

YOUTH SERVICES POLICY

Title: Reintegration Process	Type: B. Classification, Sentencing and Service Functions
Next Annual Review Date: 12/18/2017	Sub Type: 2. Classification
	Number: B.2.18
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References: La. Children’s Code Articles 116(24.2), 897.1 and 909; ACA Standards 4-JCF-3A-24, 4-JCF-3A-25, 4-JCF-4E-04, 4-JCF-5I-02 (Performance-Based Standards for Juvenile Correctional Facilities); 2-7152, 2-7174, 2-7175, 2-7178, 2-7197 (ACA Standards for Juvenile Probation and Aftercare Services); 2-CO-4G-01 (Administration of Correctional Agencies); YS Policy Nos. B.2.1 “Assignment, Reassignment, Release and Discharge of Youth”, B.2.2 “Youth Classification System and Treatment Procedures”, B.2.3 “Secure Care Intake”, B.2.12 “Fast Track Program”, B.2.13 “Secure Care Early Release”, B.2.14 “Secure Care SAVRY”, B.2.17 “Sex Offender Notification and Registration Requirements”, B.3.1 “Secure Care Youth Records: Composition and Maintenance”, B.4.1 “Youth Sentence Computation”, B.8.11 “Pre-Release Process”, C.4.1 “Furlough Process”, C.4.7 “Escorted Absence”, D.10.4 “Community Supervision Classification System” and D.10.32 “SAVRY – Community Based Services”	
STATUS: Approved	
Approved By: <i>Mary L. Livers, Deputy Secretary</i>	Date of Approval: 12-18-15

I. AUTHORITY:

Deputy Secretary of Youth Services (YS) as contained in La. R.S. 36:405. Deviation from this policy must be approved by the Deputy Secretary.

II. PURPOSE:

To establish a structured reintegration program for youth placed under the supervision or in the custody of YS prior to exiting from a residential or secure care facility.

III. APPLICABILITY:

Deputy Secretary, Assistant Secretary, Undersecretary, Chief of Operations, Deputy Assistant Secretary, Regional Directors, Director of Treatment and Rehabilitative Services, Facility Directors, Regional Managers, and the Contracted Health Care Provider (CHP).

Facility Directors and Regional Managers are responsible for ensuring that all necessary procedures are in place to comply with the provisions of this policy.

IV. DEFINITIONS:

Assessment – The process of gathering the necessary social, legal, psychological, behavioral, medical, educational, social service screening, SAVRY summary risk rating for violence and general delinquency, and other information about the youth to indicate the appropriate level of care and custody and to determine the appropriate treatment plan for the youth during the youth's commitment.

Assignment – The process of placing a youth in an available program or facility most appropriate to meet identified needs and risks consistent with instructions received from the court recommending either secure or non-secure placement, unless an exception is approved by the Deputy Secretary/designee.

Case Manager - A generic term used within a secure care facility to identify members of the counseling profession, e.g., Social Services Counselor, Clinical Social Worker, or a treatment team member assigned to manage a youth's case.

Community Based Services (CBS) - Formerly known as the Division of Youth Services, CBS includes all regional offices located throughout the state.

Continuous Quality Improvement Services (CQIS) - The CO performance based and results-driven competency and efficiency management system.

Contracted Health Care Provider (CHP) – Contracted licensed practitioners responsible for the physical and mental well-being of the secure care youth population. Services include medical, dental, and mental health services, nursing, pharmacy, personal hygiene, dietary services, health education, and environmental conditions.

Early Release - The process initiated through a formal recommendation made by regional and secure care facility staff during a quarterly reclassification staffing to consider a youth for placement in a less restrictive setting for the purpose of furthering the rehabilitation/treatment process. (Refer to YS Policy B.2.13)

Fast Track Program – A short term program that consists of a secure care phase and a home reintegration phase with the goal and objective of the Fast Track Program to change the youth's antisocial thinking and behaviors to more pro-social thoughts by providing him with the appropriate dosage of evidence based cognitive behavioral treatment. (Refer to YS Policy No. B.2.12)

Formal Case Staffing - A staffing at which time the Regional Manager/designee, the PPO/J, an unbiased party, and the parent/guardian, if available, have a meeting to discuss the youth's case. (Refer to YS Policy No. B.2.1)

Full Term Date – The day following the last inclusive date of supervision or custody of a youth as ordered by a court. (Refer to YS Policy No. B.4.1)

Individualized Service/Reintegration Plan (ISRP) - An *initial ISRP* shall be developed within 48 hours of a youth's arrival to the intake unit at a secure care facility. The *initial ISRP* specifies problem areas already identified by the initial or latest SAVRY reassessment conducted by CBS. The goals, objectives, and the methods used to attain them while the youth is in secure care will be updated during intake, including the role of the youth and staff. Development of this plan is accomplished through review of the youth's SAVRY, the youth's record, and is a collaborative effort between the intake Case Manager and the youth.

The *formal ISRP* is further developed by the assigned Case Manager within seven (7) working days of receipt of the contracted health care provider's Psychological Evaluation. The treatment needs are prioritized based upon a review of the youth's SAVRY dynamic risk factors rated "High", and in some cases "Moderate", the youth's record, any additional recommendations made by the Psychological Evaluation. The *formal ISRP* is modified throughout the youth's stay as need areas are identified, partly based on the dynamic SAVRY risk/need factors. The *formal ISRP* also identifies follow-up services needed by the youth upon release to facilitate a successful transition and reintegration back into the community. The plan is coordinated with CBS and shall be used when completing the aftercare plan. (Refer to YS Policy No. B.2.2)

Juvenile Electronic Tracking System (JETS) - The centralized database used to track all youth under YS supervision or custody and to record youth case record activity.

Medicaid – A Federal health program designed for eligible individuals that have low income and resources.

Non-Secure Residential Facility - A residential community-based facility licensed by the Department of Children and Family Services (DCFS) Bureau of Licensing, providing services to youth in the custody of YS.

Placement – The assigned residential location, either non-secure or secure, of youth in the custody of YS.

Placing Region - The region from which a placement originates, usually the region where the youth's parent/guardian resides.

Probation and Parole Officer/Juvenile (PPO/J) – Includes CBS probation officers (Probation and Parole Officer 1, 2 and 3/Juvenile) - Probation Officers assist youth and families in locating, accessing and coordinating networks of support to address needs. Probation Officers provides case management services in accordance with need assessments, as well as monitor, facilitate and participate in services provided while the youth is in the custody or under supervision of YS.

Probation and Parole Supervisor/Juvenile (PPS/J) - Includes CBS supervisors

Reclassification Staffing - A multidisciplinary treatment team meeting which occurs on a quarterly basis (no later than the last day of the third month following the previous custody classification) between all staff working with or treating a youth for his/her specific needs. The multidisciplinary treatment team meeting shall be comprised of the youth's case manager, a social services supervisor, the dorm group leader, the juvenile justice specialist that supervises the youth, the youth's probation officer (or a representative), a representative from the school (special education teacher if youth is receiving SSD #1 services), the contracted mental health provider (if applicable), a member of the medical staff who is familiar with the youth if he/she is receiving on-going medical treatment, and the youth. The youth's family shall be encouraged to attend as well. Reclassification addresses a youth's ISRP and helps monitor the youth's progress, reveal any problem areas that need attention, discuss Code of Conduct violations during the quarter, and discuss interventions that can be utilized to change/alter the youth's behavior; as well as eligibility for escorted absence, furlough or early release and step down to non-secure. At this time the youth's custody level is reclassified by rescoring his reclassification scale using the information gathered, to include any SAVRY reassessment results.

Reintegration Programs - Juvenile reintegration programs ensure a seamless transition for youth being discharged from YS residential placements back into a community setting. A comprehensive re-entry process begins after disposition, continuing through residential placement, and into the period of release back into the community. The purpose of this process is to provide a successful transition into society through training, counseling, mentoring, and reuniting the youth with family members. The goal of reintegration services is to help assist youth in developing the skills and protective factors they need to resist further violent and delinquent behavior and, ultimately, to avoid reoffending.

Release – The process by which a youth is removed from a secure care facility to a less secure setting or returns to the community under supervision.

Releasing Authority – Pursuant to La. Children's Code Article 909, the court of juvenile jurisdiction is the releasing authority.

Secure Care Center for Youth – “A living environment characterized by a range of moderate to high security level facilities that include construction, fixtures and staff supervision designed to restrict the movements and activities of the residents, and to control, on a 24-hour basis, the ability of the residents to enter and leave the premises, and which are intended for the treatment and rehabilitation of children who have been adjudicated delinquent.” [Children's Code Article 116(24.2)]

The secure care centers operated by YS are as follows:

- Bridge City Center for Youth (BCCY);
- Swanson Center for Youth (SCY);
- Swanson Center for Youth at Columbia (SCYC).

Structured Assessment of Violence Risk in Youth (SAVRY) - The SAVRY is an evidence-based assessment designed to assist professionals in making judgments about a youth's needs for case planning. This assessment comprises 24 risk/need items identified in existing research on adolescent development and on delinquency and aggression in youth. Six protective factors are included in the SAVRY which have also been identified by current research as potentially mitigating the risk of future violence and delinquent activity. (Refer to YS Policy Nos. B.2.14 and D.10.32).

Supervising Region/Assigned Region - The region assigned to provide courtesy supervision or that supervises the youth while placed in a non-secure facility.

Supervising Officer - The PPO/J assigned to make contacts with the youth and facility representative while the youth is in a non-secure facility.

V. POLICY:

It is the Deputy Secretary's policy that all youth placed under the supervision or in the custody of YS shall be provided with an Individualized Service/Reintegration Plan (ISRP) for reentry. The ISRP shall be based on the youth's most recent SAVRY or reassessment, which shall be developed and implemented prior the youth's release back into the community. YS shall make every effort to extend assistance upon discharge from secure or non-secure care when requested by the youth as a continued effort to promote a delinquency-free existence for the youth served.

VI. PROCEDURES:

- A. Upon placement of a youth in a residential or secure care facility the youth's case is assigned to a supervising Probation and Parole Officer/Juvenile (PPO/J), who is responsible for monitoring the youth's progress throughout placement in conjunction with the facility's assigned Case Manager.

When a youth is assigned to a secure care facility, the permanent Case Manager is not assigned to the youth until transfer from the intake unit to the assigned housing unit. (Refer to YS Policy No. B.2.3)

- B. When a youth is placed in a residential facility the initial ISRP shall be developed by the supervising PPO/J and completed in the Juvenile Electronic Tracking System (JETS) within the first 14 days of placement. The ISRP shall include the interventions available at the residential facility to address the youth's identified needs. Interventions may be contracted outside of the facility.
- C. When a youth is placed in a secure care facility the initial ISRP which was created in JETS by the supervising PPO/J upon adjudication, shall be updated in JETS by the intake Case Manager within three (3) working days of the completed initial medical, mental health and educational screens.

Upon placement of the youth in an assigned housing unit, the ISRP shall be updated within seven (7) days of receipt of the CHP's psychological assessment. Any additional needs identified by the psychological assessment shall be added to the ISRP for intervention by the Case Manager. The ISRP shall include interventions available at the secure care facility to address the youth's identified needs.

- D. The initial ISRP shall include specific information about the youth obtained from the Social History/PDI, SAVRY, psychological/psychiatric evaluations, medical, educational and/or any other pertinent information.

The ISRP shall address the ten (10) primary areas of reentry. Eight (8) of which include challenges / identified needs obtained prior to admission to a secure care or residential facility, and rated "High" or possibly "Moderate" risk on the youth's latest SAVRY reassessment.

The following need areas shall be included in the plan:

1. **Family:** Challenges and living arrangements that need to be addressed; appointments for family counseling;
2. **Peer Groups, Pro-social and Leisure Activities;**
3. **Mental Health and Emotional Stability:** Appointments for mental health counseling and contact information;
4. **Education:** In addition to SAVRY needs, the need for special education services, GED services, as well as applications for financial assistance shall be addressed and attached to the plan. Specific schools the youth has enrolled in or will be enrolled in;
5. **Vocational Training and Employment:** Applications to schools or jobs with contact information shall be included and attached. All youth 17 and older who have achieved a GED shall have a finalized vocational training or employment plan;
6. **Substance Abuse:** Appointment dates and times for continued substance abuse treatment;
7. **Community Issues:** If the youth is returning to a high risk community the plan shall include strategies to address youth and family and issues that may arise within their community; and
8. **Disruptive Behavior Issues:** Appointment dates and times made to address behavioral issues.

Other factors that can be addressed which are not included in the SAVRY needs may include but are not limited to the following:

9. **Special Conditions of the Court** (including sexual behavior problem treatment and registration of youth who have committed a sex offense); and

10. Physical Health and Medication Management.

E. In addition to listing the youth's need areas, protective factors (as determined by the youth's latest SAVRY) shall also be listed on the plan. The ISRP shall note how these factors will better enable the youth to begin a productive life. Discussion on how these factors can be utilized or strengthened upon release shall be discussed and included in the plan. Protective factors may include the following:

1. Pro-social involvement;
2. Strong social support;
3. Strong attachments and bonds;
4. Positive attitude toward intervention and authority;
5. Strong commitment to school; and
6. Resilient personality traits.

When possible, residential and secure care facilities shall work to assist in the development or strengthening some of these factors while the youth is in the custody of YS, to enable the youth to take advantage of these strengths upon release.

F. The youth's supervising PPO/J and the residential or secure care Case Manager shall coordinate home passes, escorted absences, and/or furloughs throughout the youth's stay. These processes shall be coordinated with the residential or secure care facility staff to ensure that appropriate youth are provided the opportunity to participate in these activities.

Youth housed in a secure care facility must be making progress on many of the goals noted on the ISRP, as well as meet the eligibility requirements for home passes, escorted absences, and/or furloughs pursuant to YS Policy Nos. C.4.1 and C.4.7. Eligibility shall be decided at a multidisciplinary team staffing between the supervising PPO/J, the Case Manager, and other required staff as outlined in YS policies.

G. The supervising PPO/J and the residential or secure care Case Manager shall coordinate structured activities to facilitate the youth's reentry into the community. These activities shall include but are not limited to the following:

1. Seeking employment;
2. Making arrangements for enrollment in appropriate educational programs;
3. Contacts with reintegration program providers; and
4. Follow-up medical appointments, if applicable.

- H. To effectively address the youth's ISRP, the supervising PPO/J and the residential or secure care Case Manager shall work to maintain frequent communication in order to coordinate services by linking community resources and employing wraparound case management. The following shall be conducted by the supervising PPO/J and the applicable Case Manager:
1. Participation in quarterly reclassification staffings which address the youth's progress while in placement, remaining need areas, youth and parent's goals for reintegration and potential release date.
 2. The supervising PPO/J and the residential or secure care Case Manager shall continue monthly contact with the youth's family by maintaining an ongoing relationship and effective communication in order to do the following:
 - a. Assess and monitor the care the youth shall receive, including the youth's safety, mental health, physical environment, educational progress and health needs;
 - b. Monitor the home environment (family living arrangements);
 - c. Lend support and address any concerns of the family / ISRP;
 - d. Solicit input from the parent/guardian in regards to the youth's ISRP;
 - e. Identify and discuss appropriate community based resources that will provide services to meet the youth's needs identified on the ISRP;
 - f. Provide on-going clarification of treatment process and progress regarding the reason for continued placement; and
 - g. Solicit information needed to revise the plan.
- I. The supervising PPO/J and the residential or secure care Case Manager may update the ISRP at any time, based upon the youth's progress, and/or changes in the youth's ISRP or identified needs. Updates to the ISRP shall occur during monthly assessments or reviews, Administrative Case Reviews, and quarterly reclassification staffings by the supervising PPO/J or the residential or secure care Case Manager. The ISRP for youth assigned to a secure care or residential facility may also be updated following the completion of a SAVRY reassessment by the Case Manager. The PPO/J and the Case Manager shall communicate changes in the youth's ISRP or identified needs with each other.
- J. No less than 30 days prior to the youth's full term date, the supervising PPO/J and the residential or secure care Case Manager shall discuss and begin to finalize the youth's ISRP.

Interventions to address any remaining needs shall then be changed from those provided at the residential or secure care facility to those that will be available in the community. The ISRP shall include specific community based programs and services which will address the youth's previously identified areas of reentry, based on the youth's recent SAVRY/reassessment. (Refer to YS Policy No. D.10.32)

The most recent Inventory of Community Based Programs/Service Referral Matrix (developed at each regional office), shall be utilized as a resource to select the appropriate service(s) to address the youth's needs as specified by his most recent SAVRY reassessment. Plans to meet other identified needs that may also exist but were not identified by the SAVRY shall be carefully developed and resources identified to address these needs.

- K. The supervising PPO/J and the residential or secure care Case manager shall finalize the ISRP, along with a multidisciplinary treatment team that shall include the participation of the following:
1. Youth's family or legal guardian (if youth has no legal guardian this shall be noted on the Summary of Staffing form);
 2. Youth's residential or secure care Case Manager; and
 3. Youth's supervising PPO/J

If the youth is housed in a secure care facility, the following shall also be present:

1. Group Leader;
2. CHP if appropriate; and
3. Education staff.

- L. After the completion of the staffing, the ISRP shall be updated in JETS within five (5) working days by the secure care Case Manager if in a secure care facility or by the supervising PPO/J if the youth is in a residential facility.
- M. If a secure care youth meets the criteria to be recommended for an early release and is recommended during the quarterly reclassification staffing, the team shall begin to finalize the ISRP immediately during the staffing. The same participants listed in Section VI.K of this policy shall attend and provide input into the final ISRP. A copy of the finalized ISRP shall be available at the early release hearing and provided to the youth, the family, and the court by the Case Manager.

- N. The final ISRP shall include the following:
1. The youth's most recent individualized need areas as determined by the latest SAVRY reassessment, educational, other more recent psychological or psychiatric evaluations, etc. that may have been conducted;
 2. The youth's goals to address the needs;
 3. Any special conditions or programs as ordered by the court (Trackers, EMP, etc.);
 4. Who will monitor the youth as it relates to meeting the objective of each goal;
 5. The intervention used to meet each goal; and
 6. A projected completion date for each goal.
- O. The supervising PPO/J and the residential or secure care Case Manager shall sign the finalized ISRP and obtain signatures from the youth, the parent/guardian, facility staff, secure care Facility Treatment Director, and the PPS/J at the time the plan is finalized.
1. The secure care Case Manager shall be responsible for obtaining signatures from the youth, facility staff and the secure care Facility Treatment Director.
 2. The PPO/J shall be responsible for obtaining signatures from the PPS/J, the residential Case Manager if applicable, and the parent/guardian.

If the youth is in a secure care facility a disclaimer must also be removed by the Facility Treatment Director, or the CO Program Manager in their absence, in JETS indicating approval. A copy of the signature page must be filed in the youth's Master Record under Clip II. (Refer to YS Policy No. B.3.1) Following completion, the youth and the parent/guardian shall be provided a copy of the plan by the Case Manager.

If a secure care youth is scheduled for regular quarterly review hearings by the court and has a "Low" or "Moderate" custody level, the ISRP must be finalized at every quarterly reclassification staffing by all mandatory participants in case the judge makes a ruling to release the youth at the next regularly scheduled quarterly review hearing. The ISRP shall be updated in JETS by the youth's Case Manager within five (5) working days.

- P. If the youth is released from the custody of YS prior to the ISRP being finalized, the supervising PPO/J and the secure care Case Manager shall obtain the required signatures no less than 14 days upon the youth's release from YS custody. A copy of the ISRP shall be mailed to the youth, the parent/guardian, and the court after the 14 days by the PPO/J.
- Q. The procedures established in YS Policy No. B.2.13 and B.2.17 must be followed for youth adjudicated delinquent for a sex offense who are required to register as a sex offender when releasing from a residential or secure care facility.
- R. Youth who are in a **secure or non-secure facility**, who have been adjudicated for a hands-on sex offense or a hands-on sex offense that has been pled down to a non-sex offense, must have a signed "Safety Plan Contract" in place [refer to YS Policy No. C.4.1, Attachment (h)] prior to the occurrence of any of the following:
1. Release from a secure care facility; or
 2. Placement in or release from a non-secure facility.
- S. Youth who are in a **community-based treatment program**, who have been adjudicated for a hands-on sex offense or a hands-on sex offense that has been pled down to a non-sex offense, must have a signed "Safety Plan Contract" in place [refer to YS Policy No. C.4.1, Attachment (h)] in place when the following occurs:
1. The youth's disposition is probation with YS/OJJ supervision; or
 2. The youth is under a Deferred Disposition Agreement and YS/OJJ is supervising the youth.
- T. No less than 30 days prior to the youth's release, the residential or secure care Case Manager shall provide the supervising PPO/J with a pre-release packet (refer to YS Policy No. B.8.11) which shall include the following:
1. Copies of all current education records;
 2. Copies of all vocational training records;
 3. Copies of all current medication information;
 4. Copies of any financial aid application for college or vocational school; and
 5. A report which includes information as to the follows:
 - a. Dates of escorted absences;
 - b. Dates of furlough(s);
 - c. Number of successful visits made at the facility by the family;
 - d. Number of successful work release days;
 - e. Any in person contact with a ISRP provider prior to release; and
 - f. Sex Offender Registry, if applicable.

- U. Pursuant to YS Policy No. B.2.1, a copy of the Medicaid Application which must be completed 48 hours prior to release, shall be filed in the youth's Master Record under Clip IV, and mailed to the supervising PPO/J. A copy shall also be attached to the finalized ISRP provided to the youth and the parent/guardian upon release.
- V. The supervising PPO/J shall facilitate all aspects of the reintegration process which shall include, but is not limited to the following:
 - 1. Arranging the youth's reentry into the appropriate school system;
 - 2. Arranging appropriate medical, mental health and/or substance abuse appointments. (In secure care, the CHP shall make these appointments. The dates and times of appointments shall be entered on the ISRP in JETS by the secure care facility Case Manager);
 - 3. Making referrals to community based programs (i.e. counseling, Trackers, mentoring);
 - 4. Assisting with vocational training or job placement;
 - 5. Handling case management services and monitoring progress on the youth's ISRP; and
 - 6. Providing probation/parole supervision to ensure youth's compliance with court ordered conditions.
- W. The final ISRP for all youth adjudicated under the La. Children's Code Article 897.1 shall be forwarded to the adjudicating court within six (6) months of the youth's full term release date by the youth's Case Manager.

An updated finalized ISRP shall again be submitted to the adjudicating court within 30 days of the youth's full term release date by the youth's Case Manager.

VII. STAFF DEVELOPMENT

- A. All YS probation and parole series staff, social services staff, and Juvenile Justice Specialist staff shall be oriented and trained to become familiar with the general process of preparing a youth for release. Secure care and CBS staff shall receive this training during orientation at first hire.
- B. In addition, new secure care Case Managers and PPO/J staff shall receive on the job training (OJT) specific to their duties in preparing youth for reintegration.

The Facility Treatment Director and/or CO Program Manager shall ensure that all secure care Case Managers receive both orientation and OJT training.

The PPS/J's shall ensure that all new PPO/J's receive both orientation and OJT training.

- C. All training shall be documented and entered in the Training Records Entry Completed (TREC) database at the unit level.

VII. QUALITY ASSURANCE

A. Quality assurance for secure care facilities shall include the following:

1. The Facility Treatment Directors, Social Services Supervisors and Program Managers assigned to supervise Case Managers shall be responsible for ensuring the procedures outlined in this policy are followed.
2. Every two (2) months, a list of youth scheduled to be released shall be generated. The facility Treatment Director/designee shall be responsible for auditing master records and JETS records to ensure that multidisciplinary treatment team meetings are being conducted within 60 days of release, and that the RSP is finalized as specified in this policy. It is the responsibility of the facility Treatment Director to ensure any discrepancies noted are corrected within 10 days of the findings.
3. On a quarterly basis, the Director of Treatment and Rehabilitative Services, the CO Program Manager and the CO Program Coordinator shall audit youth cases at random to determine if policy is being followed. Youth with pending release dates within 30 days of the review or cases of youth who have been released within 30 days prior to the date of the audit shall be reviewed.

Upon receipt of the audit report from Continuous Quality Improvement Services (CQIS), the facility shall have ten (10) days to respond to any discrepancies noted.

B. Quality assurance for CBS residential facilities shall include the following:

1. The PPS/J shall complete a case review of custody non-secure cases 30 days after the case has been opened.
2. The PPS/J shall complete a case review within 30 days after the PPO/J has conducted Administrative Case Reviews of custody non-secure cases.

Previous Regulation/Policy Number: B.2.18

Previous Effective Date: 05/21/2015

Attachments/References: N/A