

MEMORANDUM OF AGREEMENT

To Support The Community Incentive Program (CIP) The Re-Entry Program (REP) and/or The Mental Health Program (MHP)

This **AGREEMENT** is made and entered into this _____ day of _____, 20____, by and between the **Idaho Department of Juvenile Corrections** (the “Department”) and _____ **County, State of Idaho** (the “County”).

WHEREAS, the Idaho Juvenile Justice Commission has identified restorative justice, and reintegration as priority needs in the 3-Year Plan for 2015-2017; and

WHEREAS, the Idaho Juvenile Justice Commission is the State Advisory Board for the Juvenile Accountability Incentive Block Grant, CFDA #16.523; and

WHEREAS, the Community Incentive Program (CIP) is designed to fill gaps in local services or resources to serve juvenile offenders who are at a high risk of commitment to the Department locally where families can participate more fully in their treatment and increase the likelihood of their success; and

WHEREAS, the Re-Entry Program (REP) is designed to provide resources to fill gaps in local services to serve juvenile offenders returning to the community from state commitment to increase the likelihood of successful reintegration; and

WHEREAS, the Idaho Department of Juvenile Corrections is the state agency designated to administer funds for mental health services (MHP) for juvenile offenders as detailed in 2006 Session Law Chapter 300; and

WHEREAS, juvenile offenders, whether remaining in, or returning to their community require individualized services based on reliable instruments in accordance with their unique needs and potential; and

WHEREAS, the successful reintegration of juvenile offenders leaving Department custody and the effective treatment of juvenile offenders in the local community benefits juveniles, families, the State of Idaho, the county, and its communities; and

WHEREAS, The Youth Level of Service/Case Management Inventory (YLS/CMI) is a research-based screening tool that is used to determine criminogenic needs and assist in case planning; and

WHEREAS, The Child and Adolescent Functional Assessment Scale (CAFAS) is a research based screening tool that is used to determine mental health needs; and

WHEREAS, The Child and Adolescent Needs and Strengths (CANS) is a multi-purpose tool developed for children’s services to support decision making, including level of care and service planning, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services; and

WHEREAS, the Department and the County understand the importance of connecting with existing community or county councils whose function is to staff cases for services; and

WHEREAS, statistical data gathered from county systems statewide recognizes approximately sixty-eight percent of juveniles in detention have diagnosed mental health needs; and

WHEREAS, the success of these programs is dependent on the continued cooperation and partnerships between the State, the County and the County's Juvenile Probation Department and

WHEREAS, these funds are intended to supplement local resources and may not be used to supplant existing funding budgeted for juvenile justice purposes.

NOW, THEREFORE, the Department and the County each agree as to the following:

- A. In order to receive CIP, REP, or MHP funds, The COUNTY shall:
1. Convene screening teams for CIP and MHP applications whose members shall include people as described in Idaho Code 20-523 for CIP, and 20-511A for MHP. A Court Order is not required to convene a screening team. The screening team shall develop a Case Plan consistent with the program guidelines.
 2. Convene a pre-commitment or screening team to determine a juvenile offender's eligibility for CIP as described in the CIP guidelines.
 3. Approve and authorize the Case Plan developed by the screening team (CIP, MHP) or community treatment team (REP).
 4. Initiate applications for services and provide supervision for participating juveniles, at a level agreed upon by the screening / community treatment team.
 5. Provide monitoring of any terms or conditions of treatment established by the screening team as well as any further restrictions/monitoring in the home or community if needed.
 6. Use the following screening tools to identify specific needs and challenges of the juvenile offender for services through CIP, REP, and MHP:
CIP / REP – YLS/CMI;
MHP – YLS/CMI and CAFAS or CANS.
 7. Submit reports, including a thirty (30) day status report if services have not started, quarterly progress reports, and a six (6) month follow-up report as required. Payments and any subsequent applications will not be approved unless reports are current.
 8. Review invoices from providers and certify that services were rendered as approved and payment is authorized (MHP, CIP, REP).
 9. Request reimbursement from the Department within forty-five (45) days of service.
 10. Adhere to all applicable laws, rules, and guidelines, including procurement laws.

- B. The DEPARTMENT shall:
1. Reimburse the County or Provider for allowable and approved treatment costs identified by a screening team for juveniles remaining in their community until funds have been exhausted, funding is otherwise discontinued, or either party terminates the Agreement by giving the other party thirty (30) days written notice (CIP).
 2. Reimburse the County or Provider for allowable and approved treatment costs deemed important by a community treatment team for juveniles leaving state custody until funds have been exhausted, funding is otherwise discontinued, or either party terminates the Agreement by giving the other party thirty (30) days written notice (REP).
 3. Reimburse the County or Provider for allowable and approved treatment costs identified by a screening team for mental health services for juvenile offenders until funds have been exhausted, funding is otherwise discontinued, or either party terminates the Agreement by giving the other party thirty (30) days written notice (MHP).
 4. Complete a YLS/CMI while the juvenile is in state custody.
- C. The DEPARTMENT and the COUNTY, in order to support these programs to keep juveniles in their community, or successfully reintegrate juvenile offenders in state custody back into their homes, communities and families, also agree as follows:
1. The Department and County Juvenile Probation Officers will participate in routine staffings for each participating juvenile, prior to his or her release from Department custody, to jointly support REP.
 2. The parties to this Agreement understand that the success of these programs is dependent on the collaboration of all, and commit to a partnership toward that goal. Unless terminated thereto, this Agreement ends **September 30, 2018** and is renewable, upon mutual consent of the parties. However, either party may terminate the Agreement by giving the other party thirty (30) days written notice, or if Federal or State funds for these programs have been exhausted or otherwise discontinued.
 3. The parties to this Agreement will work with existing services or councils, where appropriate, to develop the system of care for the juvenile and their family. This may include, but is not limited to, identifying new formal and informal resources for the system of care, ensuring families have a voice through family involvement in screening teams, linking to more neighborhood-based delivery systems, increasing research-based programs, and developing training across different agencies and services in the system of care.
 4. In the event a juvenile is receiving services at the time of expiration or termination of this Agreement, services for that juvenile shall survive expiration until the same are complete or otherwise concluded. Allowable costs for such services will be paid by the Department according to the program guidelines. However, no additional juveniles shall begin services in the County after the date of expiration of the Agreement, or after the date the thirty (30) day notice has been given to terminate the Agreement.

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Signature Page

_____ COUNTY agrees to the above for the following program(s):

Check all that apply

____ Community Incentive Program ____ Re-Entry Program ____ Mental Health Program

Commissioners For _____ **County, State of Idaho**

Signed: _____

Title: _____

Signed: _____

Title: _____

Signed: _____

Title: _____

Attest:

Signed _____

Date: _____

_____ County Clerk

Signed _____

Date: _____

Chief Juvenile Probation Officer

For _____ County

Idaho Department of Juvenile Corrections

Signed _____

Date: _____

Sharon Harrigfeld, Director