

| MISSISSIPPI DEPARTMENT OF HUMAN SERVICES DIVISION OF YOUTH SERVICES JUVENILE INSTITUTIONS | |
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| Subject: Service Plans | Policy Number: 5 |
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| Attachments | Related Standards & References |
| A. Service Plan B. Service Plan Audit Form C. Service Plan Audit Log | ACA 3-JTS-5B-04 3-JTS-5B-06 3-JTS-5B-05 3-JTS-5B-07 |
| Effective Date: April 20, 2007 Revised: April 5, 2010, August 1, 2017, October 16, 2017, February 16, 2018 | Approved: DocuSigned by: <i>James Maccarone</i> James Maccarone, Director |

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 at Oakley Youth Development Center (OYDC). The Service Plans shall guide the continual rehabilitative efforts of staff servicing youth housed at a OYDC. 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.
- B. **Treatment Team** – An appointed group of staff members responsible for developing and coordinating the implementation of a youth's determined Service Plan. Members of the treatment team include, but are not limited to, representatives from counseling, mental health, education, and direct care.
- 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.
- 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.

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

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- D. **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.
- E. **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. Clinical team will assess progress based upon additional information used to assess risk/need should consist of documented behavior reports and clinical observations (e.g. Treatment Team Documentation, School Reports, Behavior Incentive Documentation, Student Self-Assessments, Incident/Disciplinary Reports, etc.).
 2. The youth’s counselor shall be responsible for the writing of the Service Plan using the Service Plan form (Attachment A). 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.
 3. 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 Mental Health Director shall audit 10% of the active Service Plans at each facility or ten files, whichever is greater.

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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 designated agency clinical party 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.