

Counseling and Casework Services

947.1 PURPOSE AND SCOPE

The purpose is to establish and implement written policy and procedures to ensure the availability of appropriate counseling and casework services for all youth in juvenile facilities. This policy applies to all juvenile facility staff.

947.1.1 DEFINITION

Definition related to this policy includes:

Other Supportive Adult - An adult with an established relationship with a youth, whose identity is verified, and has been approved by the unit supervisor or deputy probation officer to have contact with the youth during their detention.

947.2 AUTHORITY AND REFERENCES

- Board of State and Community Corrections Title 15 § 1356;
- Policy 1004; Behavioral Health Services and Transfer to a Treatment Facility.

947.3 POLICY

Appropriate counseling and casework services shall be available for all youth.

947.4 STAFF RESPONSIBILITIES

All juvenile facility staff are responsible for reporting their observations and concerns about a youth's emotional state to the duty officer (DO) and all other unit staff on duty. These concerns and observations shall be documented in detention contacts in the Juvenile and Adult Management System (JAMS), and duty and/or unit logs as applicable.

947.4.1 BEHAVIORAL HEALTH REFERRALS

Staff shall refer youth who appear in need of behavioral health services by submitting the Behavioral Health Referral form (attachment). When behavioral health staff are present, they shall be notified immediately. At all other times, notification shall be made pursuant to Policy 1004: Behavioral Health Services and Transfer to a Treatment Facility.

947.4.2 BEHAVIORAL HEALTH REQUESTS

Youth may request behavioral health services using the Youth Behavioral Health Services Request form (attachment) which shall be made readily available in all units. Staff shall assist youth in completing the form and in dealing with needs or concerns that may arise.

947.4.3 OTHER REQUESTS

Staff shall assist youth in submitting the Request to Contact form (attachment) with regard to contacting parent(s)/legal guardian(s), other supportive adults, attorneys, clergy, deputy probation officers, and other public officials.

Riverside County Probation Department

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947.5 DOCUMENTATION

Each juvenile facility shall establish written procedures for the tracking and documentation of all Behavioral Health Referral (attachment), Youth Behavioral Health Services Request (attachment), and Request to Contact (attachment) forms.

947.6 SERVICES PROVIDED

Youth shall be provided access to available resources to meet the youth's needs.

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Date(s) revised: 10/30/2019

07/26/2019

05/05/2016

06/30/2009

03/01/2009

Created: 03/01/2000

Attachments:

1. [Behavioral Health Referral](#)
2. [Youth Behavioral Health Service Request](#)
3. [Request To Contact](#)

Riverside County Probation Department
BEHAVIORAL HEALTH REFERRAL

IJH RJH SWJH AMC-YTEC

DATE: _____ TIME: _____

YOUTH'S NAME: _____ UNIT: _____

REFERRING STAFF: _____

ATTENTION REQUIRED: (check one)

ASAP / IMMEDIATELY

Soon

When able

SERVICE REQUIRED: (Check whatever applies)

CRISIS EVALUATION

ASSESSMENT

BEHAVIOR / ANGER MANAGEMENT

BEREAVEMENT

SPECIFIC PROBLEM: _____

OTHER: _____

IDENTIFIED PROBLEM: (Reason for referral)

BEHAVIORAL HEALTH COMMENTS:

BH SIGNATURE: _____ DATE: _____ TIME: _____



RIVERSIDE COUNTY PROBATION DEPARTMENT

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YOUTH BEHAVIORAL HEALTH SERVICE REQUEST

IJH RJH SWJH AMC-YTEC

Youth: _____

PCO: _____

CID: _____

Duty Officer: _____

Date: _____

Time: _____

Check all boxes that apply:

Depressed

Feel like hurting myself

Medication

Other: _____

Additional Information:

Duty Officer

**Riverside County Probation Department
REQUEST TO CONTACT**

REQUEST TO CONTACT (CIRCLE ONE)

- IJH RJH SJH
 AMC-YTEC

Probation Officer, SPO, Attorney, Clergy, Other

NAME: _____

YOUTH: _____

DATE: _____

REMARKS: _____

REQUEST TO CONTACT (CIRCLE ONE)

- IJH RJH SJH
 AMC-YTEC

Probation Officer, SPO, Attorney, Clergy, Other

NAME: _____

YOUTH: _____

DATE: _____

REMARKS: _____

REQUEST TO CONTACT (CIRCLE ONE)

- IJH RJH SJH
 AMC-YTEC

Probation Officer, SPO, Attorney, Clergy, Other

NAME: _____

YOUTH: _____

DATE: _____

REMARKS: _____

REQUEST TO CONTACT (CIRCLE ONE)

- IJH RJH SJH
 AMC-YTEC

Probation Officer, SPO, Attorney, Clergy, Other

NAME: _____

YOUTH: _____

DATE: _____

REMARKS: _____

