



<p>COLORADO DEPARTMENT OF HUMAN SERVICES DIVISION OF YOUTH CORRECTIONS</p> 	<p>POLICY S 15.9</p>	<p>PAGE NUMBER Page 1 of 4</p>
<p>THIS POLICY RELATES TO: State-Operated Treatment Facilities</p>	<p>CHAPTER: Behavioral Health Services</p>	
	<p>SUBJECT: Supervision, Services, and Documentation</p>	
	<p>EFFECTIVE DATE: August 30, 2013</p>	
	 John Gomez, Director	

I. POLICY:

The Division of Youth Corrections' shall provide the appropriate behavioral health services for juveniles within the custody of the Division of Youth Corrections. There shall be a defined frequency of services provided by the behavioral health specialists and documentation to support service delivery.

II. KEY TERMS:

- A. Behavioral Health Specialist
- B. Contact Hours
- C. Progress Note

III. PROCEDURES:

A. BEHAVIORAL HEALTH Supervision:

- 1. Behavioral health supervision shall be conducted by licensed behavioral health specialists or designees approved by the Director of Behavioral Health and Medical Services and documented on an on-going basis by the supervisor.
- 2. The frequency and specifics of behavioral health supervision provided to licensed and unlicensed professionals who provide services shall be in accordance with the appropriate Department of Regulatory Agency (DORA) disciplines:
 - a. Social Work
 - b. Marriage and Family Therapy

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- c. Addiction Counseling
 - d. Professional Counseling to include Sex Offender Management Board (SOMB)
 - e. Psychology
3. Minimum behavioral health supervision shall be based on direct behavioral health contact hours provided by the supervisee at a minimum rate of one (1) hour per month unless otherwise required by the specific discipline.

B. Frequency of Services:

- 1. Behavioral health services shall be provided to committed juveniles by a behavioral health specialist at a minimum of;
 - a. Two (2) 50 minute individual sessions per month (shorter sessions may be utilized based on individual needs and developmental level of the juvenile provided the services are equivalent to an aggregate total of 100 minutes)
 - b. One (1) 50 minute family session per month. If there is no family involvement, family therapy is contraindicated, family members refuse participation, or family therapy is not an identified need area, an additional individual session shall be offered and documented.
 - c. Two (2) group sessions per week.
 - i. Sessions will focus on goals and objectives identified in the juvenile's Individual Treatment Plan (ITP).
 - d. Additional direct service contacts, provided and documented as appropriate, may include, but are not limited to:
 - i. Brief behavioral health contact
 - ii. Suicide Precaution Monitoring (SPM) reviews
 - iii. Special Management Program (SMP) reviews
 - iv. Crisis intervention
 - v. Discrete Case Plan (DCP)/ Individual Treatment Plan (ITP) reviews
 - vi. On-going assessments
 - vii. Initial assessments
 - viii. Psychological evaluations

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ix. Transition services

x. Neuropsychological screenings and/or evaluations

2. A qualified community behavioral health professional shall provide services on an as needed basis to detained juveniles per the contract/memorandum of agreement/agreement, which may include suicide precaution monitoring, mental health evaluations, and linkage to psychiatric evaluations and/or services. The sessions shall not be used as a means of discussing pending litigation.

C. Documentation

1. Behavioral health specialists shall ensure proper consent forms and/or releases have been obtained from the juvenile before the initiation of services. Forms may include but are not limited to:
 - a. Informed Consent
 - b. Sex offense specific treatment contract
 - c. Disclosure Statement
 - d. Substance Abuse Consent for Treatment
2. Behavioral health specialists shall ensure written documentation of Behavioral Health services is provided in the Colorado Trails Database, where available, or in the individual case file of the juvenile. Documentation shall be completed by the conclusion of the behavioral health specialist's next work shift.
3. Progress notes for individual or family shall include:
 - a. Treatment goals and objectives identified in the Individual Treatment Plan (ITP).
 - b. Relevant conditions pertaining to the overall mental health of the juvenile.
 - c. Juvenile strengths in achieving Individual Treatment Plan (ITP) goals and objectives and the overall progress of the juvenile including recommendations.
4. Progress notes for groups shall include:
 - a. General topic covered during group session
 - b. Individual participation of the juvenile
5. Progress notes shall be completed in either Data/Assessment/Plan (DAP) or Subjective/Objective/Assessment/Plan (SOAP) format, and shall be placed in the Colorado Trails Database, where available, in one of the following locations:

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- a. Behavioral health section for mental health services
 - b. Behavioral health section for sex offense specific services
 - c. Drug and alcohol section for substance abuse services.
 - d. Groups will be documented in group life.
6. Should the Colorado Trails Database not be available, hard copies of progress notes shall be filed in the juvenile's case file and in accordance to the Health Insurance Portability and Accountability Act (HIPAA) rules.
7. Documentation of juveniles on Suicide Precaution Monitoring (SPM) shall be completed in accordance with Division of Youth Corrections' policy by the end of the workers shift.
8. Documentation of non-behavioral health services, such as behavioral observations, shall be documented in the Colorado Trails Database case notes, or facility approved hard copy.