

This SOP details how treatment planning is completed for youth committed to SYSC.

Procedure

The following information is to support the implementation of the above referenced policy. This document shall not preclude staff from using their professional judgement based on individual circumstances, consistent with the requirements of the policy.

- I. The development of a youth treatment plan will be based on information from:
 - A. A Comprehensive Assessment completed for treatment planning, including:
 - 1. A review of all previous assessments and other documentation as provided by the youth's Juvenile Probation and Parole Officer (JPPO) upon admission, such as:
 - (a) Form 2026 Collateral Contact Sheet;
 - (b) Pre-Dispositional Investigation Report, if available;
 - (c) The youth's case plan (Form 1550J or Form 1550CS), if available;
 - (d) The youth's permanency goal and concurrent goal if a case plan is not available;
 - (e) Diagnostic reports and evaluations; and
 - (f) The court order for the commitment of the youth, including all charges:
 - (1) Misdemeanors and felonies must be delineated;
 - (2) All plea deals must be identified;
 - (3) All committing offenses must be delineated; and
 - (4) All charges nolle prosequi must be identified;

- 2. A review and consideration of all information provided at the youth's Classification Meeting, including, but not limited to:
 - (a) The youth's mental health assessment completed on Form 2144 by a Clinical Coordinator (CC);
 - (b) The youth's Substance Use/Abuse Assessment completed by a CC who has been trained in the administration of the tool;
 - (c) The youth's Nursing Assessment on Form 2279 completed by the Medical Department head, or designee;
 - (d) The youth's Educational Assessment completed by the School Principal, or designee;
 - (e) The youth's Spiritual Assessment on Form 2186 completed by the SYSC Chaplain;
 - (f) The youth's Vocational Assessment completed by the DCYF Permanency Specialist or designee; and
 - (g) The youth's Permanency Assessment completed by the DCYF Permanency Specialist;
- 3. Clinical interviews with the youth and parent/guardian to gain their perspective and to enjoin into treatment; and
- 4. Review and consideration of other assessments completed upon commitment to SYSC, including, but not limited to:
 - (a) Suicidality and depressive symptoms assessed in the first 24 hours after admission/detention;
 - (b) PREA Vulnerability Assessment documented on Form 2197 within 72 hours of admission/detention;
 - (c) Mental Health Screening Measures within 5 days of commitment;
 - (d) Mental Health Assessment Form 2144 completed within 5 days of commitment; and
 - (e) Psychosocial Assessment on Form 2143 completed within 14 days of commitment; and
- B. Resident Personal Safety Plan Form 2131 developed pursuant to policy 2131 Proactive Safety Planning.

- II. Individualized treatment plans direct the care and supervision of the youth. The plan may include, but is not limited to:
 - A. Specific testing or medical referrals based on the needs of the youth;
 - B. Specified accommodations to support the victims of sexual abuse within the facility, including in their education program; and
 - C. Coordination of care with the youth's primary care physician or community mental health provider (within the confines of HIPAA regulations) as appropriate, to include:
 - 1. Specific interventions necessary relative to the youth's medical and/or mental health needs; and
 - 2. Necessary follow-up, including any necessary referrals, as appropriate.

Applicable Forms		
Form	Title	
1550CS	Community Supervision Plan	
1550J	Juvenile Justice Placement Plan	
2026	JPPO Collateral Contact Sheet	
2131	Resident Personal Safety Plan	
2143	Psychosocial Assessment	
2144	Mental Health Assessment	
2186	Spiritual Assessment	
2197	PREA Vulnerability Assessment Instrument	
2279	Nursing Assessment	

Glossary and Document Specific Definitions

A-B C-D E-F G-I J-L M-N O-Q R-S T-V W-Z

Document Change Log				
PD	Modification Made	Approved	Date	