

	WEST VIRGINIA DIVISION OF JUVENILE SERVICES	<u>POLICY NUMBER:</u> 500.08	<u>PAGES:</u> 3
<u>CHAPTER:</u> Juvenile Services	<u>REFERENCE AND RELATED STANDARDS:</u> WV Code Chapter § 49-5E-1 et seq.; ACA 3-JTS-5B-01 thru -08; PbStandard – Health & Mental Health #7 & 8		
<u>SUBJECT:</u> Intake and Assessment Center Process			
<u>DATE:</u> April 1, 2015			

POLICY

It is the policy of the West Virginia Division of Juvenile Services to ensure a process is in place to assess, classify, and identify individual needs of each juvenile placed into the Division's custody for the purpose of treatment, instruction, and rehabilitation, including procedures for the process of transfer to the Intake and Assessment Center and classification and assessment to determine the most appropriate level of programming.

CANCELLATION

This policy has been reviewed and supersedes Policy 500.08 dated April 1, 2014.

APPLICABILITY

This Policy applies to all Division of Juvenile Services' residential facilities.

PROCEDURES

1. Per WVDJS Policy 500.00 – Intake and Admissions, and WVDJS Policy 500.05 – Treatment Timeframes and Mandates, normal intake and admission procedures are to be followed and all required information entered into Offender Information System (OIS).
2. Upon adjudication of delinquency and receipt of committing court order, a referral will be completed by detention center treatment staff in OIS.
3. A weekly staffing will be scheduled to include at least one representative from each facility treatment team, Central Office representative and contracted mental health representatives. Recommendations from the team will be sent to the Division Director or designee for consideration and a final decision. Items discussed during the staffing will include:
 - a. All pending Intake and Assessment Center referrals;

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- b. Any youth staffed and approved for the Intake and Assessment Center but waiting for an open slot or additional documentation;
 - c. Any youth which the treatment staff anticipate will be committed to DJS; and/or
 - d. Any youth with a sentence shorter than 6 months.
4. If a youth is committed to the care and custody of DJS for 60 days or less they will not be placed at the Intake and Assessment Center. They will be discussed during the weekly staffing with a specialized program of treatment developed for each youth. The youth will be recommended to remain at a specified detention center for the duration of their commitment. A mental health assessment will be completed within seven (7) days by mental health staff at the agreed upon facility.
5. If a youth is committed to the care and custody of DJS for a minimum of sixty (60) days but no longer than six (6) months, they will be discussed during the weekly staffing and a recommendation will be made to the Division Director or designee. The team will recommend the best option for the youth to include completion of the Intake and Assessment Center process or to forgo this process and be placed directly in a commitment program. In either case, a mental health assessment will be completed by mental health staff within seven (7) days.
6. Youth committed to the care and custody of DJS for 6 months or longer will be discussed during the weekly staffing and will be placed on the schedule for placement at the Intake and Assessment Center. They will complete the full Intake process and will again be discussed with recommendations for the most appropriate facility to meet their individualized needs. The final decision on facility placement will be with the Division Director or their designee.
7. While placed at the Intake and Assessment Center, the following assessments will be completed:
 - a. Mental Health Assessment
 - b. Structured Assessment of Violence Risk in Youth (SAVRY)
 - c. Offender Classification
 - d. Casey Life Skills assessment
 - e. Youth Level of Service/Case Management Inventory or Level of Service/Case Management Inventory

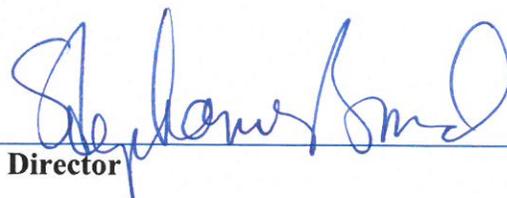
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- f. Juvenile Sex Offender Assessment Protocol- II (if applicable)
 - g. Estimate of Risk of Adolescent Sexual Offense Recidivism (if applicable)
 - h. Full Psychological Evaluation (will be determined based on results of other assessments)
 - i. Psychiatric Evaluation (if appropriate)
8. During the completion of all assessments, the Intake and Assessment Center staff and Facility Treatment Staff will make every effort to obtain previous records from outside sources to aid in the development of appropriate treatment goals.
 9. Once records are obtained and assessments are completed, referrals for specialized programs (i.e. mental health, sex offense specific, Rubenstein Center) with the Division of Juvenile Services will be completed and entered into OIS. An email will be sent to all parties to let them know the referral has been completed and an interview will need to be scheduled.
 10. Upon completion of the process, the contracted mental health Clinical Director will contact staff from the facility being recommended to facilitate a plan for movement. Central Office will be notified of the day and time of the meeting for their participation, if available.
 11. An Intake and Assessment Center Summary Report (Attachment #1) will be completed after the staffing is held. This report will be forwarded by the contracted mental health Clinical Director to the Director of the Division of Juvenile Services, or designee, for final approval of the placement facility. Once approval is received, the summary report will be uploaded to OIS under Interactions for the specific resident.
 12. This policy will be adopted in its entirety and the facility will not create an operational procedure.

RIGHTS RESERVED

The Director reserves the right to modify, suspend or cancel any provision herein in part or entirety, without advance notice, unless prohibited by law.

APPROVED:



 Director

4/1/15

 Date



Offender Name [Click here to enter text.](#)

OID [Click here to enter text.](#)

DOB/Current Age [Click here to enter text.](#)

Current Charges [Click here to enter text.](#)

Date of Commitment [Click here to enter a date.](#)

Sentence [Click here to enter text.](#)

Current Offense Information and Legal History

[Click here to enter text.](#)

Placement History

[Click here to enter text.](#)

Current Behaviors

[Click here to enter text.](#)

Information on Records Obtained

[Click here to enter text.](#)

(Youth) Level of Service/Case Management Inventory

Date of Assessment [Click here to enter a date.](#)

Overall Risk Level [Choose an item.](#)

Areas of Very High Risk [Click here to enter text.](#)

Areas of High Risk [Click here to enter text.](#)

Areas of Medium Risk [Click here to enter text.](#)

Areas of Low Risk [Click here to enter text.](#)

Identified Strengths [Click here to enter text.](#)

Mental Health Assessment and Information

Date of Last Psychological Evaluation [Click here to enter a date.](#)

Date of Mental Health Assessment (if needed) [Click here to enter a date.](#)

Clinical Indicators Anxiety Depression ID/DD Other Self-Harm Psychosis

Substance Abuse Substance Dependence Suicide Risk

Recommended Services Behavior Contract Medical Evaluation Medication Evaluation

Special Management Plan Substance Abuse Evaluation Therapy Services

Current Psychotropic Medications [Click here to enter text.](#)

Date of last appointment with Psychiatrist [Click here to enter a date.](#)



Summary of information [Click here to enter text.](#)

Classification

Summary Risk Rating for SAVRY (Violence Risk) [Choose an item.](#)

Specific Conditions of Concern [Click here to enter text.](#)

Risk Level [Choose an item.](#)

Offense Seriousness [Choose an item.](#)

Assigned Classification Level [Choose an item.](#)

Casey Life Skills

Date Completed [Click here to enter a date.](#)

Results of the assessment can be found at:

https://caseylifeskills.secure.force.com/clsa_cw_dashboard

Additional Assessment

[Click here to enter text.](#)

Educational Summary

[Click here to enter text.](#)

Placement Recommendation based on Assessments: [Choose an item.](#)

Date of Staffing To Determine Placement: [Click here to enter a date.](#)

Is Recommendation from Staffing Different from Original Recommendation: [Choose an item.](#)

If yes, what is the rationale? [Click here to enter text.](#)

Final Placement Decision: [Choose an item.](#)

Signature of Completing Staff Member

Date of Completion