



Mental Health Care Program

DIVISION OF CHILD AND FAMILY SERVICES Juvenile Justice Services STATEWIDE INSTITUTIONAL POLICY	
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ATTACHMENTS:	None

I. POLICY

All youth are provided access to a comprehensive mental health program designed to assess, diagnose and treat any mental health issue. Qualified professionals will provide the necessary treatment for youth diagnosed with a psychiatric or mental health condition. These state positions include, but are not limited to, Mental Health Counselor I, II, III, Substance Abuse Counselor I, II, III, Nursing staff, Medical Doctors, Licensed Psychologist.

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Youth arriving at an institution shall be maintained on the psychotropic medication(s) the youth was prescribed upon arrival until the youth can be evaluated by the agency's contract psychiatrist. The evaluation will take place as soon as feasible within 30 days of the youth's admission to the facility.

II. DEFINITIONS

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

MAYSI-II-Massachusetts Youth Screening Instrument, Second Version: A standardized reliable, 52-item, true/false method for screening youth ages 12-17 entering the juvenile justice system, in order to identify potential mental health problems in need of immediate attention. This is a triage tool used to make decisions about the possible need for intervention (e.g. within 24-48 hours after admission to a secure facility) when little or other information about a youth is available. It does not take the place of more comprehensive assessments that are needed for decision making about long-range placement or treatment.

Mental Health Professional: An individual who is authorized by the state to deliver mental health services. NRS 433B.090 and NRS 641C.200.

Mental Health Services: Mental health services are provided by qualified mental health professionals who meet educational and/or licensure/certification criteria specified by their professional disciplines.

SASSI-Substance Abuse Subtle Screening Inventory: Screening measure that helps to identify individuals who have a high probability of having a substance use disorder.

Serious Emotionally Disturbed (SED) NRS 433B.045: Child with an emotional disturbance means a child whose progressive development of personality is interfered with or arrested by mental disorder so that the child shows impairment in the capacity expected of the child for his/her age and endowment for:

- A. A reasonably accurate perception of the world around him/ her;
- B. Control of his/ her impulses;
- C. Satisfying and satisfactory relationships with others;
- D. Learning; or
- E. Any combination of these factors

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 a number of 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 care planning.

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III. PROCEDURES

- A. Screening Services:
1. Suicidal Screening- this screening will take place within the first hour of admittance and administered by a Mental Health Counselor or Nurse.
 2. MAYSI-II – this screening will take place within the first hour of admittance and administered by a Mental Health Counselor or Nurse.
 3. SASSI- this screening will take place within seven days of admittance and administered by a Mental Health Counselor or Nurse.
 4. All screenings are conducted in the office of the Mental Health Counselor or the infirmary.
- B. Mental Health Assessment Services: Assessment, care and/or referral for care of youth in need of mental health services for a Serious Emotional Disturbance (SED) will be provided. A youth that is deemed clinically appropriate for a higher level of care by a mental health professional will be referred to the appropriate service available. Parents/Legal guardians, Parole staff, Superintendent will be notified.
- C. Mental Health Transfers: Any youth whose condition is beyond the range of services available in state youth correctional facilities shall be transferred to a specified facility which may more effectively meet his or her needs.
- D. Mental Health Services: Mental health services shall be provided by qualified mental health professionals who meet educational and/or licensure/certification criteria specified by their professional disciplines. The following services shall be made available by or through the Mental Health staff:
1. Review of all admission screening, material, and reports with clinical services recommendations.
 2. Provide feedback to medical staff on any noticeable changes in behaviors.
 3. Review of data from staff observations.
 4. Review clinical individual interviews and tests to assess intellect and behavioral issue.
 5. Ensure that a continuum of mental health care services is provided by qualified mental health professionals for the length of correctional placement.

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6. A complete written treatment plan, based on the needs of the youth, will be developed by qualified mental health professionals within 30 days.
- E. Psychiatric Emergencies:
1. Evidence of actual or potential danger to the youth or others; that is, the youth presents a clear danger to self and others.
 2. The degree of lethality and intentionality used by the youth.
 3. Presence of severe psychosocial dysfunction that precludes maintaining the youth
- F. Mental Health Treatment Plan: Every youth must have a comprehensive treatment plan with specific goals and objectives that are measurable. These treatment plans must be reviewed and updated every 30 days by the Treatment Team. The results from the Treatment Team review must be documented and included in UNITY.
- G. Discharge Plan: Every youth must have a discharge plan that is continually reviewed and revised throughout the youth's stay. The Youth Parole Officer and parents, if applicable, shall participate in the discharge plan process. Discharge plans must include reintegration goals and plans for youth integrating back into their community.
- H. Each institution shall develop a Standard Operating Procedure (SOP) for this policy.
- I. This policy shall be reviewed annually and revised as needed.