

<p style="text-align: center;">Immediate Intervention Program Standards</p> <p style="text-align: center;">Kansas Department of Corrections- Division of Juvenile Services State of Kansas</p>	<p><b>CHAPTER:</b></p> <p><b>OPERATIONS</b></p>	<p><b>STANDARD NO.</b></p> <p><b>IIP-04-112</b></p>
	<p><b>SUBJECT:</b></p> <p><b>REFERRAL TO MULTIDISCIPLINARY TEAM</b></p>	<p><b>PAGE: 1 of 1</b></p>
<p><b>REFERENCES: 38-2346(b)(6)</b></p>		<p><b>DATE ADOPTED: 02-01-2017</b></p> <p><b>DATE AMENDED: 05-22-2023</b></p> <p><b>DATE REVIEWED: 05-22-2023</b></p>

**STANDARD:** Written policy, procedure, and practice shall govern the referral of youth participating in Immediate Intervention Programs (IIP's) to the multidisciplinary team (MDT). Referrals to the MDT shall be made if, on or after the halfway point:

- the youth has missed multiple appointments with the IIP Staff
- has failed to engage in the conditions of their IIP Plan; and/or
- Graduated Responses have been exhausted as follows:
  1. it is a third and subsequent violation
  2. prior failed responses are documented in the MDT referral; and
  3. the IIP staff has determined and documented that graduated responses to the violation will not suffice

A referral shall be made to the MDT if, at any time, a youth is charged with a new law violation after signing their IIP Agreement and their IIP Plan.

If a youth has a concurrent child in need of care MDT, the child in need of care MDT should be notified of the juvenile offender MDT to avoid any conflicts that may be created with the revision and extension of the IIP.

In order to refer a youth to the MDT, the IIP Staff must complete the Referral to Multidisciplinary Team Form (Attachment A) and deliver it to the MDT facilitator in their judicial district.

**DISCUSSION:** Agencies may utilize Judicial District Multidisciplinary Team (MDT) Review Form (Attachment B) to document the outcome(s) of the MDT meeting.

**ATTACHMENTS:**

Attachment A: Immediate Intervention Program Referral to Multidisciplinary Team (MDT)

Attachment B: Immediate Intervention Program Judicial District Multidisciplinary Team (MDT) Review Form

**NOTE:** The standards and procedures set forth herein are intended to establish operational guidelines for immediate intervention programs operating through the board of county commissioners and their employees/contractors and youth participating in the immediate intervention process. They are not intended to establish state created liberty interests for immediate intervention programs or the board of county commissioners, or their employees/contractors, or youth, or an independent duty owed by the Kansas Department of Corrections- Division of Juvenile Services to immediate intervention programs operating through the board of county commissioners or their employees/contractors, supervised juveniles or third parties. This standard and procedure is not intended to establish or create new constitutional rights or to enlarge or expand upon existing constitutional rights or duties.

## Immediate Intervention Program Referral to Multidisciplinary Team (MDT)

Name of Youth: \_\_\_\_\_ Date of Referral to MDT: \_\_\_\_\_  
Local Case Number/Tracking Number: \_\_\_\_\_ IIP Start Date: \_\_\_\_\_  
Supervision Level: \_\_\_\_\_ IIP Duration: \_\_\_\_\_  
Alleged Offense(s): \_\_\_\_\_

Specific Reason(s) for Referral to MDT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Conditions of Supervision (attach most recent IIP-04-105 Attachment A IIP Plan): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Graduated Responses Utilized (attach all IIP-04-110 Attachment B IIP Violation of Levels Report forms used): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*Attach all supporting documentation/forms regarding the youth's Immediate Intervention Program Plan and participation.**



**MDT Decision:**

Terminate IIP as successful

**OR**

Extend IIP \_\_\_\_\_ days and/or \_\_\_\_\_ months

**AND**

Revise conditions of IIP to include the following:

- Functional Family Therapy
- Cognitive Group: \_\_\_\_\_
- Drug/Alcohol Evaluation
- Behavioral Health Assessment
- Anger Management Assessment
- Parenting Class: \_\_\_\_\_
- Curfew: \_\_\_\_\_
- Travel Restrictions: \_\_\_\_\_
- Restrictions on contact with persons: \_\_\_\_\_
- Restrictions on contact with places: \_\_\_\_\_
- Other: \_\_\_\_\_

Notes from MDT: _____ _____ _____ _____ _____
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**\*Attach all supporting documentation/forms regarding the youth's Immediate Intervention Program Plan and participation.**

**MDT Signatures:**

\_\_\_\_\_  
MDT Facilitator (Printed)

\_\_\_\_\_  
MDT Facilitator (Signed)

\_\_\_\_\_  
MDT Facilitator (Printed)

\_\_\_\_\_  
MDT Facilitator (Signed)

\_\_\_\_\_  
MDT Facilitator (Printed)

\_\_\_\_\_  
MDT Facilitator (Signed)

**Acknowledgement of MDT decision**

I, \_\_\_\_\_, acknowledge the decision of the MDT. I understand that compliance with the revised conditions of IIP, in addition to the conditions outlined in the initial IIP are required to complete successfully.

\_\_\_\_\_  
Juvenile (Printed)

\_\_\_\_\_  
Juvenile (Signed)

\_\_\_\_\_  
Juvenile Parent/Guardian (Printed)

\_\_\_\_\_  
Juvenile Parent/Guardian (Signed)

cc:  
Parent(s)/Guardian(s)

Supervision File

Other: \_\_\_\_\_

Other: \_\_\_\_\_