
 <p>NH Department of Health &amp; Human Services Division for Children, Youth &amp; Families</p>	<p><b>DCYF Standard Operating Procedure</b></p> <p><b>2132.3 CLINICAL SERVICES FOR DETAINED YOUTH</b></p>	
	<p>Policy Directive: <b>21-17</b></p> <p>Effective Date: <b>March 2021</b></p> <p>Implements Policy: <b>2132</b></p>	<p>Approved:</p>  <p>Joseph E. Ribsam, Jr., DCYF Director</p>

This SOP outlines clinical services for detained youth.

### 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. Detained youth will be assessed for placement on the SYSC Unit that is structured as most appropriate to meet their needs.
- II. Clinical services for detained youth include, but are not limited to:
  - A. Assessments by a master's level clinician within 24 hours of a youth's detention, if the length of detention will be 24 hours or longer. Assessments include, but are not limited to:
    1. Completion of PREA Vulnerability Assessment Instrument, Form 2197;
      - (a) The clinician must notify the SYSC Director or designee and the SYSC PREA Compliance Manager via email of any youth determined to be at high risk for victimization or abuse based on Form 2197;
      - (b) The youth's clinician will further assess and make recommendations regarding specialized programming for the youth determined to be high risk for victimization or abuse within 14 days of the assessment;
      - (c) Any treatment plans (Form 2130D) intended to address a youth's high risk for victimization or abuse must be emailed to the Supervisor of Clinical Services and the SYSC PREA Compliance Manager.
    2. Screening utilizing the Beck Suicidal Ideation Assessment;
    3. Development of Resident Personal Safety Plan, Form 2131;
    4. Ongoing mental status assessments by clinical and medical staff including assessments for suicidal and homicidal ideation;
    5. Crisis intervention services as needed; and

- 6. Treatment planning as part of a multidisciplinary team for long-termed detained youth.
  - B. Discharge or aftercare planning to the extent practicable based on a case-by-case basis;
  - C. Assignment of a Clinical Coordinator (CC) for individual and family supportive counseling; and
  - D. Core psychoeducation groups held weekly consisting of the following:
    - 1. Substance Awareness;
    - 2. Anger Management;
    - 3. Honest Minds Lite; and
    - 4. Release and Reintegration/Life Skills.
- III. Trust Presentations by long-term, detained youth based on a special education model of assessment are used to allow youth to demonstrate competency with their treatment goals and access trusted areas of the building (e.g. weight room, working in the café).
- A. Youth Counselors (YCs) work with the youth to review their treatment plan to prepare for Trust Presentations;
  - B. YCs or CCs assess competency readiness for Trust Presentations; and
  - C. The youth's assigned CC schedules Trust Presentations with the SYSC Department Heads.
- IV. When working with detained youth, all staff must:
- A. **Not** discuss issues surrounding youth's alleged delinquent act;
  - B. Advise youth that their conversations are not privileged; and
  - C. Refer youth to their attorney if the youth expresses the need to discuss something confidential or any delinquent act.

Applicable Forms	
Form	Title
2130D	SYSC Treatment Plan – Long-Term Detention
2131	Resident Personal Safety Plan
2197	PREA Vulnerability Assessment Instrument

## 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
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