

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

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SUBJECT: OBSERVATION AND ASSESSMENT EVALUATIONS

CATEGORY: CLINICAL SERVICES

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**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). The IDJC values the [O&A evaluation](#) as the foundation for service planning throughout the juvenile's commitment.

It is therefore the policy of the IDJC that O&A Evaluation 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. The major objective of the O&A process is to measure behaviors associated with risk to recidivate and to address those behaviors with clear, measurable treatment goals. The contents of the O&A Evaluation are confidential, remain the property of the IDJC, and are only shared on a need-to-know basis.

**Operating Procedures**

- I. O&A Assignment and Transport
  - A. Juveniles are assigned to either a contract provider or regional state facility for observation and assessment. Within one business day of receiving a commitment order on a juvenile, the assigned headquarters (HQ) staff enters the designated location of the O&A into IJOS.
  - 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, the Clinical Supervisor is responsible for arranging for the O&A to occur elsewhere. If there is a conflict or a local O&A is approved, the Clinical Supervisor documents the location and reason in IJOS Contact Notes.
  - C. The Clinical Supervisor, or designee, is responsible for initiating the juvenile's transport to the specified O&A location. Refer to Transport of Juveniles (641) policy/procedure.
  - D. If external clinical services are requested by the Clinical Supervisor for O&A services, the assessment will contain, at a minimum, the assessment tools the IDJC requires and the assessment must be completed within seven business days from the date the contract is finalized.

Refer to Referral for Clinical Services (419) policy/procedure for information on obtaining contracted or off-site O&A services.

## II. Observation and Assessment Evaluation

- A. Once the juvenile arrives at a facility for O&A, the Clinical Supervisor, or designee, assigns a Clinician and an O&A evaluation is completed within 15 business days of the date the juvenile enters the facility. The Clinician and Juvenile Services Coordinator (JSC) will work with the family gathering and sharing information for the O&A evaluation.
- B. The Clinician reviews previous reports and information provided by the committing county in the community packet, if available.
- C. The Clinician reviews the JSC Summary and YLS/CMI located in the case management file, if available.
- D. Every juvenile receives various assessment protocols to assist in the development of the O&A Evaluation. A summary of all results is included in the O&A Evaluation report.

- 1. Every juvenile admitted to O&A is administered a Risk of Sexual Victimization/Perpetration Screener (DJC-269) by a Clinician within three calendar days of the juvenile's entry into O&A.
- 2. Every juvenile is administered the Adverse Childhood Experiences and Resilience Questionnaire (DJC-288) as part of the O&A process.
- 3. Every juvenile admitted to O&A is administered a standardized cognitive assessment and attention screener by a trained Clinician. A summary of the results of these assessments is included in the O&A Evaluation report.

However, if juvenile information received from the community contains results of testing completed within the last three years, that testing can be used in the O&A report. If determined that a new assessment is needed, do not use the same instrument that was used within the previous 12 months.

- 4. Every juvenile is administered the Jesness Personality Inventory-Revised (JI-R).
- 5. If indicated by the YLS/CMI or other factors that the juvenile has used, abused, and/or is dependent on drugs or alcohol, and the juvenile was not assessed in the community, one or more of the following assessments is used to evaluate substance use: SASSI or the TCU Screen 5.
- 6. The Clinician completes the Initial Custody Level Assessment (ICLA) in IJOS. Refer to the Risk Assessments (407) policy/procedure.
- 7. The Clinician conducts a clinical interview, including a mental status examination.

8. Every juvenile is administered the Human Trafficking Screener and Response Guide (DJC-509) as part of the O&A process.
- E. Other assessment instruments and/or activities may be administered or conducted, if justified by case circumstances, as approved, in writing, by the Clinical Supervisor.
- F. Evaluating Juveniles with Sexual Misconduct
  1. Juveniles committed to the IDJC for sexual misconduct, or with substantiated documentation of such behavior, receive a psychosexual evaluation, if a previous assessment has not been completed within six months of the date of the commitment. The juvenile and parents, if appropriate, complete the Informed Consent for Psychosexual Evaluation/Sex Offense Risk Assessment (DJC-268) form. The psychosexual assessment follows the format and content as outlined in the Sexual Offender Management Board (SOMB) standards for juvenile psychosexual assessment.
  2. Juveniles recommitted to the IDJC for non-sexual offenses, who have previously completed a sexual offense-specific program while in IDJC custody, are reassessed for risk to reoffend sexually. Based upon this reassessment, the juvenile may or may not be required to complete a full sexual offense-specific program.
  3. Juveniles committed to the IDJC for sexual misconduct or with substantiated documentation of such behavior, receive an in-depth, sexual offender-specific, individual assessment which includes sexual offense-specific conditions and which identifies essential elements of the treatment plan related to the individual juvenile's identified risk to offend sexually. If a previous assessment of the type described above was completed within six months of the date of the commitment, or disclosure, that assessment meets the standard established in this section.
- G. The juvenile and parent(s) guardian(s) are informed of the O&A evaluation methods. They are informed as to how the information may be used and to whom it will be released. This information is discussed at an O&A staffing or other staffing, if it has not been shared previously. Parents also are notified of the state's mandatory reporting laws and the IDJC's obligation under those laws to report disclosed crimes to law enforcement and to report disclosed abuse to either law enforcement or to the Idaho Department of Health and Welfare.
- H. Upon completing all testing protocols and other materials, the Clinician forwards them to the designated administrative support staff (support staff), who places them in the juvenile's case management file.
- I. If, after consulting with the JSC, more information is needed to complete the O&A evaluation, the Clinician contacts the family and JPO.

- J. The Clinician ensures that the written O&A Evaluation is readable, understandable, and is a usable document for those who are relying on it to develop treatment strategies and further case management and rehabilitation processes.
- K. Writing the Initial Service Plan (within the O&A report)
  - 1. The release expectations are copied as written in the JSC Summary (DJC-155) and the treatment goals and Specific Needs recommended services are added by the Clinician. Release expectations are 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 interprets and summarizes the results.
  - 3. When writing the Initial Service Plan, the Clinician creates treatment goals that reflect the domains and address the specific risk and need factors identified in the YLS/CMI.
  - 4. Treatment goals 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.
  - 5. In Section 2, Specific Needs, the Recommended Services address specific medical, mental health, developmental, or other needs. These services meet specific needs and mitigate barriers to treatment improving the probability of successful programming.

### III. Observation and Assessment Staffing

- A. The O&A staffing is a youth- and family-focused meeting that explores the recommended treatment path to increase community protection, competency development, and accountability for a successful return to the community. Within the first 15 business days of O&A placement, the Clinical Supervisor, or designee, facilitates the O&A staffing and includes the JPO, juvenile, Clinician who completed the O&A evaluation, parent/guardian, JSC, and other necessary participants (e.g., licensed medical staff, education staff, Rehabilitation Technician staff, treatment staff from facility where juvenile will be placed). If the JSC is unable to attend a staffing, it is the JSC's responsibility to follow up with the Clinical Supervisor regarding the staffing recommendations.
  - 1. Once the staffing date is established, the JSC informs the parent/guardian and Juvenile Probation Officer (JPO) of the staffing date. If a family/guardian is unable to attend the staffing at the established time, reasonable efforts are made to reschedule the staffing to allow family/guardian to participate. Reasonable attempts are made to ensure parents are an active and equal part of the process.

2. Attorneys or other concerned participants 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.
  3. Prior to the O&A staffing, the JSC contacts the juvenile's parent/guardian to explain the purpose of the staffing. This conversation is documented in IJOS contact notes.
  4. At least one business day prior to the O&A staffing, the JSC, or their designee, shares a draft of the O&A Evaluation and the JSC Summary with the juvenile's JPO, specifying that the report(s) are for reference purposes during the O&A staffing only, and are not to be shared with anyone.
- B. During the O&A staffing, the Clinician who completed the O&A evaluation presents the factors affecting treatment and the Initial Service Plan. The JSC discusses the initial reintegration/transition plan, addressing the areas of living arrangements, family engagement, education, vocation, legal, and aftercare services recommended.
1. Within one business day of the staffing, the Clinician documents that the staffing occurred and who was in attendance in the IJOS Contact Notes titled Staffing (O&A).
  2. Within three business days of the date of the staffing, the Clinical Supervisor approves the recommended placement in the ICLA.
- C. Following the O&A staffing, the JSC contacts the juvenile's parent/guardian to answer any questions they may have about the process or the O&A staffing discussion. This conversation is documented in IJOS contact notes.

#### IV. Completion of O&A Evaluation

✓	The draft O&A Evaluation is completed by the Clinician within 15 business days of the date the juvenile enters the facility's O&A.
✓	The O&A staffing is facilitated within 15 business days of the date the juvenile enters the regional O&A.
✓	The clinician finalizes the O&A Evaluation within three business days following the O&A staffing and sends it to the support staff for review and proofreading.
✓	The final O&A Evaluation is sent by the support staff to the Clinician, O&A Clinical Supervisor (or designee), and Regional Clinical Supervisor, if applicable, within two days to approve and sign.
✓	The final O&A Evaluation is signed by the Clinician and the Clinical Supervisor(s) within three business days.
✓	The support staff files the completed O&A Evaluation in the case management file. The case management file will contain both a Word version (without

signatures) of the O&A Evaluation and a PDF document of the final O&A Evaluation with signatures.

V. Subsequent O&A Evaluations

- A. When a juvenile is recommitted, a new O&A evaluation is completed regardless of the length of separation from the IDJC.
- B. If at any point during treatment, it is determined that a juvenile is not making progress or will not complete program, the facility or regional Clinical Supervisor may request updated assessments to determine current treatment and placement needs.
  - 1. All updated information is added within the body of the original O&A Evaluation and saved with a revised date. Any testing protocols that fall within the re-test timeframes indicated by the assessment tool(s) are updated.
  - 2. If a juvenile has a pending release, it is not necessary to update the O&A Evaluation information.
  - 3. The updated O&A Evaluation is used to inform ongoing case management decisions.

VI. O&A Quality Assurance

- A. IDJC case managers and supervisors engage in daily informal case management quality assurance (QA) practices in order to meet standards established by the IDJC.
- B. The IDJC conducts formal, semi-annual quality assurance reviews of the O&A Evaluation process by using standardized tools to check timeliness and quality.
- C. The forms that guide the QA process are completed by the facility quality improvement team. Specific guidelines are listed on each region's QA forms.
- D. After completion of the case management quality assurance review, an overview is conducted by region, with the assistance of the Quality Improvement Services (QIS) staff, to discuss the outcomes and any efforts to improve outcomes.

*References:*      [Glossary of Terms and Acronyms](#)  
*Idaho Code 20-504(5)*  
*IDAPA 05.02.01, "Rules for Residential Treatment Providers"*  
*Case Management Handbook*  
*Interstate Compact Directive*

*Related Policies:*      [Case Management for Juveniles \(401\)](#)  
[Use of Electronic Signatures \(114\)](#)  
[Risk Assessments \(407\)](#)  
[Interstate Compact on the Placement of Children \(913\)](#)  
[Referrals for the Placement of Juveniles \(413\)](#)  
[Referrals for Clinical Services \(419\)](#)  
[Placement of Juveniles with a History of Sexual Misconduct \(438\)](#)

*Related Forms:* [Adverse Childhood Experiences and Resilience Questionnaire \(DJC-288\)](#)  
[Initial Custody Level Assessment \(IJOS\)](#)  
[Observation and Assessment Evaluation \(DJC-250 IJOS\)](#)  
[Referral for External Clinical Services \(DJC-191\)](#)  
[Risk of Sexual Victimization/Perpetration Screener \(DJC-269\)](#)  
[Human Trafficking Screener and Response Guide \(DJC-509\)](#)