



**JUSTICE CABINET
DEPARTMENT OF
JUVENILE JUSTICE
POLICY AND PROCEDURES**

**REFERENCES:
505 KAR 1:120
4-JDF-4C-21, 23, 39
3-JCRF-4C-09
4-JCF-4D-03-06
1-JBC-4C-22, 24
KRS Chapter 319**

CHAPTER: Health and Safety Services

**AUTHORITY: KRS
15A.065**

**SUBJECT: Behavioral Health Screening and
Evaluation**

KRS Chapter 311

POLICY NUMBER: DJJ 405.1

TOTAL PAGES: 3

EFFECTIVE DATE: October 3, 2023

APPROVAL: Vicki Reed, COMMISSIONER

I. POLICY

Behavioral health screening shall be provided to youth. Behavioral evaluation shall be provided for youth within youth development centers. Evaluations at group homes and detention centers may be provided as appropriate.

II. APPLICABILITY

This policy shall be applicable to group homes, detention centers, and youth development centers.

III. DEFINITIONS

Refer to Chapter 400.

IV. PROCEDURES

A. Behavioral health screening, to include screening for drug and alcohol abuse, shall be completed at the time of admission in accordance with procedures approved by the Chief of Mental Health Services.

1. In youth development centers the screening shall be completed by the facility Licensed Behavioral Health Professional (LBHP) or trained designee. After the initial screening is completed, the facility LBHP shall review and sign both the medical and behavioral health screening forms.
2. In detention centers the screening shall be completed by the facility LBHP or trained designee. After the initial screening is completed, the facility LBHP shall review and sign both the medical and behavioral health screening forms.

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3. In group homes, staff trained in use of the screening instrument shall complete behavioral health screening. The screening form shall be reviewed and signed by a counselor or Superintendent.
- B. The behavioral health screening shall determine if a youth may join the general population, be referred for immediate evaluation by a LBHP, or be referred for immediate medical evaluation.
 - C. In youth development centers, detention centers, and group homes upon identification of an acute psychiatric condition, the Registered Nurse (RN), the LBHP, or designees shall be informed. The LBHP, the RN, and the Superintendent or designee shall be notified of all suicidal threats or attempts. Residents with acute conditions shall be maintained under continuous observation until directed otherwise by the LBHP or until the resident is hospitalized. If the LBHP recommends that a youth is in need of further behavioral health treatment or review, the LBHP in consultation with the Superintendent or designee shall arrange for the youth to obtain such treatment. If hospital admission is indicated, the LBHP, the Regional Psychologist, and the Superintendent or designee, shall coordinate admissions to psychiatric facilities.
 - D. The RN and Regional Psychologist or designee shall maintain a list of other major sub-specialty medical and behavioral health providers that can be accessed as needed to manage youth with acute and chronic medical and mental illnesses.
 - E. Youth in youth development centers shall have an evaluation within fourteen (14) days of admission and annually thereafter. The evaluation shall include:
 1. Review of mental-health-screening and appraisal data;
 2. Review of the individual's behavioral health history;
 3. Direct observation of behavior;
 4. Collection and review of additional data from individual diagnostic interviews and tests, as appropriate, assessing personality, intellect, and coping abilities; and
 5. Recommendations for treatment with appropriate referral to include transfer to a specialized unit or appropriate mental-health facility when psychiatric needs exceed the treatment capability of the facility or agency.
 - F. In day treatment programs, upon identification of behavioral health concerns youth shall be referred to behavioral health providers in the community for assessment, consultation, and treatment.
 - G. A behavioral health treatment plan shall be developed for juveniles being treated on an ongoing basis by a LBHP. The plan will be developed within 30 days of initiation of treatment and revised as needed. Treatment plans will include juvenile participation to the extent that is possible. Each youth's Individual Treatment Plan shall reflect the capabilities of the youth to work within the scope of the treatment/work/school program.

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V. MONITORING MECHANISM

Monitoring shall be accomplished by the Registered Nurse, Regional Psychologist and LBHP, the Quality Assurance Branch, and the Chief of Mental Health Services or Designee.