I. AUTHORITY AND RESOURCES

730 ILCS 5/3-2.5-20
740 ILCS 110 Mental Health and Developmental Disabilities Confidentiality Act.
20 Ill. Adm. Code 2415
Administrative Directive 04.03.103 Youth Health Care Services
Administrative Directive 04.04.100 General Mental Health Provisions
Administrative Directive 04.04.101 Non-Emergency Mental Health Services
DJJ 0282 Mental Health Diagnostic and Treatment Note
DJJ 0284 Mental Health Treatment Plan
Mental Health Protocol Manual Section MH-012

II. POLICY

It shall be the policy of the mental health department to offer family intervention services to youth who request such services. These services include family therapy and family contact.

III. DEFINITION

A. Client

1. A person served by or utilizing the mental health services of a mental health professional. The youth in IDJJ are considered the clients of the mental health department and the family intervention services.

B. Collateral

1. Any person the IDJJ youth identifies as a significant person in a caretaking or supportive role in his or her life (e.g., parent, guardian, siblings, family friend, guardian ad litem, DCFS case manager, caregiver, etc.). To this end, family members involved will be considered collaterals in connection with the youth’s mental health services.

C. Mental Health Professional (MHP)

1. Mental health professionals provide a wide array of therapeutic services to IDJJ youth that include crisis intervention and mental health interventions to improve the overall functioning and wellbeing of IDJJ youth. A specific treatment plan will be devised and outline relevant collaterals involved and interventions aimed to target the IDJJ youth’s treatment goals.

VI. PROCEDURE

A. Prior to Every Video-Based Therapy and Teletherapy Session

1. The MHP must learn the guardian or collateral individual’s date of birth so it can be verified by that individual or the MHP can request that the individual be ready to show their ID to the video screen at the onset of the first session.
2. The guardian or collateral individual must state ahead of time where they will be at the time of the session, specifically an address and zip code in Illinois. No services will be provided to individuals outside of the state of Illinois.

3. The guardian or collateral individual must agree to have no one else present at the time of the session. If the individual asks to have another family member present, the MHP must verify the family member from the Social Investigation, including learning their date of birth, and/or consult with the youth’s Youth and Family Specialist.

4. The session cannot occur without the youth present. If the youth is unable to be present at the time of the arranged session, the MHP will notify the guardian or collateral individual that the session will not occur and will need to be rescheduled for a different date and time.

5. The MHP must review the youth’s records to be aware of issues related to the parent’s cognitive capacity, history of limited cooperativeness with MHPs, current and past difficulties with substance abuse, and history of violence/self-injurious behaviors.

B. At the Onset of the Initial Video-Based Therapy and Teletherapy Session

1. The MHP will describe to the guardian or collateral individual the available IDJJ Family Services, the MHP’s role, and offer credentials and/or licensing information.

2. The guardian or collateral individual will be provided the MHP’s availability and the telephone contact number at the facility. The MHP’s email address should not be provided.

3. The MHP will describe the delivery type and possible treatment goals as well as length and frequency of services.

4. The MHP will state the privacy and security measures in place for the service.

5. The MHP will discuss the risks of family services and non-face-to-face therapeutic services.

6. The MHP will explain the limits of confidentiality, mandated reporting and duty to warn rules. The MHP will also review that the MHP is the youth’s therapist, and the family is a collateral. Therefore, the ethical responsibilities are for the youth, not the family.

7. The MHP will advise that the session will not be recorded by IDJJ and the family may not record or take any pictures/screen shots. If the MHP prefers to not be on the screen, he/she can have the camera aimed toward the youth.

8. The MHP will state that no language other than the language(s) that the therapist can understand may be used during the sessions.

9. The MHP will indicate that there will be no fees for the family therapy services provided.

10. The MHP will explain that not all people and their situations are appropriate for teletherapy services. The services may be terminated at any time and a referral for in-person services may be required.
11. The MHP will state that if there is suspicion of substance abuse at the time of the session, the session will be terminated.

12. In the event of a technology breakdown, the back-up plan is for the MHP to call the parent at the telephone number provided at the onset of the session. An attempt to troubleshoot will be made together. If unable to troubleshoot, and if the remaining portion of the session cannot be completed via telephone while on speaker phone, then the session is to be rescheduled for another date and time.

13. The MHP will review these procedures as needed throughout the therapeutic relationship.

C. At the Onset of Every Video-Based Therapy and Teletherapy Session

1. The MHP will put a sign on the door to ensure privacy in the office that will be used.

2. The MHP will verify the identity of the guardian or all collateral individuals present.
   a. The guardian or collateral individual’s date of birth must be verified by that individual or the MHP can request that the individual be ready to show their ID to the video screen at the onset of the first session.

3. The MHP will verify the location and contact information of the guardian or collateral individual at the onset of each session.
   a. The MHP will ask the guardian or collateral individual to state the address and zip code of where they are at the time of the session. The family must be located in Illinois and must not be moving (i.e., cannot be walking or driving to another location during the session).
   b. Ask the parent for the telephone number at which this MHP can contact them immediately should there be a technical breakdown or if there is an emergency.

D. Documentation Process

1. The needs, identified goals, participation in, and/or refusal of family intervention services shall be documented in the Mental Health Treatment Plan (DJJ 0284).

2. The progress of family intervention services shall be documented in the Mental Health Diagnostic and Treatment Note (DJJ 0282).

3. The MHP will document that the guardian or collateral individual’s identity was verified at the onset of the first session as well as the individual’s location at the time of every session.

4. The MHP will document that IDJJ’s above procedures were reviewed at the onset of the first session and reviewed the information as needed.

5. The MHP will not use the guardian or collateral individuals’ name in documentation. The MHP will also not assess or diagnose the guardian or collateral individual, as the youth is the client.

6. All confidentiality requirements for family intervention services apply in accordance with 740 ILCS 110 Mental Health and Developmental Disabilities Confidentiality Act.
Family Video-Based Therapy and Teletherapy Script

I. Prior to the First Session:

"Hello! I am looking forward to collaborating with you to help <Youth> on his/her treatment goals. Please know that participating in <Youth’s> treatment is voluntary and you can stop at any time. Also, please know that in DJJ family therapy, <Youth> is my client, the family members are considered collaterals, or secondary people who work with <Youth> on his or her treatment goals. I’m glad that you are willing to try WebEx and have access to it. You will be sent a message that will give you the date/time and information on how to join the WebEx session. There are a couple of things to know before we meet. Let’s be sure to pick a date/time that you will be able to be the only one present at the time of the session. **What is the address and zip code of where you will be at the time of the session?** Part of DJJ’s procedures is to verify who I am meeting with, so **please have an ID ready** to show me over the video at the time of the session. I will do my best to make sure <Youth> is here, but in the event that s/he cannot come, we cannot have the session. I will call you to let you know that we will need to reschedule."

II. At the Onset of the First Session:

"Welcome! Before we get started, I have a few things to go over."

1. Please tell me the address and zip code of where you are now.
2. Please remind me of the telephone number at which I could reach you right now should there be a technical breakdown or if there is an emergency.
3. Please show me your ID (if they don’t have an ID, you can ask them to verify their ID by telling you their DOB).
4. I am <Youth’s> individual therapist. I am also offering family services to help <Youth> on his/her treatment goals. My credentials/licensing information are…. Again, please know that in DJJ family therapy, <Youth> is my client, the family members are considered collaterals, or secondary people who work with <Youth> on his or her treatment goals.
5. Let’s start by meeting once per month for 45-60 minutes. Possible goals of our sessions are….  
6. My schedule varies, but in between sessions, if you want to try to call me, you can try to reach me at <the telephone contact number at your facility>.
7. WebEx has been vetted and has the appropriate confidentiality and security parameters necessary to be used for this purpose.
8. There are no known risks to the services I am providing, but there are still risks involved with participating in services that are not face-to-face. I cannot guarantee that despite reasonable efforts on my part, the session could be disrupted or distorted by technical failures, could be interrupted by unauthorized staff/youth, or the conversations over the telephone could be heard or accessed by other DJJ staff.
9. If someone enters the room in which you are in, please ask them to leave until our session is over or else we will have to reschedule for another date/time.
10. There are limits of confidentiality, mandated reporting and duty to warn rules. Although <Youth> is the client, and you are the collateral person working with him/her on his/her treatment goals, there are still rules about communication we need to follow. For example,  
   a. As a mandated reporter, if I have any reason to suspect any child abuse or dependent adult or elder abuse, I am required by law to report this to the appropriate authorities immediately.
   b. If you threaten serious bodily harm to another person/s, I must notify the police and inform the intended victim.
   c. If you discuss any rule violations of DJJ, I must notify appropriate DJJ authorities.
   d. **IMPORTANT:** WebEx Family Services are not appropriate for people who are suicidal, self-injuring, homicidal, or who have mental health issues that require more intense care. If you feel severely depressed, suicidal, or if you think you are about to hurt yourself or someone else, please call 911 or go to the nearest hospital emergency room. **If I suspect that you are at risk to harm yourself or others and you do not cooperate, I will take further measures without your permission that are provided to me by law in order to ensure your safety. In other words, I may call 911, even if you do not want me to.**
   e. Last, as you know, I will be working with <Youth> in individual therapy as well. Because I am <Youth’s> therapist and my ethical responsibilities are with him/her, I do not have to share what he/she says to me with
you. I ask that you respect the privacy of the treatment relationship. However, as a collateral, or third-party, I may share what you say to me with <Youth>, my supervisors, and/or my multidisciplinary team.

11. The session will not be recorded on DJJ’s end and may not be recorded on your end. You may not take pictures or screenshots.

12. Because I only understand English, you cannot use any other languages during the session. (Or, list the languages you are able to understand.)

13. If there is suspicion of substance abuse at the time of the session, the session will be terminated.

14. There are no fees for the family services.

15. Not all people and their situations are appropriate for video-based services. The services may be terminated at any time and a referral for in-person services may be required.

16. In the event of a technology breakdown, the back-up plan is for me to call you at the telephone number you provided at the onset of the session. An attempt to troubleshoot will be made together. If we are unable to troubleshoot, (and if the remaining portion of the session cannot be completed via telephone,) we will have to reschedule the session for another date/time.

III. At the Onset of Every Session:

1. Please tell me the address and zip code of where you are now.

2. Please remind me of the telephone number at which I could reach you right now should there be a technical breakdown or if there is an emergency.

3. (Review any or all of the above procedures as needed with the family member or review all procedures for any new family members who join your youth’s treatment process via WebEx).