



OREGON YOUTH AUTHORITY
Policy Statement
Part II – Youth Services (Facilities)



Subject:

Facility Mental Health Services

Section – Policy Number:

D: Mental Health Services – 1.2

Supersedes:

N/A

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Date of Last Review/Revision:

N/A

Related Standards and References:

- [ORS 420A.010](#) (Creation and duties)
- [ORS 420A.125](#) (Adjudicated youths; intake assessments; reformation plan; placement)
- [OAR Chapter 416, Division 70](#) (Qualified Mental Health Professional and Treatment Services Supervisor Standards)
- [OAR Chapter 416, Division 105](#) (Disclosure of Youth Case Record Information)
- Performance-based Standards (PbS), *Juvenile Correction and Detention Facilities* Health and Mental Health
- Secure Adolescent Inpatient Program MOU: [OYA contract number 11336](#)
- [OYA policy](#): I-A-10.0 (Preventing, Responding to, and Monitoring Youth Sexual Abuse)
 II-B-1.2 (Use of Time-out, Room lock other, Isolation, and Safety Programs)
 II-D-1.0 Facility Health Services
 II-D-2.2 (Suicide Prevention in OYA Close-custody Facilities)
 II-D-3.0 Intake Review Committee; Parole Review Committee
- [OYA forms](#): YA 4409 (YCF Mental Status Assessment)
 YA 4413 (YCF Brief Mental Status Assessment)
 YA 4435 (Intake Psychological Evaluation)
 YA 4448 (Referral for Psychiatric Evaluation)
 YA 4450 (Referral for Psychological Evaluation)

Related Procedures:

- [FAC I-A-10.0 \(b\)](#) OYA Vulnerability to Victimization and Sexually Aggressive Behavior (VSAB) Placement Tool
- [Transfer to Secure Adolescent Inpatient Program](#) (SAIP)

Policy Owner:

OYA Supervising Clinical Psychologist

Approved:



 Joseph O'Leary, Director

I. PURPOSE:

This policy provides standards and general guidelines for mental health services and psychological/psychiatric evaluations available to youth in close-custody facilities.

II. POLICY DEFINITIONS:

Client-centered: Therapeutic approach emphasizing empathic understanding of, acceptance of, and respect for the client's frame of reference.

Crisis: A situation that includes an increased risk of imminent harm to self or others.

Discharge summary: Document summarizing the youth's treatment throughout an entire placement, including length of stay, treatment goals, participation, response, progress, and recommendations for ongoing treatment.

Family: Includes the biological or legal parents, siblings, child, other relatives, foster parents, legal guardians, spouse, domestic partner, caregivers and other primary relatives to a youth whether by blood, adoption, legal or social relationships. Family also includes any person identified by the youth (other than an OYA employee) who provides formal or informal support and whose positive involvement helps sustain the youth's reformation process.

Family therapy: A form of therapy designed to help with issues that specifically affect a family's mental health and functioning.

Group therapy: A form of mental/behavioral health therapy in which a group of youth meet to describe and discuss their problems or personal issues together under the supervision of a therapist.

Health assessment: The process whereby the health status of a youth is evaluated, including questioning the youth regarding symptoms. The assessment includes a medical history, physical examination, and diagnostic testing, as appropriate.

Health Services: Includes medical, nursing, dental and psychological services.

Individual therapy: A type of mental/behavioral health therapy in which a trained professional helps a single youth work through personal issues they have been facing.

Licensed: Having completed the requirements of an Oregon professional regulatory board to be granted authority to practice independently. This does not include certification through the Mental Health & Addiction Certification Board of Oregon.

Massachusetts Youth Screening Inventory - 2 (MAYSI-2): Mental health screening tool for use in juvenile justice programs.

Mental health practitioner: A qualified mental health professional (QMHP), psychiatric mental health nurse practitioner, psychiatrist, or psychologist.

Mental health services: Includes individualized services focused on a youth's condition with regard to their psychiatric, psychological, and emotional well-being.

Nonsuicidal self-injurious behavior (NSIB): Intentionally injuring oneself in a manner that often results in damage to body tissue, but without any conscious suicidal intent.

Psychiatric/Psychological evaluation: A clinical interview and chart review administered by a psychologist, psychiatrist, or psychiatric mental health nurse practitioner to assess a youth's psychological status, and to identify any psychological or psychiatric disorders. If indicated in the interview, psychological tests/assessment instruments used to identify mood, personality, or attention problems, psychopathy, or other psychological disorders may be administered. Depending on the circumstances of the case, family members and other collateral persons may also be interviewed.

Qualified Mental Health Professional (QMHP): A person who provides mental health treatment services to youth in OYA facilities and meets the criteria established in OAR 416-070-0030.

Suicidal intent: The youth's level of commitment for carrying out their plan or expectation that the plan will result in death. Intent may vary from none to high/full.

Therapy: Treatment for psychological problems in which mental health practitioners and clients work together to understand problems and come up with plans for addressing them, generally by changing ineffective thoughts, emotions, or behaviors.

Treatment: The coordinated provision of services designed to produce a planned outcome in a person's behavior, attitude, or general condition. Treatment is based on a thorough assessment of factors contributing to the attitude, condition, or behavior.

Treatment plan: A formal plan developed and documented by the mental health practitioner, after an assessment of the client has been completed, with recommended steps for therapeutic intervention. Includes at a minimum short-term goals, long-term goals, and interventions, and is updated regularly in response to the client's treatment progress.

Treatment services supervisor: A person who provides supervision of the mental health treatment services and supports provided by a QMHP at an OYA facility. In order to work as a Treatment Services Supervisor in an OYA facility, an individual must possess a current Oregon clinical mental health license in good standing and meet their licensing board requirements for provision of independent licensure supervision.

Treatment summary: Document summarizing the youth's participation in a specific treatment, including duration and frequency of treatment, treatment goals, participation, response, progress, and recommendations for ongoing treatment.

III. POLICY:

Many youth in OYA facilities present with mental health diagnoses and treatment needs. Responding to a youth's mental health needs addresses responsivity factors that will assist in reducing recidivism, and provides assistance to the youth in developing skills in areas such as emotion regulation, healthy coping and resiliency, focus and perseverance, social interactions, and other skills that support the youth in becoming a healthy, productive, crime-free citizen.

OYA strives to provide all youth, especially those who have been marginalized because of their race, ethnicity, ability, gender, or sexual orientation with culturally and linguistically appropriate mental health services in a suitable and timely manner. It is the expectation of OYA that all providers must strive to be aware of their biases and to recognize and eliminate disparate impact when working with youth from marginalized groups. When working with youth from these groups, consideration must be given for the adverse impacts of experiences of racism, bias, discrimination, and historical and generational trauma.

Thorough and accurate assessment of a youth's mental health treatment needs is critical to ensuring the most appropriate and effective treatment interventions are identified. Biological, psychological, social, cultural, and other factors are considered and applied to the assessment process. Youth treatment needs are determined on an individualized basis. Many youth are likely to benefit from more than one treatment focus. Each treatment need must be assessed and provided in the most appropriate and effective format to meet the individual youth's needs. Youth may participate in individual, group, or both modalities. Each facility must have a referral process that allows youth access to behavioral health care in response to crisis and non-crisis youth requests. Some youth may require mental health crisis stabilization or long-term mental health care in a facility outside of an OYA close-custody facility.

Comprehensive, accurate, and timely documentation is critical to capturing and communicating a youth's needs and progress, including ongoing recommendations for continued intervention and goals. Such documentation not only captures the work that has been completed, it provides critical information to other providers to build on the work, reducing likelihood of redundancy and contraindicated interventions.

OYA has been determined to be an entity not covered by the federal Health Insurance Portability and Accountability Act (HIPAA); however, youth mental health information may only be shared with non-treating staff only as is necessary for the performance of their job duties and as necessary to protect the health and safety of youth and others.

IV. GENERAL STANDARDS:

- A. The supervising psychologist, Development Services assistant director, and OYA medical director must ensure mental health services are available to all youth in OYA close custody.

- B. Mental health services are provided as requested by a youth's multidisciplinary team (MDT) or by referral. Referrals may be made in writing from a youth's parent/guardian, facility staff, QMHPs, Health Services staff, juvenile parole/probation officers, courts, or a youth.
- C. Mental health staff must only provide specialized mental health services within the scope of the mental health staff's training.
- D. The level of services to be provided must be determined by a Qualified Mental Health Professional (QMHP) in consultation with treatment services supervisors or the supervising psychologist.

V. ASSESSMENT:

A. Intake

1. Mental Status Assessments

- a) Within one hour of a youth's admittance to an OYA facility, a QMHP must begin a mental status assessment.
- b) A YA 4409 (Initial Mental Status Assessment) must be completed when a youth is initially committed to OYA close custody or is returning to close custody on a parole revocation after more than six months of release from close custody.
- c) A YA 4413 (Brief Mental Status Assessment) must be completed when a youth is returning to close custody on a parole revocation within six months of release from close custody.
- d) A QMHP must administer the MAYSI-2 to a youth upon the youth's arrival to close custody and document the results in the YA 4409 or YA 4413.
- e) A QMHP must also assess for suicide risk in accordance with OYA policy II-D-2.2 Suicide Prevention in Facilities.
- f) A QMHP must complete the Vulnerability to Victimization and Sexually Aggressive Behavior (VSAB) Placement Tool in accordance with OYA facility wide procedure FAC I-A-10.0 (b), and OYA policy I-A-10.0 Preventing, Detecting, Responding to Youth Sexual Abuse and Sexual Harassment.
- g) The YA 4409 or YA 4413 must be entered into JJIS on the day of the assessment, by the end of the assessor's work shift.
- h) If the intake YA 4409 was completed by an unlicensed staff, a Treatment Services supervisor or supervising psychologist must review the YA 4409 within 72 hours of its completion.

2. Intake Psychological Evaluation

- a) A staff or contracted psychologist, or psychologist resident, must complete a psychological evaluation on each youth who is admitted into an OYA facility for the first time, unless a psychological evaluation has been done within six months prior to the youth's admittance.
- (1) The supervising psychologist must ensure the youth is seen for an initial psychological evaluation within 30 days of their admittance, and documented in the youth's electronic medical record, and JJIS (YA 4435 - Intake Psychological Evaluation).
 - (2) If a psychological evaluation has been done within six months prior to the youth's admittance, a psychologist or psychologist resident must review the evaluation and determine if any follow-up is needed.
 - (3) The assessment must include, at a minimum, a mental status assessment, an assessment of risk of violence and suicide, and must provide a diagnostic statement and treatment recommendations, as appropriate.
 - (4) If the youth refuses to meet with the psychologist or is unavailable to meet with the psychologist in person or via telehealth platforms, the psychologist must coordinate with facility staff to set a meeting with the youth as soon as possible. If the youth continues to refuse, the psychologist must document all efforts made to meet with the youth and complete a report with the information available.
- b) A youth who is returning to close custody on a parole revocation must be referred for an updated evaluation by the QMHP doing the assessment described in 1.a) above if there are clinical indications of a change of status, or if it has been greater than one year since the youth was released from close custody.

The updated initial psychological evaluation must be documented in the youth's electronic medical record, and JJIS (YA 4435 - Intake Psychological Evaluation).

3. Initial Psychiatric Evaluation

If a youth who is admitted to an OYA facility from the community is taking a psychotropic medication, a psychiatrist or psychiatric mental health nurse practitioner must complete a psychiatric evaluation within 14 days of the youth's admittance. The psychiatric evaluation must be documented in the youth's electronic medical record.

B. Facility Transfers

1. A QMHP must complete a Brief Mental Status Assessment (YA 4413) within one hour of a youth's presentation for admission to the receiving facility when the youth is transferred from one OYA facility to another.
 - a) A QMHP must administer the MAYSI-2 to a youth upon the youth's arrival to a new facility and document the results in the YA 4413.
 - b) A QMHP must also assess for suicide risk in accordance with OYA policy II-D-2.2 Suicide Prevention in Facilities.
 - c) The YA 4413 must be entered into JJIS on the day of the assessment, by the end of the assessor's work shift.
2. Camp Facility Exceptions
 - a) If no QMHP is on duty, a designated camp staff member must ensure an OYA Camp Suicide Pre-Screen Worksheet (YA 4414) is completed on every initial youth admission to the camp facility within one hour of the youth's arrival.
 - b) The YA 4414 must be reviewed by a QMHP no later than 72 hours after completion. The QMHP must also complete a YA 4413 no later than 72 hours of the youth's arrival at the camp facility.
3. Mental health practitioners are responsible for completion of the mental health and treatment aspects of the YA 4044 Request for Youth Transfer form.
4. Mental health staff at the sending facility must make verbal contact with the receiving facility mental health staff if the youth has acute or chronic mental health needs.

C. Ninety-Day Review Assessments

1. QMHPs must meet individually with each youth on their caseloads to ensure that each youth's mental health treatment needs are reviewed and updated on a quarterly basis.
2. The assessment must include a review of the youth's current case plan including appropriate behavioral health domains, goals, and interventions; and concurrent documentation describing the youth's progress and services received (e.g., psychiatric, psychological, treatment notes).
3. The QMHP must document the review in JJIS as a Mental Health 90-day Review case plan note.

D. Annual Mental Health Assessments

A YA 4413 must be completed by a QMHP annually, within one year of a youth's most recent YA 4409 or 4413, in conjunction with an annually updated MAYSI.

E. Other Mental Health Assessments

1. Behavior or clinical indicators of suicide/NSIB risk

- a) A QMHP must complete an updated suicide/NSIB risk assessment in accordance with OYA policy II-D-2.2 Suicide Prevention in Facilities.
- b) A QMHP must meet face-to-face with a youth during each waking shift a youth is placed in isolation, to complete an updated mental status assessment specifically assessing the youth's current risk and protective factors related to suicide and NSIB and the effect of isolation on the youth's mental status.

The QMHP must document this review in JJIS as a mental health contact note.

2. Comprehensive Psychological Assessment

- a) OYA staff may refer youth in OYA facilities to a facility psychologist for further psychological assessment, including, but not limited to:
 - (1) Diagnostic clarification;
 - (2) Cognitive functioning;
 - (3) Developmental disabilities eligibility; and
 - (4) Specific risk assessment, treatment recommendations, or transition planning.
- b) Staff must submit the referral for a psychological assessment (except for "Second Look" evaluations) by completing a YA 4450 (Referral for Psychiatric/Psychological Evaluation) form in JJIS, specifying the request is for a "psychological" evaluation.
- c) The Second Look Coordinator must arrange for psychological assessments specific to Second Look hearings. (See OYA policy I-E-2.6 Second Look Hearings for more information.)

3. Psychiatric Assessment

Referrals for psychiatric evaluations, other than initial evaluations, may be documented in a YA 4448 (Referral for Psychiatric

Evaluation) JJIS assessment. These referrals are triaged by the assigned mental health nurse.

VI. TREATMENT:

- A. For those youth with identified mental health needs, mental health practitioners must use current best and evidence-based practices to develop a collaborative understanding of the youth's psychological needs and to develop action plans aimed at improving the youth's psychological functioning.

Current best practices indicate use of client-centered approaches, emphasizing rapport building, collaborative processes, and skill development to achieve goals identified on the treatment plan.

- B. Agency approved mental health programming must be facilitated by QMHPs. These services may occur in individual or group format, based on the youth's needs. Examples of such programming include, but are not necessarily limited to:

1. Seeking Safety;
2. Dialectical Behavior Therapy (DBT) (unless offered as designated milieu intervention following formal training and consistent with fidelity standards);
3. Trauma-focused cognitive behavioral therapy (CBT);
4. Psychological bibliotherapy/workbooks (e.g., Beyond the Blues, Bipolar Workbook for Teens, Stopping the Pain); and
5. Additional curricula approved through the Clinical Leadership Team.

- C. In addition to using OYA's approved mental-health-focused curricula, QMHPs may also facilitate group therapy using non-curricula based best practices, as approved by the OYA Clinical Leadership Team or supervising psychologist.

- D. Appropriateness for participation in a given treatment modality or approach must be determined based on the youth's individual needs, including but not limited to:

1. Similarity of treatment needs and goals with other youth;
2. Level of risk as compared to peers;
3. Projected timelines of the youth's treatment needs as compared to peers' treatment needs;
4. Developmental similarities of peers with similar treatment needs and goals;
5. The youth's cognitive and social skills to work in a group format;

6. Cultural factors;
7. Sexual orientation and gender identification;
8. Confidentiality or sensitivity of treatment focus; or
9. Trauma or other factors that contraindicate a group modality for treatment.

E. Treatment Modalities

OYA treatment modalities include -

1. Individual therapy;
2. Group therapy; and
3. Family therapy.
 - a) When indicated, and as resources allow, QMHPs may provide family therapy services for youth and their identified families, as the youth's family are available, consistent with evidence-based and best practices for youth.
 - b) Family therapy services must occur during times that accommodate the youth's family. Family therapy may occur in person, by phone, or by video conference, based on the best method for the family.

VII. DOCUMENTATION STANDARDS:

A. Mental Health Treatment Planning

1. QMHPs are responsible for developing and documenting the mental health treatment planning for youth in close custody with identified mental health needs.
2. For those interventions they provide, QMHPs must summarize treatment interventions, the youth's response to treatment, and treatment progress every 90 days as part of treatment planning for each youth.
3. QMHPs must document treatment plans and reviews in the "Mental Health" domain of the OYA Case Plan.

B. Mental Health Intervention Notes

1. Mental health intervention notes must be documented using either the "Data-Assessment-Plan" ("DAP") or narrative format.
2. Notes must include a brief summary of nonconfidential information entered in the related QMHP contact note with any confidential therapy information entered in the QMHP clinical note.

3. Group notes must be completed in the attendance tracking function of JJIS, with information about specific youths' participation included in an associated case note.
4. Notes must be entered within three days of service provision, unless required sooner by other policy or procedure.

C. Treatment/Discharge Summary

1. Mental health practitioners must complete a treatment summary within 14 calendar days after a youth has completed their specified treatment from the mental health domain of the case plan.
2. Mental health practitioners must complete a Discharge Summary related to goals and treatments associated with the mental health domain of the case plan 14 calendar days prior to a youth's planned release from close custody.
 - a) Discharge Summaries completed by unlicensed QMHPs must be reviewed and approved by the QMHP's clinical supervisor by the date of youth transition. QMHPs with clinical licensure are not required to have a co-signature.
 - b) The Discharge Summary must be provided to the youth or youth's parent/guardian at the point of release from close custody.
 - c) When a youth is released with less than a 14-day notice, the Discharge Summary must be completed and provided to the youth or youth's parent/guardian within 14 days of the release notice.

VIII. MULTIDISCIPLINARY TEAM (MDT) MEMBERSHIP ROLE:

A. Initial Psychological Evaluation Recommendations

1. The initial MDT and Intake Review Committee (IRC) must consider the psychological evaluation recommendations in determining optimal placements.
2. The Treatment Services supervisor must communicate further recommendations derived from full psychological reports for the IRC to consider in determining optimal placements.

B. Unscheduled MDTs

The QMHP is a core member of the MDT who provides treatment planning recommendations as part of a collaborative effort to develop, coordinate, and monitor youth case plans.

1. If a QMHP assesses a discrepancy between a youth's case plan and the youth's current functioning or progress indicating a likelihood of continued stagnation or deterioration of functioning or progression, and assesses that waiting for the next scheduled MDT

meeting would be detrimental to the youth's wellbeing, the QMHP must request the youth's case coordinator schedule an MDT to discuss these concerns.

2. The MDT must discuss the concerns and potential revisions to the youth's case plan to better match the youth's case plan to their current needs.
3. The discussion and outcomes of the ad-hoc MDT must be documented in JJIS as an unscheduled review in the case plan by the youth's case coordinator.

IX. REFERRALS TO BEHAVIORAL HEALTH SERVICES:

A. Referrals Within OYA Facilities

1. Immediate Crisis Referrals

- a) During hours that a facility is staffed by a QMHP, staff must immediately notify the QMHP of mental or behavioral health crisis situations.
- b) At times that a facility is not staffed by a QMHP, staff must immediately notify the Facilities Services Officer-of-the-Day (OD).
- c) Staff must document crisis referrals in the living unit log immediately following notification.
- d) The QMHP receiving the crisis referral must document the outcome of the referral on a JJIS Contact Note. Pending the arrival of the QMHP, staff must house the youth as deemed necessary, consistent with the guidelines established in OYA policies II-D-2.2 Suicide Prevention in Facilities, and II-B-1.2 Use of Time-out, Room-Look Other, Isolation and Safety Programs.
- e) Staff may find specific processes in their facility's local operating protocols.

2. Non-Crisis Referrals

- a) Staff may make non-crisis referrals via telephone, facility Health Services request, JJIS referral forms, or specific QMHP referral form. Telephone referrals must be documented in the JJIS living unit log.
- b) Living unit staff must ensure that youth are not hindered from accessing QMHP staff. Youth must be allowed to complete confidential facility Health Services request forms to schedule appointments to see a mental health professional.
- c) A QMHP must interview the youth to determine the level of care needed.

- d) If appropriate, the QMHP may make a referral for the youth to see the facility's psychiatrist or psychologist.

B. Referrals to External Mental Health Services

1. Staff must follow local operating protocols for making outpatient referrals.
2. For all transfers to outside facilities, facility nursing staff must ensure that the electronic pharmacy system reflects that the youth is temporarily offsite.
3. Youth transfers to a secure adolescent inpatient program (SAIP) (youth under 18 years of age) must be approved by the OYA medical director, supervising psychologist, or their designee.

Procedures for transferring a youth to SAIP are listed in OYA [contract number 11336](#).

4. Youth transfers to Oregon State Hospital (youth at least 18 years of age) must be approved by the OYA medical director, supervising psychologist, or their designee.
5. Youth transfers to a community psychiatric hospital for admission
 - a) This type of transfer does not apply to DOC youth.
 - b) This type of transfer must be approved by the OYA medical director, supervising psychologist, or designee, and the facility's superintendent.
 - c) Facility nursing staff must provide the following to the hospital at the time of the youth's admittance:
 - (1) A completed medical transfer/discharge form that includes all chronic and acute medical conditions and the status of the conditions;
 - (2) A list of current medications (or a copy of the current Medication Administration Record);
 - (3) Copies of all psychiatric/psychological records;
 - (4) A copy of the certificate of immunization status;
 - (5) A copy of TB testing and results; and
 - (6) Any other available records requested by the admitting facility.
 - d) The transport staff must notify the OYA supervising psychologist and OYA medical director when a youth is discharged from the hospital back to the sending facility.

- e) The sending facility staff must notify an OYA Medicaid eligibility specialist to complete an application for Medicaid coverage when the youth is admitted.
- f) The sending facility staff must notify an OYA Medicaid eligibility specialist to close the Medicaid claim when the youth is discharged.

X. LOCAL OPERATING PROTOCOL REQUIRED: YES

As indicated in [section IX.A.1](#) (above), each OYA facility must have a written protocol directing facility staff on the process to refer a youth to mental health services and for youth to self-refer to mental health services.