COLORADO Division of Youth Services	POLICY S-15-9	PAGE NUMBER 1 OF 10
	CHAPTER: Behavioral Health Services	
	SUBJECT: Behavioral Health Services and Documentation NCCHC Standards: Y-A-05, Y-D-04, Y-F-01, Y-F-03	
	EFFECTIVE DATE: April 1, 2024	
THIS POLICY RELATES TO: Treatment Youth Centers Detention Youth Centers	 **Anders Jacobson, Director**	

I. POLICY:

The Division of Youth Services youth centers shall provide behavioral health services for youth in the PHYSICAL/LEGAL custody of the Division of Youth Services (DYS). There shall be a minimum frequency of services provided as a guide to qualified mental health professionals; however, services may be adjusted, with documented rationale, to meet individual needs. SERVICES ARE PROVIDED FOLLOWING THE DYS TREATMENT MODEL, WHICH INCLUDES THE PRINCIPLES OF RISK, NEED, AND RESPONSIVITY.

II. KEY TERMS: See the Division of Youth Services website for detailed definitions.
DYS Policy Key Terms

A. Qualified Mental Health Professional

B. Progress Note

III. ASSOCIATED FORMS:

A. Health Care Request Form

B. Records Release - Psychotherapy Notes

C. Records Release - Substance Abuse Treatment

D. Transition Plan Checklist

E. Youth Transfer Medical Advisement

IV. PROCEDURES:

A. BEHAVIORAL HEALTH REFERRALS AND HEALTH CARE REQUESTS:

1. BEHAVIORAL HEALTH REFERRALS SHALL HAVE FOLLOW-UP DOCUMENTATION COMPLETED IN THE ELECTRONIC HEALTH RECORD (EHR) WITHIN 72 HOURS.

2. HEALTH CARE REQUESTS SHALL BE COLLECTED, DATED, TRIAGED, AND ENTERED INTO THE EHR WITHIN 24 HOURS OR BY THE END OF THE NEXT BUSINESS DAY IF SUBMITTED OVER THE WEEKEND.

   a. BEHAVIORAL HEALTH SHALL HAVE DOCUMENTED FOLLOW-UP WITH THE YOUTH IN THE EHR WITHIN 72 HOURS OF HEALTH CARE REQUEST TRIAGE.

   b. HEALTH CARE REQUESTS SHALL BE SCANNED INTO THE EHR WITHIN SEVEN DAYS OF SUBMISSION.

B. MENTAL HEALTH SCREENING:

1. ALL YOUTH WHO ARE ADMITTED FROM THE COMMUNITY TO A DETENTION YOUTH CENTER, OR YOUTH WHO ARE REGRESSED, SHALL HAVE A MENTAL HEALTH SCREENING COMPLETED PER THE BEHAVIORAL HEALTH SERVICES PROTOCOL.

2. QUALIFIED MENTAL HEALTH PROFESSIONALS SHALL MEET WITH THE YOUTH TO COMPLETE THE MENTAL HEALTH SCREENING AND OBTAIN FURTHER HISTORY WHICH SHALL INCLUDE A STRUCTURED INTERVIEW WITH INQUIRIES INTO:

   a. A HISTORY OF:

      i. PSYCHIATRIC HOSPITALIZATION AND OUTPATIENT TREATMENTS.

      ii. SUBSTANCE USE RELATED HOSPITALIZATIONS.

iii. PAST SUBSTANCE USE.

iv. DETOXIFICATION AND OUTPATIENT TREATMENT.

v. SUICIDAL BEHAVIOR, SELF-INJURIOUS BEHAVIOR, OR SELF-MUTILATION.

vi. HOMICIDAL OR VIOLENT IDEATION.

vii. VIOLENT BEHAVIOR.

viii. VICTIMIZATION, INCLUDING PHYSICAL AND SEXUAL ABUSE, AND BULLYING.

ix. SPECIAL EDUCATION PLACEMENT.

x. BRAIN TRAUMA OR SEIZURES.

xi. SEXUALLY ABUSIVE BEHAVIOR.

xii. EXPOSURE TO ADVERSE CHILDHOOD EXPERIENCES AND EXPOSURE TO TRAUMATIC LIFE EVENTS AND LOSSES.

xiii. RECENT STRESSORS.

xiv. LGBTQIA+ AND GENDER IDENTITY NEEDS.

b. THE CURRENT STATUS OF:

i. PSYCHOTROPIC MEDICATIONS.

ii. SUICIDAL, HOMICIDAL, AND VIOLENT IDEATION.

iii. DRUG OR ALCOHOL USE.

iv. ORIENTATION TO PERSON, PLACE, AND TIME.

v. EMOTIONAL RESPONSE OR ADJUSTMENT TO being admitted to a secure youth center.

vi. SCREENING FOR INTELLECTUAL FUNCTIONING (I.E. DEVELOPMENTAL DISABILITY, LEARNING DISABILITY).

C. Services FOR YOUTH WHO ARE POST-ASSESSMENT AND COMMITTED IN LONG-TERM TREATMENT (FOR YOUTH IN ASSESSMENT, OR YOUTH POST-ASSESSMENT AWAITING PLACEMENT, REFER TO DYS POLICY S-21-1):

1. INDIVIDUAL TREATMENT PLAN (ITP):

   a. AN ITP SHALL BE COMPLETED AND DOCUMENTED IN THE EHR PER THE ITP PROTOCOL WITHIN 60 DAYS OF COMMITMENT.

      i. FOR YOUTH WHO HAVE BEEN REGRESSED, AN ITP SHALL BE COMPLETED AND DOCUMENTED WITHIN 30 DAYS OF ADMISSION TO A COMMITTED TREATMENT YOUTH CENTER.

      ii. THE ITP SHALL DESCRIBE RISK-BASED GOALS AND OBJECTIVES FOR WHICH THE BELOW THERAPEUTIC SERVICES WILL BE PROVIDED.

      iii. COMMITTED YOUTH WHO ARE TRANSFERRED, PLACED, OR HELD IN A DETENTION CENTER SHALL CONTINUE TO FOLLOW THE DEVELOPED ITP AND SHALL RECEIVE THE SAME SERVICES OUTLINED BELOW FOR COMMITTED YOUTH IN A TREATMENT PROGRAM.

   b. THE ITP SHALL BE REVIEWED IN THE EHR EVERY 30 DAYS AND UPDATED AS NEEDED.

   c. TRANSITION GOALS SHALL BE ADDED TO THE ITP AT LEAST 90 DAYS BEFORE THE YOUTH'S DISCHARGE AND SHALL BE RELATED TO ONGOING RISKS IDENTIFIED BY THE YOUTH ASSESSMENT AND SCREENING INSTRUMENT (YASI) DOMAINS AND RESPONSIVITY NEEDS THAT MAY CREATE BARRIERS TO A SUCCESSFUL TRANSITION.

2. Behavioral health services shall be provided to committed youth by a QUALIFIED MENTAL HEALTH CARE PROFESSIONAL at a minimum of:

   a. Four individual sessions PER MONTH. The length of each session may VARY based on individual needs and the developmental level of the youth. THE SESSIONS MUST BE equivalent to an aggregate total of 240 minutes offered. Sessions shall be documented per the Individual Treatment Protocol.

b. One family session per month SHALL BE OFFERED.

i. THE LENGTH OF THE SESSION(S) MAY VARY BASED ON INDIVIDUAL NEEDS AND DEVELOPMENTAL LEVEL OF THE YOUTH. THE FAMILY SESSION(S) MUST BE EQUIVALENT TO A MINIMUM TOTAL OF 60 MINUTES OFFERED.

ii. If there is no family involvement, family therapy is contraindicated, family members refuse participation, or family therapy is not an identified need area, a FAMILY-FOCUSED individual session shall be offered.

c. A MINIMUM OF THREE group sessions per week SHALL BE OFFERED. Sessions will focus on goals and objectives identified in the youth's ITP. THESE SESSIONS DO NOT INCLUDE SESSIONS CONDUCTED BY YOUTH CENTER EMPLOYEES (SEE DYS POLICY S-17-1 SCOPE OF PROGRAMS AND SERVICES SECTION E, "TRAUMA RESPONSIVE CARE.")

i. Sessions will address goals and objectives identified in the youth's ITP. PROGRESS NOTES FOR THE GROUPS SHALL INCLUDE THE GENERAL TOPIC COVERED DURING THE GROUP SESSION, INTERVENTION PROVIDED, AND INDIVIDUAL PARTICIPATION STATUS OF THE YOUTH.

ii. WHEN group treatment is contraindicated, this requirement may be waived with supporting documentation, including how the treatment needs will be addressed, why group treatment is contraindicated, and a periodic review at least once per QUARTER to determine if the youth could benefit from group treatment. This shall be documented per the group treatment protocol.

iii. GROUP SESSION DOCUMENTATION SHALL BE COMPLETED ACCORDING TO THE BEHAVIORAL HEALTH DOCUMENTATION GUIDE AND PROTOCOL.

d. For youth demonstrating a decreased need for services (i.e. preparing for transition, later stages of an extended sentence, completion of all associated treatment goals, etc.) this requirement may be waived with supporting documentation, including reviews MONTHLY to determine if an increase or additional services are warranted.

e. Additional direct service contacts provided and documented as appropriate may include but are not limited to:

i. MENTAL HEALTH CHRONIC CARE INTERVENTIONS

ii. Brief behavioral health contact(s)

iii. Suicide PREVENTION Monitoring (SPM) reviews

iv. Individual Growth and Change Plan (IGCP) reviews

v. Crisis intervention

vi. YOUTH DEVELOPMENT PLAN (YDP)/ MULTIDISCIPLINARY TEAM (MDT)/Individual Treatment Plan (ITP) reviews

vii. On-going assessments

viii. Initial assessments

ix. Psychological evaluations

x. Transition services

xi. Neuropsychological screenings and/or evaluations

3. Individual, group, and family services shall be consistent with the Behavioral Health SERVICES Framework AND DYS TREATMENT MODEL. ALL SERVICES SHALL BE DOCUMENTED IN THE EHR PER THE BEHAVIORAL HEALTH DOCUMENTATION GUIDE.

a. Interventions and practices promote safety for youth, employees, and the community.

b. Services are individualized and delivered through a culturally competent and socio-ecological lens, including universal screening and assessment protocols.

c. Trauma-responsive environments and interventions promote accountability and utilize restorative processes.

d. Relationship and strengths-based service delivery that fosters HEALTHY neurodevelopment (neuroplasticity).

e. Focus on hope, self-efficacy, and resiliency to enhance intrinsic motivation.

f. EMPIRICALLY VALIDATED interventions and treatment (unless contraindicated), and practice-based skills development to focus on criminogenic risk, need, and responsivity factors.

g. Specialized interventions and treatment approaches for individualized needs (e.g., trauma, brain injury, sex offense specific, substance use, gender-specific, and serious mental health needs).

h. Family-centered engagement and empowerment practices that are relationship and strengths-based.

4. THE YOUTH CENTER CLINICAL DIRECTOR OR DESIGNEE SHALL AUDIT THE YOUTH ITP QUARTERLY. SEE THE INDIVIDUAL TREATMENT PLAN PROTOCOL FOR MORE INFORMATION.

D. MONTHLY PROGRESS REPORT: THE QUALIFIED MENTAL HEALTH PROFESSIONAL SHALL COMPLETE A MONTHLY PROGRESS REPORT IN THE APPROVED ELECTRONIC HEALTH RECORD AND PROVIDE A COPY OF THE REPORT TO THE CLIENT MANAGER/PAROLE OFFICER EACH CALENDAR MONTH.

E. DISCHARGE REPORT: THE QUALIFIED MENTAL HEALTH PROFESSIONAL SHALL COMPLETE A DISCHARGE REPORT IN THE ELECTRONIC HEALTH RECORD AND PROVIDE A COPY OF THE REPORT TO THE CLIENT MANAGER/PAROLE OFFICER WITHIN SEVEN CALENDAR DAYS FROM THE DATE OF THE YOUTH'S RELEASE FROM THE TREATMENT YOUTH CENTER. THE DISCHARGE REPORT SHALL INCLUDE ALL DOCUMENTATION REQUIRED PER THE BEHAVIORAL HEALTH DOCUMENTATION GUIDE.

F. JUVENILE PAROLE BOARD (JPB) REPORTS: JPB REPORTS SHALL BE PROVIDED TO THE YOUTH'S CLIENT MANAGER AT LEAST 14 CALENDAR DAYS BEFORE THE JPB HEARING.

G. COMMUNITY REVIEW BOARD (CRB) REPORTS: CRB REPORTS SHALL BE PROVIDED TO THE YOUTH'S CLIENT MANAGER WITHIN THE CRB'S ESTABLISHED TIMELINES.

H. SERVICES FOR YOUTH WHO ARE DETAINED:

1. SERVICES FOR BEHAVIORAL HEALTH SHALL BE OFFERED AS SPECIFIED, TO INCLUDE:

a. PSYCHOEDUCATION GROUPS.

i. THERE SHALL BE ONE GROUP PER WEEK OFFERED BY A QUALIFIED MENTAL HEALTH PROFESSIONAL.

ii. PROGRESS NOTES SHALL BE DOCUMENTED PER THE BHS DOCUMENTATION GUIDE AND GROUP SERVICES PROTOCOLS.

b. CHRONIC CARE AND SPECIAL NEEDS: YOUTH WHO MEET DIAGNOSTIC CRITERIA AS DEFINED BY THE DSM-V (TR) FOR CHRONIC CARE CONDITIONS AND/OR SPECIAL NEEDS CRITERIA SHALL BE OFFERED:

i. AN INTERVENTION PLAN. THE INTERVENTION PLAN MAY INCLUDE A SAFETY PLAN, BEHAVIORAL PLAN, OR INDIVIDUAL GROWTH AND CHANGE PLAN (IGCP) TO ADDRESS THE NEEDS OF THE YOUTH.

ii. ONE 30-MINUTE INDIVIDUAL SESSION PER WEEK WITH A qualified mental health professional THAT ADDRESSES A MINIMUM OF ONE CHRONIC CARE GOAL. THE SESSION SHALL BE DOCUMENTED PER THE CHRONIC CARE PROTOCOL.

iii. IF A YOUTH IS ON A CHRONIC CARE INTERVENTION PLAN UPON COMMITMENT, THEY SHALL REMAIN ON THE PLAN DURING THE ASSESSMENT PROCESS UNLESS THE CHRONIC CARE NEED HAS BEEN RESOLVED.

iv. IF A YOUTH REMAINS ON A CHRONIC CARE INTERVENTION THROUGHOUT THE ASSESSMENT PROCESS, THE CHRONIC CARE NEEDS SHALL BE INCORPORATED IN THE ITP GOALS AS RESPONSIVITY FACTORS.

c. IF AN EXTERNAL TREATMENT TEAM DETERMINES THAT ADDITIONAL SERVICES ARE NEEDED, THE EXTERNAL TEAM WILL PROVIDE THESE SERVICES.

2. QUALIFIED MENTAL HEALTH PROFESSIONALS SHALL MEET WITH YOUTH WITH SPECIAL NEEDS TO DETERMINE WHAT INTERVENTIONS ARE NEEDED DURING THEIR STAY IN DETENTION.

3. THE DYS TRANSITION SAFETY PLAN SHALL BE IMPLEMENTED FOR YOUTH WITH CHRONIC CARE OR SPECIAL NEEDS.

4. YOUTH WHO ARE DETAINED SHALL HAVE A YOUTH ADVISEMENT FORM COMPLETED BY THE FIRST DATE OF SERVICES PROVIDED.

I. CASE ESCALATION: YOUTH MAY HAVE THEIR CASE ESCALATED IF THEY EXHIBIT BEHAVIORAL HEALTH AND/OR MEDICAL CONDITIONS THAT REQUIRE ADDITIONAL CONSULTATION, INTERDISCIPLINARY COLLABORATION, AND INTERVENTION. ALL CASE ESCALATIONS SHALL FOLLOW THE DYS CASE ESCALATION PROTOCOL.

J. Documentation: ALL BEHAVIORAL HEALTH DOCUMENTATION SHALL BE MADE FOLLOWING THE BEHAVIORAL HEALTH DOCUMENTATION PROTOCOL.

1. Qualified mental health professionals shall ensure proper disclosures, advisement/consent forms, and/or releases have been obtained from the youth following the DYS documentation guide. If necessary, limited services to respond to acute crises and/or needs may be provided before consent forms and/or releases are obtained. In such cases, the service shall be labeled as “brief mental health” or “crisis intervention.”

2. Documentation shall be completed WITHIN 24 HOURS. FOR ACUTE MENTAL HEALTH AND SAFETY CONCERNS, DOCUMENTATION SHALL OCCUR BEFORE THE END OF THE SHIFT. IF THE DYS POLICY INDICATES DOCUMENTATION SHALL TAKE PLACE SOONER THAN WITHIN 24 HOURS, EMPLOYEES SHALL FOLLOW THE DYS POLICY.

3. DURING EPISODES OF EHR DOWNTIME, hard copies of progress notes shall be HELD in A SECURE LOCATION following the Health Insurance Portability and Accountability Act (HIPAA) rules. WHEN THE EHR IS BACK ONLINE, HARD COPY PROGRESS NOTES WRITTEN DURING DOWNTIME SHALL BE ENTERED INTO THE EHR WITHIN 24 HOURS.

4. Documentation of youth on Suicide PREVENTION Monitoring (SPM) shall be completed following the Division of Youth Services’ policy by the end of the qualified mental health professional’s shift.

5. BEHAVIORAL OBSERVATIONS AND NOTES BY DYS EMPLOYEES WHO ARE NOT MEDICAL OR BEHAVIORAL HEALTH EMPLOYEES shall be documented in the Colorado Trails Database case notes.

6. Direct and INDIRECT Services shall be documented according to BEHAVIORAL HEALTH DOCUMENTATION PROTOCOL.