

	<b>JUSTICE AND PUBLIC SAFETY CABINET DEPARTMENT OF JUVENILE JUSTICE POLICY AND PROCEDURES</b>	<b>AUTHORITY and REFERENCES:</b>
<b>CHAPTER: Juvenile Services in the Community</b>		<b>AUTHORITY: KRS 15A.0652</b>
<b>SUBJECT: Community Mental Health Operations</b>		
<b>POLICY NUMBER: 622</b>		
<b>TOTAL PAGES: 5</b>		
<b>EFFECTIVE DATE: February 2, 2018</b>		
<b>APPROVAL: Carey D. Cockerell</b>		<b>, COMMISSIONER</b>

**I. POLICY**

Community Mental Health staff employed by the Department of Juvenile Justice (DJJ) shall develop, implement, and review individual treatment plans and provide services to identified youth and families, as determined by the Department or ordered by the court.

**II. APPLICABILITY**

This policy and procedure shall apply to all DJJ Community Mental Health staff.

**III. DEFINITIONS**

Refer to Chapter 600.

**IV. PROCEDURES**

- A. DJJ Community Mental Health staff shall gain, and maintain, competency through education, continued professional development, and supervision.
- B. DJJ Community Mental Health staff may complete the following functions, as assigned and approved by their supervisor:
  - 1. Juvenile Sexual Offender assessments;
  - 2. Psychological evaluations, as ordered by the court, or as needed by the Department;
  - 3. Crisis consultations, including: suicide evaluation, school violence assessment, and recommendation for hospitalization;
  - 4. Mental health assessments;
  - 5. Juvenile sexual offender individual, group, and family counseling;
  - 6. Substance abuse counseling;
  - 7. General mental and behavioral health counseling;
  - 8. Family counseling;
  - 9. Psycho-educational services, such as; parenting, anger management, or other determined treatment needs; and
  - 10. Specialty training to other staff on pertinent content.

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- C. All juvenile sexual offender assessment and treatment components for declared juvenile sexual offenders shall be in accordance with 505 KAR 1:160 (DJJPP Chapter 8 and the Standard Operating Procedures Manual for the Treatment of Juvenile Sexual Offenders).
- D. Upon receipt of a mental health referral from the Juvenile Service Worker (JSW), the Regional Psychologist shall assign the referral to a Community Mental Health staff within two (2) business days.
- E. The Mental Health Staff shall contact the youth and family to schedule an initial appointment within five (5) business days of receipt of referral from the Regional Psychologist.
- F. DJJ Community Mental Health staff shall maintain a file on each youth receiving services that shall include:
  - 1. All copies of assessments, reassessments, or court reports;
  - 2. All information received as a result of a release of information; and
  - 3. Copies of all applicable releases, forms, confidentiality forms, or any other documents signed by the youth and parent.
- G. All assessments and court reports shall be signed and approved by the next line supervisor prior to submission.
- H. Copies of all assessments and court reports shall be sent to the JSW. If the assessment or report is to be filed with the Court, the JSW shall receive such documents four (4) business days prior to District Court date and seven (7) business days prior to Circuit Court date.
- I. Treatment shall utilize a variety of techniques in the provision of counseling services. Techniques shall be supported by the treatment approaches proven to be effective through research and approved by the Chief of Mental Health Services.
- J. DJJ Community Mental Health staff shall meet with the youth as much as their treatment needs require, but no less than once every two (2) weeks. Any reduction in counseling shall be approved by the next line supervisor. Family counseling, when applicable, shall occur no less than once a month.
- K. Community Mental Health staff shall collaborate with the JSW and Juvenile Services District Supervisor (JSDS) and consult with the Regional Psychologist if there are concerns regarding the safety of a home visit. If a home visit is determined to be unsafe, the mental health staff is excused from making the home visit, and shall document the safety concerns in the electronic record. If such concerns meet mandatory duty to report dependency, neglect, abuse, or human trafficking per KRS 620.030, a referral shall be made to Cabinet for Health and Family Services. In certain circumstances, a court review may be a viable option for assistance in addressing the safety conditions.
- L. DJJ Community Mental Health staff shall schedule, coordinate, develop, and implement an Individual Treatment Plan (ITP) after completing two (2) sessions with the youth and family based on the criminogenic need factors

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identified in the Criminogenic Needs Questionnaire (Needs-Q), Risk and Criminogenic Needs Assessment (RCNA), any noted responsivity issues, and clinical interview. The ITP may also include factors identified by other assessments or information obtained from the clinical interview. Treatment planning requirements shall be as follows:

1. Treatment team members for the ITP and subsequent reviews shall include youth, parent or caregiver, JSW, and any other treatment members or natural supports. Treatment team members shall have input in to the treatment planning process.
  2. As a youth completes treatment goals, the treatment team may add additional goals to address needs not included in the initial ITP, but the supervision length for the youth shall not be impacted.
  3. If the youth is determined to be high risk for substance abuse following the Gain-Q or clinical interview completed by Mental Health staff and Mental Health staff are providing treatment for substance abuse, the ITP shall include a substance abuse goal and the youth shall be provided Seven Challenges treatment.
  4. The content of the ITP shall include a goal statement with documentation of supporting information for the identified criminogenic need or responsivity issues and timeframes for completion of measureable tasks.
  5. At least one goal area shall include tasks for targeting counseling work with the youth's parent or caregivers.
  6. The content of the ITP shall reflect any special orders of the committing court that are being addressed by Mental Health staff.
  7. The ITP shall be reviewed by the treatment team every sixty (60) days following the completion date from the initial ITP. The Mental Health staff is responsible for notifying all treatment team members of the scheduled sixty (60) day reviews and entering in the youth's ICR.
  8. The Mental Health staff shall obtain signatures from all participating parties at the ITP conference and subsequent treatment reviews to be placed in the youth's ICR. The Regional Psychologist shall review and sign all treatment plans and reviews within thirty (30) days following completion.
  9. The Mental Health staff shall provide the youth and parent or guardian a copy of the ITP and all treatment reviews.
  10. The ITP and all contacts related to the treatment plan and reviews shall be entered in the ICR.
- M. DJJ Community Mental Health staff shall maintain contact with the JSW no less than every thirty (30) days once assessment or services for youth who remain in the community have been initiated, to provide relevant case information.
- N. DJJ Community Mental Health staff shall enter all contacts made on a case in the electronic record within ten (10) business days following the date of the

contact. All contacts shall be completed in an approved format. The progress notes shall consist of:

1. Persons present;
  2. Length of session;
  3. Focus of counseling;
  4. Treatment goals and tasks addressed;
  5. Level of participation and cooperation;
  6. The next scheduled contact; and,
  7. Any other significant information.
- O. DJJ Community Mental Health staff shall report any known violations of youth's conditions of supervision to the JSW immediately. The Community Mental Health staff shall notify the youth of this requirement in writing at the initial meeting to be signed by both parties. The JSW will attempt to verify reported violations through other means in order not to interfere with the therapeutic relationship.
- P. DJJ Community Mental Health staff shall participate, as needed, in any court or administrative revocation hearing, as required by Department staff, subpoena, or court order.
- Q. DJJ Community Mental Health staff shall participate in counseling sessions and discharge planning for youth who are in placement and plan to return to the community for ongoing services. The JSW shall make a referral to Regional Psychologist for appropriate services. The JSW shall notify the Mental Health staff of scheduled session and conferences.
- R. Prior to closing a case, DJJ Community Mental Health staff shall:
1. Collaborate with the JSW to ensure completion of goals and tasks.
  2. Complete a discharge summary report identifying any ongoing treatment recommendations for the youth and family;
  3. Provide the youth and family an available listing of local service providers for continued support; and
  4. Consult with, and gain approval from, their next line supervisor at such time services are no longer needed or the youth's supervision is expiring.
  5. Document all contacts and information in the youth's Individual Client Record.
- S. Case audits shall be completed as follows:
1. The Regional Psychologist (RP) shall randomly audit one (1) case from each mental health clinician caseload each month. After reviewing the case, the RP will have a conference with the mental health clinician regarding each case and make any recommendations or follow-up in writing. A notation shall be made in the individual case file documenting only the date of the audit and the name of the RP conducting the audit.

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2. In reviewing the case files, the RP shall review the information entered into the electronic record and all reporting requirements, as established in Departmental policy.
  3. Results of the audit or any actions taken regarding the individual staff shall not be recorded or documented in the youth's individual file.
  4. The mental health clinician shall correct any non-compliant standards noted as a result of the case audit within ten (10) business days.
  5. The RP shall electronically deposit the completed audits for each month and provide a report to the Division Director of Community and Mental Health Services and Chief of Mental Health Services each month summarizing the conferences regarding any written follow-up plans for each worker.
- T. Once the DJJ Community Mental Health staff closes a youth's case, they shall forward the case file to the JSW within ten (10) business days, to be included with the youth's community case file. The mental health case file shall be placed in a sealed envelope with the marking of confidential information identified as mental health records.

**V. STAFF TRAINING**

The Regional Psychologist shall ensure staff are trained regarding this policy annually. Newly hired staff shall be trained regarding this policy within three (3) months of effective date.

**VI. MONITORING MECHANISM**

The Director of Community and Mental Health Services or designee and the Quality Assurance Branch shall develop monitoring protocols. The department shall collect statistical data on Juvenile Sexual Offender assessments and re-assessments on an annual basis.