

Guidance Clinic
Overview of Secure Track Behavioral Health Treatment
8/29/23

1. Guidance Clinic (GC) clinicians (“Clinicians”) support youth on secure track units
2. Clinicians work with youth to develop appropriate treatment goals
3. Treatment goals may include individual and family therapy
 - a. Individual therapy may integrate cognitive behavior therapy, dialectical behavior therapy, motivational interviewing, and other techniques correspondent to youth’s needs and within the competency of the Clinician.
 - b. Clinicians apply various theoretical orientations to alleviate symptoms caused by distress. The components of the therapeutic relationship are often premised on empathy, advocacy, and compassion.
4. Treatment frequency is based on treatment goals.
 - a. Clinicians strive to meet with youth at least once per week, barring institutional needs. If there are dynamic factors such as significant distress with identifiable triggers and corresponding impairments, Clinicians attempt to engage more.
 - b. Engagement frequency is contingent on institutional needs. ¹
 - c. For youth with an individual therapist outside of the GC, treatment frequency may be reduced, and attention focused on care coordination and adjustment or behavioral support. ²
5. Clinicians may participate in milieu activities and, with permission from youth and signed release of information, support connection to Community Based Organizations (CBOs), educational and vocational programs, and Regional Center.
6. Clinicians respond to youth who have difficulty engaging in services by attempting to interact and build rapport in the milieu (e.g., the unit). While in the milieu, Clinicians may assist youth by supporting reframe statements, challenging automatic thoughts, and facilitating behavioral modification and redirection. In this way, Clinicians are doing the work of teaching, developing, and coaching, all of which can be done individually, or in tandem with partners.
7. When needed, clinical consultation is provided to Clinicians by the GC Manager and the Director of Juvenile Justice Health Services.
8. Clinicians may participate in weekly Care Coordination meetings and secure track multi-disciplinary team (MDT) meetings.
9. Clinicians consult with GC psychiatrists when appropriate. Psychiatric services offered through the GC include psychotropic medication evaluation and monitoring. Monitoring occurs at a frequency determined by the treating physician.

¹ Crisis, intake screening and other emergent matters take precedence over non-emergent behavioral health sessions or consultations.

² Youth may receive specialized behavioral health treatment from providers contracted by other agencies (e.g., Alameda County Probation Department, Alameda County Office of Education). Care Coordination between GC clinicians and non-GC clinicians may occur through weekly Care Coordination, smaller huddles (e.g., for substance use), and SB 823 multi-disciplinary team meetings.