



SOUTH DAKOTA  DEPARTMENT OF CORRECTIONS POLICIES AND PROCEDURES		POLICY NUMBER 1.5.H.05	PAGE NUMBER 1 OF 6
		DISTRIBUTION: Public	
		SUBJECT: Classification, Assessment, and Program Planning – Juvenile Services	
RELATED STANDARDS:	None	EFFECTIVE DATE: June 15, 2023	
		SUPERSESSSION: 04/22/2022	
DESCRIPTION: Case Management	REVIEW MONTH: June	 KELLIE WASKO SECRETARY OF CORRECTIONS	

I. POLICY

It is the policy of the South Dakota Department of Corrections (DOC) Juvenile Services to conduct an assessment of criminogenic risk and need factors to meet the individualized needs of the juvenile in the effort to provide effective case management services for youth in placement settings.

II. PURPOSE

The purpose of this policy is to:

1. Identify through the standardized risk assessment system (YLS/CMI 2.0), each youth's risks, needs, and responsivity factors, and directly link to decisions regarding placement, case planning, and supervision levels.
2. Define how program planning addresses the case management activities related to youth in placement settings.

The juvenile corrections agent (JCA) is considered to be the primary case manager responsible for actively monitoring the progress of the youth while in placement, to include maintaining contact with the youth, family, and service providers to ensure effective and efficient delivery of services and to prepare for a successful transition to aftercare (see § SDCL 26-11A-12).

III. DEFINITIONS

GAIN Short Screener (GAIN-SS):

The GAIN-SS is a brief screen designed for general populations of adults and adolescents for possible internalizing or externalizing psychiatric disorders, substance use disorders, or crime and violence problems. A result of moderate to high problem severity in any single area, or overall, suggests the need for further assessment.

IV PROCEDURES

1. Initial Assessment Instructions:

- A. Youth Level of Service/Case Management Inventory 2.0 (YLS/CMI 2.0).
 1. The JCA must complete the YLS/CMI 2.0 using the YLS/CMI 2.0 User's Instructions.
 2. The JCA should select the appropriate assessment option in COMS based on the gender and setting circumstances that the youth presents with.
 - a. The "Community" version shall be used for all youth with the following exceptions: youth who have been in a custodial setting prior to commitment to DOC for one (1) year or longer. in which case the "Custodial" version should be used.

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- b. The YLS/CMI 2.0 Interview Guide should be used to guide the interview and note criminogenic factors and strengths (see attachment #1 - *YLS/CMI 2.0 Interview Guide*).
3. The information must be entered in the COMS database. This must be completed within seven (7) days of the commitment.
4. YLS/CMI 2.0 will automatically calculate a score in the COMS database.
5. If an override is being considered, the JCA should select “Override results” and “Override reason”.
6. The director of Juvenile Services must approve all overrides.

2. Reassessment:

- A. The JCA will complete a YLS/CMI 2.0 reassessment, at the following intervals, using the YLS/CMI 2.0 user’s instructions found in the COMS user manual.
 1. Three (3) months following release from a facility and every six (6) months thereafter.
 2. When youth are placed in a community based residential program, such as a foster care setting, transitional program, an independent living program, or a half-way house, the JCA will update the assessment three (3) months following admission to the program and every six (6) months thereafter.
 3. Reassessments will be completed using the “Community” version.
 - a. The JCA will re-evaluate each domain and note increases or reductions in the criminogenic risk factors.
 4. The information must be entered in the COMS database.
 5. YLS/CMI 2.0 will automatically calculate a score in the COMS database.
 6. If an override is being considered, the JCA should select “override results” and “override reason”.
 7. The director of Juvenile Services must approve all overrides.
- B. When a juvenile is adjudicated for a new delinquent offense and is returned to custody, or their aftercare status is revoked, the JCA will complete the YLS/CMI 2.0 reassessment using the YLS/CMI 2.0 user’s instructions found in the COMS user manual.
 1. Add the aftercare revocation and any new adjudications in COMS Legals module and re-evaluate each domain of the YLS/CMI 2.0 noting increases or reductions in the criminogenic risk factors.
 2. The information must be entered in the COMS database.
 3. YLS/CMI 2.0 will automatically calculate a score in the COMS database.
 4. If an override is being considered, the JCA should select “override results” and “override reason”.
 5. The director of Juvenile Services must approve all overrides.
- C. As part of the reassessment requirements, the JCA will complete the YLS 2.0 Assessment for Risk and Needs form for youth in the community.

3. Treatment Team Meetings and Youth Contact:

- A. The JCA shall participate in monthly treatment team meetings to include the youth, placement staff, and the family. The JCA shall use the *Monthly Reauthorization Form (MRF)*, (see attachment #2), to review the youth’s progress on treatment plan goals and evaluate the effectiveness of the services based on results of the risk/needs assessment. This is accomplished utilizing the staffing process as well as monthly contact with the youth and his/her family, at minimum. That contact may be telephonic, written, or in-person.
- B. The JCA shall make a written recommendation if they support reauthorization of services or if referral to a less restrictive treatment alternative or home will be pursued.
- C. It is expected that a youth will have an in-person contact with the JCA or designee a minimum of quarterly while placed out of the home.

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- D. Virtual meetings may be used and documented as an ICP contact in COMS. However, it does not replace the quarterly contact requirement as noted above.
- E. As part of the required in-person quarterly placement contact, the JCA shall complete section two of the Monthly Reauthorization Form (MRF). A copy should be retained in the case file.
- F. The MRF shall be completed for all youth who are in a community residential location. This includes youth in all foster care types, independent living programs and transitional group care programs.
- G. The JCA shall submit the completed Monthly Reauthorization form to their supervisor. The JCA shall provide a copy of the completed Monthly Reauthorization form to the program staff.

4. Case Planning:

- A. Any juvenile whose YLS/CMI 2.0 assessment results in a score of Moderate, High, or Very High, will have a case plan developed. As part of the case plan development, the *YLS 2.0 Assessment of Risk & Needs Form* will be completed to assist with communication of risk, needs and responsivity issues with youth and family (see attachment #3).
- B. The Case Plan is developed by the youth, JCA, parent/caregiver, facility and community-based treatment providers and will occur during a pre-release treatment team staffing or at the initial meeting with the JCA in the community (see attachment #4 – *Case Plan for Success*).
- C. The case plan will include goals and objectives which target the moderate to high-risk domains of the youth’s YLS assessment. If present, the focus will be on the three dynamic domains of the “Big Four”, specifically antisocial attitudes, antisocial peers, and antisocial personality.
- D. The case plan will be reviewed at minimum on a monthly basis with the youth and adjusted according to individual needs.
- E. A contact log will be entered in COMS, using code (CPR-Case Plan Review), to reflect completion of the case plan review with the youth.

5. Waiver of Juvenile’s Rights:

- A. While the youth is in custody, the JCA may not sign any releases of liability, which may allow or restrict the youth’s rights or activities.
- B. The JCA may sign for releases of information.

6. Authorization for Home Visits, , and Notification of Runaways:

- A. Home visits should be considered and part of the transition to aftercare whenever reasonable.
 - 1. Home Visits: Overnight visits or absences must be approved by the JCA. Requests for payment for bed holds, when applicable, must be made in advance..
 - 2. AWOL/Runaways: Providers are required to notify the Department of Corrections of runaways consistent with contractual agreements.
 - 3. Staff shall refer to DOC Policy 1.6(3).F.2 - *Juvenile Victim Notification* to determine movements that require victim notification.

7. Juvenile Justice Reinvestment Initiative Referral Process:

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- A. Youth who score Moderate/High/Very High on the YLS 2.0 shall be referred to the Department of Social Services Division of Behavioral Health to determine eligible services.
- B. The JCA shall complete a GAIN-SS for all youth releasing to the community. This allows the JCA to consider needs identified through the GAIN-SS that may warrant behavioral health services regardless of their risk to reoffend as measured by the YLS 2.0. The GAIN-SS must be completed within thirty days of referral date.
- C. The JCA shall complete the *DSS JJRI Referral Form* (see attachment #5) and submit via email to DSSJJRI@state.sd.us
 - 1. DSS will determine the specific services that youth qualify for based on the completed referral form and clinical assessment by provider.
 - 2. The JCA shall meet with the family/youth/service provider for the initial appointment whenever reasonable to do so.

8. Chemical Dependency Treatment:

- A. If a youth is going directly to inpatient treatment from private placement or the community, JCA's must secure funding using the following procedure:
 - 1. A CD evaluation or treatment needs assessment must be received from a core service agency in your area.
 - 2. The core service agency doing the evaluation must complete the required paperwork and electronic documentation in the manner approved by the DSS Division of Behavioral Health.
 - 3. A physician's directed statement recommending the need for evaluation/treatment is required but it is the responsibility of the agency completing the evaluation or the provider that is providing the inpatient treatment. A physician's assistant may issue the statement, but a MD must still sign it; this may be a psychiatrist.
 - 4. JCA will make sure a current Title XIX form is on file with the Sioux Falls senior secretary.
 - 5. Once approved, the JCA will coordinate with the treatment provider to arrange transportation to the facility.

9. Mental Health Treatment:

- A. Youth who present the need for inpatient acute psychiatric services, as determined by a qualified mental health professional (QMHP) will be referred to an appropriate provider as recommended by the QMHP.
- B. Cases which are recommended for placement at the Human Services Center will require an inter-institutional transfer authorization letter signed by the secretary of corrections. This can be obtained from the Sioux Falls secretary or through any regional JCA supervisor.
- C. The JCA must staff with the JCAS and notify the director of Juvenile Services via email of placement. JCA shall contact Human Services Center staff to coordinate an admission date.

10. Department of Labor and Regulation Services:

- A. Youth who score Moderate/High/Very High in the Education/Employment domain on the YLS/CMI 2.0 will be considered for referral to local Department of Labor and Regulation (DLR) job training services.

11. Movements/Transfers:

- A. A movement record must be completed for each transfer of the juvenile.

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- B. The JCA or support staff will complete the movement record in COMS when:
1. Juveniles are in private/detention placements.
 2. Juveniles are on aftercare.
 3. Temporary Transfers.
- C. The movements must be entered on COMS by the JCA or designated support staff by 4:00 p.m. on the day that the transfer occurs.
- D. The following are considered movements:
1. Any changes in placement including program transfers within a private facility.
 2. Any program furloughs or temporary transfers for court.
 3. Any change in agent, and
 4. Any juvenile who has run away or absconded or discharged directly from a facility.

12. Secondary Placement-Foster Care:

- A. In the event a youth does not have a family or other care giver resource to be released to, the JCA may consider a referral to foster care if available. Any referrals to a foster care provider should be made consistent with the placement recommendation process for non-psychiatric residential treatment facility (PRTF) Services. This should be submitted no later than forty-five (45) days prior to the juveniles scheduled release or earlier when warranted.

13. Secondary Placement- Brighter Transition Youth Treatment Center:

- A. In the event a youth does not have a family or other care giver resource to be released to, the JCA shall consider a referral to the Brighter Transition Youth Treatment Center consistent with admission criteria as outlined in the Provider Resource Manual. Any referrals to Brighter Transition should be made consistent with the placement recommendation process for non-PRTF Services. Additionally, the referral must be submitted through the Brighter Transition director of student services, no later than forty-five (45) days prior to the juveniles scheduled release or earlier when warranted.

V. RESPONSIBILITY

The director of Juvenile Services is responsible for the annual review and revision of this policy.

VI. AUTHORITY

- A. SDCL §§ 26-11A-12

VII. HISTORY

June 2023

Previous Reviews of Separated Policies:

Classification and Assessment Process:

March 2022
 March 2021
 March 2020
 March 2018
 April 2017
 April 2016
 January 2016
 March 2015

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October 2014
March 2014
March 2013
May 2012

Program Planning:

April 2022
June 2021
July 2020
July 2019
July 2018
October 2017
March 2017
March 2016
January 2016
July 2015

ATTACHMENTS

1. YLS/CMI 2.0 Interview Guide
2. Monthly Reauthorization Form
3. YLS 2.0 Assessment of Risk & Needs Form (*Generated in COMS*)
4. Case Plan for Success
5. DSS JJRI Referral Form (*Obtained from DSS*)
6. DOC Policy Implementation / Adjustments

YLS/CMI 2.0 INTERVIEW GUIDE

The YLS/CMI interview assesses a juvenile’s risk of re-offending by focusing on the most relevant factors in his or her life. When conducting the interview, ask all the questions provided. If necessary, change the wording of the questions to make them easier to understand or to maintain rapport with the juvenile.

When making the YLS/CMI 2.0 ratings, focus on the current and/or past year. Before conducting the interview, be sure to refer to the YLS.CMI 2.0 User’s manual for detailed guidelines on rating and scoring.

Name of Juvenile: _____ **Juvenile ID #:** _____

Date of Birth: _____ / _____ / _____

Date of Interview: _____ / _____ / _____

Interviewed By: _____ *Staff’s Full Name* _____ *Title*

Final Score: _____

Custodial Male

- Low (0-19)
- Moderate (20-29)
- High (30-36)
- Very High (37-42)

Custodial Female

- Low (0-19)
- Moderate (20-29)
- High (30-36)
- Very High (37-42)

Community Male

- Low (0-9)
- Moderate (10-21)
- High (22-31)
- Very High (32-42)

Community Female

- Low (0-8)
- Moderate (9-19)
- High (20-28)
- Very High (29-42)

Part 1 – Domain 1: Prior and Current Offenses/Dispositions:

- A. 3 or more prior convictions
- B. 2 or more failures to comply
- C. Prior probation
- D. Prior custody
- E. 3 or more current convictions

Tell me about the situation that brought you to court this last time. On what charge were you committed to the DOC? (Who were you with? Were you under the influence of drugs or alcohol?)

How old were you when you first got into trouble with the law? What did you do?

Had you ever been adjudicated for a crime before getting committed to DOC? Have you ever been sentenced to detention (JDC) or any other facility based on a crime you've committed?

If you've been on probation, have you appeared in court for probation violations? How many times? For what? How did you get along with your probation officer?

Have you ever participated in programs, counseling, or any other kind of treatment? Can you tell me what was involved? Did you complete these services?

Part 1 – Domain 2: Family Circumstances/Parenting:

- A. Inadequate Supervision
- B. Difficulty in controlling behavior
- C. Inappropriate discipline
- D. Inconsistent Parenting
- E. Poor relations (father – youth)
- F. Poor relations (mother – youth)

STRENGTH Y N

Who are you living with now? How long have you been there? (If the juvenile is not living with his or her parents, ask about the history of the current living arrangements.) _____

I am going to ask you some questions about your parents (or guardians).

Are your parents at home in the evenings? How about weekends? If they are not home, do they have an idea of where you are? _____

Tell me about the relationship you have with your mother. Do you do things together? Can you go to her with problems? _____

Tell me about the relationship you have with your father. Do you do things together? Can you go to him with problems? _____

(If parent(s) is/are absent) How does their absence affect you? _____

Are there a lot of rules at home? What are some examples of the rules? Do you think they are fair? _____

What do your parents do when you break the rules? Or when you break the law? How do they discipline you? Is there ever physical punishment? _____

Does their discipline work or make you behave? Would your parents say they have trouble controlling your behavior? _____

Do your parents make punishments stick or do they forget about it after a while? How tough are your parents about enforcing the rules? Are they equal in holding you accountable? _____

Do you have any brothers or sisters? How do you get along with them? Is there much fighting at home?

Do your mom and dad work? What do they do? Is the family income adequate? _____

Is there anything else you would like to tell me about your home life? _____

Part 1 – Domain 3: Education/Employment:

- A. Disruptive classroom behavior
- B. Disruptive behavior on school property
- C. Low Achievement
- D. Problems with peers
- E. Problems with teachers
- F. Truancy
- G. Unemployed/not seeking employment

STRENGTH

Y

N

Are you in school right now? What grade? _____

How are your grades? Are these typical grades for you or could you do better? _____

What subjects do you like in school? What are your academic goals? _____

Are you on an IEP or any other special education programs (i.e., resource room)? _____

Have you had any trouble in school over the past year? Was that in the school building or on school property? _____

a. Have you been suspended or expelled? _____

b. Have your parents been called to the school because of problems? _____

Tell me about the relationships you have with your teachers. How well have you been getting along with your teachers? Are there teachers you have problems with? _____

Tell me about the relationships you have with other kids in school. How do you get along with other students? Are there students you have problems with? _____

Do you skip School? How often? (If so, where do you go?) _____

Are you working now? Is your job part-time or full-time? How well do you like your job? How do you get along with your supervisor/managers? _____

(If not working or in school) Are you looking for work? What efforts have you made to find work? _____

Part 1 – Domain 4: Peer Relations:

- A. Some delinquent acquaintances
- B. Some delinquent friends
- C. No/few positive acquaintances
- D. No/few positive friends

STRENGTH

Y

N

I would like to ask a few questions about your friends – the people you hang out with.

Tell me about your closest friends. Are they positive or negative influences? Why? (Have they been or are they in trouble? Are they involved in any prosocial activities?) _____

Tell me about any acquaintances you have. Are they positive or negative influences? Why? (Have they been in trouble? Are they involved in prosocial activities?) How much time do you spend with these individuals? _____

Are you involved in a relationship at the moment? Can you tell me about the person with whom you are involved? _____

Do you have friends or acquaintances that use drugs or alcohol? How about ones that don't? _____

Are you a member of a gang? Do you know gang members? _____

Part 1 – Domain 5: Substance Abuse:

- A. Occasional drug use
- B. Chronic drug use
- C. Chronic alcohol use
- D. Substance abuse interferes with life
- E. Substance use linked to offense(s)

STRENGTH

Y

N

I would like to ask some questions about your use of alcohol.

Tell me about your alcohol use. Do you drink beer, wine, or any other alcoholic drink? When did you first drink alcohol? _____

How much alcohol do you drink? How often do you drink? If you get drunk, how do you act? _____

Tell me about your drug use. Do you use drugs such as marijuana, cocaine, ecstasy, meth etc.? When did you begin and how much to you now use? _____

Do you usually use drugs when you are by yourself or with friends? _____

Do you feel your drinking or drug use has or is interfering with your functioning like with friends, parents, school, or anything else? If so, how? _____

Do you think that your drinking or drug use is a problem? Do your parents worry about your use of these substances? Has it caused problems with your parents, friends or in school? _____

Do you think your criminal activity is related to drug or alcohol use? Were you using or on anything at the time of any of your crimes? Have you violated probation with any dirty UA's? _____

Would you like to get some help to stop drinking or using drugs? _____

Part 1 – Domain 6: Leisure/Recreation:

- A. Limited organized activities
- B. Could make better use of time
- C. No personal Interests

STRENGTH

Y

N

Tell me about any clubs, organizations, or sports teams at school or in the community that you are involved in. Do you enjoy these activities? Would you like to be more involved in these activities?

What are the kinds of things that really interest you (sports, hobbies, etc.)? Are there new things you would like to learn? Do you participate in your interests? _____

Tell me about a typical day for you. Do you do the same thing on the weekend? _____

Part 1 – Domain 7: Personality/Behavior:

- A. Inflated self-esteem
- B. Physically aggressive
- C. Tantrums
- D. Short attention span
- E. Poor frustration tolerance
- F. Inadequate guilt feelings
- G. Verbally aggressive, impudent

STRENGTH Y N

Please describe yourself to me. How do you feel about yourself? Do you generally feel good about things? Are you sometimes disappointed in yourself? _____

On a scale of 1 to 10, with 10 being the absolutely coolest person you can imagine, where would you put yourself? Why do you rate yourself there? _____

Do you get angry about things? What kinds of things make you especially angry? Do you get into arguments with people? If so, how often? What does an argument look like? _____

How do you usually react when you're angry? Do you often get into fights or get physical with people? If so, how often? _____

Do you ever take your anger out on objects? If so, how often? _____

Are you easily frustrated or are you a pretty easygoing person? How do you calm yourself down? How do you cope with frustrations? _____

Do you have trouble concentrating? Have you ever been told that you have a problem with concentration or with attention? If so, has this ever caused problems in school? _____

a. Are you currently taking any medications to treat this issue? _____

How do you usually feel when you do something wrong? Why? Do you feel bad when you hurt someone? Why How about with the crimes you have committed? _____

How do you feel about the Crimes you've committed? Why or why not?

Do you generally care about people? Do you have any close relationships? Tell me about that. _____

Do you ever feel anxious or depressed? Have you ever thought about suicide or self-harm? _____

Do you feel that you are good at planning things, or do you tend to do things on the spur-of-the moment?

Is anything worrying you at the moment about your friends, your school, or family? _____

Part 1 – Domain 8: Attitudes/Orientations:

- A. Antisocial/pro-criminal attitudes
- B. Not seeking help
- C. Actively rejecting help
- D. Defies Authority
- E. Callous, little concern for others

STRENGTH

Y

N

How do you feel about the crimes you committed? Do you have any victims? If so, how do you feel about them? _____

Who is ultimately responsible for you being in this situation? How or why? _____

How do your actions impact others? _____

How do you feel about authority (i.e., police, probation, DOC, school, parents)? Have you been treated fairly by authority figures? How or how not? _____

Do you think I can help you stay out of trouble? Will you participate in any programs I set up for you? _____

Is there anything else you would like to discuss with me? Are there any questions you would like to ask?

Part II: Summary of Risk and Needs

Check the assessment for omitted (circled) items. If more than four (4) items are omitted, the test should be considered invalid, and more information should be obtained before scoring. Sum the total number of items marked with an “X” within each subscale and mark the risk/need level for each. Then sum the number of Xs in Column A and in Column B. Use the combined total to complete the Overall Total Score at the bottom of the page, which is used to complete the Total Risk/Need Level Box. Checkmarks in the boxes labeled “S” indicate a strength. The table below can be used for a summary.

Scores	Prior and Current Offenses	Family	Education	Peers	Substance Abuse	Leisure/ Recreation	Personality/ Behavior	Attitudes/ Orientation
Low								
Moderate								
High								

Strength

Column A

1. Prior and Current Offenses/Dispositions

Risk/Need Level:

- Low (0)
- Moderate (1-2) _____
- High (3-5)

2. Family Circumstances/Parenting

Risk/Need Level:

- Low (0-2)
- Moderate (3-4) _____
- High (5-6)

3. Education/Employment

Risk/Need Level:

- Low (0)
- Moderate (1-3) _____
- High (4-7)

4. Peer Relations

Risk/Need Level:

- Low (0-1)
- Moderate (2-3) _____
- High (4)

Column B

5. Substance Abuse

Risk/Need Level:

- Low (0)
- Moderate (1-2) _____
- High (3-5)

6. Leisure/Recreation

Risk/Need Level:

- Low (0)
- Moderate (1) _____
- High (2-3)

7. Personality/Behavior

Risk/Need Level:

- Low (0)
- Moderate (1-4) _____
- High (5-7)

8. Attitudes/Orientation

Risk/Need Level:

- Low (0)
- Moderate (1-3) _____
- High (4-5)

Total Risk/Need Levels

Custodial Male:
 Low (0-19)
 Moderate (20-29)
 High (30-36)
 Very High (37-42)

Custodial Female:
 Low (0-19)
 Moderate (20-29)
 High (30-36)
 Very High (37-42)

Community Male:
 Low (0-9)
 Moderate (10-21)
 High (22-31)
 Very High (32-42)

Community Female:
 Low (0-8)
 Moderate (9-19)
 High (20-28)
 Very High (29-42)

Column A total: _____ + Column B total: _____ = YLS final Score: _____

Part III: Assessment of Other Needs and Special Considerations

1. Family/Parents

- Chronic History of Offenses
- Emotional Distress/Psychiatric
- Drug/Alcohol Abuse
- Marital Conflict
- Financial/Accommodation Problems
- Uncooperative parents
- Cultural/Ethnic Issues
- Abusive Father
- Abusive Mother
- Significant Family Trauma (specify): _____
- Other (specify): _____

Comments:

2. Youth:

- Adverse Living Conditions
- Anxious
- Communication Problems
- Cruelty to Animals
- Cultural/Ethnic Issues
- Depressed
- Diagnosis of Conduct Disorder/ Oppositional Defiant Disorder
- Diagnosis of Psychosis
- Engages in Denial
- Fetal Alcohol Spectrum Disorder (FASD)
- Financial/Accommodation Problems
- Gang Involvement
- Gender Issues
- Health Problems
- History of Assault on Authority Figures
- History of Bullying
- History of Escape
- History of Fire Setting
- History of Running Away
- History of Sexual/Physical Assault
- History of Weapons Use
- Inappropriate Sexual Activity
- Learning Disability
- Low Intelligence/Developmental Delay
- Low Self-Esteem
- Manipulative
- Parenting Issues
- Peers Outside Age Range
- Physical Disability
- Poor Problem-Solving Skills
- Poor Social Skills
- Pregnancy Issues
- Protection Issues
- Racist/Sexist Attitudes
- Self-Management Skills
- Shy-Withdrawn
- Suicidal Ideation/Attempts or Self-Injury
- Third Party Threat
- Underachievement
- Victim of Bullying
- Victim of Neglect
- Victim of Physical/Sexual Abuse
- Witness of Domestic Violence
- Other Mental Health Issues (specify below)
- Other (specify below)

Comments:

Part IV: Final Risk/Need Level and Professional Override

Taking into account all available information, provide your estimate of the risk level for this case. If your risk estimation differs from that of the Inventory, please provide reasons why.

<p>Part II Risk/Need Level</p> <p><input type="radio"/> Low <input type="radio"/> Moderate <input type="radio"/> High <input type="radio"/> Very High</p>

<p>Use the Professional override?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>

<p>Final YLS/CMI 2.0 Risk/Need Level</p> <p><input type="radio"/> Low <input type="radio"/> Moderate <input type="radio"/> High <input type="radio"/> Very High</p>

Reasons for override: _____

Distribution: Public

Monthly Reauthorization Form

Date: _____

Juvenile Information			
Name:		DOB:	
Admission Date:		Projected Release Date:	
YLS Risk Level:		Program:	
Aftercare Placement Plan:			

Referral Information			
JCA:		JCA email:	
Office Location:		Office Phone #	

Parent/Guardian Information			
Parent/Guardian:		Address:	
Relationship:		Phone:	

Parent/Guardian:		Address:	
Relationship:		Phone:	

Mental Health			
Axis I:			
Axis II:			
Additional notations medical/psychosocial stressors:		IQ:	
Current Medications:			
Prescribing doctor:			

Education

Is the youth on an IEP? Yes No Next Review Date: _____ / _____ / _____

Current Grade Level: _____ Total Credits Earned: _____

List any Work in Progress: _____

Preparation for Post-Secondary Education or Job Skills Training (i.e. DLR referral, FAFSA, college tours etc.):

Does the youth have any education concerns? Yes No

Strengths

What are the youth's strengths?

Distribution: Public

YLS Scores/Treatment Plan Goals

YLS Domains (High or Moderate Risk):	
Treatment Plan Goal & Objectives #1:	
Related YLS Domain:	
Item(s) scored:	
Progress: <input type="checkbox"/> None <input type="checkbox"/> In progress <input type="checkbox"/> Completed	
Projected completion date:	
Treatment Plan Goal & Objectives #2:	
Related YLS Domain:	
Item(s) scored:	
Progress: <input type="checkbox"/> None <input type="checkbox"/> In progress <input type="checkbox"/> Completed	
Projected Completion date:	
Treatment Plan Goal & Objectives #3:	
Related YLS Domain:	
Item(s) scored:	
Progress: <input type="checkbox"/> None <input type="checkbox"/> In progress <input type="checkbox"/> Completed	
Projected completion date:	

Overall Treatment Progress (Related to Goals): 1 2 3 4 5
 Low →-----→-----→ Significant

Please explain:

Safety Issues/Incidents

Describe any incidents, during the month, that were a safety issue to the youth or others:

Restraints / Seclusion

Number of restraints, or use of seclusion, the youth was involved in during the month: _____

Reason for restraint/seclusion: _____

Family Contacts

Number of phone calls, email or letter contacts in the past 30 days: _____

Number of in-person or Polycom contacts in the past 30 days: _____

Number of Home Passes in the past 30 days: _____

Notes: _____

Transition Plan

At the time of release the youth will transition and/or continue with the following services. Please indicate both the planned date of admission and the anticipated provider.

<input type="checkbox"/> Medication Management	/ /	Provider: _____
<input type="checkbox"/> Home Based Counseling	/ /	Provider: _____
<input type="checkbox"/> Outpatient CD Services	/ /	Provider: _____
<input type="checkbox"/> Outpatient Individual Therapy	/ /	Provider: _____
<input type="checkbox"/> Transitional Living	/ /	Provider: _____
<input type="checkbox"/> Independent Living	/ /	Provider: _____
<input type="checkbox"/> Foster Care	/ /	Provider: _____
<input type="checkbox"/> Outpatient SO Counseling	/ /	Provider: _____
<input type="checkbox"/> FFT	/ /	Provider: _____
<input type="checkbox"/> ART	/ /	Provider: _____
<input type="checkbox"/> MRT	/ /	Provider: _____
<input type="checkbox"/> DLR	/ /	Provider: _____
<input type="checkbox"/> Other	/ /	Provider: _____

What other services and supports will be needed for a successful transition back into the community (vital records, goal sheets, etc.)?

IL Packet Goals /Paid Incentives (VOA, MCIL, STA)

Employment <input type="checkbox"/> None <input type="checkbox"/> Job Seeking <input type="checkbox"/> Employed Registered at DLR: <input type="checkbox"/> Yes <input type="checkbox"/> No Date:	Employment Notes:
Purple Packet - Incentives/Goals from purple packet here	
Money Management	Goal Amount: 1. Savings account balance: 2. Checking account balance: 3. Other funds: 4. Any payments:
Money management notes:	

Distribution: Public

Restitution: <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	County:
	Payments:	
	Date:	Amount Paid:
	Date:	Amount Paid:

Other Needs, Special Considerations and Responsibility Factors

What issues have been identified as potential barriers to a successful discharge/transition plan?

Sex Offender Specific Treatment Team

****Only ask these questions if the youth is in a Sex Offender Specific program****

Current Treatment Stage: _____
Assessments/Polygraphs completed this month: _____

Significant findings/changes: _____

Current sexual acting out behaviors: _____

Safety Plan/Relapse Plan: _____

Current Outpatient Provider (If applicable): _____

Outpatient Provider Recommendation: _____
(If applicable) _____

Reunification Needed? Yes No If Yes, Date completed: _____

Recommendations for next 30 days

Youth's recommendation: _____

Parent's recommendation: _____

Program recommendation: _____

JCA recommendation: _____

Treatment Team

Next scheduled reauthorization meeting: _____

Participants present for the meeting:

Distribution: Public

- JCA _____
- Youth _____
- Parent/Guardian _____
- Program Staff _____
- Other _____

JCA Signature

Date

JCA Supervisor Signature

Date

PART 2: Quarterly Review

****This section is filled out during the face-to-face quarterly visit between JCA and youth.**

Youth's Name: _____ Date: _____

Since our last treatment review, via phone, have there been any changes in your program, behavior, etc?

Do you have any concerns about the program, staff or peers? Do you feel safe?

How is the program helping you?

What are your goals?

What do you need to be successful in the community?

Do you have any medical concerns?

Are you currently taking any medication? If so, what is it and what is it for?

Do you plan to continue your medication when you get out?

When is the last time you talked to your family (visit, phone call, letter...)? Do you have any concerns about your family that you need me to follow up on?

What questions do you have for me?

YLS 2.0 Assessment of Risks & Needs

Juvenile's Name:

Date of Assessment:

Juvenile's ID:

JCA:

Domain 1	
Prior & Current Offenses / Dispositions	Y/N
3 or more prior convictions	
2 or more failures to comply	
Prior Probation	
Prior Custody	
3 or more Current Convictions	
RISK: STRENGTH:	
TOTAL:	

Domain 5	
Substance Abuse	Y/N
Occasional Drug Use	
Chronic Drug Use	
Chronic Alcohol Use	
Substance Use Interferes with Functioning	
Substance Use Linked with Offenses	
RISK: STRENGTH:	
TOTAL:	

Domain 2	
Family Circumstances/Parenting	Y/N
Inadequate Supervision	
Difficulty in Controlling Behavior	
Inappropriate Discipline	
Inconsistent Parenting	
Poor Relationship (Father – Youth)	
Poor Relationship (Mother- Youth)	
RISK: STRENGTH:	
TOTAL:	

Domain 6	
Leisure / Recreation	Y/N
Limited Organized Activities	
Could Make Better Use of Time	
No Personal Interests	
RISK: STRENGTH:	
TOTAL:	

Domain 3	
Education / Employment	Y/N
Disruptive Classroom Behavior	
Disruptive School Behavior	
Low Achievement	
Problems with Peers	
Problems with Teachers	
Truancy	
Unemployed/Not Seeking Employment	
RISK: STRENGTH:	
TOTAL:	

Domain 7	
Personality / Behavior	Y/N
Inflated Self-Esteem	
Physically Aggressive	
Tantrums	
Short Attention Span	
Poor Frustration Tolerance	
Inadequate Guilt Feelings	
Verbally Aggressive	
RISK: STRENGTH:	
TOTAL:	

Domain 4	
Peer Relations	Y/N
Some Delinquent Acquaintances	
Some Delinquent Friends	
No/Few Positive Acquaintances	
No/Few Positive Friends	
RISK: STRENGTH:	
TOTAL:	

Domain 8	
Attitudes / Orientation	Y/N
Antisocial/Pro-criminal Attitudes	
Not Seeking Help	
Actively Rejecting Help	
Defies Authority	
Callous, Little Concern for Others	
RISK: STRENGTH:	
TOTAL:	

TOTAL SCORE / RISK LEVEL:

Over Ride: Y N

INDIVIDUAL DOMAIN LEVELS

Prior & Current Offenses/Dispositions

- Low (0)
- Moderate (1-2)
- High (3-5)

Family Circumstances/Parenting

- Low (0-2)
- Moderate (3-4)
- High (5-6)

Education/Employment

- Low (0)
- Moderate (1-3)
- High (4-7)

Peer Relations

- Low (0-1)
- Moderate (2-3)
- High (4)

Substance Abuse

- Low (0)
- Moderate (1-2)
- High (3-5)

Leisure/Recreation

- Low (0)
- Moderate (1)
- High (2-3)

Personality/Behavior

- Low (0)
- Moderate (1-4)
- High (5-7)

Attitudes/Orientation

- Low (0)
- Moderate (1-3)
- High (4-5)

TOTAL RISK & NEEDS LEVELS

Community Male:

- Low (0-9)
- Moderate (10-21)
- High (22-31)
- Very High (32-42)

Community Female:

- Low (0-8)
- Moderate (9-19)
- High (20-28)
- Very High (29-42)

Custodial Male:

- Low (0-19)
- Moderate (20-29)
- High (30-36)
- Very High (37-42)

Custodial Female:

- Low (0-19)
- Moderate (20-29)
- High (30-36)
- Very High (37-42)

My Plan for Success

Name: _____ Date Released to Aftercare: _____

Targeted Domain:

(Indicate which subdomains were marked and the total score for that domain according to the most recent YLS. Circle which domain is being targeted with this case plan. If the targeted domain is not listed below, list here: _____)

<p>Antisocial Peers</p> <ul style="list-style-type: none"> <input type="radio"/> Some Delinquent Acquaintances <input type="radio"/> Some Delinquent Friends <input type="radio"/> No/Few Positive Acquaintances <input type="radio"/> No/Few Positive Friends 	<p>Antisocial Personality</p> <ul style="list-style-type: none"> <input type="radio"/> Inflated Self-Esteem <input type="radio"/> Physically Aggressive <input type="radio"/> Tantrums <input type="radio"/> Short Attention Span <input type="radio"/> Poor Frustration Tolerance <input type="radio"/> Inadequate Guilt Feelings <input type="radio"/> Verbally Aggressive 	<p>Antisocial Attitudes</p> <ul style="list-style-type: none"> <input type="radio"/> Antisocial/Pro-criminal Attitudes <input type="radio"/> Not Seeking Help <input type="radio"/> Actively Rejecting Help <input type="radio"/> Defies Authority <input type="radio"/> Callous, Little Concern for Others
YLS Score:	YLS Score:	YLS Score:

Specific
 Measurable
 Attainable
 Relevant
 Time-bound

Goal:

(What do I want to work on?)

Action Steps:

(What steps do I need to take to reach my goal?)

Target Date

Completed?

1.		
2.		
3.		
4.		

Benefits:

(Why it is important to achieve my goal?)

Barriers:

(What will get in my way?)

Strengths:

(What positive traits or skills do I have to help me achieve my goal?)

Supports:

(Who will help me achieve my goal?)

Incentives:

(How would I like to celebrate my progress?)

Youth Signature: _____ Date: _____

Parent Signature (if applicable): _____ Date: _____

Possible Interventions:

(What Carey Guides, EPICS interventions, etc. could be used to help the youth reach their goal?)

Notes:

Department of Social Services Department of Corrections JJRI Referral Form

Referral Source Information

JCA: Office Phone:
Email: Date Referral Submitted:

Client Information

First Name: Last Name: Middle Initial: Client Phone:
Address: City: Zip Code:
County of Residence: DOB: Race: Gender:
Judge: Circuit of Adjudication:
DOC Number:
Youth Living Arrangement (i.e., with parents, guardian, etc.):
Parent/Guardian Name: Parent/Guardian Phone:

Referral Information

JCA Service Recommendation: Choose an item.
Primary Reason for Referral: Choose an item.
Secondary Reason for Referral: Choose an item.
Interpreter needed: Yes No If so, what language:
Is the individual being referred on for JJRI services? Yes No
If no, please explain:
Is the individual currently receiving behavioral health services: Yes No
If so, where:
Tentative Release Date from Placement (if applicable):
Tentative Discharge Date from DOC:
List names of individuals who should be considered for participation in FFT, along with their relationship to the client (i.e., parent, guardian, grandparent, etc.) and contact information:
Location where services be provided:

Brief summary stating reason for being committed to DOC:

Please include any history of violence in the home, abuse, and gang involvement and/or attach the intake summary:

Identified Risk Areas:

Youth Level of Services (YLS) Risk Needs Assessment	Numerical Score	Low	Moderate	High
Prior and Current Offenses/Dispositions Score		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Circumstances/ Parenting Score		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education/Employment Score		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Relations Score		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Score		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leisure/Recreation Score		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personality/Behavior Score		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitudes/Orientation Score		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall YLS Score		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**If the youth does not score moderate/high in the above areas, referral source may still refer at their discretion.*

GAIN Short Screen (GAIN-SS) (Moderate score is a 1 to 2 within the last year, High score is a 3+ within the last year)	Numerical Score	Low	Moderate	High
Internalizing Disorder Score		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Externalizing Disorder Score		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Disorder Score		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crime Violence Score		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Gain-SS Score		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please send completed forms to the Division of Behavioral Health via email: DSSJJRI@state.sd.us

To Be Completed by DBH Program Specialist

Date Referral Sent to Provider:

Community Provider(s):

Referred Services:

Referral Source: Parole (DOC- Aftercare)

Program Specialist Signature

Date Signed