

YOUTH SERVICES POLICY

Title: Secure Care Mental Health Screening, Appraisal, and Evaluation Next Annual Review Date: 03/10/2018	Type: B. Classification, Sentencing and Service Functions Sub Type: 6. Medical/Mental Health Number: B.6.5
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References: ACA Standards 4-JCF-4D-01, 4-JCF-4D-02, 4-JCF-4D-03, 4-JCF-4D-04, 4-JCF-4D-05 (Performance Based Standards for Juvenile Correctional Facilities) and YS Policy Nos. B.2.1 "Assignment, Reassignment, Release and Discharge of Youth"; B.2.2 "Youth Classification System and Treatment Procedures"; B.2.12 "Fast Track Program"; B.2.14 "Secure Care SAVRY"; B.2.16 "Secure Care Sex Offender Direct Admission and Assessment; B.6.1 "Health Care", B.6.6 "Secure Care Mental Health Program"; B.6.7 "Secure Care Suicide Prevention"; B.7.1 "Educational Policy"; and C.2.11 "Prison Rape Elimination Act (PREA)"; OJJ/CCS D-2 "Mental Health Screen", D-3 "Mental Health Appraisal", and D-4 "Mental Health Treatment Plans"	
STATUS: Approved	
Approved By: <i>Mary L. Livers, Deputy Secretary</i>	Date of Approval: 03/10/2014

I. AUTHORITY:

Deputy Secretary of Youth Services (YS) as contained in La. R.S. 36:405. Deviation from this policy must be approved by the Deputy Secretary.

II. PURPOSE:

To ensure that the following occurs:

- A. All youth (both inter- and intra-system transfers) receive an initial mental health screening at the time of admission to a secure care facility by a Qualified Mental Health Professional (QMHP).
- B. All youth transferred inter-system receive a mental health appraisal within 14 days of arrival by a QMHP; and
- C. Any youth needing further mental health evaluation or treatment have evaluations completed within 30 days of arrival by a QMHP.

III. APPLICABILITY:

Deputy Secretary, Assistant Secretary, Chief of Operations, Regional Directors, Facility Directors, Regional Managers, Health Services Director, Director of Treatment and Rehabilitative Services, Director of Education, Contracted Health Care Provider (CHP) staff members that have a role in the secure care intake and/or the screening, appraisal and evaluation process.

IV. DEFINITIONS:

Community Based Services (CBS) - Formerly known as the Division of Youth Services, including the regional probation and parole offices located throughout the state.

Contracted Health Care Provider (CHP) - Contracted licensed practitioners responsible for the physical and mental well-being of the secure care youth population. Services include medical, dental and mental health services, nursing, pharmacy, personal hygiene, dietary services, health education and environmental conditions.

Intersystem Transfer – The transfer of a youth from one distinct correctional system to another.

Intrasystem Transfer – The transfer of a youth from facility to facility within a correctional system.

Massachusetts Youth Screening Instrument Version - 2 (MAYSI-2) – A standardized, reliable, 52-item, true-false method for screening all youth 12 to 17 years of age entering the juvenile justice system, in order to identify potential mental health problems in need of immediate attention. The MAYSI-2 does not require administration by a QMHP.

Multidisciplinary Team (MDT) Staffing – A multidisciplinary treatment team which meets quarterly and consist of representatives from at least three disciplines, (e.g., treatment, custody, education, mental health or medical, probation and parole) responsible for developing comprehensive case plans for treating a youth's specific needs and to determine a youth's suitability for placement to, removal from, or progress in a Program.

Probation and Parole Officer/Juvenile (PPO/J) - Includes CBS probation officers (Probation and Parole Officer 1, 2 and 3/Juvenile).

Qualified Mental Health Professional (QMHP) – Contracted Mental Health professionals who perform clinical duties for mentally ill patients, i.e. licensed counselors, social workers, psychiatrists, psychologists and nurses, in accordance with each health care professional's scope of training and applicable licensing, certification, and regulatory requirements. Primary duties are to provide mental health services to youth commensurate with their respective levels of education, experience, training and credentials.

Reintegration/Transition Plan - A plan prepared by the youth's assigned field or secure care Case Manager, and entered into JETS, which identifies follow-up services needed by the youth upon release to facilitate a successful transition

and reintegration back into the community, pursuant to YS Policy No. B.2.1. The plan is coordinated with Community Based Services Probation and Parole Officers and shall be used when completing an aftercare plan.

Structured Assessment of Violence Risk in Youth (SAVRY) - An evidence-based assessment designed to assist professionals in making judgments about a youth's needs for case planning, pursuant to YS Policy No. B.2.14. This assessment comprises 24 (twenty-four) risk/need items, which were identified in existing research on adolescent development and on delinquency and aggression in youth.

Substance Abuse Subtle Screening Inventory-A2 (SASSI-A2) – The “Adolescent Substance Abuse Subtle Screening Inventory - A2” identifies high or low probability of substance dependence and substance abuse disorders for clients 12 to 18 years of age. The SASSI-A2 also provides clinical insight into family and social risk factors, level of defensive responding, and consequences of substance misuse.

Transmittal Memorandum – A pre-prepared memorandum that is in place at the Secure Care facilities and is used by staff of YS and CHP as a component of the “Mental Health Evaluation Report” to record assessments of treatment needs of a youth. The memorandum shall be stamped “CONFIDENTIAL”.

Trauma System Checklist for Children (TSCC)/Trauma Symptom Inventory-2 (TSI-2) – A brief self-report inventory which assesses post traumatic stress in 8 (eight) to 16 year olds (TSCC), and 17 year olds and older (TSI-2), who have experienced traumatic events such as physical or sexual abuse, major loss, natural disaster, or violence.

Wechsler Abbreviated Scale of Intelligence-II (WASI-II) – A reliable, brief measure of intellectual ability in a variety of settings, which is suitable for six (6) through 89 years of age.

V. POLICY:

It is the Deputy Secretary’s policy that all youth entering secure care custody shall receive an initial mental health screening conducted by a QMHP upon arrival at the facility. The initial mental health screening addresses the items required for the initial mental health screening, as well as the mental health appraisal.

Necessary referrals for additional mental health and psychiatric care shall be made based on the results of the evaluation. Recommendations shall also be made if concern exists regarding a potential for self-harm, or the youth’s ability to adequately manage the intake placement, due to the presence of mental health issues.

All youth, regardless of findings from the initial mental health screening, shall undergo a mental health evaluation, to be conducted by a licensed Psychologist and completed within 30 days of arrival to the secure care facility; however it shall be completed within 14 days of arrival if the youth is assigned to the Fast Track Program (refer to Y. S. Policy No. B.2.12).

VI. PROCEDURES:

A. Mental Health Screening and Appraisal

During the admission process, a QMHP shall conduct an initial mental health screening on the day of the youth's arrival at the facility utilizing the CHP's "Initial Mental Health Screening" form. The mental health appraisal and evaluation includes, but is not limited to the following:

1. History of self-injurious and /or suicidal behavior;
2. History of inpatient and outpatient psychiatric treatment;
3. History of alcohol and other drug use and assessment of alcohol and other drug abuse and/or addiction;
4. History of treatment for alcohol and other drug use;
5. Current suicide ideation and self-injury potential;
6. Current mental health complaints;
7. Current treatment for mental health problems;
8. Current prescribed psychotropic medication;
9. Observations of General Appearance;
10. Evidence of abuse and trauma, and inquiry into history of emotional, physical and sexual abuse;
11. Observations of current symptoms of psychosis, depression, anxiety, and/or aggression;
12. Review of available records regarding prior mental health and substance abuse treatment (inpatient and outpatient);
13. Inquiry into prior mental health and alcohol and other drug treatment;

14. Inquiry into educational history;
15. Assessment of current mental status;
16. Assessment of violence potential;
17. Prior assessment of youth's mental status;
18. Administration of the MAYSI-2;
19. Disposition of the youth, to include clearance for general population and program participation, and any necessary routine or emergent referrals for mental health care; and
20. If the QMHP has concerns that a youth may be a potential victim of abuse or a perpetrator, the QMHP shall immediately communicate these concerns to the facility's intake staff.

The intake staff shall place an "Alert" notice in JETS and distribute same to all appropriate facility staff (refer to YS Policy No. C.2.11).

B. Initial Classification Multidisciplinary Team Staffing

1. An initial classification staffing shall be held within seven (7) working days of the youth's admission to the facility (refer to YS Policy No. B.2.2).

The team shall consist of the following:

- a. The youth's assigned Case Manager;
- b. The Group Leader;
- c. A JJS from the youth's assigned housing unit;
- d. CHP medical/QMHP (if applicable);
- e. Education;
- f. Parent/guardian;
- g. Youth's assigned Probation and Parole Officer/Juvenile (PPO/J); and,
- h. Other applicable staff.

Should the family and/or PPO/J be unable to travel to the facility, a teleconference or video-conference may be arranged.

2. Prior to the youth's transfer from the Direct Admission Unit to the youth's assigned housing unit, the youth's initial "Reintegration/Transition Plan" (refer to YS Policy Nos. B.2.1 and B.2.2) shall be completed and entered in JETS.

The youth's assigned Case Manager shall review and update the Reintegration/Transition Plan specific to the needs of the youth within seven (7) days of receipt of the CHP's Psychological Evaluation.

C. Mental Health Evaluation

Within 30 days of admission (14 days for youth admitted to the Fast Track Program), an "Initial Mental Health Evaluation Form" shall be completed for each youth excluding intra-system transfers. All information gathered during the screening and appraisal shall be reviewed and utilized to guide the mental health evaluation process.

A Psychologist shall conduct a Psychological Evaluation, which shall consist of the following:

1. Available record review, including review of the most recent SAVRY assessment or reassessment summary risk ratings completed by Community Based Services (CBS);
2. Clinical interview;
3. Administration of psychological tests and inventories to include at a minimum:
 - a. "Wechsler Abbreviated Scale of Intelligence - II (WASI-II)" shall be administered if there is no evidence of a prior valid assessment of intellectual functioning noted in the available records. Intelligence testing shall not be performed if the youth has already been identified by the State Department of Education (DOE) as having a Mental Disability unless requested in writing by YS Education staff;
 - b. "Trauma System Checklist for Children (TSCC)" or "Trauma Symptom Inventory (TSI-2)";
 - c. "Substance Abuse Subtle Screening Inventory-A2 (SASSI A2)";
 - d. Additional inventories may be administered based on the clinical need for such as determined by the Psychologist. If the mental health intake and appraisal or current clinical interview is suggestive of possible depression, anxiety, significant trauma or any other mental health issues, other evidence based targeted assessments may be administered; and

- e. In addition to reviewing the SAVRY risk factor for substance abuse and administering the SASSI, using the "Inventory of Drug Taking Situations" for youth assigned to the Fast Track Program is optional, if needed to further assess the youth's substance abuse usage.
4. Within seven (7) working days after the youth's admission to the secure care facility, the YS Education staff shall provide the QMHP with information regarding existing educational exceptionalities. When available, information regarding current academic testing results shall be communicated to the QMHP.
5. If the youth has been adjudicated of a sexual offense under La. R.S. 15:541 (including "hands on" sexual offenses against children, peers, and adults, and exhibitionism), and no psychosexual assessment was completed in the community in the six (6) months prior to the youth's admission to secure care custody, a psychosexual evaluation shall be completed pursuant to YS Policy No. B.2.16.

The following information applies to the psychosexual assessment:

- a. If a report has been completed in the six (6) months prior to placement in secure care custody, the QMHP shall contact the Central Office Sex Offender Treatment Program (SOTP) Clinical Supervisor to inquire as to whether the youth's presenting behavior, and/or new information indicate a need for an update to the community evaluation. The Central Office SOTP Clinical Supervisor shall determine whether or not an additional assessment has to take place.
- b. If a sex offender evaluation has been completed in the community, but was completed longer than six (6) months prior to placement, a new psychosexual evaluation shall be completed.
- c. The following psychosexual assessment instruments shall be used by the CHP Psychologist within 30 days of request:
 - Hostility Toward Women (if youth is age 18 or older);
 - Adolescent Cognition Scale (ASIC);
 - Assessment of Sexual Interest Card Sort (ASIC); and
 - Inventory of Callous Unemotional Traits (ICU) Juvenile Sex Offender Assessment Protocol-II (J-SOAP-II)

6. The completed Mental Health Evaluation Report shall contain the following components at a minimum:
 - a. Clinical interview findings;
 - b. Assessment findings;
 - c. Diagnostic impressions;
 - d. Description of the youth's three highest risk factors that need intervention by YS using terminology consistent with SAVRY risk factor nomenclature (YS shall use its own matrix of interventions to determine which shall be used to address the youth's determined risk/need factors); and
 - e. A transmittal memorandum (refer to definition) that includes the YS approved Special Needs codes for treatment needs, possible classification as MR (Mental Retardation), Serious Mental Illness (SMI), and substance abuse/ sex offender treatment needs;

All need areas to be addressed by YS shall be reflected on the left of the memorandum, and all mental health or substance abuse issues addressed by the QMHP shall be reflected on the right of the memorandum.

D. Immediate Referrals for Treatment

1. If the youth presents concerns regarding an imminent risk of self-harm or psychological deterioration at any time during the screening, appraisal or evaluation process, the QMHP shall initiate the following suicide prevention protocol pursuant to YS Policy No. B.6.7, or other emergency intervention as necessary:
 - a. A psychiatry consultation shall be obtained;
 - b. CHP's nursing personnel shall be notified of the clinical need to initiate suicide prevention protocol; and
 - c. Appropriate custody and other applicable facility staff shall be notified of the clinical need to initiate suicide prevention protocol.

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2. All necessary referrals shall be completed at the time of the screening, appraisal and evaluation as appropriate, which shall include referrals to the next available psychiatry clinic if the youth has psychiatric treatment needs, and/or the need for continuation of psychotropic medication.
3. Members of the Multidisciplinary Team, including the Admissions Treatment Coordinator, and the CHP Mental Health Coordinator shall provide input for appropriate placement for the youth.

Previous Regulation/Policy Number: N/A
Previous Effective Date: N/A
Attachments/References: