



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

<b>POLICY NUMBER:</b>	<b>DYRS-020</b>
<b>RESPONSIBLE OFFICES:</b>	<b>Health Service Administration</b>
<b>EFFECTIVE DATE OF POLICY:</b>	<b>September 19, 2013</b>
<b>SUPERSEDES POLICY:</b>	<b>N/A</b>
<b>SUBJECT:</b>	<b>Initial Behavioral Health Screening</b>

### **I. PURPOSE**

The purpose of this policy is to ensure that all DYRS youth placed in secure facilities receive a timely initial behavioral health screening by a qualified behavioral health provider.

### **II. POLICY**

All youth shall be screened for the presence of behavioral health problems and suicide risk factors upon admission to a Department of Youth Rehabilitation Services secure facility.

### **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 Initial Behavioral Health Screening Policy shall apply to all DYRS employees and contract staff who have direct contact with youth in DYRS care and custody.

### **V. DEFINITIONS**

**Behavioral Health Staff:** At minimum, Psychologist, Psychiatrist, Professional Social Service Worker, Licensed Professional Counselor, a nurse trained in behavioral health duties, and masters and doctoral level behavioral 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 Behavioral health Authority.

**Close Observation:** Level of supervision requiring a clear and unobstructed view of the youth at all times. Close observation will be documented every 15 minutes while in the room or removed from regular programming.

**Designated Behavioral Health Professional (DBHP):** The individual responsible for the facility's behavioral health services, including ensuring the quality and accessibility of all behavioral health services provided to juveniles. The Designated Behavioral Health Professional must have education and training in a behavioral health related field.

**Designated Responsible Clinician (DRC):** The individual responsible for the clinical quality of the facility's behavioral health services, and who has final say in the matters of clinical judgment. The Designated Responsible Clinician must be a licensed behavioral health professional with at least a master's degree in a behavioral health related field.

**Licensed Behavioral Health Professional (LBHP):** 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.

**Behavioral Health Screening:** A process designed to identify those youth with behavioral health issues or substance abuse problems in need of further attention or evaluation.

**Qualified Mental Health Professional (QMHP):** Behavioral 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 behavioral health related field and training and experience in the provision of behavioral health assessment and counseling procedures. A master's-level student under the supervision of a QMHP may perform the functions of a QMHP.

**Routine Observation:** Level of supervision requiring no special services or precautions due to the absence of any apparent risk of harm. Direct observation and documentation of the youth's behavior occurs at irregular intervals at least every 30 minutes while in the room.

**Special Observation:** Level of supervision direct observation and documentation of the youth's behavior at irregular intervals at least every 15 minutes while in the room.



## **VI. PROCEDURES**

- A.** The facility Director and Designated Behavioral Health Professional (DMHP) will jointly designate behavioral health staff to conduct behavioral health intake screenings.
- B.** At the time of a youth's admission to a secure facility, including transfers between secure facilities, the admitting staff member will initiate the Behavioral health Screening.
  - 1.** The behavioral health screening will be completed with each admission, including for transfers between secure facilities. Youth who leave a secure facility "on pass" (e.g., medical/dental appointment, court, interview, etc.) and are gone for less than 24 hours will not need to be re-screened upon return.
  - 2.** The admitting staff member will record the facility name, youth's name, date of birth and the admission date and time on each page of the Behavioral Health Screening (Attachment A).
  - 3.** The admitting staff member will inform the designated behavioral health staff of any observed unusual behavior or mental health concerns.
  - 4.** The youth will remain on close observation until behavioral health staff completes the behavioral health intake screening. A clear and unobstructed view of the youth must be maintained until the behavioral health intake screening is completed.
  - 5.** The admitting staff member will notify a supervisor and behavioral health staff if he/she believes the youth presents an immediate danger to self or others. Staff will take precautionary measures to endure the safety of youth and others.
- C.** As soon as possible, but no later than 4 hours from the time of admission, the behavioral health intake screening will be completed by behavioral health staff.
- D.** The youth's behavioral health screening results will be reviewed by behavioral health staff. If a youth flags in the suicide ideation or thought disorder domain a referral will be made for a clinical assessment by a Qualified Mental Health Professional. In the absence of an onsite QMHP (e.g., evenings after 8:00pm, weekend and holidays after 5:00pm), the behavioral health staff on-call will be notified.
- E.** The Qualified Mental Health Professional will make a clinical determination of placing the youth on suicide precaution.
- F.** If a youth is placed on suicide precaution status the youth will remain on special observation and followed up with a face to face clinical assessment with a Qualified Mental Health Professional within 24 hours.

