I. POLICY

The Department of Juvenile Justice shall provide programs services to meet the identified needs of youth in secure facilities. The Office of Behavioral Health Services shall oversee these services.

II. DEFINITIONS

**Behavioral Health Staff:** At a minimum, Social Service Provider, Juvenile Detention Counselors, Sex Offender Treatment Specialist, Sex Offender Treatment Supervisor, Institutional Program Directors, Social Services Coordinator, Psychologist, Psychiatrist, nurse trained in mental health duties, Professional Social Service Worker, Social Service Worker, substance use treatment staff, and master’s and doctoral level mental health students, and other staff with the education, training, and experience adequate to perform the duties required in accordance with professional standards, as authorized by the Designated Mental Health Authority.

**Designated Program Authority (DPA):** The OBHS facility program staff approved by the Regional Program Administrator who is responsible for ensuring the quality and accessibility of generalized counseling, programs, and case management services. The Designated Program Authority must possess at least a bachelor’s degree and a minimum of 2 years of experience in the area of counseling and/or case management services.

**Facility Program Staff:** Institutional Program Directors, Juvenile Detention Counselors, Social Service Workers, and Program Interns with education, training, experience, and background adequate to perform duties approved by the Designated Program Authority

**Initial Program Protocol:** An initial plan of programs and services for youth who are admitted to a secure facility. This plan includes delivery of generalized counseling,
programs, and case management services that are to be implemented prior to development of the Service Plan.

**Interventions:** Specific actions to be taken by the youth, parent/legal guardian, Juvenile Detention Counselor, or other team members that are intended to facilitate successful completion of the Service Plan objectives.

**Juvenile Needs Assessment (JNA):** A tool that will evaluate the presenting strengths and needs of each youth and systematically identify critical areas of needs or problems in order to plan effective interventions.

**Managing Team:** The team that manages a youth’s treatment and service provision. This may be the facility multidisciplinary team, behavioral health treatment team, or in YDCs, the sexually harmful behaviors intervention treatment team.

**Mental Health Caseload:** Those youth who have been identified, following assessment, as requiring behavioral health services. The youth are assigned a primary clinician to coordinate the Behavioral Health Treatment Team presentations and assure that the services recommended by the team are provided.

**Multidisciplinary Team:** Individuals responsible for the service management and oversight of youth in secure facilities, including all staff specifically designated as programs and case management staff by job title, contract, or assigned duties. The team will consist of: Juvenile Detention Counselors, Institutional Program Directors, Social Service Workers, Recreation staff, administration representative, security representative, mental health representative, education representative, and medical representative. Consultants, community case managers, DFCS case workers, other community support persons, and parents may also be included.

**Multidisciplinary Team (MDT) Meeting:** A weekly meeting chaired by the facility DPA to discuss the programming needs, programming progress, and PBIS level of youth in the facility. When a facility does not have youth requiring a weekly meeting, the DPA will notify the RPA within 24 hours of the regularly scheduled MDT meeting.

**Primary Clinician:** The qualified mental health professional responsible for documenting all treatment planning activities.

**Progress Review:** A managing team discussion of youth treatment progress that occurs every 30 days at minimum. Routine reviews of youth treatment (treatment/service plan updates, PBIS tier discussions, step-down discussions, etc.) will be considered progress reviews.

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Service Plan: A tool that will allow staff to address a youth’s identified needs through services. Each need has a goal objective and actions steps/interventions that will help the youth become successful.

Sexually Harmful Behavior Intervention Treatment Team: A monthly to bi-monthly meeting to discuss youth progress in the SHBIP program and facility, service planning, PBIS, reentry and transitional planning, and family/community staff updates and involvement. The team will consist of: all staff members specifically designated as Sex Offender Treatment Specialist, Institutional Program Directors (IPD), Sex Offender Coordinators, Juvenile Detention Counselors, Psychologist/Clinical Consultant, Social Service Workers, Recreation staff, administration representative, security representative, education representative, and medical representative. Community Case Managers, youth and family, DFCS case workers, and other community support persons may be included.

SOAP Format: The complete and organized format used to document in progress notes an encounter with a youth. The subjective (S) portion of the note includes any verbal complaints and/or statements. The objective (O) portion of the note includes any observations and results of an examination that follow or respond to the subjective complaint or statement. The assessment (A) portion of the note includes any diagnoses and conclusions along with the professional’s opinion whether the objective findings support the subjective complaint or statement. The plan (P) portion of the note indicates the treatment and education provided, if any, and the logical conclusion to the encounter with the youth.

III. PROCEDURES

A. Youth Service Provision:

1. The assigned facility programs staff will make rounds in the housing unit during scheduled workday and document the rounds in the logbook.

2. Youth will participate in the programs and treatment activities that they are scheduled to receive.

   a) In addition to the interventions assigned per the service plan, youth who have not completed PREA six months prior to their admission into the facility, will complete PREA within 45 days of their admission into the facility.

   b) All youth who are adjudicated offenders and housed in secure facilities will participate in and complete Victim Impact within six months of their placement in the facility or within six months of the adjudication date, whichever is sooner. Participation in Victim Impact will run concurrent with other programs and interventions laid out by the Service Plan.
c) If a youth transfers to another facility prior to completing PREA or Victim Impact, the receiving facility will ensure that the youth completes the services.

d) In the RYDC, substance abuse services will be provided by the facility program staff member in accordance with 12.25, Behavioral Health Substance Abuse Services.

e) All completed program certificates will be uploaded into JTS by the assigned JDC or designee to show that the youth has successfully completed that particular intervention.

f) When a youth is transferred from one secure facility to another, the assigned JDC or designee will enter a transfer statement communication note in JTS under Facility Programs and indicate:

- Youth’s status in their current services;
- Progress with treatment;
- Complex or unresolved issues; and
- Known legal status.

3. The JDC will have a face-to-face meeting with every youth on their caseload who is not receiving other treatment services (e.g., RSAT, MH Caseload, and Sex Offender) at least two times per month. Face-to-face meetings may include individual sessions, orientation sessions, and family counseling. The JDC will have a face to face meeting with youth receiving other treatment services at least once every month.

4. The JDC (or designee) will attempt to engage the parent or legal guardian in the youth’s treatment by:

a) Contacting the youth’s parent/legal guardian by telephone within 72 hours of admission. Conversation between the JDC and the parent/legal guardian should include discussion of any additional programs that the youth has received, the identification and phone number of the assigned JDC at the facility, and any known concerns noted by the parent/guardian. Documentation of the conversation should be made in JTS and if the JDC is unable to contact the parent/legal guardian, it should also be noted in JTS under parental communication note.
b) The JDC will contact the parent/legal guardian in person or by telephone to update them on their youth’s status and progress at least once every quarter. This contact will be documented as a parent contact communication note in the Facility Programs module of JTS.

5. A help request for programs services may be made by a staff member, a family member, significant others, or other professionals at any time during the youth’s stay. Help Requests for programs services will be addressed by programs staff member (see DJJ 15.11, Request for Services). A programs staff member will complete a “Response to Help Request” progress note in JTS for every help request received and will refer for additional services as indicated. The “Plan” portion of the “Response to Help Request” JTS note will indicate whether a referral for additional services will be made.

6. JDCs will hold face-to-face sessions with youth in a private area that promotes confidentiality. Routine individual sessions by JDCs may be deferred for youth who are receiving other treatment services (e.g. mental health, RSAT, Sexually Harmful Behaviors).

7. The primary focus of an individual counseling session is to:
   a) Monitor youth’s adjustment to the facility;
   b) Assist the youth with interpersonal skills;
   c) Monitor the progress of youth’s Service Plan;
   d) Teach and facilitate problem solving skills; and
   e) Assign the youth to appropriate services.

B. The Programs staff member will document all programs services in JTS Facility Program Module using the Subjective, Objective, Assessment, and Plan format (SOAP). Documentation will be entered within 24 hours of the delivery of the activity or service in accordance with DJJ 5.2, Case Records.

C. Notification to the Superior Court when youth is 17 years old:

1. Every six months, the assigned JDC will conduct a review and complete the Youth Status Report (Attachment C). The JDC will upload the review in the JTS Correspondence module.
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2. One year from the date of sentencing, the JDC must send a letter to the sentencing court to request a review of the case in accordance with state law (see Attachment A). The JDC will send a copy of the letter to the Community Case Manager and the letter will be scanned into the correspondence module of JTS.

3. The JDC must send a letter to the sentencing court at least 90 days prior to the youth’s 17th birthday requesting further review of the case in accordance with state law (see Attachment B). The JDC will provide the Youth’s Status Report (Attachment C) to the court and the Community Case Manager. The JDC will also send a copy of the letter to the Community Case Manager.

D. Each DPA will establish local procedures that ensure the Youth Status Report (Attachment A) is submitted to the committing judge six months after the commitment date and then every six months thereafter. Priority will be given to these reports to ensure promptness.

E. The Juvenile Detention Counselor (JDC) will forward the Youth Status Report to the committing judge attached to a cover letter on DJJ letterhead. The JDC will document the sending of the letter in the Juvenile Tracking System (JTS) within 72 hours. The JDC will make sure that the Youth Status Report is scanned and uploaded into the Correspondence Module of JTS and will notify the Community Case Manager that the report has been completed.

F. In each RYDC, identified youth will be referred for substance use intervention services.

   a) Referrals to substance use intervention services may be made by the youth, any staff in the facility, or through clinical screening/assessment. Staff and youth may make a referral through the Help Request process.

   b) Youth may be identified for RYDC substance use intervention via intake screening, mental health assessment, juvenile needs assessments, and/or substance use endorsed/mentioned by youth after admission to the facility.

   c) Upon the youth’s placement into substance use intervention services, the assigned program staff providing substance use treatment will manage the JTS Substance Use Service Module and as necessary will update the youth’s status in the program.
d) Documentation of the services provided to a youth will be entered into the Facility Programs Progress Notes in accordance with DJJ 5.5, Health Records.

e) If a youth involved at any level of substance use intervention services is on the mental health caseload, the service will be documented in the youth’s Behavioral Health Treatment Plan and Service Plan. (See DJJ 12.20, Treatment Planning, and DJJ 18.30, Service Planning). The assigned program staff providing substance use treatment will provide input to the treatment team regarding the youth’s progress. The service provider will continue to ensure the development and reviews of the Behavioral Health Treatment Plan and/or Service Plan.

f) For all youth involved in substance use intervention services, the program staff will review the youth’s progress notes for input into the Service Plan.

g) In all facilities, within 72 hours of admission, the facility program staff will individually meet with the youth to explain and educate the youth’s right to privacy. Additionally, the facility program staff will seek the youth’s written consent via Authorization Form for the Release of Protective Information (see DJJ 5.5, Attachment K) prior to engaging or releasing any information about the youth’s presenting substance use treatment. Once this information is obtained, the facility program staff will file the signed consent form in youth’s health record (see DJJ 5.5, Attachment A- Section 3) and will upload the signed consent in the Correspondence Section of JTS. The youth will be provided a copy of the signed authorization form. If the youth does not provide the written consent or revokes it, his/her substance use treatment information will not be discussed or released with the youth’s parent, guardian, or outside agency representatives.

h) Program and Behavioral Health staff will not release any substance use treatment information without the youth’s expressed release of this specific information, as indicated by signature on an Authorization for Release of Protected Health Information (see DJJ 5.5, Attachment K).

IV. LOCAL OPERATING PROCEDURES REQUIRED: YES

- Establish a process to ensure that the Youth Status Report (Attachment A) is submitted to the committing judge six months after the commitment date and then every six months thereafter.