

Mental Health Treatment Plan

	DIVISION OF CHILD AND FAMILY SERVICES Juvenile Justice Services STATEWIDE POLICY
SUBJECT:	Mental Health Treatment Plan
POLICY NUMBER:	DCFS/JJS 400.06
EFFECTIVE DATE:	10/4/2021
APPROVED BY: DATE:	Kathryn Roose, Deputy Administrator – Division of Child and Family Services 9/27/2021
SUPERSEDES:	DCFS/JJ 400.06 effective May 18, 2015
APPROVED BY: DATE:	Ross Armstrong, Administrator – Division of Child and Family Services 9/27/2021
REFERENCES:	NRS 62B.625 Suicide Prevention and Response (DCFS/JJS 400.01); Youth Level of Service/Case Management Inventory (DCFS/JJS 500.17); Screening and Evaluation (DCFS/JJS 500.18)
ATTACHMENTS:	None

I. SUMMARY

The Division of Child and Family Services (DCFS) facility mental health staff shall develop a Mental Health Treatment plan for youth who require mental health services while in a state facility. Services may continue while on community supervision through a contracted community provider.

II. PURPOSE

To provide standards and criteria for mental health treatment plans to ensure appropriate behavioral health treatment for youth while in a state facility.

III. DEFINITION

- A. Children’s Uniform Mental Health Assessment (CUMHA): A bio-psychosocial assessment tool used to evaluate a youth’s mental health status, symptoms, and needs. This tool is conducted by a Mental Health Counselor who solicits and explores, with the youth and family, information about strengths and needs as they pertain to the major physical, psychological, and social issues of the youth and family. The CUMHA provides a format for obtaining a comprehensive assessment of a youth’s and family’s history and current functioning. This assessment, combined with the clinical judgment of the Mental Health Counselor, leads to a DSM diagnosis and establishes the basis for the treatment planning process, including treatment goals and services needed to help the youth and family resolve or ameliorate symptoms and improve functioning.
- B. Clinical Supervisor: A DCFS staff who directly supervises Mental Health Counselors and makes clinical decisions. Also referred to collectively as mental health staff.

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- 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. Medical Staff: All full time, part time, and contracted staff that provide services within a DCFS facility.
- E. Mental Health Counselor (MHC): A DCFS staff authorized to deliver mental health services. Also referred to collectively as mental health staff.
- F. 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 myAvatar, with the youth and family, whenever possible.
- G. myAvatar: The collection of interdisciplinary data relating to a child's/youth's treatment and the Health Insurance Portability and Accountability Act (HIPAA) electronic billing information management system which supports the mental health services provided by DCFS programs.
- H. 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.
- I. Tyler Supervision: A web-based case management software system utilized by DCFS.
- J. Youth Level of Service/Case Management Inventory 2.0 (YLS/CMI): 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 (refer to DCFS/JJS 500.17).

IV. PROCEDURES

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

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- B. Treatment may be completed by a facility Mental Health Counselor or through a referral to a contracted professional.
- C. All youth shall arrive at a facility with a completed:
 - 1. YLS/CMI by the sending county or a Youth Parole Mental Health Counselor (MHC).
 - 2. Children’s Uniform Mental Health Assessment (CUMHA) by the Youth Parole MHC, or an updated CUMHA for all youth transferred between state facilities, or an updated CUMHA for recommitted youth if the assessment is more than six months old.
 - 3. Nevada Rapid Indicator Tool (NRIT) to assess youth for possible sexual exploitation completed by a Youth Parole Mental Health Counselor. Refer to Screening and Evaluation (DCFS/JJS 500.18).
- D. Facility mental health staff shall administer the MAYSI-2 and suicide risk screening and assessment. Refer to Suicide Prevention and Response (DCFS/JJS 400.01) and Screening and Evaluation (DCFS/JJS 500.18).
- E. 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. Have “warnings” in one or more MAYSI-2 domain areas
 - 3. Responsivity factors/barriers for mental health from the Youth Level of Service (YLS)
 - 4. Court ordered mental health treatment
- F. The following may be used to guide the creation of the Mental Health Treatment Plan:
 - 1. The YLS/CMI 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. CUMHA
- G. For youth who require it, a Mental Health Treatment Plan shall be created in myAvatar within 30 days of admission to a facility using the embedded template.
- H. 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
- I. Youth shall participate in the development of a Mental Health Treatment Plan.

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1. If a youth refuses to participate, a Mental Health Treatment Plan will not be developed, and services will not be provided.
 2. Failure to participate shall be documented in Tyler Supervision as a New Clinical Activity>Program/Treatment Refusal and shared with the youth's assigned Youth Parole Counselor.
- J. Mental Health Treatment Plans shall be approved by a Clinical Supervisor.
- K. MHCs shall document Mental Health Treatment Plans in Tyler Supervision 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 myAvatar.
- L. The assigned MHC shall document progress on an ongoing basis.
1. Progress shall be reviewed by the Treatment Team at minimum every 90 days and documented in myAvatar.
- M. Facility mental health staff shall determine the best method to share the Mental Health Treatment Plan, reviews, and updates with facility direct care staff, supervisory staff, and youth parole staff as they do not have access to myAvatar or the Mental Health Documents section in Tyler Supervision.
- V. REQUIREMENTS FOR HIGHER LEVEL OF CARE**
- A. Youth whose needs are beyond the range of services available in state facilities may be referred to another placement which may more effectively meet their needs. Those youth will be identified per their Mental Health Treatment Plan.
- B. Facility medical staff, mental health staff, the facility Superintendent, and Youth Parole staff shall jointly work 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. 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.

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VI. TREATMENT TEAM

- A. Each facility shall have an established Treatment Team with oversight by a Clinical Supervisor. The team may include MHCs, medical staff, family members, youth, and other individuals as determined by the team.
- B. The assigned Youth Parole Counselor shall be part of the treatment team to assist with the youth's needs in the community.
- C. 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 myAvatar.
- B. MHCs shall document general progress notes in Tyler Supervision as Clinical Activities.
- C. Facility medical staff document medications (prescribed and over the counter) into the Medical Screen of Tyler Supervision.
 - 1. Medications shall always be current.
 - 2. New medications shall be added when prescribed.
 - 3. Discontinued medications shall have an end date.

NOTE: The Medical Screen is available to all users of Tyler Supervision, but not those with "read only" access. All users are bound by confidentiality agreements signed upon hire.

VIII. REPORTS

- A. Mental health staff shall provide an annual report to the Juvenile Justice Programs Office on the breakdown of the top 10 diagnoses by facility.
- B. Juvenile Justice Programs Office 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.

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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 if necessary.
 - 3. Process to handle mental health related emergency/crisis situations and notification to local emergency services.
 - 4. Process to determine clinical need for a higher level of care.
 - 5. Process for documentation reporting requirements outlined in this policy.

- 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 documentation reporting requirements outlined in this policy.
 - 3. Process for continuation of needed services in the community; identification of those services, and completion of referrals.