

	<p align="center">JUSTICE AND PUBLIC SAFETY CABINET DEPARTMENT OF JUVENILE JUSTICE POLICY AND PROCEDURES</p>	<p>REFERENCES: 505 KAR 1:110 3-JCRF-5A-10, 11; 5B-01,03-05, 07; 5H-01-03, 06 1-JDTP-3D-07-09, 10, 11-13 1-JBC-1E-06; 5B-04-06; 5C-08, 11, 14, 15; 5I-01,02-04, 07-11, 13, 14 4-JCF-3A-21-26; 3C-01; 3E-01; 5B-04-05, 07; 5C-05-06; 5I-01-02, 2-CO-4B-01; 4G-01</p>
	<p>CHAPTER: Program Services</p>	<p>AUTHORITY: KRS 15A.0652</p>
	<p>SUBJECT: Individual Treatment Plan and Aftercare Plan</p>	
	<p>POLICY NUMBER: DJJ 302</p>	
	<p>TOTAL PAGES: 7</p>	
	<p>EFFECTIVE DATE: 4/05/2019</p>	
	<p>APPROVAL: Carey D. Cockerell , COMMISSIONER</p>	

I. POLICY

An Individual Treatment Plan (ITP) and Aftercare Plan shall be developed, implemented, reviewed, and updated as necessary for each youth. The youth, parent or caregiver, and other treatment team members shall have input into the treatment planning process. The treatment planning process shall include assessments of the youth, development of a needs based ITP, ITP reviews, aftercare planning, and the discharge planning conference.

II. APPLICABILITY

This policy shall apply to each Department of Juvenile Justice (DJJ) group home and youth development center (YDC).

III. DEFINITIONS

Refer to Chapter 300.

IV. PROCEDURES

A. Prior to the ITP Conference the following shall be completed:

1. The Juvenile Service Worker (JSW) shall complete the risk assessment and needs assessment in accordance with DJJPP Chapter 6 (Initial Contact and Court Support for Public Offenders) and (Initial Contact and Court Support for Youthful Offenders).
 - a. The risk assessment through identification of dynamic and static risk factors shall estimate the likelihood that continued delinquent

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- behaviors will occur without intervention and guide intervention planning. Dynamic risk factors may be used for treatment planning.
- b. The needs assessment dynamic or changeable risk factors, called criminogenic needs, that contribute to the youth's likelihood of reoffending shall be utilized in treatment planning allowing for the targeting of treatment interventions for the youth and family in order to reduce recidivism.
2. The JSW shall complete the preliminary home evaluation report, identify the parent or caregiver to be included in the treatment process, and submit the preliminary home evaluation report at the ITP conference.
 3. In a YDC, the Treatment Director shall complete the clinical interview.
 4. In a YDC or group home, the Treatment Director or youth counselor shall complete a trauma and substance abuse screener utilizing a tool approved by the Department.
- B. An ITP Conference shall be completed within fourteen (14) days of admission. The youth counselor shall schedule and coordinate the ITP Conference.
1. The youth, parent or caregiver, and JSW shall be invited to attend this conference;
 2. Family identified natural supports may be included in the ITP conference upon request from parent or caregiver;
 3. Members of the assigned treatment team shall participate in this conference; and
 4. An ITP shall be accompanied by a signature sheet that is signed and dated by ITP conference participants.
- C. An ITP shall be developed for each youth.
1. Treatment plan goals and tasks shall be specific, measureable, achievable, realistic, and time-oriented.
 2. The treatment plan shall be a workable document for the youth and parent or caregiver that targets the identified criminogenic need factors to reduce recidivism.
 3. If present and identified as a need area on the needs assessment, primary criminogenic needs of attitudes, personality, and relationships shall be given priority in treatment plan goal and task development to reduce recidivism.
 4. If present and identified as a need area on the needs or risk assessments, secondary criminogenic needs such as low levels of achievement and satisfaction in school or at work, substance abuse, parenting or caregiver problems, and lack of involvement in

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prosocial leisure and recreation opportunities shall also be addressed in treatment plan goal and task development.

5. If more than 50% of the items included in each domain on the needs assessment (attitudes, personality, relationships, education and employment, and substance abuse) are checked yes, staff shall set goals in the treatment plan based on the need.
 6. The treatment may address responsivity issues, which are barriers or challenges that may influence the effectiveness of treatment, may require immediate treatment planning goals and tasks in order to address the barrier or challenge. Responsivity issues shall be identified and may require immediate treatment planning goals and tasks in order to address the barrier or challenge. Responsivity issues are not strong predictors of delinquent behavior. Some examples of responsivity issues are trauma, mental, physical or developmental disabilities, mental health issues, language, motivation, medication management, and transportation.
 7. The treatment plan shall address court ordered treatment or if the youth is a declared juvenile sex offender (JSO).
 8. If the need for services is indicated on the trauma screener, the youth shall have the option to add this treatment responsivity issue to their ITP. If the youth declines, this declination shall be noted in the ITP.
 9. The level of intervention for substance abuse shall be determined by the substance abuse assessment or clinical interview and shall be assigned as follows:
 - a. Youth determined to be low risk shall receive an educational packet. The youth counselor shall review the packet with the youth and document the review in the individual client record (ICR); or
 - b. Youth determined to be moderate or high risk shall have a Substance Abuse and Use goal added to their ITP and be placed in substance abuse treatment intervention appropriate to need severity.
 10. An aftercare plan shall be developed to assist in the transitioning of a youth back to the community.
- D. Documentation of the ITP shall occur as follows:
1. In a group home the designated licensed mental health professional shall review and sign the ITP within twenty-one (21) days of admission.
 2. A hard copy of the ITP shall be given to the youth, and sent to the parent or caregiver, and any applicable agency or court, and placed in the ICR within twenty-one (21) days of admission.
- E. Additional areas shall be addressed during the course of treatment, as appropriate, and may be included in the youth's ITP. These areas may include:

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1. Behavioral and social needs, including propensity toward violence;
 2. Medical, dental, and physiological needs;
 3. Emotional functioning, identification and review of previous episodes of suicidal or self-harming behaviors, and issues related to the monitoring of positive or negative effects of psychiatric medications;
 4. Academic and vocational assessment;
 5. Individual Plan of Instruction (IPI) or Individual Education Plan (IEP);
 6. Family and environmental needs;
 7. Religious needs;
 8. Legal needs;
 9. Reentry needs and any related requirement for step-down to either a group home or a day treatment program as part of the transition back to the community;
 10. Sexual behavior treatment needs; and
 11. Measurable criteria of expected behavior and accomplishments.
- F. The ITP shall be reviewed every thirty (30) days and updated as needed. In the case of JSO's the ITP shall be reviewed every sixty (60) days and updated as needed. If the date of the review falls on a weekend or holiday, the conference shall be held prior to the designated review date.
1. The youth counselor shall schedule ITP reviews;
 2. The youth, parent or caregiver, and JSW shall be invited to attend all scheduled reviews;
 3. Family identified natural supports may be included in ITP reviews upon request from parent or caregiver;
 4. Members of the assigned treatment team shall participate in ITP reviews;
 5. Successful completion of treatment tasks shall be required for youth to advance Levels on their Track;
 6. Youth may request an interim review of their progress and program status through their assigned youth counselor or the Treatment Director;
 7. Any update to the ITP shall be discussed with the youth, dated, and documented with signatures of the youth and the Superintendent or designee; and
 8. The youth and parent or caregiver shall receive a copy of the ITP and subsequent reviews. For a juvenile sexual offender (JSO) and youthful offender (YO) the ITP shall be sent to the committing judge within twenty-one (21) days of admission.

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- G. The discharge planning conference shall be held fourteen (14) days prior to the youth's anticipated release from placement to finalize the Aftercare Plan and facilitate the transfer of the youth to a lower level of placement.
1. The Aftercare Plan shall address housing, counseling, and medical service needs and may include education and employment needs.
 2. The youth and JSW shall participate in the discharge planning conference.
 3. Every effort shall be made to have the parent or caregiver and natural supports to participate in the discharge planning conference and finalization of the Aftercare Plan.
 4. The youth counselor shall review the most recent home evaluation at the discharge planning conference, and if applicable, the conditions of supervised placement. The conditions of supervised placement shall not be signed by the youth until the day of the youth's discharge from the placement to reside in the home of the parent or caregiver.
 5. The youth counselor shall have completed the Aftercare Plan which will identify the following:
 - a. The anticipated placement;
 - b. Current medication;
 - c. Needs addressed in treatment and summary of treatment progress; and
 - d. Identified needs that warrant continued service in the lower level of placement.
 6. If the youth is transitioning to the community, the JSW shall use the information obtained through the discharge planning conference and the Aftercare Plan to update the youth's Case Plan and coordinate necessary services for the youth.
 - a. Youth who score high risk on the RCNA shall have specialized coordinated services.
 - b. Specialized services shall address at a minimum:
 - i. Evidenced based family counseling;
 - ii. Referrals for mentoring; and
 - iii. Educational and vocational planning services.
 7. If the youth is transitioning to another the facility, the sending facility is responsible for providing the receiving facility with the Aftercare Plan for the purposes of continuity of coordinating services.
 8. If the youth is stepping down to another facility the receiving facility shall use the Aftercare Plan to update the youth's initial ITP to include only the tasks that require completion at the step down placement in order for youth to be returned to the community.

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9. Youth who are discharged from a residential placement into the community may be provided with current medication for at least fourteen (14) days, copies of all important medical and dental records that require further action by the youth; copies of all certificates and educational achievements obtained; and educational records, including IEP, grades, and credits.
10. Youth who are being discharged from placement at the age of eighteen (18) or older, including YO's who are released on probation or parole, may be provided:
 - a. Copies of their social security card;
 - b. Copy of birth certificate if not restricted to state agency use;
 - c. List of health care providers located near the youth's residence;
 - c. List of emergency phone numbers for crisis hotlines, police, fire, medical emergency and drug/poison centers;
 - d. Medical card or other insurance information;
 - e. Employment resume, based on the youth's work history while in DJJ custody;
 - f. List of counseling services; and
 - g. List of contact persons who can help with employment, vocational training and other appropriate services as listed on the youth's aftercare plan.
- H. In cases where a youth's Aftercare Plan includes a step-down to a less restrictive out-of-home placement, the following shall occur:
 1. The home evaluation and Aftercare Plan shall reflect the need for a step-down; and
 2. Step-down shall only be considered after a youth has attained a minimum of development level except in special circumstances such as medical problems, family illness, or the determination of the treatment team or Superintendent that a less restrictive placement is appropriate.
 3. A request for movement for special circumstances shall be made by the Division Director to the Classification Branch Manager for approval.
- I. Participation in the ITP conference, ITP reviews, and the discharge planning conference may occur via teleconferencing or video-conferencing with the approval of the Regional Manager.

V. MONITORING MECHANISM

- A. In a YDC:
 1. The Treatment Director or counselor supervisor shall be responsible for monitoring compliance with this policy; and

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2. Monitoring shall also be conducted by the Quality Assurance (QA) Branch during regularly scheduled reviews.
- B. In a group home:
1. The Superintendent shall be responsible for monitoring compliance with this policy; and
 2. Monitoring shall also be conducted by the QA Branch during regularly scheduled reviews.