to reunite the youth with his parent or legal guardian.

If a juvenile family crisis continues to exist for ten days, the FCIU/CU petitions the court for a juvenile family crisis/out of home placement hearing. The court will determine services which may include but are not limited to:

- crisis intervention services and
- continued temporary placement in the basic center shelter for up to an additional **20 days** for a total of **30 days**.

The court may order a 14-day family service plan.

An ASFA Contrary to the Welfare finding must be made at the out of home placement hearing. The finding is recorded on the juvenile dispositional order form which should be the first order of the case.

Between the **30th to 45th** day after the out of home placement petition, a Reasonable Efforts finding will be necessary if the juvenile remains in out of home placement. The finding shall be made on one of two forms depending on whether the matter is an in-court event or a paper review in-chamber. For an in-chamber event, use the in-chamber form and for an in-court event, use the in-court form.

Review hearings must be conducted in accordance with N.J.S.A. 2A:4A-38 which provides that a review hearing must be held within **14 court days** of the prior hearing and, if placement is continued, review hearings shall be held thereafter at intervals not to exceed **21 court days**.

Ensuring that ASFA requirements and review requirements are met is the responsibility of the juvenile team in the Family Court.

If the FCIU/CU is notified regarding a non-DCP&P case and the basic center shelter staff advises that they have a juvenile family crisis but that all parties agree that steps are being taken to resolve the issues, the matter will be reviewed by the FCIU/CU and the shelter at **10 days**. If at the 10 day point, all parties continue to agree with the youth remaining at the shelter and continuing to receive services, an agreement can be reached that services may continue for an additional **20 days** for a total of 30 days.

In the case of a homeless youth from another state who is under the age of 18, a shelter or DCP&P shall attempt to reunite the youth with his/her legal guardian within the first **24-hour** period following initial contact with the youth.

Article II under the Interstate Compact on Juveniles does not take precedence over parental rights and responsibilities. If the youth is still in the care of a basic shelter or DCP&P after the expiration of the first 24-hour period, due process rights prevail, and the non-delinquent runaway is brought before a Family Part judge for the purpose of a Consent for Voluntary Return of Out of State Juvenile) hearing.

The Family Part judge informs the youth of their rights with Juvenile Rights Form for Consent for Voluntary Return of Out of State Juvenile. The judge may appoint counsel or guardian ad litem. In the presence of the Family Part judge, and counsel or guardian ad litem (if appointed), the youth sign the consent form. The Family Part judge and guardian ad litem, if appointed, sign the consent form.

The Family Part judge may order the appropriate authorities in the holding state to assist in providing transportation that is coordinated by both ICJ offices. Requisitioned youth shall be accompanied in their return to the home state unless ICJ Offices determined otherwise.

The Family Division Court shall forward the properly completed and signed Consent for Voluntary Return of Out of State Juvenile form and notification of youth's rights (Juvenile Rights Form for Consent for Voluntary Return Of Out Of State Juvenile) to the holding state's ICJ office. The youth's home state is responsible for the costs of transportation and coordinating the youth's safe return within five business days upon receiving the signed ICJ Juvenile Consent form and or adult waiver. This period may be extended up to an

additional five business days with the approval from both ICJ offices. Youth are to be returned to the home/demanding state in a safe and expedient manner.

If a non-delinquent runaway refuses to voluntarily consent to return to the home/demanding state, the holding state's ICJ office must be immediately notified. The demanding state's ICJ office will in turn be advised of the requirement for a Requisition. A youth may be held up to a maximum of **90 days** awaiting receipt, judicial review, and approval of the Requisition by the holding state.

P. AOC Statistical Reporting Requirements

FCIUs and CUs are required to maintain all information necessary to complete the Crisis Intervention Unit Monthly Report and Instruction Sheet. A copy of the completed monthly report is to be e-mailed to the AOC, no later than the fifth working day of the month, to the following e-mail address: AOCFamily.Mailbox@njcourts.gov. To meet the requirements for review by each county, the report should also be e-mailed to the Family Division Manager, or other individual, as designated by the county and the DCSOC Community Services email: community.services@dcf.nj.gov. Complete instructions for completing the monthly report are in the Crisis Intervention Unit (CIU) Monthly Report Instruction Sheet.

Q. Court Staff/FCIU/CU Staff Responsibility Regarding the Family Electronic Case Management System

Court staff are responsible for docketing petitions and closing those cases in the Judiciary's Electronic Data Management System upon conclusion of the FCIU/CU's intervention.

FCIU and CU staff are responsible for filing the Family Crisis petition with the court, and to notify the court upon completion of any docketed cases (FCIU Petition and Out of home Petition cases) that have been resolved so that judiciary staff can dispose of the cases in their electronic data management system.

V. FCIU/COMBINED UNIT RELATIONSHIPS WITH OTHER AGENCIES

A. RELATIONSHIPS WITH OTHER AGENCIES

For FCIUs/CUs to carry out their mandate and to function maximally, it is necessary for them to develop relationships with many agencies and organizations in the community. Some of these relationships may be informal, while others should be formalized through written agreements.

Because the FCIUs/CUs must work very closely with DHS, DCF and Family Court Intake Services, and there appears to be overlapping jurisdiction, it will be necessary for written agreements to be developed among these groups.

Other arrangements may be made between major service providers in each county as necessary. Groups that may be involved include:

- community mental health centers,
- private social services agencies,
- prosecutors,
- regional offices of the Public Defender, and
- the police (an agreement may be needed for transportation of the youth to a shelter or program).

Procedures for handling school-related matters should also be established at the local level. A brief discussion regarding the development of such procedures is included at the end of this section.

OS 4 through 6 provide guidance on inter-agency relationships between FCIUs and community service providers and are summarized below for convenience. Because coordination efforts between FCIUs/CUs and the DHS, as well as local school systems, require a more formalized process, procedures for these provider groups will be discussed under separate headings.

B. KEY COMPONENTS OF THE CHILDREN'S SYSTEM OF CARE

The Division of Children's System of Care (DCSOC), formerly known as the Division of Child Behavioral Health Services (DCBHS), established in 2004, is currently part of the Department of Children and Families, which was

created in 2006. Since its inception, DCSOC has worked towards implementation of a system of care that supports the efforts of families, caregivers, and communities to keep children at home, in school and in the community.

CSOC is committed to providing services that are:

- Clinically appropriate and accessible;
- Individualized and delivered through a continuum of services and/or supports, both formal and informal, based on the unique strengths and needs of each youth and his or her family/ caregivers;
- Provided in the least restrictive, most natural setting appropriate to meet the needs of the youth and his or her family/caregivers;
- Family-guided, with families engaged as active participants at all levels of planning, organization, and service delivery;
- Community-based, coordinated, and integrated with the focus of having services, decision-making responsibility, and management operational at a community level;
- Culturally competent, with agencies, programs, services, and supports that are reflective of and responsive to the cultural, racial, and ethnic differences of the populations they serve;
- Protective of the rights of youth and their family/caregivers; and
- Collaborative across child-serving systems, including child protection, juvenile justice, and other system partners who are responsible for providing services and supports to the target populations.

Key components of the DCSOC include, but are not limited to, the following:

Contracted System Administrator (CSA): The CSA serves as the single point of access to coordinate care for youth receiving services funded by the NJ DCSOC. The CSA connects youth with behavioral, emotional, intellectual, developmental, and/or substance use challenges with the care they need in the most appropriate setting. The CSA can be accessed by contacting 1-877-652-7624 and is available 24 hours per day, all year.

Mobile Response and Stabilization Services (MRSS): MRSS is a single integrated comprehensive system of mobile response, crisis intervention, stabilization services and transition to community supports. This system is available to youth whose escalating emotional or behavioral issues require timely interventions to prevent disruption of their current living arrangement.

MRSS dispatches are requested through the DCSOC Contracted Systems Administrator and are designed to occur within one hour of a request for MRSS services. MRSS requires the consent of a parent or guardian to access the services and is available 24 hours per day, all year. CUs that cannot gain the consent of a parent or guardian may take the matter before the judge on a Juvenile Family Crisis Petition to seek engagement support.

The mobile response system is a face-to-face delivery service at the site of the escalating behavior whether this is the child's home, or another living arrangement, including resource and foster family homes. MRSS are focused, time limited, intensive, preventive, and include behavioral and rehabilitative interventions designed to specifically diffuse, mitigate, and resolve a crisis. The initial phase of MRSS is offered for up to **72 hours** after the dispatch request and includes de-escalation, assessment and crisis planning services with a focus on youth and family engagement. Based on the youth and family's needs following the 72-hour initial response, MRSS may remain involved with the child and family for up to 8 weeks of stabilization management, during which time MRSS staff will coordinate formal and informal services, including rehabilitation services, for the child and family. At the end of the youth and family's stabilization period, MRSS staff will work with the family to ensure a proper transition plan is in place for the youth and family. Service areas in New Jersey may choose to operate a Combined MRSS-FCIU program which follows the MRSS program model and comports with the FCIU statutes and standards. Local Memoranda of Understanding, Letters of Agreement and operational recommendations exist to further delineate combined unit structure.

Out of Home Treatment Settings: The goal of the system of care is to provide services and support necessary to keep youth at home and connected to their school and community in the least restrictive and most appropriate setting. DCSOC has available a full continuum of out of home treatment services when those intensities of interventions are clinically necessary due to the needs of the youth and family.

Family Support Organization: Family Support Organizations (FSOs) are nonprofit, county-based organizations run by families of children with emotional and behavioral challenges. FSOs work collaboratively with care managers, Mobile Response, CSA, state agencies, and other providers to ensure that the system is responsive to the needs of families and youth. The FSO provides peer support, education, advocacy, and system feedback to

families. Additionally, families of youth referred to CMOs may choose to have a Family Partner from the local FSO as part of their Child and Family Team. FSOs organize youth partnerships which provide a variety of local events and opportunities for teens and young adults to advocate for their own mental health and that of their peers.

Care Management Organization (CMO): The CMO provides advocacy, service planning and delivery, and care management for youth and young adults whose needs require either intensive or moderate care coordination techniques that cross multiple service systems. CMOs are county-based, nonprofit organizations which are responsible for face-to-face care management and comprehensive service planning for youth and their families with intense and/or complex needs. They coordinate Child/Family Team meetings and implement Individual Service Plans (ISP) for each youth and his or her family. The CMO provides a single point of accountability for the organization, the delivery of services and the supports needed to maintain stability for each youth, utilizing a wraparound approach to planning.

Children's Interagency Coordinating Council (CIACC): The CIACCs serve as the county mechanism to advise the DCSOC on the development and maintenance of a responsive, accessible, and integrated system of care for youth with emotional and behavioral challenges, substance use, and/or intellectual or developmental disabilities, and their families, through the involvement of parents, youth, child-serving agencies, and community representatives.

As of January 2013, services for youth with intellectual/developmental disabilities under age 21 were fully transitioned to the DCSOC from the Department of Human Services. In addition, substance use services for adolescents under age 18 were transitioned to the DCSOC from the Division of Mental Health and Substance Abuse Services.

Additional information about the DCSOC, its mission and access to supports and services for youth and their families, may be accessed through the DCF, DCSOC website at: <http://www.state.nj.us/dcf/about/divisions/dcsc/>.

C. FCIU/DHS/OCS (NOW DCSOC)/JUDICIARY AGREEMENT

A formal agreement has been made between the Department of Human Services, Office of Children's Services (now known as the Department of Children and Families), and the AOC for the handling of family crisis matters.

D. SCHOOLS AND THE FCIU/CU

Local school districts and the FCIUs/CUs must work together on various types of family crises. A common and usually difficult issue to deal with is truancy.

Under N.J.S.A. 2A:4A-22g, truancy is defined as a juvenile family crisis matter. More specifically, it is “a pattern of repeated unauthorized absences from school by a juvenile subject to the compulsory education provision of Title 18A of the New Jersey Statutes.”

Along with other agencies, the schools must demonstrate their exhaustion of community resources before the FCIU/CU can accept the referral of the matter as a juvenile family crisis.

When the FCIU/CU is satisfied that a reasonable attempt at exhaustion has been made, it shall accept the matter as a juvenile family crisis and shall intervene as it would with other crises.

In the case of CUs, the CSA may gather relevant information regarding the school's activities during the triage process and offer information and referral or services based on the youth's needs. The CSA will connect referral sources with the local CUs who will assist with coordination and collaboration.

When these crises cannot be resolved voluntarily, the FCIU/CU will request the court's involvement through the filing of a Juvenile Family Crisis Petition. The input of school personnel is critical, and their presence should be requested at the hearing. Upon completion of the hearing, the disposition ordered by the court should be communicated to the school.

VI. RELATED ISSUES

A. YOUTH SERVICES COMMISSIONS AND THE FCIUs/CUs

A strong relationship between a CIU and the County Youth Services Commission (YSC) is essential, based on their joint and separate responsibilities. One of the FCIU/CUs' primary functions is the referral of

children and families in crisis to appropriate supportive community services. To perform this function, FCIU/CU staff must keep a current inventory of such services, and will, therefore, be aware of gaps or duplication of those services.

The county YSC, which is comprised of public and private service providers and agencies which serve constituents of the Family Practice Division, serves as a forum for addressing such gaps, and as an information clearing house for troubled youth and their families. The YSC is also mandated to do ongoing youth services planning.

In December 1995, this relationship was strengthened through legislation reforming the juvenile justice system. The resulting legislation consolidated all aspects of the juvenile justice system under one centralized authority, the Juvenile Justice Commission. Moreover, it established the State/Community Partnership Grant Program (SCPGP) as the primary mechanism for establishing and implementing a community based comprehensive program of sanctions, services, and delinquency prevention programs.

Each county's YSC was identified as the unit of government responsible for planning, implementation, monitoring and evaluation under the SCPGP, and FCIU/CU Directors were mandated to be included in the membership of all YSCs. Because of the FCIUs/CUs direct contact with at-risk youth and families, their input is key to the development of effective planning for this population.

B. JUVENILE FAMILY CRISIS DIRECTORS' ASSOCIATION

A Directors' Association of Family Crisis Intervention Units was established enabling each of the State's 21 FCIUs/CUs to work together towards the fulfillment of their statutory mandate and to foster better communication with other governmental entities. Most importantly, the Directors' Association provides a forum through which FCIUs/CUs can formally present information on issues impacting their client population and advocate for services on behalf of juveniles and families in crisis.