

**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
DIVISION OF YOUTH SERVICES
JUVENILE INSTITUTIONS**

Subject: Service Plans	Policy Number: 5
Number of Pages: 5	Section: XIII
<p style="text-align: center;"><small>Attachments</small></p> A. Service Plan B. Service Plan Audit Form C. Service Plan Audit Log	<p style="text-align: center;"><small>Related Standards & References</small></p> ACA 3-JTS-5B-04 3-JTS-5B-06 3-JTS-5B-05 3-JTS-5B-07
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I. POLICY

It is the policy of the Mississippi Department of Human Services, Division of Youth Services (DYS), that a written and individualized plan based on standardized assessments, shall be developed for each youth housed in a training school. The Service Plans shall guide the continual rehabilitative efforts of staff servicing youth housed at a DYS Training School. Furthermore, a youth's Service plan shall be used to facilitate a youth's re-entry into the community.

II. DEFINITIONS

As used in this policy and procedure, the following definitions apply:

- A. **Service Plan** – A detailed written plan addressing the goals, objectives, timelines, and staff assignments, which are measured to establish a rehabilitative program, which addresses areas of high risk/need, and promotes pro-social behavior. Furthermore, it is a holistic and comprehensive document that addresses the recreational, educational, vocational, medical, mental health, substance abuse, sex offender/victim and transitional period needs, as well as the family history of youth.
- B. **Treatment Team** – An appointed group of staff members responsible for developing and coordinating the implementation of a youth's determined Service Plan. Each treatment team will include representatives from counseling, mental health, education, and direct care. For each student who sees a psychiatrist for medication management or after a Safety Alert (Levels 2 and 3), the team shall include a psychiatrist.
- C. **Risk Factor** – A risk factor is an area of risk and/or need that has been proven to have a high correlation to further criminal activity.
- D. **Summary of Youth's Status** – A brief summary of the risk and protective factors that contribute to and prevent delinquency within a specific risk factor.

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- E. **Long Term Treatment Goal** – The planned outcome resulting from the achievement of identifiable and comprehensive objectives that are fulfilled on reducing the impact of specific risk factors.
- F. **Short Term Treatment Goal** – Specific objectives, which together act as the framework for achieving a youth’s long-term treatment goal.
- G. **Interventions** – Specific measurable actions to be taken by a youth’s Treatment Team, which are designed to reach short-term treatment objectives.
- H. **Youth Master File (YMF)** - the official commitment record maintained for each youth that documents his/her treatment, correspondence, and all court papers addressing legal commitment.
- I. **Qualified Mental Health Professional (QMHP)** – Mental health care provider licensed and sufficiently trained to provide the services he or she undertakes to provide.

III. PROCEDURE

- A. **Structure** – Service Plans shall be established using the approved format and shall be filed in the Youth's Master File and medical chart. Records of reviews, progress notes and team deliberations shall be chronologically filed in the youth master file in the section assigned to the Service Plan. Documentation shall include family contacts and reintegration planning
- B. **Screening and Assessment** – Service Plans shall be based on an assessment using objective screening/assessment instruments, tools, and structured interview formats. Youth with special needs shall be identified. The needs identified in the assessment process shall be used to define goals and action steps which will make up the Service Plan. (See policy XIII.3: Youth Screening and Assessment)
- C. **Initial Service Plan Development** – The initial development of the Service Plan shall be completed in two stages. A program needs screening shall be done during the Intake process. Once the youth has been transferred to a permanent housing unit, the Treatment Team in the permanent housing unit shall complete and implement a Service Plan within fourteen (14) working days of admission.
 - 1. **Intake Staff** - During Intake, the psychology staff shall conduct a Program Needs Screening to determine areas of high risk and need. During the Orientation process additional assessments are conducted to prioritize the high risk/need areas for treatment. A report shall be written summarizing the results of the Program Needs Assessment process.
 - 2. **Treatment Team** – The initial Service Plan shall be written within fourteen (14) working days of admission. Treatment goals, interventions, and timelines shall be identified. The Treatment Team shall also assign

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staff to complete steps requiring staff involvement and document their supervision and oversight of the youth's treatment status and case planning.

D. Components of the Service Plan – The Service Plan shall include the following information:

1. **Social History/Case Summary** – A brief summary of relevant social history information shall be included. This summary shall be crafted using the information provided in the Admission Summary Report and other background obtained from other sources or interviews.
2. **Risk/Need Summary** – A summary of the youth's scores for areas of risk/need and protective factors shall be included.
3. **Treatment Services** – When a youth is found to have multiple areas of risk/need that are high, the Service Plan shall identify which areas should be addressed first and the reasons for those decisions.
4. **Treatment and Programming Services** - The Service Plan shall identify long and short term treatment goals for each service priority that has been identified. As well, the Service Plan shall include specific interventions that should be used to achieve those goals, a staff person to provide each intervention, and a time table for the projected completion of each intervention. All clinical treatment services shall be provided by a Qualified Mental Health Professional.
5. **Medication Management** – If, as a result of the programming needs assessment and psychiatric evaluation, it is determined that a youth is in need of psychiatric medication, the Service Plan shall summarize steps detailed in the medical file, which are being taken to assure the youth receives the appropriate medication, and that the medication management program is integrated into the overall treatment services. (For further information see medical policy XI.32.)
6. **Suicide Prevention** – The youth's Service Plan should be modified to include treatment goals and specific interventions designed to address and reduce suicidal ideation and threats, self-injurious behavior, and suicidal threats perceived to be based upon attention-seeking behavior; The youth's Service Plan shall describe signs, symptoms, and circumstances under which the risk for suicide or other self-injurious behavior is likely to recur, how recurrence of suicidal and other self-injurious behavior can be avoided, and actions both the youth and staff can take if the suicidal and other self-injurious behavior do occur. The youth's Service Plan should identify the QMHP and Counselor responsible for both developing and implementing the treatment goals and specific interventions, as well as identify target dates for problem resolution; and the youth's modified

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Service Plan will be discussed with the youth and the youth's parent(s) or guardians.

- a. Service plans related to suicidal behavior of all youth on Safety Alert Status should be discussed during the Treatment Team meeting.
 - b. Service plans of youth who are no longer on Safety Alert status but have suicidal behavior listed as a problem area on their service plan should be discussed during the weekly QMHP/Counselor Team meeting.
7. **Educational and Vocational Services:** - Educational and vocational (if appropriate) goals shall be developed for each youth. These shall be maintained in the youth's education file by the education staff in the school area. (See special education policy XII.8.)
 8. **Transition Plan** – The Service Plan shall include the specific steps that should be taken to help the youth make a successful transition back to the community (See policy XIII.19).
 9. **Parental Involvement** – The Service Plan shall include information about how a youth's parents/guardians have been involved in the development and implementation of the Service Plan.
- E. **Service Plan Revisions** – Revisions to the Service Plan should be made on an as-needed basis, but shall be reviewed at least monthly and a documented record of the review, findings, and recommendations shall be completed in the approved format and retained in the Youth Master file. Service Plan revisions should be made if new and important information is learned or the goals and objectives, action steps and staff assignments are changed.
- F. **Risk/Need Reduction** – Completion of interventions will not be interpreted as evidence of rehabilitation. The completion of an intervention will not be taken as prima-facie evidence of reduced level of risk and need.
1. Decisions about the achievement of treatment goals shall be based primarily upon a re-assessment using the Youth Assessment & Screening Instrument (the YASI). The dynamic factors assessed through the YASI should enable treatment staff to objectively assess risk/need reduction. The YASI shall be re-administered when there are significant changes or as needed. However, re-assessment shall occur prior to parole, unless it has been administered within 60 days of the parole date.
 2. Additional information used to assess risk/need should consist of documented behavior reports and clinical observations.

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3. The youth's counselor shall be responsible for the writing of the Service Plan using the Comprehensive Service Plan form (Attachment A). The official Service Plan shall be maintained in the youth's electronic file in the automated Case Management System (CMS). A paper copy shall be printed out and placed in the youth's master file and the counselor's file. Any plan containing mental health interventions delivered by a Qualified Mental Health Provider (QMHP) will also be placed in the Psychology section of the youth's medical record.
4. The Treatment Team Meeting Form shall be completed by the Chairperson of the youth's treatment team, who is the unit coordinator; a copy of which shall be kept in the Youth Master File. (See policy XIII.4: Treatment Team)

IV. QUALITY ASSURANCE STANDARDS

The following documents shall be completed and maintained to provide a written record of the development and implementation of the Service Plan, and to provide a basis for quality assurance evaluations to be conducted on a quarterly basis. Regular audits using the Division's quality assurance process shall be conducted four (4) times a year. (For more information about the quality assurance process, see policy IX.1.)

- A. **Service Plan Audit** – The Clinical Director or designee shall audit Service Plans on a quarterly basis, using the Service Plan Audit Form (see Attachment B). Audits shall be conducted within ten working days of the end of the previous quarter, and subsequent reports shall be submitted to the Facility Administrator, Director of Institutions, and the Division Director. Using a random sample, the Director of Programs shall audit 10% of the active Service Plans at each facility or ten files, whichever is greater.
 1. **Service Plan Audit Log** – A log (Attachment C) of the audits that have been conducted will be maintained by each Director of Programs. This log will provide a reference list to know which Service Plans have been audited.
 2. **Quarterly Report** - Quarterly, the Clinical Director or designee shall compile a report summarizing the findings of the audits that were conducted. This report shall include a list of the files that were audited, and recommendations for training and/or revisions to policy and procedures related to the development and implementation of Service Plans.
- B. The standards for this provision address the extent to which Service Plans are documented and timely according to extant policy. Additional standards monitor completeness and quality improvement (clinical relevance and measurability) goals.