

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

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SUBJECT: REFERRAL FOR CLINICAL SERVICES

CATEGORY: CLINICAL SERVICES

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## **Policy**

Clinical services are those specialized interventions, strategies, and tools provided or directed by a licensed clinician in conjunction with the basic structures of the treatment program. Clinical services are to be blended into the total treatment program; Clinicians are members of the treatment team.

External clinical services are those services that are necessary but are outside the capacity of the treating contract provider or Idaho Department of Juvenile Corrections (IDJC) regional facility to provide. They include, but are not limited to, additional assessments, evaluations, individual services, and/or off-site or contracted observation and assessment (O&A) evaluations.

It is therefore the policy of the IDJC that:

1. Clinical services are utilized and made available to juveniles based upon identified need and upon availability of resources.
2. Clinical services not covered within a residential treatment provider's current contract require written approval by the Clinical Supervisor before any arrangements are made or agreed upon.
3. All paperwork must be completed and approved before external clinical services may be implemented with the service provider.

## **Operating Procedures**

- I. Referral for Internal Clinical Services
  - A. Referrals for clinical services may be initiated by an IDJC or community treatment team member, or by the juvenile, except when clinical services are assigned as a part of program and a referral is not necessary. In all cases, referrals must be routed through the respective treatment team, Unit Manager, or other designated authority (i.e., duty officer for crisis situations).
  - B. Clinical referrals for juveniles assigned to treatment groups are routed through the treatment team or the Rehabilitation Specialist. This includes referrals for

juveniles in special management, intake, or observation and assessment status.

- C. All referrals for clinical services are submitted on the Referral for Clinical Services (DJC-159) form by the Rehabilitation Specialist or the assigned Clinician. This request may also be initiated by the juvenile directly to the community treatment team. The completed form includes as much relevant detail about the situation requiring referral as might be necessary for consideration of the matter by the treatment team.
- D. For any referrals to a Clinician, it is important that confidentiality be maintained.
- E. Review and Assignment
  - 1. The Clinician assigned to handle referrals for clinical services completes an immediate review of the referral information to determine if the situation may be handled at the weekly clinical services meeting or if the situation requires immediate attention.
  - 2. If immediate attention is required, the Clinician reviewing the referral contacts other available members of the clinical team to determine an appropriate course of action. The Superintendent is notified in these cases.
  - 3. The clinical team considers other referrals at their weekly meeting and the Clinical Supervisor assigns a Clinician to take appropriate action. The assigned Clinician contacts the referring party regarding the clinical team's recommended course of action.
  - 4. The facility OS2 files the DJC-159 form in the juvenile's case management file.
  - 5. All counseling sessions are to be documented on the IDJC Clinical Services Counseling Note (IJOS) within 24 hours of the delivery of service and saved in the juvenile's case management file.

## II. Referral for External Clinical Services

- A. External clinical services may be requested by the Rehabilitation Specialist, Juvenile Services Coordinator, clinical team, or the community treatment team.
  - 1. Once the treatment team identifies a need for external clinical services, the Rehabilitation Specialist or JSC completes a Referral for External Clinical Services (DJC-191) form.
  - 2. The Rehabilitation Specialist, Clinician, or JSC submits the DJC-191 form to the designated Clinical Supervisor for consideration.
    - i. Request initiated by Rehabilitation Specialist or Clinician for internal program related purposes: Clinical Supervisor who oversees the IDJC facility treatment program or unit.

- ii. Request initiated by JSC for reintegration purposes: Sending region Clinical Supervisor (This is typically the JSC's supervisor.).
- iii. For Region 2 juveniles placed at JCC–Nampa, copy the DJC-191 to both Region 2 Clinical Supervisors.

**B. Approval or Disapproval of Referral**

1. Once a referral is received, the respective Clinical Supervisor reviews the DJC-191 form and determines if there is a need for additional external clinical services.
2. If approved, the Clinical Supervisor reviews and signs the DJC-191 form. The Clinical Supervisor sends an e-mail and a copy of the approved DJC-191 form to Fiscal Services at [AccountsPayable@idjc.idaho.gov](mailto:AccountsPayable@idjc.idaho.gov), the JSC or Rehabilitation Specialist, whichever applies (case manager), and the OS2.
3. The OS2 files the approved DJC-191 form in the juvenile's case management file.
4. Fiscal forwards all approved DJC-191 forms to the Juvenile Placement Manager to verify that a contract is in place for the service requested.
5. If a service is requested and approved by a Clinical Supervisor and there is not an approved IDJC vendor contract in place, the Juvenile Placement Manager and Clinical Supervisor work with the Purchasing Agent to develop a contract, when required.
6. Once contract approval is received, the Clinical Supervisor, in collaboration with the Rehabilitation Specialist or JSC, is responsible for making arrangements for the additional services with the approved contract/service provider, included sending the approved DJC-191 form.
7. The Clinical Supervisor, or their designee, verifies that services were received, and, if applicable, forwards the invoice to [AccountsPayable@idjc.idaho.gov](mailto:AccountsPayable@idjc.idaho.gov) in order for Fiscal Services to generate payment to the provider.
8. After payment has been generated, Fiscal Services enters services information into IJOS.

**C. Disposition of Contracted Evaluations**

Upon receipt, evaluations such as psychosexual, psychological, and neurological evaluations completed by contractors through an external clinical services request are delivered to the approving Clinical Supervisor who signed the DJC-191 form. Refer to Control and Maintenance of Case Management Files (663) policy/procedure for additional information.

### III. Referrals for Psychotropic Medication and Medication Monitoring

- A. All referrals for the initiation of psychotropic medication are routed to the clinical team for review.
- B. It is important that direct-care staff, Instructor Specialists, Rehabilitation Specialists, Clinicians, and licensed medical staff communicate clearly and regularly about the observed effects of the medications on the targeted behavior. This level of communication assures that the attending physician(s) has the best available information upon which to base juvenile medication management plans.

### IV. Referrals for Non-Residential Community Reintegration Services

- A. Non-residential community reintegration services are designed to assist juveniles in their transition from residential treatment and IDJC custody to the community. The majority of services are provided by the contractor to juveniles and their families within the community setting, with some initial services designed to support transition from residential treatment.
- B. Juveniles only receive services from non-residential community reintegration service providers who have been approved by Quality Improvement Services.
- C. The JSC ensures that each referral contains a Non-Residential Community Reintegration Service Level Agreement (SLA) (DJC-265 IJOS) identifying the specific services to be provided and the goals that the contractor is expected to help the juvenile accomplish.
- D. The service provider accesses the Community Reintegration Services Juvenile Contact Log (DJC-280) and Community Reintegration Services Monthly Summary/Progress Report (DJC-281) forms on the IDJC's public website and is responsible for completing them.
- E. The JSC monitors the DJC-280 and DJC-281 forms to ensure that services are being delivered as requested.

*Reference:*                    [Glossary of Terms and Acronyms](#)

*Related Policies:*        [Case Management of Juveniles \(401\)](#)  
                                 [Confidentiality/Privacy \(328\)](#)  
                                 [Purchasing of Goods and Services \(250\)](#)  
                                 [Observation and Assessment Evaluations \(404\)](#)  
                                 [Control and Maintenance of Case Management Files \(663\)](#)

*Related Forms:*         [Referral for Clinical Services \(DJC-159\)](#)  
                                 [Referral for External Clinical/Post-Custody Services \(DJC-191\)](#)  
                                 [Community Reintegration Services Juvenile Contact Log \(DJC-280\)](#)  
                                 [Community Reintegration Services Monthly Summary/Progress Report \(DJC-281\)](#)  
                                 [Counseling Services Note \(IJOS\)](#)  
                                 [Non-Residential Community Reintegration Service Level Agreement \(DJC-265 IJOS\)](#)