

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES DIVISION OF YOUTH SERVICES JUVENILE INSTITUTIONS	
Subject: Treatment Teams	Policy Number: 4
Number of Pages: 7	Section: XIII
Attachments	Related Standards & References
A. Treatment Team Meeting Form	ACA 3-JTS-5B-04 ACA 3-JTS-5B-06
Effective Date: November 29, 2006 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 that all programming activities used to modify and monitor the behavior of youth shall be developed and coordinated by a Treatment Team. This team shall meet with youth on an individual and regular basis to discuss treatment goals and objectives as well as to assess the youth's progress. Consequently, a written and individualized plan based on standardized assessments shall be developed for each youth housed at Oakley Youth Development Center (OYDC). These plans shall be called Service Plans, which shall guide the continual rehabilitative efforts of staff servicing youth housed at 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. Treatment Team – An appointed group of staff members responsible for developing and coordinating the implementation of a youth's determined Service Plan. This team shall encourage youth, while monitoring the student's progress and revise the youth's Service Plan as needed. The Team shall also be responsible for linking the youth to the appropriate programming and resources to address individual risk and/or needs. The Treatment Team shall be composed of the following individuals:

1. Youth: Each youth must attend his/her individual Treatment Team meeting.
2. Counselor: Shall function as Team Chairperson. In the absence of the counselor, another team member shall act as Chair. If the assigned counselor is unable to attend the team meeting, a designee of the Mental Health Director shall attend on the assigned counselor's behalf.
3. Teacher: An OYDC educational staff member shall provide all educational material and information pertinent to the youth being treated and/or assessed.
4. Direct Care Staff: A direct care staff member designated to the Assigned Housing Unit shall attend all Treatment Team meetings, and provide information on youth's behavior, participation in housing unit activities, and other relevant information.

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5. Recreation Supervisor: A designated recreational staff member, who shall gather and present all relevant information regarding a youth's performance in recreation activities.
 6. Medical and psychiatric staff: Shall provide written input on all initial meetings and as needed on all review meetings.
 7. Qualified Mental Health Professional: Shall attend all treatment teams for youths receiving individual mental health treatment or psychotropic medications.
 8. Counselor supervisor/administrator: Shall attend Treatment Team meetings at the request of the Chairperson.
 9. Community Counselor: Shall provide information as needed for use in the treatment team meetings. The Community Counselor shall be provided with results of all Treatment Team meetings of their assigned youths in the final Service Plan, which will function as the transition plan.
 10. Parent or Legal Guardian: Shall be invited to initial, determination of parole date, and transition planning Treatment Team meetings.
 11. Volunteers/Others: Individuals who have a significant role in the treatment or care of a youth may be invited to attend a Treatment Team meeting. These individuals shall be approved by the DYS or Youth Court.
- B. **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 promote pro-social behavior.
- C. **Transition Plan** – A youth's Service Plan, which shall be adopted by the youth's Community Counselor for implementation upon return of the youth to the community.
- D. **Special Circumstance** – An unforeseen event or problem, which may require a youth to be seen by the Treatment Team more than or outside of a regularly scheduled session. Examples being: an attempted escape, a suicide attempt, or exemplary performance in treatment programming and goal completion.
- E. **Assigned Housing Unit** – The pod or cottage where youth reside for the duration of their time served.
- F. **Intervention** – Specific measurable actions and objectives designated by the Treatment Team in order for a youth to achieve goals identified in the youth's Service Plan.

III. PROCEDURE

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- A. Assigning Housing Unit – Every youth shall be assigned to a housing unit. The Treatment Team associated with the Assigned Housing Unit shall be responsible for holding Treatment Team meetings with each youth assigned to that unit.
1. Intake Unit – Upon admittance, the Intake Unit shall act as the assigned housing unit for a youth until transfer to a permanent housing unit. In addition, the Intake and Orientation Staff shall serve as the youth’s Treatment Team. (See Policy XIII.1: Admission, Intake, and Orientation)
 2. Permanent Unit – Youth shall be assigned a permanent housing unit based on the screening and assessments administered during the Intake period. (See Policy VI. 7: Ranking and Placement) Once transferred to a permanent housing unit, the Treatment Team assigned to that housing unit shall meet with each youth no less than monthly and serve as a youth’s Treatment Team for the duration of the youth’s stay, or until the Facility Administrator or designee approves a permanent transfer to a different housing unit.
 3. Temporary Assignments – A youth’s Treatment Team and assigned housing unit shall not change if the youth is temporarily placed in another unit such as the Observation Management Unit, the hospital, or an outside facility such as a detention facility. Youth shall remain in their assigned housing unit unless protective custody or emergency situations warrant a housing unit transfer.
 4. Request for Transfer - The assigned Treatment Team shall make recommendations to the Facility Administrator to have a youth transferred to another housing unit. All housing unit transfers must be approved by the Facility Administrator or designee. The assigned Treatment Team shall submit, in writing, their recommendation for a housing unit transfer to the Facility Administrator or designee for formal review and approval. Approval shall ensue within 24 hours. In the event of an approved housing unit transfer, the youth’s assigned treatment team shall prepare and present a transfer briefing prior to the placement of the youth in the newly assigned housing unit, which shall include an overview of the youth’s background, risk/need, and strengths.
- B. Designation of Team Members – Each member of a Treatment Team shall be designated and assigned by their department (Medical, Counseling, Mental Health, Education, Direct Care, and Recreational) within 7-14 days of placement in an assigned housing unit.
- C. Responsibilities of the Treatment Team – The Treatment Team shall be responsible for the development, monitoring and implementation of Service Plans.
1. Classification – The Treatment Team shall determine a youth’s appropriate Ranking and Placement upon Intake into the Training school. (see Ranking and Placement policy VI.7 and Admission, Intake and Orientation policy XIII.1)
 2. Service Plans – The Treatment Team shall develop a Service Plan for each youth admitted to OYDC.

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- a. A youth's Treatment Team shall hold an initial meeting with the youth to review the results of the Programming Needs Assessment and the youth's history, as well as the youth's current status.
 - b. The Treatment Team shall develop a Service Plan (See policy XIII.5: Service Plans) based on the results of the Programming Needs Assessment (See policy XIII.3: Youth Screening and Assessment) as well as the information gathered in the initial meeting with the youth, within fourteen (14) working days of admission..
 - c. The Treatment Team shall identify Interventions necessary for each youth in order to achieve goals identified in the youth's Service Plan.
3. All members of the Treatment Team and the youth shall sign the developed Service Plan to confirm recognition and accord. The Treatment Team Meeting Form (Attachment A) will be used to document the outcomes of the meeting and placed in the master file. The Treatment Team Meeting Form shall include the following information:
- a. **Service Plan Goals-** The Treatment Team shall identify long and short term treatment goals for each service priority that has been identified.
 - b. **Progress in Reducing Risk Areas-** The Treatment Team shall review the youth's progress in accordance with the goals provided in the Service Plan.
 - c. **Youth Self-Assessment-** The youth shall self-report their personal evaluation of their progress towards their Service Plan Goals, meeting of Service Plan objectives, and requests for additional needs and/or supports.
 - d. **Parental Involvement** – Information about how the youth's parents/guardians have been involved in the development and implementation of the Service Plan.
 - e. **Community Counselor Involvement-** Information about how the youth's Community Counselor has been involved in the development and implementation of the Service Plan.
 - f. **Group Participation-** The Treatment Team shall review the youth's participation in groups, youth's progress within the group, and make any needed referrals to additional/different groups.
 - g. **Incident Reports/Disciplinary Issues-** The Treatment Team shall review the youth's Point Sheet, Log Book, disciplinary

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violations, and incidents in order to best determine the appropriate modifications to a youth's Service Plan and or Classification.

- h. **Suicide Prevention** – When necessary the Treatment Team should modify the Service Plan 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 Treatment Team 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 Treatment Team 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 Service Plan will be discussed with the youth and the youth's parent(s) or guardians.
- i. Service Plans related to suicidal behavior of all youth on Safety Alert Status should be discussed during the Treatment Team meeting.
 - ii. 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.
- i. **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 Treatment Team 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.)
- j. **Progress in Resolving Mental Health Issues/Substance Abuse Issues-** The Treatment Team shall address the youth's current Mental Diagnosis, discuss Mental Health needs, discuss Substance Abuse needs, discuss services being received and/or referral date for services, and collaborate with the QMPH on youth's current Mental Health/Substance Abuse progress.
- k. **Academic Progress-** Educational goals shall be developed for each youth. These shall be maintained in the youth's education

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file by the education staff in the school area. (See special education policy XII.8.). These goals shall be reviewed by the Treatment Team as a part of the youth's progress.

1. **Transition Plan-** Twenty days prior to a youth's release, the youth's Community Counselor shall be contacted by the Treatment Team Chair to discuss the implementation of the youth's Service Plan following release to the Community. Those Students with medical conditions and/or needing psychotropic medication shall be referred to the Community A-Teams. A youth's release date and eligibility for Parole shall be addressed throughout the duration of the Treatment Team meeting process. A youth's behavior and participation shall have direct bearing on the youth's eligibility for release.
- m. **Recommendations of Treatment Team-** The Treatment Team shall discuss referrals/recommendations for services, continuation of services, Stage Change, specifications of how youth can achieve Stage Change (if goal(s) not currently reached), recommendations for staff and/or youth actions/behavior, and expectations for future progress.

D. Provision for Meetings – Treatment Team meetings shall take place due to the following conditions:

1. Initial Youth Placement - An initial Service Plan shall be developed and implemented within fourteen (14) working days of admission.
2. Review - The Treatment Team shall review and re-assess all necessary components of the youth's Service Plan, programming activities, and individual needs no less than monthly, with the exception of special circumstances.
3. Special Circumstances – In instances where youth are transferred to an observation or special management unit due to behavioral problems, the designated Treatment Team. Thereafter, the Team shall meet with youth under special circumstances a minimum of once a week until the youth is released from the Observation or Intake unit.

E. Meetings – Treatment Team meetings shall take place in the Assigned Housing Unit or another designated location approved by the Facility Administrator. Furthermore, the meetings shall follow the following protocol:

1. The Chairperson shall call to order all Treatment Team meetings by notifying all team members within 48 hours of the session, with the exception of meetings called due to special circumstances. The Chairperson is responsible for managing and maintaining all documentation of Treatment Team meetings.

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2. All present team members shall prepare and present a written report from their department at the initial Treatment Team meeting. Treatment Team meetings may not occur without the presence of at least three staff members and the youth. The three staff member minimum must include a Counselor and direct care staff member. Other program staff shall submit written reports to be reviewed during Treatment Team meetings unless otherwise requested by the Chairperson to attend.
3. All pertinent information presented during the session shall be explained and discussed with the youth throughout the proceedings.
4. The inception and development of a youth's Transition Plan shall take place throughout the course of the Treatment Team process.