



**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF YOUTH REHABILITATION SERVICES
POLICY AND PROCEDURES MANUAL**

POLICY NUMBER:	DYRS-019
RESPONSIBLE OFFICES:	Health Services Administration
EFFECTIVE DATE OF POLICY:	September 19, 2013
SUPERSEDES POLICY:	N/A
SUBJECT:	Routine Care: Access, Treatment Planning and Counseling Services (Acute Episodes)

I. PURPOSE

The purpose of this policy is to ensure that all DYRS youth placed in secure facilities have opportunity daily to request access to routine healthcare, treatment planning, and counseling services. All DYRS youth will have timely access to nonemergency and emergency services as needed.

II. POLICY

In the Department of Youth Rehabilitation Services, a Qualified Health Care Professional (QHCP) and/or Qualified Mental Health Professional (QMHP) will collect and triage requests for medical and/or mental health care forms daily. Each youth will be clinically evaluated within specified timeframes based on the urgency of the submitted request for behavioral health care. Behavioral health services will be provided to all youths consistent with the service needs identified in their initial and updated behavioral health screenings, assessments, and treatment plans. DYRS will ensure that youth who have engaged in repeated high risk behavior will receive a mental health assessment within 24 hours and will implement management strategies consistent with the youth's treatment plan.

III. AUTHORITY

This policy is governed by all applicable District of Columbia and Federal law including: DYRS Establishment Act (2004), D.C. Official Code §§ 2-1515.01 through 2-1515.10 (2001), Mental Health Consumers' Rights Protection, D.C. Official Code §7-1231 et seq. (2008), D.C. Mun. Regs. Public Health and Medicine 22, § 600 (2008), Jerry M. Final Approved Amended Comprehensive Work Plan, December 5, 2007, as revised by Revised Final Approved Amended Comprehensive Work Plan, January 26, 2010, and all amendments thereto; District of Columbia District Personnel Manual §16



IV. SCOPE

This policy applies to all trained medical and behavioral health staff (DYRS and contract) that are responsible to coordinate routine access to care, treatment planning, and counseling services.

V. DEFINITIONS

Access to Care: In a timely manner, all DYRS youth placed in secure facilities can be seen by a clinician, be given a professional clinical judgment, and receive care that is ordered.

Requests for Healthcare: Refers to oral or written petitions for medical, dental, and mental health services. These requests are to be documented.

Triage: The sorting and classifying of juveniles' health requests to determine priority of need and the proper place for healthcare to be rendered.

Behavioral Health Services: Programs and services required to meet the mental health needs of youth, including, but not limited to individual, group, and family counseling, crisis intervention, screening, assessment/evaluation, substance abuse treatment, psychological services, psychiatric services, treatment planning, and other specialized behavioral health services.

Behavioral Health Staff: At minimum, Social Service Provider, Social Services Coordinator, Psychologist, Psychiatrist, Psychometric Specialist, Professional Social Service Worker, a nurse trained in mental health duties, and masters and doctoral level mental health students, and other staff with the education, training and experience adequate to perform the duties required in accordance with professional standards, as authorized by the Designated Mental Health Authority.

Licensed Mental Health Professional (LMHP): A licensed psychiatrist, licensed psychologist, Licensed Clinical Social Worker (LCSW), Licensed Professional Counselor (LPC), Licensed Marriage and Family Therapist (LMFT), or Clinical Nurse Specialist (CNS) in psychiatry/mental health. Licensure at the independent practice level is required in order for a clinician to be considered an LMHP.

Mental Health Assessment: Standardized process that includes review of mental health records, interview, and symptoms/behavioral observations to delineate the nature, severity, course and associated risks of any mental health problems that may affect a

youth's emotional, social or cognitive functioning in a secure facility. The Mental Health Assessment will identify and address the needs of the youth in his/her setting.

Mental Health Caseload: Those youth who have been identified, following assessment, as requiring behavioral health services. These youth are assigned a primary clinician to coordinate the behavioral health treatment team presentations of the youth and assure that services recommended by the team are provided.

Mental Status Exam: Interview and observational procedures used to assess the quality of a person's thinking, emotional functioning, perceptions, and behavior.

Psychodiagnostic Evaluation: An assessment completed by a Psychiatrist or Psychologist that includes a review of identifying data, chief complaint, history of present illness, past medical history, past psychiatric histories of the youth and family, developmental and social history, trauma history, non-psychiatric mental history, and mental status exam. Findings from the evaluation will generate multi-axial diagnoses, as appropriate, and recommendations for treatment and follow-up services. If medications are prescribed, the Psychiatrist must be the evaluating clinician.

Qualified Health Care Professional (QHCP): Includes physicians, physician assistants, nurses, nurse practitioners, dentists, mental health professionals, and others who by virtue of their education, credentials and experience are permitted by law to evaluate and care for patients.

Qualified Mental Health Professional (QMHP): Mental health staff with education, training and experience adequate to perform the duties required in accordance with professional standards. When the QMHP is required to complete assessments or provide individual counseling to youth with mental illness, the QMHP must have at least a master's degree in a mental health related field and training and experience in the provision of mental health assessment and counseling procedures. A master's-level student under the supervision of a QMHP may perform the functions of a QMHP.

Treatment Plan: A series of written statements specifying a youth's particular course of therapy in the roles of qualified health care professionals in carrying it out.

VI. PROCEDURES

a. Access

1. Medical/behavioral health staff will collect requests for medical and/or mental health care forms twice daily at the Youth Services Center and New Beginnings secure confinement facilities.
2. Each Request for Care form will be triaged by a QHCP and/or QMHP.



3. Request forms that are not indicated as an urgent behavioral health problem will result in a clinical evaluation by a QMHP within 48 hours of the collection of the request form.

b. Treatment Planning

1. Youth, who have been identified, following assessment, as requiring behavioral health services will be assigned a primary clinician to coordinate behavioral health treatment interventions and services.
2. Any youth requiring behavioral health services will be placed on a mental health caseload at the respective secure confinement facility.
3. A comprehensive treatment plan for all youth placed on a mental health caseload will be developed and implemented based on their initial behavioral health screenings and assessments.

c. Counseling Services (Acute Episodes)

1. A mental health assessment will be conducted within 24 hours for any youth who has exhibited repeated self-injurious behavior or other high risk behaviors that pose a risk to self or others.
2. Following a behavioral health risk assessment a management plan will be developed by the behavioral health treatment team.
3. Established management and intervention strategies will be consistent with the youth's treatment plan, including any revisions to such plan resulting from the assessment.
4. Management strategies will be implemented and coordinated between the responsible health authority, facility operations, direct care staff and necessary stakeholders.

d. Substance Abuse Screening and Assessment

1. A referral must be made for further Substance Abuse Screening and Assessment by a QMHP as soon as possible for any youth who score a caution or warning on the Mental Health Screening (MAYSI-2) substance abuse scale.

VII. REFERENCES

- NCCHC 2011 Juvenile Standards: Y-A-01 Assess to Care
- NCCHC 2011 Juvenile Standards: Y-E-05 Mental Health Screening and Evaluation
- NCCHC 2011 Juvenile Standards: Y-E-07 Nonemergency Health Care Requests and Services
- NCCHC 2011 Juvenile Standards: Y-E-08 Emergency Services



VIII. ATTACHMENTS

- Request for Care form
- Mental Health Assessment form

Approval of the Agency Director:

Neil A. Stanley

DYRS Director

19 September 2013

Date

