

**Idaho Department of
Juvenile Corrections
Institutional
Policy/Procedure**

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SUBJECT: OBSERVATION AND ASSESSMENT EVALUATIONS

APPROVAL: 
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CATEGORY: CLINICAL SERVICES

Policy

The purpose of this policy is to establish an Observation and Assessment (O&A) process for juvenile offenders committed by the courts to the Idaho Department of Juvenile Corrections (IDJC); pursuant to section 20-504(5) of the Juvenile Corrections ACT of Idaho Code. IDJC values the O&A evaluation as the foundation for service planning throughout the juvenile's commitment.

It is therefore the policy of IDJC that O&A reports will be compiled and completed by a licensed and/or certified Clinician under the supervision of a Clinical Supervisor who ensures that the evaluation tools used are evidence-based. Measuring behaviors associated with risk to recidivate and addressing those behaviors with clear measurable treatment goals is the major objective of the O&A process. The contents of the O&A Evaluation are confidential and remain the property of IDJC. Evaluations may not be read nor information shared with any person not employed by IDJC unless there is prior written permission from the juvenile (if age 18 or over), parent(s) or legal guardian(s) allowing distribution, or as ordered by the court.

Operating Procedure

I. O&A Assignment and Transport

- A. Within twenty-four (24) hours of receiving commitment information on a juvenile, the assigned headquarters (HQ) staff uses the following guidelines to determine O&A placement, and enters the location of the O&A into IJOS.

IDJC Region 3 – All juveniles, regardless of committing offense or gender, go to JCC–St. Anthony (IDJC Region III O&A).

IDJC Region 2 – All juveniles regardless of committing offense or gender go to JCC–Nampa (IDJC Region II O&A).

IDJC Region 1 – Most juveniles will go to JCC–Nampa. Based on information gathered during the pre-screening the Clinical Supervisor may decide to do a local O&A, or if space permits, to do the O&A at JCC–Lewiston (IDJC Region I O&A).

- B. If the Clinical Supervisor approves a local O&A or if there is a conflict with a certain juvenile going through O&A at a particular location; it is the responsibility of the Clinical Supervisor to arrange for the O&A to occur elsewhere. If there is a conflict or a local O&A is approved, the Clinical Supervisor will document the location and reason in IJOS contact notes.
- C. The O&A evaluation for adjudicated juvenile sex offenders must always occur at a regional facility.
- D. The Clinical Supervisor, or designee, is responsible for initiating the juvenile's transport to the specified regional facility. Refer to Regional Transports for the Placement of Juveniles policy and procedure.

II. Observation and Assessment Evaluation

- A. Once the juvenile arrives at a regional facility for O&A, the Clinical Supervisor or designee assigns a Clinician and a staffing date is established. Clinician and JSC will work toward gathering information and sharing information for the O&A evaluation in the most efficient and respectful way possible.
- B. Once established, the JSC will inform the parent/guardian and JPO of the staffing date. If a family/guardian is unable to attend the staffing at the established time, reasonable efforts will be made to reschedule the staffing to allow family/guardian to participate. Every attempt will be made to ensure parents are an active and equal part of the process.
- C. The Clinician will gather previous reports and information that has been provided by the community in the community packet submitted by the committing county.
- D. The Clinician will review the JSC Summary and YLS/CMI located in the case management file or Juvenile Records folder.
- E. Every juvenile will receive various assessment protocols to assist in the development of the Observation and Assessment Evaluation.
 - 1. Upon entry every juvenile is administered the Massachusetts Youth Screening Instrument (MAYSI).
 - 2. Every juvenile admitted to Observation and Assessment will be administered educational screening assessments within 10 working days of the juvenile's entry into O&A by qualified education personnel. The results of these assessments will be included in the O&A report. Juveniles will be assessed in the following areas: cognitive, academic and attention.
 - a. At least one of the following cognitive assessments will be administered during the O&A process depending on age, culture, or other significant factors: Universal Nonverbal Test of Intelligence

(UNIT), Cognitive Assessment System (CAS), Stanford Binet Intelligence Scale (SB5), Wechsler Adult Intelligence Scale (WAIS-IV), Wechsler Intelligence Scale for Children (WISC-IV) and Woodcock Johnson Test of Cognitive Abilities. However, if student information received from the community contains results from cognitive testing completed within the last year, then that testing can be used in the O&A cognitive section of the report.

- b. Academic assessments will be completed with the STAR Reading and Math program. If further academic testing is required, the Woodcock-Johnson Test of Achievement can supplement STAR testing.
 - c. Attention assessments will be completed with one of the following attention assessments: Conner Continuous Performance test (CPT), Attention Deficit Disorders Evaluation Scale (ADDES-3), or the ADHD Symptom Checklist-4.
3. Every juvenile is administered the Jesness Personality Inventory-Revised (JI-R).
 4. Every juvenile is administered the eCIS assessment inventory within seven days (7) of arrival.
 5. If it is indicated by the YLS/CMI that the juvenile has used, abused, and/or is dependent on drugs or alcohol; the Global Appraisal of Individual Needs (GAIN) will be administered.
 6. The Clinician completes the Initial Custody Level Assessment (ICLA) in IJOS. Refer to Initial Custody Level Assessment and Progress Assessment/Reassessment policy.
 7. The Clinician conducts a clinical interview including a mental status examination.
- F. Other assessment instruments and/or activities may be administered or conducted if justified by case circumstances. Approval must be obtained from the Clinical Supervisor prior to administration and documented in IJOS contact notes.
- G. For juveniles committed to the Department for sexual misconduct or with substantiated documentation of such behavior, also refer to Placement of Juveniles with a History of Sexual Misconduct policy and procedure.
- H. Once the Clinician has completed all testing protocols they are placed in an envelope, labeled 'clinical', marked confidential, sealed and sent to JCC-Nampa records for storage with access granted to clinical staff only.

- I. If, after consulting with the JSC, more information is needed to complete the O&A evaluation; the Clinician may contact the family.

III. Writing the O&A Evaluation with Service Plan

- A. The Clinician, when writing the O&A evaluation report will ensure that it is readable, understandable, and is a usable document for those that are relying on it to develop treatment strategies for further case management processes.

- B. The Clinician will access the Observation and Assessment Evaluation (DJC-250, OA Service Plan Form) template located in IJOS and complete all sections. The O&A Evaluation is due fifteen (15) work days from the date the juvenile enters the regional facility.

C. Writing the Service Plan

1. The Release Expectations are copied as written in the Juvenile Services Coordinator Summary (DJC-155) and the treatment goals are added by the Clinician. Release expectations can be updated at any time as long as everyone on the treatment team (including family members) agrees and understands the need for the change.
2. When reporting on assessment protocols, the Clinician should interpret and summarize the results.
3. When writing the Service Plan, the Clinician will create treatment goals that reflect the domains and address the specific risk and need factors identified in the YLS/CMI.
4. A goal for education is automatically populated in the Service Plan to address the academic needs of the juvenile. The Clinician will not create treatment goals that specify an academic plan (i.e. GED/HSE or high school diploma).
5. Treatment goals should address the specific needs or behaviors of the individual juvenile rather than state how the goal will be met or the specific interventions to be used.

IV. Observation and Assessment Staffing

- A. The O&A staffing is facilitated by the Clinical Supervisor or designee and includes the JPO, juvenile, Clinician who completed the O&A evaluation, parent/guardian, JSC, and other necessary parties (e.g., medical staff, education staff, rehabilitation technician staff). If the JSC is unable to attend a staffing, it is the responsibility of the JSC to follow up with the Clinical Supervisor regarding the staffing recommendations.

Attorneys or other concerned parties are not permitted to attend the O&A staffing; however, they may share their input with either the JPO or JSC prior to the staffing. Information received from legal counsel or other concerned parties may be introduced during the staffing by the JPO or JSC at their professional discretion.

- B. During the staffing, the Clinician who completed the O&A evaluation presents the reported findings. The Clinical Supervisor will request feedback on the reported findings. If clarifying information is received, the Clinician will incorporate this into the final report.
 - C. During the staffing the reintegration plan is discussed and formulated in the areas of living arrangements, education, vocational, family, and aftercare services needed. All options discussed are documented in the Service Plan as the Initial Reintegration Plan by the Clinician following the O&A staffing.
 - D. Possible placement options are discussed with staffing participants (including family if they were unable to attend the staffing). The Clinician will input these recommendations on the ICLA as outlined in the Initial Custody Level Assessment and Progress Assessment/Reassessment policy and procedure.
 - E. Within 24 hours of the staffing, the Clinician will document that the staffing occurred, who was in attendance, and placement plans discussed in the contact notes section of IJOS titled Staffing (O&A).
 - F. The Clinical Supervisor will approve the recommended placement as outlined in the Initial Custody Level Assessment and Progress Assessment/Reassessment policy and procedure.
 - G. Following the Observation and Assessment process, **if a placement decision is made to place a juvenile in an out-of-state placement; the JSC will immediately notify the Interstate Compact office and follow the Interstate Compact on the Placement of Children policy and procedure.**
- V. Completion of O&A Evaluation Report
- A. The Clinician must complete all updates to the O&A Evaluation Report no later than three work days following the staffing date.
 - B. The Clinician will submit the completed O&A Evaluation (DJC-250) form to the Clinical Supervisor(s) for review and signature(s), with a copy to the OS2.
 - C. The OS2 will proofread the report, gather signature(s), and file the completed O&A Evaluation in the case management file and electronically in Juvenile Records. The Juvenile Records folder will contain both a Word version (without signatures) of the O&A and PDF document with signatures of the final O&A evaluation report.

VI. Contracted or Off-site O&A Services

On rare occasions, it may be appropriate or necessary for an O&A evaluation to be conducted off-site by an IDJC Clinician or a contract service provider.

- A. The JSC and Clinical Supervisor identify a potential candidate for having an assessment done off-site or by using contracted clinical services.
- B. Upon verbal approval, the JSC completes Referral of Local O&A Evaluation form (DJC-174) and sends it to the appropriate Clinical Supervisor for approval.
- C. The Clinical Supervisor reviews the request, evaluates the availability of program space within the region, and if appropriate, signs DJC-174 indicating final approval.
- D. Once approved, the Clinical Supervisor contacts the JSC to determine who will complete the O&A process. If the assessment is completed by a contract service provider, the JSC follows the Referrals for External Clinical Services policy and procedure and contacts the service provider to make the request.
- E. If a contract service provide completes the assessment, the assessment will contain, at minimum, the assessment tools IDJC requires. The assessment must be completed within seven (7) work days.
- F. Once completed, the assessment is sent to the Clinical Supervisor and the O&A staffing process is completed as outlined above.

VII. Subsequent O&A Evaluations

- A. When a juvenile is recommitted, a new O&A evaluation is completed regardless of the length of separation from IDJC.
- B. If a juvenile is back in O&A because of program failure or program transfer, the O&A evaluation will be reviewed and updated.
- C. If the testing protocols fall within the re-test timeframes indicated by the tool, the Clinician will indicate this in the body of the O&A Evaluation.

VIII. Quality Improvement for the O&A Process

- A. Each Clinical Supervisor and/or Manager overseeing the IDJC O&A process is responsible for ensuring that the O&A processes and reports follow this policy and are of the highest quality. Each Clinical Supervisor or manager must create a written plan that specifically describes the processes, procedures, and tools that will be used to regularly review and ensure that the

O&A process and reports meet IDJC expectations. Each supervisor/manager has quality control responsibilities to ensure:

1. An audit is completed following the written plan that has been developed by each supervisor;
2. All audits are thorough, accurate, and well documented;
3. Appropriate corrective action plans are developed and tracked; and
4. The results of these audits are shared with their supervisor and the Quality Improvement Director.

IX. Signatures for approval

- A. The Clinical Supervisor will confirm that they have read, approved, and agree with the contents and the structure of the report by signing the O&A evaluation.
- B. Electronic signature(s) (e-signature) are a tool that IDJC has authorized to use in order to expedite the signing of certain forms. Refer to policy Designation of Authority and use of Electronic Signatures.

Reference: *Idaho Code 20-504(5)*
IDAPA 05.01.01
Glossary of Terms and Acronyms (Observation and Assessment Evaluation
(O&A Evaluation), O&A Staffing)
Case Management Forms Guide
Case Management Handbook

Related Policies: *Case Management for Juveniles*
Designation of Authority and Use of Electronic Signatures
Initial Custody Level Assessment (ICLA) and Progress
Assessment/Reclassification (PA/R)
Interstate Compact on the Placement of Children
Referrals for the Placement of Juveniles
Referrals for External Clinical Services

Related Forms: *Initial Custody Level Assessment (IJOS)*
Observation and Assessment Evaluation (DJC-250 IJOS)
Referral for Local O&A Evaluation (DJC-174)
Referral for External Clinical Services (DJC-191)
E-Signature Designee Form (DJC-247)

Desk Manual: *N/A*