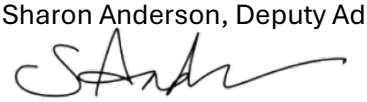
Mental Health Treatment Plan

Division of Child and Family Services (DCFS)
Juvenile Justice Services (JJS)
Statewide Policy

POLICY NUMBER:	DCFS/JJS 400.06
EFFECTIVE DATE:	January 15, 2025
APPROVED BY: **DATE:**	Sharon Anderson, Deputy Administrator – DCFS  12/27/2024
SUPERSEDES:	DCFS/JJS 400.06 effective October 4, 2021
REFERENCES:	NRS 62B.625, NRS 233B.050; Suicide Prevention and Response, DCFS/JJS 400.01; Admissions and Placement, DCFS/JJS 500.15; Youth Level of Service/Case Management Inventory, DCFS/JJS 500.17; Screening and Evaluation, DCFS/JJS 500.18
ATTACHMENTS:	None
REVIEW DUE BY:	January 15, 2028

I. PURPOSE

To provide standards and criteria for Division of Child and Family Services (DCFS) mental health treatment plans to ensure appropriate behavioral health treatment for youth while committed to DCFS.

II. DEFINITIONS

As used in this document, the following definitions shall apply:

A. Juvenile Justice Intake Report (JJIR): A bio-psychosocial report used to evaluate a youth's mental health status, symptoms, and needs. This report also provides information on delinquent history, current/pending court adjudications, peer relationships, and any safety needs/concerns. This report is completed by a Mental Health Counselor who solicits and explores, with the youth and family, information about strengths and needs as these pertain to the major physical, psychological, and social issues of the youth and family. This assessment, combined with the clinical judgment of the Mental Health Counselor, leads to a placement recommendation.

B. Juvenile Justice Revocation Report (JJRR): The modified bio-psychosocial report similar to the JJIR, completed for potential revocations and may lead to a placement recommendation.

C. Massachusetts Youth Screening Instrument Version 2 (MAYSI-2): A behavioral health screening tool to assess immediate needs of youth in a secure setting. The MAYSI-2 is a standardized reliable, 52-question true or false method for screening youths aged 12 to 17 entering the juvenile justice system, to identify potential behavioral health problems in need of immediate attention. The MAYSI-2 is a validated mental health screening tool approved for statewide use by the Juvenile Justice Oversight Commission (JJOC) pursuant to NRS 62B.625.

D. Mental Health Treatment Plan: A detailed plan to address mental health needs of youth placed in a DCFS facility. The plan shall be created by a qualified mental health professional in the mental health case management system, with the youth and family, whenever possible.

E. Treatment Team: A multidisciplinary group of staff who provide integrated treatment in which team members work collaboratively, sharing responsibility for the youth in need of mental health services. Team members review and discuss several treatment related issues including, but not limited to, medical concerns, current youth challenges or difficulties, areas of significant progress, mental health considerations, treatment planning, and continuing treatment planning.

F. Youth Level of Service/Case Management Inventory 2.0 (YLS): An evidence-based, strength-based, gender informed, risk/needs tool which reliably and accurately classifies and predicts reoffending within male and female youth populations. This inventory draws from interviews, official reports, and other collateral information to produce a detailed evaluation of the risk and need factors of youth. The results provide a linkage between risk/need factors and the development of a personalized Case Plan.

III. PROCEDURES

A. The need for a Mental Health Treatment Plan is determined by risk of suicide or other treatment needs. Not all youth entering a facility will require a Mental Health Treatment Plan.

B. Mental health treatment may be completed by a facility mental health counselor or through a referral to a contracted mental health professional.

C. Youth who meet one or more of the following criteria require a Mental Health Treatment Plan while in a facility:

1. High/Very High risk of suicide
2. Has a “Warning” rating in one or more MAYSI-2 domain areas
3. Responsivity factors/barriers for mental health from the Youth Level of Service (YLS)
4. Mental health treatment recommended by a recent mental health evaluation completed by a mental health professional
5. Court-ordered mental health treatment

a. If court-ordered mental health treatment is contraindicated, then the youth's case shall be brought before the DCFS Admissions Team for review and consideration for next actions (refer to DCFS/JJS 500.15 Admissions and Placement).

D. The following may be used to inform a Mental Health Treatment Plan:

1. The YLS risk and needs assessment responsivity factors/barriers
2. The MAYSI-2 mental health screening, and any second level MAYSI-2 screenings
3. C-SSRS Suicide risk screening and assessment
4. JJIR
5. JJRR
6. Any other mental health screenings or assessments completed within the prior six months

E. For youth who require it, a Mental Health Treatment Plan shall be created in the mental health case management system within 30 days of admission to a facility using the embedded template.

F. A Mental Health Treatment Plan shall include the following:

1. Diagnosis – may be new or found within youth's history
2. Medications
3. Current symptoms
4. Strengths and resources
5. Measurable treatment goals
6. Objectives to meet treatment goals
7. Interventions
8. Progress/outcomes

G. Youth shall participate in the development of their Mental Health Treatment Plan.

H. Mental Health Treatment Plans shall be approved by a Clinical Supervisor.

I. MHCs shall document Mental Health Treatment Plans in the mental health case management system as a New Clinical Activity>Mental Health Treatment Plan. The following shall be included in the Notes section:

1. The youth was assessed and does not require a Mental health Treatment Plan, or

2. The youth was assessed, and a Mental Health Treatment Plan was created in the mental health case management system.

J. The assigned MHC shall document progress on an ongoing basis.

1. Progress shall be reviewed by the Treatment Team at minimum every 30 days and documented in the mental health case management system.

K. Facility mental health staff shall share the Mental Health Treatment Plan, reviews, and updates with facility direct care staff, supervisory staff, and Youth Parole Bureau mental health staff as often as necessary to coordinate care.

IV. REQUIREMENTS FOR HIGHER LEVEL OF CARE

A. Youth whose needs are beyond the range of services available in a state facility may be referred to another placement to more effectively meet their needs.

B. Facility medical staff, facility mental health staff, the facility Superintendent, and the Youth Parole Bureau mental health staff shall work jointly to identify a more appropriate placement, with the youth and family, whenever possible. This may involve contact with services within the youths' county of origin.

C. Facility medical staff, in coordination with MHCs, may seek emergency assistance from local emergency services or the local hospital if there is:

1. Evidence of actual or potential danger to the youth or others; the youth presents a clear danger to self or others.
2. A degree of lethality and intentionality used by the youth.
3. Presence of severe psychosocial dysfunction which precludes safely maintaining the youth in the facility.

VI. TREATMENT TEAM

A. Each facility shall have an established Treatment Team with oversight by a Clinical Supervisor. The team may include facility and Youth Parole Bureau MHCs, facility medical staff, family members, youth, and other individuals as determined by the team.
   1. The assigned Youth Parole Counselor shall be part of the treatment team to assist with the youth's needs in the community.

B. The Treatment Team shall be involved in the development and review of the Mental Health Treatment Plan.

VII. DOCUMENTATION REQUIREMENTS

A. MHCs shall document all Mental Health Treatment Plan information in the mental health case management system.

B. MHCs shall document general progress notes in the web-based case management system as Clinical Activities.

C. Facility medical staff shall document medications (prescribed and over the counter) in the Medical Screen of the web-based case management system.

1. Medications shall always be current.
2. New medications shall be added when prescribed.
3. Discontinued medications shall have an end date.

VIII. REPORTS

A. Facility mental health staff shall provide an annual report to the Juvenile Justice Programs Office (JJPO) on the breakdown of the top 10 diagnoses by facility.

B. JJPO staff shall develop a monthly medication report including:

1. Total number and percentage of youth on psychotropic medications, by facility.

2. Total number and percentage of youth on general prescribed medications, not psychotropic, by facility.

IX. STANDARD OPERATING PROCEDURES

A. Each facility and the Youth Parole Bureau shall create standard operating procedures consistent with this policy, to include:

1. Process for informing direct care staff and youth parole staff of any mental health needs or medications which may affect day-to-day activities such as school, movement, mealtimes, etc.

2. Process to determine referral to a contracted facility psychiatrist when necessary.

3. Process to handle mental health related emergency/crisis incidents and notification to local emergency services.

4. Process to determine clinical need for a higher level of care.

5. Process for documenting reporting requirements.

B. The Youth Parole Bureau shall create standard operating procedures consistent with this policy, to include:

1. Guidelines for participating in mental health services while youth are in a state facility.

2. Process for documenting reporting requirements.

3. Process for continuation of needed services in the community; identification of those services, and completion of referrals.

C. The DCFS Juvenile Justice Programs Office shall review this policy every three years, or sooner if deemed necessary (NRS 233B.050).