



**Department of Juvenile Justice, Division of Operations  
Behavioral Services Unit Standard Operating Procedures**

<b>VOL IV – 4.4 – 8</b>	<b>Statutory Authority:</b> Title 66, and §§16.1-278.7, 16.1-278.8, 16.1-272, 16.1-285 and 16.1-285.1 of the <u>Code of Virginia</u>
<b>Subject:</b>  <b>Assignment of Treatment Needs</b>	<b>New Regulations:</b> 6VAC35-71-790; 6VAC35-71-810
	<b>ACA #</b> 4-JCF-4D-04; 4-JCF-4D-05; 4-JCF-4E-01; 4-JCF-4E-02; 4-JCF-4E-04; 4-JCF-5C-03

**8-1.0 PURPOSE**

To establish procedures for the screening, evaluation, and treatment of residents with a history of substance use, aggression, and sexual offending.

**8-2.0 SCOPE**

This procedure applies to all juvenile correctional center (JCC) employees and staff assigned to the JCCs by other units, agencies, or departments.

**8-3.0 DEFINITIONS**

*Balanced Approach Data Gathering Environment (BADGE) including the Youth Assessment and Screening Instrument (YASI)* – An electronic case management and data system containing the case record on each juvenile beginning at the initial contact with the court and continuing until the release from supervision. This system serves to generate a variety of reports using the information collected on the residents to include the Comprehensive Re-Entry Case Plan (CRCP) which outlines the direct care and parole goals and action steps developed for each resident.

**8-4.0 PROCEDURE**

All residents shall be evaluated for mental health needs by the central admission and placement (CAP), intake, and Behavioral Services Unit (BSU) staff during the initial intake process. Residents shall be assigned a treatment need during the Classification and Evaluation Staffing Team (CEST) meeting.

**8-4.1 Substance Abuse Treatment**

Residents requiring substance abuse treatment services shall be assigned to one of the following substance abuse treatment needs:

- Track I: CYT 12 – Residents who meet the DSM-V criteria for Substance Use Disorder will be deemed as in need of Track I services
- Track II: CYT-5 – Residents who have experimented with substances, but do not meet the DSM-V criteria for Substance Use Disorder, will be deemed as in need of Track II services.

### 8-4.2 Aggression Management Treatment

Residents requiring aggression management treatment services shall be assigned to one of the following aggression management treatment needs:

- Level I: Intensive – Residents who are assessed as having aggression as a predominant characteristic of their interpersonal functioning across areas of life will be deemed as in need of Level I treatment. The treatment will include aggression replacement training (ART) or modified dialectical behavior therapy (DBT) and will take approximately four (4) months to complete.
- Level II: Prescriptive – Residents who have demonstrated some level of aggression, but not a pervasive pattern of aggression may benefit from targeted intervention around the management of aggressive impulses. Others who, due to a variety of factors, are poor candidates for the group treatment format of aggression management treatment may also require more targeted and individualized treatment. Residents in either of these categories will be deemed as in need of a Level II treatment.

### 8-4.3 Sex Offender Treatment

Residents shall be assigned sex offender treatment services in accordance with the Sex Offender Program Treatment Manual.

1. Residents shall have their case reviewed by the Sex Offender Assessment Review Committee (SOARC) to determine the level of needed sex offender treatment services:
  - a. Level I: Inpatient;
  - b. Level II: Moderate; or
  - c. Level III: Prescriptive.
2. Residents shall be deemed as in need of inpatient sex offender treatment when their level of risk to re-offend sexually is such that they are viewed as needing to be removed from the community.
3. The following indeterminate cases shall be subject to the LOS Treatment Override (i.e., no LOS range):
  - a. Residents committed on a sex offense who have been assessed as needing inpatient sex offender treatment; and
  - b. Residents who, regardless of committing offense, have been identified as needing inpatient sex offender treatment.
4. Indeterminate residents in need of sexual offender treatment who do not meet criteria for inpatient treatment programming shall be assigned a LOS range.
5. If, after the resident's initial intake and evaluation process has been completed, it is determined that he or she requires inpatient sex offender treatment, the resident's case shall be reviewed through the case management process for referral for sex offender services within the facility and a Treatment Override (for indeterminate commitments).

6. Residents who receive sex offender treatment, including those with a Treatment Override, shall be eligible for consideration for release as follows:
  - a. Following completion of the designated treatment program; or
  - b. Upon displaying significant progress in treatment when (i) the continuation of treatment services are available and supported in the community, and (ii) serves the welfare of the juvenile, family, and public safety.

#### **8-4.4 Sex Offender Treatment Program Manual**

1. The Health Services Administrator, in coordination with the BSU Director and Sex Offender Treatment Program Supervisor, shall approve a Sex Offender Treatment Program Manual for implementation at each facility.
2. The Health Services Administrator, BSU Director, and Sex Offender Treatment Program Supervisor shall conduct an annual review and update of the manual, as appropriate and applicable.
3. BSU sex offender treatment providers shall receive training on the manual. Additionally, the providers shall receive training when revisions are made to the manual. All training shall be documented in the employee training record.
4. The manual shall be readily accessible to staff and shall be maintained electronically on the Department's shared ("S") drive.

#### **8-4.5 Treatment Needs Documentation**

1. The assigned treatment needs shall be documented on the Case Conference form (DIS-012) during the CEST meeting. Following completion of the form, a copy shall be forwarded to the BSU intake office.
2. The BSU office services assistant or BSU staff (as designated by the intake Psychologist Supervisor) shall document the assigned treatment need(s) into the caseload module of BADGE.
3. If a resident is assigned a treatment need after the initial intake process, the local BSU Treatment Director or designee shall ensure the treatment need is documented in the caseload module of BADGE.
4. The local BSU Treatment Director or designee shall ensure each resident's treatment need is documented as completed in BADGE, following successful completion of the treatment services.

#### **8-5.0 RESPONSIBILITY**

The Local BSU Treatment Director, intake Psychologist Supervisor, CAP Manager, and Superintendent shall be responsible for implementation and compliance with this procedure.

**8-6.0 INTERPRETATION**


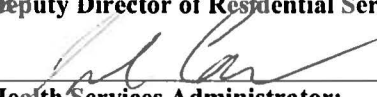
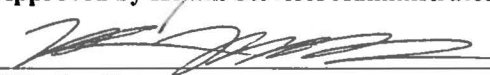
The Health Services Administrator, in consultation with the Deputy Director of Residential Services, shall be responsible for interpreting and granting any exceptions to this procedure.

**8-7.0 CONFIDENTIALITY**

All procedures and bulletins are DJJ property and shall only be used for legitimate business purposes. Any redistribution of the documents or information contained in the procedures or bulletins shall be in accordance with applicable state and federal statutes and regulations and all other DJJ procedures. Any unauthorized use or distribution may result in disciplinary and/or criminal action, as appropriate and applicable.

**8-8.0 REVIEW DATE**

This procedure shall remain in effect until rescinded or otherwise modified by the appropriate authority.

Approved by Director: 	Date: 12/2/15
Approved by Deputy Director of Residential Services: 	Date: 12/8/15
Approved by Health Services Administrator: 	Date: 12/8/15
Effective Date: 1/25/2016	Office of Primary Responsibility: Deputy Director of Residential Services, Health Services Administrator, BSU Treatment Director, Local BSU Treatment Directors, CAP Manager, Superintendents
Supersedes: N/A	Forms: Sex Offender Treatment Program Manual