

YOUTH SERVICES POLICY

Title: Delivery of Treatment and Auxiliary Services	Type: D. Community Based Services Sub Type: 15. Social Services Number: D.15.3
Page 1 of 12	
References: LA Administrative Code, Title 46: XXV, Professional and Occupational Standards: Credentialed Social Workers, Administrative Code May 2017; La. R.S. 37:2701-2724 Louisiana Social Work Practice Act, Professions & Occupations Chapter 35. Social Workers; OJJ Reorganization effective: October 2012; YS Policy Nos. A.2.11 “Employee Assistance Program”, A.2.15 “Dress Code for Secure Care Facilities and Community Based Services”, A.2.41 “Verification of Credentials”, A.4.2 “Standard Operating Procedures for Contract Providers”, A.4.3 “Standard Operating Procedures for Female Intensive Residential Treatment Providers”, B.2.16 “Assessment and Treatment of Youth Who Demonstrate Sexual Behavior Problems”, D.9.1 “Placement of Youth in Residential Facilities”; D.10.4 “Community Supervision Classification System”, D.10.15 “Detention and Location of Youth Pending Secure Assignment”, D.10.34 “Pending Secure and Non-Secure Placement-Provision of Services While In Detention”, D.15.1 “Social Service Staff Orientation, Training, and Continuing Education” and D.15.2 “Social Services Youth Case Records”.	
STATUS: Approved	
Approved By: <i>William A. Sommers, Deputy Secretary</i>	Date of Approval: 02/02/2021

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 create standards for the delivery of treatment services by social service staff assigned to a Community Based Services (CBS) Regional Office.

III. APPLICABILITY:

Deputy Secretary, Assistant Secretary, Chief of Operations, Regional Directors, Central Office (CO) Treatment Director/Community Based Services, CO Psychologist/Sexual Behavior Problem Treatment Program (SBPTP), Regional Managers, Social Service staff assigned to Probation and Parole Regional Offices, and all employees of Community Based Services

IV. DEFINITIONS:

Case Narrative - A formal way of documenting what occurred during a treatment session. The note should indicate the focus of the session, how the youth engaged in the session, concerns with the youth and/or the parent/guardian, if the treatment plan is being followed and that services are being directed toward the goals of the treatment plan. Collateral contacts with others are also documented via the case narrative.

Clinical Supervision - An interactional professional relationship between a licensed clinical social worker and licensed master's social worker that provides evaluation and direction over the supervisee's practice of clinical social work and promotes continued development of the licensed social worker's knowledge, skills and abilities to engage in the practice of clinical social work in an ethical and competent manner.

Clinical Supervisor (CBS) - Someone who possesses a license in the State of Louisiana as a Licensed Clinical Social Worker (LCSW) and is responsible for clinical supervision and oversight of cases assigned to staff that are not licensed to practice social work independently.

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

Coordinated Systems of Care (CSoC) – CSoC is a system of care that has an overarching philosophy and approach. The system ensuring that there is a coordinated network of services and supports for children, youth and their families with behavioral health challenges.

Data, Assessment, Goal, and Plan (DAGP) Format – A standard format for writing Case Narrative and Progress Notes that includes **Data** (information obtained from talking with the youth and from observation); **Assessment** (the counselor's assessment of the information and of the client's current functioning); **Goal** (purpose of the plan); **Plan** (the plan for the next session, may include homework assignments, etc.) necessary to the goal.

Discharge/Closing Summary - A written summary that is completed when services end or are terminated with the youth and/or family. The closing summary will indicate reason for referral, the goals of treatment, the youth's progress/compliance with treatment and the case manager's recommendations.

Family Intervention Services Intake Assessment - A document used to gather information concerning the client, family, caregivers and informal supports that will be used to determine need for ongoing case management services and the appropriate level of case management services. Information gathered will also be used to develop the youth's Support Service Treatment Plan.

Hands-On Sex Offense – Those in which there is anal, oral or vaginal touching by physical contact or the use of a foreign object.

Juvenile Electronic Tracking System (JETS) - The centralized database used to track all youth under OJJ's supervision or custody, and record youth case record activity.

Licensed Clinical Social Worker (LCSW) - A professional who has received a master's of social work degree and, following supervised clinical practice, has passed the licensing exam for the independent practice of clinical social work.

Licensed Masters Social Worker (LMSW) - A professional who has received a master's of social work degree and has passed the licensing exam and is duly licensed for supervised practice of social work under the supervision of an LCSW.

Louisiana Behavioral Health Partnership (LBHP) – LBHP is the system of care for Medicaid and non-Medicaid children and adults who require specialized behavioral health services, including those children who are at risk of out of home placement under CSoC which is managed by the Louisiana State Wide Management Organization (SMO).

Monthly Summary Report - A report submitted to the clinical supervisor on a monthly basis that outlines the number of youth assigned and the type of services that are being provided. This information is submitted by the 10th of each month.

Regional Office – All Community Based Services regional probation and parole offices located throughout the state.

Social Service Staff - Licensed Social Workers that are assigned to a regional probation and parole office to provide individual and/or group counseling services to the youth and/or family counseling based on needs as identified in the Support Services Treatment Plan. Social Service staff may be involved in the delivery of other auxiliary services as defined by the Regional Director, Regional Manager and/or Clinical Supervisor.

Staffing - A team consisting of but is not limited to, the Regional Manager, Probation Officer Supervisor, Social Service staff and or legal guardian, if applicable, to discuss and review the youth's progress and/or need for referral to an outside provider.

Support Services Treatment Plan - A written document developed by a social service staff with the participation of the client, client's legal guardian, which specifies the client's problems, services needed to be addressed, the intermediate objectives and long-term goals for the services and the planned interventions for achieving these goals.

V. POLICY:

It is the policy of the Deputy Secretary that uniform guidelines be established regarding the delivery of counseling and auxiliary services to youth who are on probation, parole or under supervision in the community. For youth that are housed in a detention facility, refer to the guidelines and procedures in YS Policy No. D.10.34. The social services staff shall utilize “evidence-based” or a “best practice” approach when providing clinical services to youth and their families.

VI. PROCEDURES:

A. Intake

1. When a referral to CBS Social Services for counseling and/or auxiliary services is required, the PPO/J shall complete a “Social Services Referral Form” [see attachment D.15.3 (a)] indicating the services being requested. The PPO/J shall forward the referral form to the PPS/J, Regional Manager and CBS Social Services Clinical Supervisor.

When a youth in YS custody or supervision requires a psychosexual assessment or treatment through the SBPTP, the PPO/J shall follow the referral procedures outlined in YS Policy B.2.16.

2. CBS Social Services shall staff the youth’s case with the Probation and Parole Officer/Juvenile (PPO/J), Probation and Parole Supervisor/Juvenile (PPS/J) and Regional Manager, if applicable, prior to the delivery of services by the CBS social service staff. Social services staff shall document the staffing in a case narrative in JETS.

The staffing shall include specific actions that shall be taken relative to the necessary intervention(s) that will be used with the youth and the family.

3. The “Family Intervention Services Intake Assessment” [see attachment D.15.3 (b)] shall be completed by CBS Social Services in JETS within two (2) weeks of case assignment.
4. A preliminary “Support Services Treatment Plan” [see attachment D.15.3 (c)] shall be completed in JETS within 48 hours of completing the “Family Intervention Services Intake Assessment”. The Treatment plan shall be updated when goals and objectives are met or new goals are devised.

These changes shall be documented on the plan and include the date of plan modification. The “Support Services Treatment Plan” shall be completed in conjunction with the family and the youth to ensure their participation not only in the implementation of the plan but also the creation. The modified plan must also contain the signatures of the youth and parent(s)/guardian(s) verifying participation.

B. Provision of Services to Youth

1. CBS social service staff shall practice within the legal scope of their designated credentials and according to the standards of the Louisiana Board of Social Work Examiners.
2. Counseling services should be targeted to the families and youth we serve utilizing programs or curriculum that have been identified by the agency. These programs use an “evidence-based” or a “best practice approach” when working with at risk youth or youth that are in danger of being removed from their home. Staff may utilize other programs that are deemed to be “evidence-based” or a “best practice approach” with the proper training and approval from the CBS Clinical Supervisor.
3. Prior to initiating services to the youth and/or family, the CBS social service staff must explain the nature of counseling services and the limits of confidentiality. CBS social services staff shall display at their primary place of practice, or make available for all clients, a “Professional Disclosure Statement/Declaration of Practice and Procedures/Statement of Practice” [see attachment D.15.3 (d)]. Signatures must be obtained from the parent/legal guardian giving their “Consent for Treatment” [see attachment D.15.3 (e)].
4. Prior to the initiation of a psychosexual evaluation and/or treatment for sexual behavior problems, the staff/provider/contractor (“provider”) shall explain to the youth and parent/guardian the limits of confidentiality, particularly that any disclosure of delinquent or criminal acts by the youth may be reported to the Court and/or district attorney and may be used against them in a court proceeding. The youth, parent/guardian and the provider shall sign the “Consent for Treatment” [see attachment D.15.3 (e)] prior to commencement of the evaluation/treatment. Once the Waiver is executed, OJJ will complete the psychosexual assessment and/or implement treatment to address the youth’s sexual behavior problem.

If the youth discloses commission of a delinquent or criminal act, the provider shall notify the CO Psychologist/Clinical Supervisor SBPTP and where appropriate, report the matter to the Department of Children & Family Services (DCFS).

Youth who are adjudicated and ordered or recommended by the court or OJJ to receive treatment to address their sexual behavior problem will be provided with treatment in accordance with OJJs current “Best Practice” treatment curriculum. (Refer to YS Policy B.2.16)

5. Counseling services to all youth may include individual, group, family and crisis counseling.
 - Individual Counseling is one- on-one direct therapeutic intervention by the social service staff addressing core need areas identified on the “Support Services Treatment Plan”.
 - Group Counseling consists of therapeutic interventions by the CBS social service staff with a group of youth to solve a common problem (i.e., anger management, substance use, etc.).
 - Family Counseling is based on a systems model and helps to promote better relationships and understanding within a family.
 - Crisis Counseling is a type of brief treatment for a youth in which the CBS social service staff assists with an immediate problem (i.e. trauma due to abuse, recent fight or suicide ideation or attempt).

Counseling services may be conducted in the CBS Regional Office, school, home and detention facility (Refer to YS policy D.10.34), or a designated location in the community. CBS social service staff is to ensure that confidentiality is maintained at all times.

Individual and family counseling sessions shall be no less than 45 minutes in duration, and group counseling sessions shall be no less than one (1) hour in duration. The social service staff shall determine the frequency of counseling services based on the youth’s “Family Intervention Intake Assessment”, and any other clinical documents such as prior or current psychological, psychiatric or social history. The frequency of counseling sessions shall be documented on the youth’s “Supportive Services Treatment Plan”.

6. CBS social service staff shall adhere to court recommendations as it pertains to requested treatment services. If there is a concern regarding a judge’s recommendation for treatment services or intervention, the CBS social service staff shall communicate with the Regional Manager, CBS Clinical Supervisor and the youth’s PPO/J immediately for guidance.
7. Counseling sessions are to be documented by completing a “Case Narrative” in JETS within seven (7) working days of completing the service. The “Case Narrative” shall give a brief description of what the session entailed including the date and time of service.

There are issues that will be sensitive and confidential in nature that will not be placed in JETS system via a “Case Narrative”. In these cases, CBS social service staff shall use the “Progress Note” form [see attachment D.15.3 (f)] and place in the Youth’s Services Case Record.

Counseling sessions shall be documented using the Data, Assessment, Goal and Plan (DAGP) format within seven (7) working days. All counseling contact notes shall reflect the date and time (a.m. / p.m.) with the CBS social service staff full name and title. These notes shall be kept in the Youth's Social Services Case Record.

8. Because some youth present with special needs and/or challenges, CBS social services staff may be required to adapt service delivery, including modality, frequency, length or material to best assist the youth. Clinical presentation or signs and symptoms of their diagnosis/problems that require special accommodations shall be well documented. These accommodations are made at the clinical discretion of the CBS social service staff providing the services.
9. Contacts shall be made in the community with identifying appropriate resources such as schools, courts and other state agencies to assist the youth with accomplishing the goals outlined on the "Support Services Treatment Plan". These contacts shall be noted as collateral contacts and shall be documented on a "Case Narrative" in JETS within seven (7) working days.
10. Upon completion of treatment, the CBS social service staff shall complete a client "Discharge/Closing Summary" [see attachment D.15.3 (g)] indicating treatment areas addressed, reason for discharge, recommendations and referrals upon release. The "Discharge/Closing Summary" shall be placed in the youth's master case record in accordance to policy D.15.2. A copy will be provided to the PPO/J and Regional Manager.
11. CBS social service staff shall strive to avoid a waiting list which may require referral to outside services. Any referrals to outside services may be done in collaboration with the youth's PPO/J and parent/guardian. Upon completion of treatment objectives and/or goals, appropriate referrals for additional supportive services may also be indicated. Due to the rural nature of some of the communities serviced, limited resources and at times unforeseen circumstance, the potential for conflicts of interest and dual relationships may present. With appropriate consultation with the CBS Clinical Supervisor, such ethical dilemmas may require referral to outside services.
12. CBS social service staff may be asked to provide technical assistance to a YS secure care center for youth by a Regional Director. Technical assistance may include, but is not limited to: assisting with social service treatment reviews, case reviews, training and Critical Incident

Stress Management (CISM) (Refer to YS policy A.2.20). The Regional Director and CBS Clinical Supervisor shall coordinate these services to include required documentation of assistance provided. The Regional Manager shall be informed of the process.

13. CBS social service staff may be asked to appear in court, to provide a written "Clinical Status Report" [see attachment D.15.3 (h)] or psychosexual appraisal. If appearing in court, staff shall be knowledgeable about the case prior to the youth's court date and discuss any issues of concern, if applicable, with a representative from OJJ Legal Services, the Regional Manager, the youth's assigned PPO/J and CO CBS Clinical Supervisor.

While maintaining confidentiality, the clinical staff in CBS shall work to assist in collaboration of care for all youth served by OJJ. A status report may be requested or required by the court through the PPO/J, or other collaborating agency regarding a youth's progress in treatment and ongoing needs.

Upon receiving a request for a status report from the court, PPO/J or collaborating agency, the CBS social service staff shall provide the necessary documentation to show the following:

- a. A brief history of the youth's case, including charges resulting in referral and what services were requested;
 - b. An update on the youth's most recent behavior or mood issues at school, home and adjustments to any programs or services being provided; and
 - c. A general overview of the treatment goals and recommendations for ongoing services.
14. The content of updates, at times, may require clinical judgment as to the details disclosed in an update and the recipients "need to know" and appropriateness of disclosure. CBS social service staff need to insure that requirements for confidentiality and need for consent to release information is taken into account. All requests for clinical updates and/or status reports shall be discussed with the youth's PPO/J and/or Regional Manager prior to submission. A "Case Narrative" indicating this process shall be documented in JETS within seven (7) working days.
 15. CBS social service staff shall serve as the "Employee Assistance Program" (EAP) coordinator for their assigned CBS Regional Office. EAP services are intended to help employees deal with personal problems that might adversely impact their work performance, health and well-being. EAP's generally include short-term intervention and referral services for employees and their household members. (Refer to YS Policy A.2.11)

C. Reporting

1. CBS social service staff shall report any problems or concerns to the Regional Manager, CBS Clinical Supervisor, PPO/J and PPS/J as deemed necessary. Technical assistance shall be provided immediately to assist with problem resolution.
2. CBS social service staff shall complete a "Social Service Monthly Summary" report [see attachment D.15.3 (i)] outlining services provided to youth and their families. The report shall indicate the following:
 - a. Service(s) provided (individual, group or family counseling);
 - b. Date/Location of sessions, case staffing, consultations, collateral contacts etc.;
 - c. Date/Location of Case Staffings; consultations, collateral contacts and other activities;
 - d. Court appearances; and
 - e. Treatment Progress.
3. The "Social Services Monthly Summary" is to be submitted by the 10th of each month for the prior month to the CBS Clinical Supervisor, Regional Manager and PPO/J.

D. Audits

1. CBS social service staff may be asked to assist the designated regional Program Specialist with quality assurance reviews of community based residential service providers treatment component of their program. These quality assurance reviews occur on a semi-annual basis and are initiated and lead by the Program Specialist.
2. CBS social service staff may also be asked to participate in quality assurance reviews of the YS Secure Care Centers for Youth. These reviews shall be led by the Director of Treatment and Rehabilitation, and shall consist of youth record reviews to ensure that need areas identified on the Individualized Intervention Plan (IIP) are being addressed. CBS social service staff shall also review secure care youth records as it pertains to counseling services and staffing's and document their findings on the quality assurance tool referenced in Section VII below.

E. Auxiliary Services

1. Staff may be asked to provide other functions that may not require providing direct clinical services to youth. These functions include:
 - a. Consulting on complex cases in formal/informal staffing for clinical direction;

- b. Broker with probation staff to locate resources/services in special need cases to assist youth outside of caseload;
- c. Collaborate with educators and other community stake holders to assist in educational challenges impacted by OJJ youth's behavior or mood disorder;
- d. Serve on various community groups/boards to promote OJJ's mission, such as Youth Planning Boards, Interagency Service Coordination (ISC) etc.;
- e. Community education/speaker at youth rallies, events and prevention efforts in the assigned region to promote OJJ mission and vision; and
- f. Assist with policy and procedure development, implementation or monitoring with focus on social justice, service provision and the promotion of the youth well-being.

F. Supervision

1. Clinical supervision of the Licensed Master Social Worker (LMSW) who is not receiving Board Approved Clinical Supervisor (BACS) supervision, or the Certified Social Worker not eligible for BACS supervision, may deliver those clinical services which constitute psychotherapy only under the supervision of a License Clinical Social Worker (LCSW). Supervision under these circumstances does not require that the supervising LCSW have the BACS designation. Regardless of the time spent in clinical practice, the LMSW or CSW must be supervised in accordance with the following rules:
 - a. The employing agency ultimately is responsible and accountable for services rendered by the LMSW or CSW; therefore, the agency may provide access to a LCSW to ensure quality of services. Clinical supervision shall be provided by the CBS Clinical Supervisor. The LMSW or CSW may independently secure LCSW supervision.
 - b. On-site supervision by the LCSW is the preferred method of supervision.
 - c. Supervision may be rendered through individual supervision, group supervision, telephone contact, or by secure electronic media to meet the needs of the agency to provide timely services to clients in emergencies.
 - d. Supervision of the LMSWs or CSWs rendering clinical services constitution psychotherapy shall total a minimum of two (2) hours per month, counted in increments of no fewer than 30 minutes, for the duration of the time that the LMSW or CSW is rendering psychotherapeutic services.

- e. The supervisee and the supervisor must keep accurate records of the dates of supervision, times and hours spent in supervision for potential audit of records. The “Louisiana State Board of Social Work Examiners” (LABSWE) at its discretion may ask for a copy of the record.
2. Social service staff that is licensed by the LSBSWE shall be required to submit proof of licensure renewal to the CBS Clinical Supervisor on a yearly basis, but no later than December 1st. This process shall ensure that the CBS social service staff is in compliance with state law regarding the delivery of treatment services to youth.
3. There may be times when the CBS Clinical Supervisor will observe the CBS social service staff providing clinical services to youth. The parent or legal guardian’s signature must be obtained on the “Clinical Supervisor Observation Consent Form” [see attachment D.15.3 (j)] authorizing clinical observation.
4. CBS social service staff may receive functional supervision from the Regional Manager.

VII. QUALITY ASSURANCE:

The process of monitoring the provision of treatment services that are provided to youth assigned to YS custody or supervision is an extremely important part of YS. It is a method that enhances a Supervisor’s ability to supervise and assist CBS social service staff in their role of helping youth and their families. It also serves as a tool to assist administrators in the planning and decision making process. The CO CBS Clinical Supervisor is responsible for ensuring that all required monitoring reviews as outlined below are being conducted in a timely manner.

- A. Youth Records - the CO CBS Clinical Supervisor shall be responsible for conducting quality assurance reviews of cases that are assigned to the CBS social service staff on a bi-annual basis (January/July). Quality Assurance reviews shall be conducted on-site and via JETS.

The purpose of the case reviews is to ensure that youth are receiving services as identified on the “Support Services Treatment Plan” or “Sexual Behavior Problem Treatment Plan” and that all required documentation is completed and placed in the Youth’s Social Services Case Record. The quality assurance tool authorized by CO shall be utilized to document review findings.

The tools may be accessed through OJJ Share Point by logging on to <http://oydcosps/default.aspx>, and choosing the Continuous Quality Improvement Services (CQIS) tab.

YS Policy No. D.15.3

Page 12

- B. The CO CBS Clinical Supervisor will work with the Regional Manager to develop and action plan that addresses deficiencies falling below ninety (90) percent. The action plan will be finalized within thirty (30) days of receipt of the Quality Assurance review.

The CBS social service staff shall receive written notification within 72 hours of any deficiencies noted by means of a corrective action plan by the CO CBS Clinical Supervisor and/or Regional Manager. The CBS social service staff shall have seven (7) working days to correct all deficiencies.

Previous Regulation/Policy Number: D.15.3

Previous Effective Date: 01/17/2020

Attachments/References:

- D.15.3 (a) CBS Social Services Referral Form.February 2021
- D.15.3 (b) Family Intervention Services.January 2020
- D.15.3 (c) Support Services Treatment Plan.doc
- D.15.3 (d) Professional Disclosure Statement.pdf
- D.15.3 (e) Consent for Treatment.January 2020
- D.15.3 (f) Progress Note.doc
- D.15.3 (g) Discharge/Closing Summary.January 2020
- D.15.3 (h) Social Services Clinical Status Report.February 2021
- D.15.3 (i) Social Services Monthly Summary.Jan 2019
- D.15.3 (j) Clinical Supervision Observation Consent Form.February 2021

Use the current letterhead

Attachment D.15.3 (a)

CBS Social Services Referral Form

Youth Referred: _____

Client ID: # _____

Date of Birth: _____ Gender: _____

Address: _____ City: _____

Parent/Guardian: _____

Contact Information: _____

Referred for: (please highlight/check service requested)

- Psychosocial Assessment and Recommendations for Mental Health Services
- Strengths/Needs Assessment
- Crisis Assessment and Intervention
- Individual Service Plan Collaboration
- Permanency Plan Collaboration
- Alcohol/Substance use Assessment
- Counseling Services
 - ___ Individual
 - ___ Group
 - ___ Family
- Parent Education and Supportive Counseling (Parenting Wisely Program)
- Advocacy
 - ___ Education: SBLC, IEP, Individual Behavior Plan
 - ___ Juvenile Court Proceeding: Court Appearance, Court Letter
- Community Resource/Referral Assistance:
 - ___ Community Based Alcohol and Drug Treatment Programs
 - ___ Community Based Mental Health Programs and Providers
 - ___ Other: _____

Attachments: (check all that apply)

- ___ Court order
- ___ PDI/Social History/Supplemental Social

____ SAVRY Statement of Findings
____ Psychological/Psychiatric Evaluation
____ Other: _____

Referred by: _____ Date: ____/____/____

Case Staffing: _____	Date: ____/____/____
Estimated Date to Open Case: ____/____/____	Initials of P.O. _____ SS Staff _____

**FAMILY INTERVENTION SERVICES
INTAKE ASSESSMENT**

CASE NAME:

CLIENT ID:

INITIAL DATE(S) SEEN:

PRESENTING PROBLEM:

HISTORICAL INFORMATION/SIGNIFICANT STRESSORS:

CURRENT LIVING ARRANGEMENTS:

MEDICAL/PSYCH/SUBSTANCE HISTORY:

SUPPORT SYSTEMS:

WORK/SCHOOL HISTORY:

ASSESSMENT/STRENGTHS-WEAKNESSES:

DIAGNOSTIC IMPRESSIONS:

WORKER SIGNATURE/CREDENTIALS

DATE

Intake Assessment Guide

Presenting Problem:

Why was the youth and/or family referred to the social service staff

HISTORICAL INFORMATIN/SIGNIFICANT STRESSORS:

Current Charges

How long was the youth on probation/parole

Scheduled release of supervision date

Current family stressors

Youth ever been a victim of abuse/neglect

CURRENT LIVING ARRANGEMENTS:

Who is youth currently living with to include all members of the house hold

Is the family owning or renting

How many bed rooms, do they have adequate space

Sleeping arrangements

Any children in the home; any children visiting the home

Medical History

Any known medical conditions/problems of any family members

Current physician, last time youth was seen by a physician and for what reason

Any medications

MEDICAL/PSYCH/SUBSTANCE HISTORY:

Known mental health problems of any family members

Last time you had a psychological evaluation, recommendations and diagnosis

Last time youth had a psychiatric evaluation, recommendations and diagnosis

Last time the youth met with the a psychologist, psychiatrist, counselor, social worker and for what reason

Any current mental health or emotional problems not being addressed

Currently taking any psychotropic medications

Any reported use of alcohol/illegal drugs by youth or other sources

When was his/her last time using, how much was used and how often is the substance used

History of substance abuse treatment

SUPPORT SYSTEMS:

Any family or friends in the area

Does the youth live with both parents? If no, why not?

Any financial stressors

Any transportation stressors

Relationship stressors

Recreational activities

Church affiliation

After school activities

Peer relationships

WORK/SCHOOL HISTORY:

Does youth have a job or ever had a job

Name of school youth is currently attending

History of school problems/academic problems
School attendance history

ASSESSMENT/STRENGTHS-WEAKNESSES:

Identify youth's strengths and weaknesses and how they may impact treatment outcome

DIAGNOSTIC IMPRESSIONS:

Use information gathered from the intake assessment and other sources such as current or prior psychological, psychiatric, and medical information to write a statement using your clinical judgment regarding the youth's current and/or presenting problem and the prognosis as it relates to treatment outcome

**Support Services
Treatment Plan**

Name: **Client ID#:** **Date:**

Treatment Areas:

GOALS:

Treatment Goal 1.

Treatment Goal 2.

Treatment Goal 3.

Treatment Goal 4.

DATE COMPLETED:

OBJECTIVES:

Objective 1.

Objective 2.

Objective 3.

Objective 4.

Therapeutic Recommendations/Interventions:

Therapist

Social workers shall display at the social worker's primary place of practice or make available for all clients the following professional disclosure statement:

Professional Disclosure Statement

**from the
Rules, Standards and Procedures of the
Louisiana State Board of Social Work Examiners**

A social worker shall display at the social worker's primary place of practice or make available for all clients a statement that the client has the right to:

1. Expect that the social worker has met the minimal qualifications of education, training, and experience required by state law;
2. Examine public records maintained by the Board which contain the social worker's qualifications and credentials;
3. Be given a copy of the Standards of Practice upon request;
4. Report a complaint about the social worker's practice to the Board;
5. Be informed of the range of fees for professional services before receiving the services;
6. Privacy as allowed by law, and to be informed of the limits of confidentiality;
7. Expect that the social worker will take reasonable measures consistent with the social worker's duty of confidentiality to limit access to client information and any expressed waivers or authorizations executed by the client. Reasonable measures include restricting access to client information to appropriate agency or office staff whose duties require such access.
8. Receive information that a social worker is receiving supervision and that the social worker may be reviewing the client's case with the social worker's supervisor or consultant. Upon request, the social worker shall provide the name of the supervisor and the supervisor's contact information.
9. Be free from being the object of discrimination while receiving social work services; and,
10. Have access to records as allowed by law.

Louisiana State Board of Social Work Examiners
18550 Highland Road, Suite B
Baton Rouge, LA 70809
Telephone: 225-756-3470 or 800-521-1941 (LA only)
website: www.labswe.org

Client's Name: _____ Client ID#: _____

**Consent for Treatment, Limited Confidentiality & Waiver
Regarding Services provided by Office of Juvenile Justice by**

_____ (therapist)

1. I/We acknowledge that the minor child _____, under my legal guardianship has been referred for services under the terms of the youths Probation Agreement and that the nature of the services provided will be mutually determined by myself and the probation officer and may include individual, group or family counseling.
2. I/We understand the nature of counseling services and that such services involve both benefits and risks. Since at times counseling involves discussing unpleasant experiences or aspects of life, the participant may experience uncomfortable feelings like sadness, guilt, anger and frustration. I/We also understand that counseling services have also been shown to have many benefits. It often leads to solutions to specific problems, better relationships, positive behaviors, better decisions and eventual reductions in feelings of distress. In order for counseling services to be effective it is necessary that the guardian and the youth play active roles. Participation involves discussing concerns openly, completing assignments and providing feedback to the counselor about progress.
3. I/We consent to the treatment which may be recommended by the therapist and understand that such treatment may include assessment, diagnosis, individual and family counseling. This consent for treatment expires 365 days following its authorization but may be revoked in writing at anytime.
4. I/We understand that such treatment is being recommended and provided by agreement with the Office of Juvenile Justice and that I/we will not be billed for treatment directly but my/our full participation is expected. I/We understand that noncompliance or failure to notify in event of cancellation may result in agency action or termination of services.
5. I/We consent to this treatment by therapist and acknowledge receipt of the professional disclosure statement. The therapist may provide direct social work practice, including psychotherapy (individual, family and group therapy).
6. In regards to assessment, treatment planning and individualized intervention, I/we consent to diagnosis and intervention plans with the cooperation and consultation of and with the Office of Juvenile Justice, its representatives as well as other state agencies or court jurisdictions as they apply directly to my/our case.
7. The therapist may release the following specific information: Social History, Biopsychosocial Assessment, Progress Note, Face Sheet, Treatment Plan or verbal report, to the Office of Juvenile Justice, Department of Children and Family Services and/or if necessary a local emergency room, medical health care provider, coroner, physician, jurisdictional judge/court) or other agent in the event of a medical or psychiatric emergency.
8. I/We understand that in most cases the counselor/therapist can only release information about the treatment to others if I/we sign written authorization. However, my/our signature on this agreement provides written advanced consent for the following:

- a. Provision of information to the court regarding the quality of participation in services. This will not include details of what was discussed in counseling sessions.
 - b. Communication between counselor/therapist and the youth's probation officer that is necessary for each to effectively perform their responsibilities or duties.
 - c. Provision for Assessment and Service Plan information to other/OJJ contracted providers who are/will be providing services to the youth.
9. I/We understand that there are some situations where the counselor/therapist is permitted or even required to disclose information without either your consent or written authorization. As a mental health professional, the therapist is a mandated reporter of alleged or suspected child, disabled or elder abuse and neglect and that the counselor/therapist is legally and ethically obligated to report such in addition to acute suicidal or homicidal risk to the appropriate authorities. The foregoing is an exception to any and all expectations of confidentiality.
10. I/We understand that the therapist/counselor access and assist in crisis situations, but the therapist/counselor is not to be expected to provide emergency services for such risks of intent to harm self or others. Any emergencies should result in call to 911 or emergency services.

(# 11 – 13 apply only to Psychosexual assessment/treatment)

11. I/We understand a psychosexual assessment is being conducted to determine the risk level for re-offending, treatment and placement needs, only. Further, I/We understand there is no confidentiality as to any admissions made regarding criminal acts, including sexual acts, such as hands-on sex offense or non-sexual offense that has been pled down from a hands-on sexual offense. For the purpose of the assessment, a hands-on sex offense is anal, oral or vaginal touching by physical contact or the use of a foreign object.
12. I/We understand the findings of the assessment may be viewed by the court and attorneys involved in the case, and used against the youth in a court proceeding. I/We understand if the youth discloses a delinquent or criminal act, the matter may also be reported to DCFS. I/We understand we have the right to refuse to answer any questions asked of us and to refuse to participate in any aspect of the evaluation process/procedures.
13. I/We understand if treatment is recommended or ordered by the court, or if the youth is in YS custody, OJJ will select the treatment provider; I understand if the youth is currently under the supervision of YS, I/we retain the right to select a qualified treatment provider/therapist of our choice to render the necessary treatment at my/our expense.
14. I/We understand by signing this document, I/we acknowledge the limits of confidentiality and wish to continue the psychosexual assessment.

I/We acknowledge that I/we have read, or had explained to me the information described above and I/we consent to the provision of counseling services to the minor child and/or family by a clinically licensed/supervised staff member of the Office of Juvenile Justice. I understand that I may revoke this consent in writing at any time.

X	(mm/dd/yyyy)
Signature of Client or Guardian if under 18	Date of Signature
X	(mm/dd/yyyy)
Signature of Youth	Date of Signature
X	(mm/dd/yyyy)
Signature of Therapist	Date of Signature

PROGRESS NOTE

Date	Time (beginning and end)	Problem Area	Notes

Youth's Name/Client ID# _____ **Case Manager** _____

DOB: _____

DISCHARGE/CLOSING SUMMARY

Client's name: _____ JETS: _____

PPO: _____ Date of Referral: _____

Date of Intake Assessment: _____ Number of sessions: _____

Reason for referral (circle all that apply):

Court-ordered Recommended by PPO Recommended by evaluation

Requested by client/client's guardian

The following treatment needs were addressed in counseling (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Anger Management | <input type="checkbox"/> Behavioral Problems in School |
| <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Behavioral Problems in Home |
| <input type="checkbox"/> Parent-Child Relationship(s) | <input type="checkbox"/> Family Conflict/Alienation |
| <input type="checkbox"/> Academic-Related Problems | <input type="checkbox"/> Sexual Behavior Treatment Program |
| <input type="checkbox"/> Gender Identification Issues | <input type="checkbox"/> Impulsivity |
| <input type="checkbox"/> Childhood Trauma/Abuse/Neglect | <input type="checkbox"/> Bereavement/Grief |
| <input type="checkbox"/> Depression/Anxiety | <input type="checkbox"/> Violent/Aggressive Behavior |
| <input type="checkbox"/> Delinquent Peer Associations | <input type="checkbox"/> Intimate Relationship Conflict |
| <input type="checkbox"/> Inadequate Social Support/Social Isolation | <input type="checkbox"/> Self-Concept Deficits |
| <input type="checkbox"/> Stealing | <input type="checkbox"/> Other _____ |

Was client/guardian compliant? Yes No

Describe client's progress (or lack thereof): _____

Reason for Discharge: _____

Recommendations/Referrals upon D/C: _____

Clinician

Date

Use the current letterhead

Attachment D.15.3 (h)

Community Based Services Social Services Clinical Status Report

Youth Name:		Date of Birth		
JETS#		Date of Intake:		
Probation Officer:		Date of Update:		
History and Reason for Referral:				
Treatment Goals and Objectives:				
Services Provided and Progress towards Goals				
Standard	Excellent	Good	Needs Improvement	Poor
Attendance				
Participation				
Progress				
Motivation				
Assignment				
Behavior Reports				
Family Participation				
School Reports				
Insight				
Comments:				
Plan/Recommendations:				

Social Services Staff Signature

_____/_____/_____
Date

Use the current letterhead

Attachment D.15.3 (j)

CLINICAL SUPERVISOR OBSERVATION CONSENT FORM

I am aware that my child, _____, is being provided counseling services by _____ with the Office of Juvenile Justice.

_____ (counselor's name) is under the direct supervision of _____ (supervisor's name).

I have been made aware that _____ (supervisor's name) wishes to observe

_____ (counselor's name) counseling session with my child. I understand that _____ (supervisor's name) is bound by the same confidentiality policies that are adopted by all Professionals within the Office of Juvenile Justice. The Supervisor is also to adhere to the NASW Social Work Code of Ethics or the Professional Counselor's Code of Ethics.

I give my consent for _____ (supervisor's name) to observe _____ (counselor's name) counseling my child.

Signature of Legal Guardian

Date