

YOUTH SERVICES POLICY

Title: Behavior Management Unit Next Annual Review Date: 04/02/2018	Type: B. Classification, Sentencing and Service Functions Sub Type: 2. Classification Number: B.2.8
Page 1 of 23	
References: La. Children’s Code Arts. 897 and 899; La. R.S. 15:901 G; ACA Standards 2-CO-4F-01 (Administration of Correctional Agencies); 4-JCF-3C-01, 4-JCF-3C- 03,4-JCF-3C-04,4-JCF-5B-01 and 4-JCF-5B-04 (Performance Based Standards for Juvenile Correctional Facilities); 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.2.14 "Secure Care SAVRY", B.5.1 “Youth Code of Conduct – Secure Care, C.2.6 “Use of Intervention - Secure Care”; Victory Treatment Unit Manual, Revised May, 2012	
STATUS: Approved	
Approved By: <i>Mary L. Livers, Deputy Secretary</i>	Date of Approval: 04/02/2013

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 the program objectives and the criteria for the placement of youth in Staff Directed Timeout (SDTO), Behavioral Intervention (BI), and the Victory Treatment Unit (VTU) located at Swanson Center for Youth (SCY).

III. APPLICABILITY:

Deputy Secretary, Assistant Secretary, Chief of Operations, Deputy Assistant Secretary, Regional Directors, Director of Treatment and Rehabilitation Services, Facility Directors, and contracted health care provider (CHP) staff.

Facility Directors are responsible for ensuring that procedures are in place to comply with the provisions of this policy.

IV. DEFINITIONS:

Behavioral Intervention (BI) - Temporary assignment of a youth from general population to a self-contained unit when his continued presence in the general population poses a threat to staff or other youth, pending investigation of a potential threat, or when his activities are destabilizing or highly disruptive to programming. Behavioral Intervention provides a structured therapeutic environment that targets chronic, aggressive, intimidating, and sexual acting out behavior.

Behavioral Intervention (BI) Documentation Packet - A packet set up on youth, who are temporarily assigned to BI, containing all correspondence, reports and forms.

Behavior and Accommodations Binder (BAB) – A binder containing the Initial Behavior Support Plan (IBSP) completed on youth with a history of requiring physical intervention, as well as the most current Unified Behavior Plan (UBP) for Youth With Special Needs. The BAB shall contain these two documents for youth residing in a particular housing area and shall be maintained in an area readily accessible to staff at all times. Staff shall be advised of the location, content and purpose of the binder as it relates to this policy, and shall review the BAB at the beginning of every tour of duty.

Case Manager - A generic term used within a YS secure care facility to identify members of the counseling profession (e.g., social services counselor, clinical social worker, program manager, case manager or a treatment team member) assigned to manage a youth's case.

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.

Developmentally Disabled (MR) - Refers to significant sub-average intellectual functioning with an Intelligence Quotient (IQ) of 70 or below with concurrent deficits or impairments in present adaptive functioning in at least two of the following areas: communication; self-care; home living; social/interpersonal skills; use of community resources; self-direction; functional academic skills; work; leisure; health and safety; with onset before age 18.

Exigent Circumstances - Exist when there is a substantial threat to the safety of the youth or others, or the custody concerns of the facility, and there is no time as a practical matter to convene a multidisciplinary team meeting.

Juvenile Justice Specialist (JJS) - Formally referred to as custody staff, security staff, Youth Care Officer and Youth Care Worker.

Mental Health Treatment Provider (MHTP)/Qualified Mental Health Professional (QMHP) - Includes psychiatrists, psychologists, social workers, nurses and others who by virtue of their education, credentials, experience or with appropriate supervision, are permitted by law to evaluate and care for the mental health needs of patients.

Multidisciplinary Team (MDT) Staffing - A team consisting of representatives from at least three disciplines, (e.g., treatment, custody, education, mental health or medical) to determine a youth's suitability for placement to/removal from the VTU.

Operations Shift Supervisor (OSS) – Staff responsible for a range of duties that support management in maintaining a safe, secure facility. Shift Supervisors oversee administrative and operational security activities during specific shifts; manage staff during each assigned shift; ensure adequate security coverage; lead count procedures; oversee the custody, supervision and control of secure care youth; manage frontline security staff; assist in controlling youth movement; assist in directing the use and issuance of keys, locks, and security equipment.

Reintegration/Service Plan (RSP) - Specifies problem need 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 shall 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 Case Manager and the youth.

Removal From Programming (RFP) – The removal of a youth from programming, who is already assigned to Behavior Intervention (BI), for a period of time not to exceed one (1) hour, for engaging in specific behaviors.

Seriously Mentally Ill (SMI) - Disorders of mood and cognition (with the exception of developmentally disabled/MR) that significantly interfere with functioning in at least one essential sphere of the youth's life (e.g. psychotic disorders, mood disorders, the aggressively mentally ill, and youth who exhibit self-mutilating or suicidal behavior). Youth with these disorders may be referred to as "SMI" youth.

Staff Directed Timeout (SDTO) - Timeout for a youth directed by staff when there is a programmatic need. The use and issuance of the SDTO must have the approval of the Facility Director or higher level personnel before the youth is placed in this area. SDTO cannot exceed 59 minutes. The door to the timeout room shall remain open.

Structured Programming - Includes any regularly scheduled activity provided to a youth out of his room from the time lights are turned on in the morning until lights are turned off at night in accordance with the facility's posted daily schedule.

Transfer Request Form (TRF) - A form generated through the OJJ Case Management Database.

Victory Treatment Unit (VTU) - A housing unit with individual rooms designed to house youth who require a more restrictive setting. Refer to Section VI. F. below for admission criteria.

Weekly Team Meeting – A meeting conducted weekly by staff assigned to a unit to assess the development of the individual youth, to review a youth's progress, to plan out treatment strategies for the week, and to promote staff development and discuss staff issues.

V. POLICY:

It is the Deputy Secretary's policy to address the needs of the youth assigned to a YS Secure Care Center for Youth which require individual attention. All reasonable efforts shall be made to utilize less restrictive alternatives in the placement of youth.

However, certain youth may require assignment to a more restrictive setting because their continued presence in the general population poses a threat to property, staff and other youth, or to custody concerns or orderly running of the facility. In order to prevent arbitrary assignment, this policy establishes specific criteria for assignments to SDTO, BI or the VTU. Assignment to a Behavior Management Program is not to be used as punishment of youth.

VI. PROCEDURES:

A. Staff Directed Time Out (SDTO)

1. Youth may be placed in *timeout* as a result of a program need or for “cooling off” purposes.
2. SDTO at each facility shall only take place in the following locations:

~~BCCY~~ ----- ~~Building K~~
~~JCY~~----- ~~Sunset~~
~~SCY~~----- ~~Cypress~~

3. Youth shall remain in SDTO only until he has regained control of his behavior. SDTO shall not, in any case, exceed 59 minutes.
4. Documentation and Observation shall be in accordance with Section VI. C. below.
5. If a youth has not regained control of his behavior and/or begins to exhibit threatening behavior toward staff, other youth or property, staff would then place the youth on BI. Placement on BI shall meet all requirements listed in Paragraph B below.

B. Behavioral Intervention (BI)

1. Youth may be placed on *BI* as a result of a Code of Conduct violation; pending a Code of Conduct due process hearing; for the safety of the youth; other youth; or to ensure the security of the facility. This includes behaviors that are destabilizing or highly disruptive to programming. Placement on BI shall not exceed 72 hours.
2. Approval for placement on BI must be given by the Facility Director or higher level personnel.
3. The Regional Director shall receive immediate notification via email of any youth being placed on BI, at the time of placement.
4. Documentation and Observation shall be in accordance with Section VI. C. below.

5. A youth shall be permitted to participate in the 7½ hour programming schedule daily unless he is a danger to others. The 7½ hours minimum daily time out of room shall occur regardless of whether there is any planned or scheduled programming available to the youth. Youth already assigned to BI may be placed on *removal from programming (RFP)* for engaging in the following behaviors:
 - a. Repeated failure to follow orders, where the failure to comply is destabilizing;
 - b. Repeated interference with staff or other youth duties;
 - c. Improper sexual behaviors;
 - d. Fighting;
 - e. Substantial destruction of property; or
 - f. Violent conduct that creates imminent danger to other youth or staff.

The maximum time allotted for RFP is one (1) hour, unless the Facility Director/designee determines based on the youth's interim behavior, that the youth is likely to engage in conduct as described above and documents the basis for his belief in the BI logbook. However, every youth shall be permitted the opportunity to participate in programming at the beginning of each day.

6. Youth may be placed on BI pending transfer to the VTU. Initial placement on BI must have occurred as a result of one or more of the behaviors listed in Section VI.B.1. In some cases the exhibited behavior, or pattern of behaviors, may result in a referral of the youth by his multi-disciplinary team to VTU. If the behavior poses a risk to other youth or staff, the youth shall be held on BI until the MDT staffing occurs, acceptance of the youth into VTU, and transfer to the program occurs.
7. Prior to placement on BI, any youth who sustains an alleged injury, alleges sexual or physical abuse, or was involved in a use of physical intervention shall be immediately evaluated by the CHP.
8. Within one (1) hour of a youth's placement on BI, staff shall contact the youth's assigned case manager, or the Clinical Treatment Director if the case manager is not available, to notify him/her of the youth's placement.

9. When a youth is placed on BI immediately following a Code of Conduct violation, the youth shall receive a copy of the Code of Conduct Report prior to the end of the reporting employee's shift, and his rights shall be given to him as soon as possible after placement. If this does not occur in accordance with YS Policy B.5.1, it shall be documented on the BI logbook and the youth shall be released immediately.
10. The Facility Director/Deputy Director shall ensure that a social services staff member provides crisis counseling to the youth prior to the end of the workday or within 24 hours if placement occurs after hours.

If the youth is SMI/MR, a QMHP/MHTP must see the youth within three (3) hours. Additionally, on weekends/holidays the social services staff member is responsible for providing this counseling.

11. Placement on BI pending investigation of an incident must be documented in the BI logbook and confirm that the youth's presence in general population poses a threat to the safety of staff or other youth, or threatens the orderly operation of the facility, including behaviors that are destabilizing or highly disruptive to programming.
12. Youth shall not be placed on BI for engaging in suicidal or self-mutilating behavior resulting from their condition.
13. Youth on BI shall be provided with reading and writing materials unless his current behavior indicates that possession of such materials would be a danger to self or others.

C. SDTO and BI Documentation and Observation

1. A "Behavioral Intervention Placement and Release Report" [see Attachment B.2.8 (a)], which documents essential information regarding placement and release, shall accompany the youth to BI and be provided to the Control Center upon entry where it is maintained with the youth's BI documentation packet.
2. Staff shall make visual contact with each youth on SDTO and BI at least every 15 minutes (or more, depending upon the youth's emotional state) and otherwise monitor the condition of each youth. The exact time of the required 15 minute visual contact shall be recorded on the both the youth's "Interim Behavior & Activity Documentation" form [see Attachment B.2.8 (b)] and in the BI logbook. Visual contact should reflect unpredictable intervals.

Youth shall be visited by a social services staff member within the first working day following his placement on the unit to determine and address any adjustment issues and for crisis counseling. Counseling shall continue with the youth daily thereafter. A visit does not include routine visual checks or discussion through the door or window of the youth's room.

All daily assessments and crisis counseling sessions shall be documented on the "Behavioral Intervention Unit Daily Assessment of Youth" form [see Attachment B.2.8 (c)], logged in the BI logbook, and maintained with the youth's BI documentation packet. Documentation includes the legible name and title of the staff member visiting the youth, the time of the visit, and a brief description of the youth's disposition. Once the youth is released from BI, a copy of the form shall be filed in the youth's case record.

3. Youth with serious mental illness (SMI) or mental retardation (MR) must be assessed and treatment rendered within three (3) hours of initial placement on BI (if the youth remains in the unit for that period of time). The assessment shall be conducted by a MHTP/QMHP. If one is not on-site at the facility, a nurse shall be notified immediately. The nurse shall perform the assessment and contact the on-call MHTP/QMHP via telephone. If indicated, the on-call MHTP/QMHP shall report to the facility to conduct a face-to-face assessment and, if deemed necessary, confer with the psychiatrist on-call. Appropriate treatment shall then be rendered (e.g. counseling, anger management, medication – prescribed by the psychiatrist, etc.). If at any time the youth exhibits symptoms of deterioration in emotional state while on BI, staff shall alert the MHTP/QMHP immediately.

D. Reassessment/Release

1. Twenty four (24) hours after the youth has been placed on BI, the Facility Director and Clinical Treatment Director shall meet with the youth and determine whether he can be returned to general population or will need continued placement on BI. The Regional Director shall be contacted for approval to continue the youth on BI.

Youth continued on BI shall be reassessed twice (2x) daily by the Facility Director and Clinical Treatment Director (by 8:30 a.m. each morning and before 4:30 p.m. each afternoon). If there is a disagreement as to whether the youth can be removed from BI, the Regional Director shall be consulted immediately for the final decision.

If reassessment is required on a weekend/holiday and the Facility Director and/or the Director of Treatment are unavailable, it may be conducted by the Operations Shift Supervisor (OSS) and on call social services staff, each after having consulted with the Facility Director and Clinical Treatment Director.

2. An MDT staffing must be arranged and conducted within 48 hours of a youth being placed on BI. At this staffing, all interventions, including a behavior plan, should be initiated in an effort to successfully transition the youth from BI to general population. The staffing shall also be used to determine whether the youth needs to be transitioned to the VTU.
3. In order to be considered for movement off of BI, each youth may be asked to attend group activities and complete homework assignments. These assignments consist of a series of activities such as writing a letter of apology or a verbal apology.

The homework assignments shall be adapted for those youth who struggle with reading and writing. The content of the assignments may be verbally presented by youth.

The homework assignments shall be monitored and reviewed in individual and group counseling activities. The assignments must be presented to a social services staff member.

If the youth completes these assignments, consideration for transfer off of the unit should be granted. If the youth does not complete the homework assignments, the social services staff member shall obtain the reasons for the delay. Reasons shall be documented on the "Behavioral Intervention Daily Assessment of Youth" form.

NOTE: Failure to complete assignments shall not necessarily prohibit youth from being transferred off of the unit.

4. A difficult case staffing shall be conducted if the youth refuses to leave BI after a determination has been made the youth can return to general population or expiration of the 72 hours. If the 72 hours expires on a weekend/holiday, the Regional Director must be contacted for approval

to continue the youth in the BI until the difficult case staffing can be held. Approval by the Regional Director shall be documented in the BI logbook.

E. Code of Conduct / Due Process Hearings

In accordance with YS Policy No. B.5.1, a Code of Conduct/Due Process Hearing shall be held within 72 hours of a youth's placement on BI, or at the first available hearing after the youth was placed on BI. Therefore, hearings may be required to be held every day on BI.

Conduct Code Committee hearings on weekends/holidays may be conducted by a two (2) member committee, provided the person responsible for setting up weekend hearings has made every effort to locate a third member and has been unsuccessful. This person shall state, for the record, their efforts to locate the third committee member. At the completion of the hearing the youth shall be given a copy of the completed Code of Conduct form.

F. Victory

1. Admission Criteria

- a. Has exhibited a pattern of battery on other youth or staff which has not been substantially reduced by prior intervention efforts (i.e. difficult case staffing, behavioral plan, and Code of Conduct).
- b. Has committed a single battery/predatory act of such serious consequence that the potential of reoccurrence must be actively prevented.
- c. Has exhibited substantial battery on staff that has been documented with appropriate evidence of the injury.
- d. Has a documented history [i.e. Unusual Occurrence Reports (UORs), Youth Statements, Code of Conduct Violations] of engaging in behavior that causes major disruption to programming (i.e. gang activity) or incites predatory responses from other youth.

- e. Must be classified as “maximum” custody before transferring to the unit, including a report to the committing judge. If a youth's placement is initiated prior to reclassification due to an emergency situation, the reclassification must be completed within 24 hours of placement in the unit (excluding weekends/holidays).
- f. Has been in possession of a significant weapon (i.e., gun, knife, and bomb).
- g. Has created a dangerous situation for other peers by bringing in contraband (i.e. drugs, medication, or substantial pornography) with motivation to distribute).
- h. Has marijuana or other illegal substances in his possession or has a substantial amount with motivation to distribute.
- i. Displays a chronic pattern of public masturbation. Based upon the severity and frequency of the issue, the sex offender protocol shall be initiated through the “Specialized Services Request Form” [see Attachment B.2.8 (d)].
- j. Has been involved in Absent without Leave (AWOL), AWOL attempt, and/or escape.

2. Multidisciplinary Team (MDT) Staffing

Prior to scheduling a MDT staffing with the Director of Treatment and Rehabilitation/designee on any youth recommended for assignment to the VTU, the Group Leader who has programmatic oversight of the youth's housing unit, the youth's Case Manager and the Facility Director /Treatment Director shall:

- a. Conduct a MDT staffing for a youth who exhibits behaviors that are detrimental to the facility's functioning or safety. At this staffing, all must agree that several interventions have been initiated, to include a behavior plan that has been unsuccessful, and that all reasonable less restrictive alternatives were attempted.

In addition, all must agree that the youth meets one of the specified admission criteria for the VTU. At the staffing, the referring unit shall show evidence of documented proof leading to the referral (i.e., behavioral plan, Code of Conduct, UOR, actions caught on video, etc.). Consideration shall also be given to any existing medical or mental health conditions the youth may have.

- b. Consult with the CHP on youth diagnosed as SMI/MR, and ensure the contracted mental health staff are invited to the staffing.
- c. If it is decided that the youth should be staffed for the VTU, a “Victory Treatment Unit Admissions Review Form” shall be completed in JETS. The SCY Facility Director, Treatment Director, VTU Group Leader, and the Director of Treatment and Rehabilitation shall be notified that the VTU Admissions Review Form has been completed in JETS and is ready for review and approval, and that all supporting documentation (UORs, COC, youth statements, etc.) has been forwarded via email or fax.
- d. A MDT staffing shall be scheduled within five (5) working days with a team consisting of the following representatives:

The following SCY staff shall be present when staffing a youth to enter the VTU: (* indicates mandatory attendance)

- 1) VTU Case Manager;*
- 2) VTU Group Leader;*
- 3) VTU JJS staff (if available);
- 4) Contracted psychiatrist if youth is SMI (or written recommendation);
- 5) SCY Treatment Director/designee;*
- 6) VTU Education staff;
- 7) SCY MHTP if youth is SMI;* and
- 8) SCY Director/Deputy Director/Asst. Director (if available).

The following staff from the sending facility shall be present: (* indicates mandatory attendance)

- 1) Youth’s current Case Manager;*
- 2) Group Leader of the youth’s assigned housing unit;*

- 3) JJS staff assigned to the youth's housing unit (or written report);
 - 4) Mental health contractor working with the youth if SMI; *
 - 5) Treatment Director/designee;*
 - 6) Education staff; and
 - 7) Director/Deputy Director/Asst. Director (if available).
3. The youth shall be present and may request representation from an advocate of choice who is reasonably available, unless it is determined that it would be detrimental to the youth to hear specific testimony, or if the youth may be disruptive. The youth shall be informed of the reasons for the referral at the staffing.
 4. The youth's parent/guardian shall also be invited to the MDT staffing, which shall be documented on a "Weekly Contact Progress Note" in JETS by the youth's assigned Case Manager of the requesting facility within three (3) working days.
 5. Participants shall review circumstances of the youth's precipitating behavior, prior patterns of such behavior, and appropriateness of prior attempts to modify behavior. Except for exigent circumstances, the youth should have participated in a behavioral management plan prior to referral to the VTU.
 6. After listening to the MDT staffing members' input utilizing the Transfer Staffing Format, the Director of Treatment and Rehabilitation/designee shall listen to all recommendations from the team and make a final recommendation whether to transfer the youth to the VTU or not. If the Director of Rehabilitation and Treatment/designee determines that a recommendation of transfer to the VTU is in the best interest of the youth and the facility, the youth, if not present at the staffing, shall be informed of the reasons for the recommendation.
 7. The MDT staffing may take place telephonically. The youth's assigned Case Manager shall be responsible for preparing an "RSP Summary of Staffing" form in JETS documenting the Director of Rehabilitation and Treatment decision, the supporting documentation of the youth's behavior meeting unit admission criteria, inclusive of prior attempts made to modify the behavior, and any statements made by the youth during the staffing.

8. A "Transfer Request Form" (TRF) shall be created in the Case Management Database by the Facility Director/designee of the sending facility within one (1) working day of the MDT staffing, with a copy forwarded to the SCY Facility Director and the Director of Rehabilitation and Treatment.
9. The SCY Facility Director/designee shall review the TRF from the sending facility and respond within two (2) working days to the sending Facility Director and the Director of Rehabilitation and Treatment, indicating whether or not SCY agrees with or objects to the transfer. If the SCY Facility Director objects to the transfer to the VTU, he/she shall contact the Facility Director of the sending facility to come to an agreement with two (2) working days.
10. The SCY Facility Director shall inform the Director of Rehabilitation and Treatment concerning the decision by both Facility Directors. If the Facility Directors do not agree, or if the Director of Rehabilitation and Treatment/designee feels the decision is not within the best interest of the youth, he/she shall confer with both the Regional Director over the sending facility and the Regional Director over SCY. Once a decision is made, the Director of Rehabilitation and Treatment/designee shall approve or reject the TRF.
11. A written record of the MDT staffing shall be prepared by the sending facility utilizing the "RSP Summary of Staffing" form in JETS within three (3) working days of the staffing. Only the signature page of the "RSP Summary of Staffing" form shall be placed in the youth's Master Record.
12. The MDT staffing shall be recorded in its entirety, and recorded staffings shall be maintained by the SCY Treatment Director for a minimum of one (1) year in a secured location.
13. When assignment results in a transfer to another secure care facility besides the VTU at SCY, approval must be granted by Central Office. The TRF shall be completed by the sending facility and approved by the Director of Treatment and Rehabilitation.
14. Arrangements for transfer shall be made by designated staff that shall ensure that all appropriate paperwork is completed and processed in accordance with this policy and YS Policy No. B.2.1.

15. The documentation reflecting what precipitated the youth being transferred to the VTU, the strategies utilized to address these behaviors, and all other applicable documentation shall be included in the youth's Master and/or JETS record prior to transfer.
16. The youth's Case Manager shall notify the youth's court of jurisdiction, the youth's attorney of record, and the parent/guardian in writing within 48 hours of the youth's admission to the VTU (excluding weekends/holidays), utilizing the appropriate transfer letters in JETS.

G. Emergency Transfers

1. Prior to any emergency transfer to the VTU, the Facility Director of the sending facility shall contact the Regional Director over SCY to seek out approval of the transfer, as well as forwarding a copy of the "VTU Admission Review Form" completed in JETS.
2. Emergency Transfers shall exist when there is a:
 - a. Substantial threat to the safety of the youth or others;
 - b. Substantial threat to the security of the facility; and
 - c. There is no time to convene a MDT staffing committee.
3. All youth placed in the VTU due to an Emergency Transfer without a prior review shall have a case review by the MDT staffing committee (to include the Director of Treatment and Rehabilitation/designee) within 48 hours (excluding weekends/holidays) of placement to determine the appropriateness of the assignment.
4. The sending facility shall forward the completed "VTU Admission Review Form" to the SCY Facility Director, Treatment Director and the VTU Group Leader, following approval by the both the Regional Director over the sending facility and the Regional Director over SCY.
5. All review findings from the MDT staffing committee shall be forwarded to the Facility Director/designee, the Director of Treatment and Rehabilitation, and both the Regional Director over the sending facility and the Regional Director over SCY for final disposition utilizing the TRF.

6. The SCY Facility Director, Deputy Director and Treatment Director shall be notified ahead of time of any Emergency Transfers of a youth's placement in the VTU by the Regional Director over the sending facility and the Regional Director over SCY, or the Director of Treatment and Rehabilitation.
7. All inter-facility emergency transfers must be approved by Regional Director over the sending facility and the Regional Director over SCY prior to placement.

H. Admission of Youth with Special Needs

1. Select SMI youth may be transferred to the program after a consensus recommendation from an MDT staffing. However, youth with significant thought disorders (i.e., Schizophrenia, Delusional, Psychotic Disorder NOS, etc.), significant trauma (PTSD with active symptoms), Mentally Retarded and Developmentally Disabled (with functional deficits), and who are historically or currently severely suicidal, **shall not** be considered for the VTU.

Additionally, youth with significant developmental disabilities who are functional should be referred to the VTU on a case-by-case basis with collaboration from the contracted mental health provider.

2. There shall be a **limit of five (5) SMI youth** admitted to the VTU at any given time. Approval to exceed the limit of five (5) SMI youth must be approved by Regional Director over SCY. If the youth is SMI and the VTU has reached its limit, the Facility Director requesting the transfer shall make arrangements to house the youth in the safest area possible, and insure the youth is provided needed services until transferred to the VTU.

If an opening does not occur within 14 days of the MDT staffing, the youth shall be re-evaluated by the contracted mental health provider and the case shall be staffed to determine if a transfer is still needed.

I. Special Accommodations

Accommodations for youth with special needs and how to address them is included in the "Behavior/Accommodations Binder" (BAB), which shall remain locked up at all times, yet accessible to direct care staff for review on a daily basis. All VTU staff is responsible for a working knowledge of the information contained in the BAB for those youth with noted accommodations.

JJS staff shall document their daily review in the VTU log book; treatment staff shall document their daily review in the “Daily Observation Binder”.

VII. PROGRAM PHASES:

The VTU program consists of three (3) phases:

A. PHASE I - Orientation [*up to seven (7) days*]

1. During the first seven (7) days of admission to the VTU, an MDT staffing shall be conducted for the purpose of modifying the youth's “Reintegration/Service Plan” (RSP) to reflect the identified target objectives and the interventions included in the VTU Program.

The “RSP Summary of Staffing” form and the new updated RSP shall be entered in JETS within three (3) working days of the staffing. Only the signature page of the “RSP Summary of Staffing” form shall be placed in the youth's Master Record.

2. Appropriate programming for youth with special needs placed in the VTU shall be implemented within 48 hours.

B. PHASE II – Treatment [*up to two (2) weeks or more depending on specific circumstances to include progress in treatment*]

1. The following treatment modalities as outlined in the “VTU Program Manual” shall occur during this phase:
 - a) Milieu Counseling;
 - b) Behavioral Techniques;
 - c) Individual Counseling;
 - d) Group Counseling; and
 - e) Adjunctive Therapies and Other Services.

C. PHASE III - Transitional [*approximately one (1) week or more depending on specific circumstances*]

1. Prior to beginning the reintegration process, an RSP shall be developed by the MDT with specific objectives and performance indicators specified.

2. In addition to the aforementioned, the following indicators must have been achieved:
 - a) The youth is not a current danger to others;
 - b) The youth is free of Code of Conduct Violation Reports for a three (3) week period;
 - c) The youth has met the goals of his IIP;
 - d) The youth has successfully completed his RSP; and
 - e) The consensus of the MDT is that the youth no longer requires residence and treatment in the VTU, and that continued treatment can be effectively rendered elsewhere.

VIII. ADDITIONAL PROGRAM TIME:

- A. The MDT may recommend an additional two (2) weeks in the VTU for youth involved in a Code of Conduct Violation involving specific issues (i.e., property destruction, altercations, threats of bodily harm, contraband, etc.).
- B. For these youth, staff shall make a recommendation to the Facility Director during the Weekly Team Meeting if they feel a youth should remain in the VTU longer than six (6) weeks by completing the "VTU Team Recommendation for Extension" form in JETS the day of the Weekly Team Meeting.
- C. The form shall include the reason for the recommendation and list all services and interventions that have been implemented to assist the youth. The form shall be reviewed and approved by the Facility Director, Deputy Director and Treatment Director by the end of the work week (Monday-Friday) that the extension was discussed during the Weekly Team Meeting.
- D. A copy of the completed form shall be scanned/faxed to the Regional Director over the sending facility, the Regional Director over SCY, and the YS Director of Treatment and Rehabilitation for review and approval.

IX. EXIT FROM PROGRAM AND PLACEMENT PROCESS:

- A. Once the VTU team determines that a youth will completed the program within 72 hours, the SCY Facility Director/designee shall notify the Director of Rehabilitation and Treatment/designee that an MDT staffing will be needed in order to determine the best placement to meet the needs of the youth.

- The youth may return to the facility able to provide regionalization for him to be closer to his family, or may transfer to another facility where programming best meets his needs.
- B. The same staff that participated in the youth's VTU admission staffing shall take part in the MDT exit staffing, in addition to staff from the receiving facility if different from the facility of origin. The MDT staffing may take place telephonically.
 - C. The youth shall be present and may request representation from an advocate of choice who is reasonably available, unless it is determined that it would be detrimental to the youth to hear specific testimony or if the youth may be disruptive. The youth shall be informed of the reasons for the referral at the staffing.
 - D. The youth's parent/guardian shall also be invited to the MDT staffing, which shall be documented on a "Weekly Contact Progress Note" in JETS by the youth's assigned Case Manager of the requesting facility within three (3) working days.
 - E. A written record of the MDT exit staffing shall be prepared by the youth's VTU Case Manager utilizing the "RSP Summary of Staffing" form in JETS within three (3) working days of the staffing. Only the signature page of the "RSP Summary of Staffing" form shall be placed in the youth's Master Record.
 - F. A TRF shall be created by the SCY Facility Director/designee within one (1) working day of the MDT exit staffing, with a copy forwarded to the Facility Director of the proposed receiving facility, and the Director of Rehabilitation and Treatment.
 - G. The Facility Director/designee of the proposed receiving facility shall review the TRF from the SCY Facility Director and respond within two (2) working days, with a copy forwarded to the Director of Treatment and Rehabilitation, indicating whether or not the proposed receiving facility agrees with or objects to the transfer. If the proposed receiving facility objects to the transfer, the Facility Director shall contact the SCY Facility Director to come to an agreement within two (2) working days.
 - H. The SCY Facility Director shall inform the Director of Rehabilitation and Treatment concerning the decision by both Facility Directors. If the Facility Directors do not agree or if the Director of Rehabilitation and Treatment feels the decision is not within the best interest of the youth, he/she shall confer with the Regional Director over the receiving facility and the Regional Director over SCY. Once a decision is made, the Director of Rehabilitation and Treatment shall approve or reject the TRF.

X. PROGRAM OBJECTIVES:

The goals of the unit are to provide youth with a sense of accountability for their actions, to enable youth to learn adaptive methods of resolving problems and reaching goals, and to provide on-going support and enable youth to generalize and maintain positive change. Objectives to achieve these goals are:

- A. Engage and motivate each youth to commit to change;
- B. Identify the youth's deregulatory emotions, cognitive distortions and skill deficits that foster and lead to continuing violent behavior;
- C. Assist the youth in learning more adaptive ways to solve problems through changing belief systems, and teaching self-control, self-management and problem solving skills;
- D. Provide a safe and reinforcing environment for the youth to practice the application of new cognitive constructs and emotional behavioral skills to solve problems; and
- E. Provide phased reintegration of the youth into the general population with follow-up support services.

XI. ACCESSIBILITY:

- A. Youth assigned to the VTU shall have access to the same services as other youth, to include the following:
 - 1. Medical;
 - 2. Counseling;
 - 3. Recreation;
 - 4. Religious Services;
 - 5. Educational;
 - 6. Barber Services;
 - 7. Mental Health;
 - 8. Visitation;
 - 9. Legal Services;
 - 10. Access to Courts;

11. Family Counseling; and
12. Telecommunications/Mail.

XII. STAFF DEVELOPMENT:

- A. Program specific training shall be provided to all staff (clinical, JJS, education, medical / mental health, recreation, chaplaincy) assigned to work in the VTU. Training shall address all components of the VTU Program, to include at a minimum:
 1. Cognitive Behavioral Treatment (CBT);
 2. Accommodating the Needs of SMI youth;
 3. Adolescent Aggressive Behavior;
 4. Establishing and Maintaining Therapeutic Environments;
 5. Dorm Management Procedures;
 6. Integrated Treatment Model;
 7. Conflict Resolution;
 8. Overview of the VTU Program; and
 9. Other topics at the discretion of the Facility Director, Regional Directors, and the Director of Treatment and Rehabilitation.
- B. Additionally, all VTU staff shall receive on-going training in program management, YS Policy and facility Standard Operating Procedures (SOPs), quality assurance, and other relevant topics pertaining to the VTU on a weekly and/or as needed basis.
- C. All training shall be documented for entry into the "Training Records Entry Completed" (TREC) database.
- D. Confirmation of all VTU training shall also be provided to the SCY Treatment Director and the VTU supervisory staff for use in the Performance Evaluation System for assigned staff.

XIII. QUALITY ASSURANCE:

The planning and evaluation process is ongoing with methodologies including monitoring of data collected through weekly, monthly and quarterly reviews, and improvement measures. Actions are taken as a result of information obtained through these reviews.

A. Facility Staff Responsibilities

The facility Treatment Director is ultimately responsible for ensuring that all required monitoring reviews outlined below are being conducted in a timely manner. All reviews shall be documented in accordance with YS Policy No. B.2.2, Section XV.

1. The facility Treatment Director shall conduct a weekly review of one (1) Master and JETS records of a youth assigned to the VTU.
2. Social Services Supervisors shall be responsible for conducting a weekly review of a minimum of two (2) youth Master and JETS records of the Case Manager assigned to the VTU.
3. The VTU Group Leader shall conduct random monthly quality assurance reviews of a minimum of two (2) groups per month in process on the VTU.
4. The facility Treatment Director shall co-facilitate a minimum of at least one (1) group per month.
5. The Unit Management Team and the facility Treatment Director are responsible for evaluating progress towards attainment of the VTU program goals for the current year, quarterly, and on an on-going annual basis.
6. Quarterly, the goals shall be reviewed by the facility Treatment Director based on the established criteria and progress reported. Revision of these goals may be made as necessary.

B. Central Office Responsibilities

1. On a weekly basis, the Director of Rehabilitation and Treatment/designee shall review the VTU youth roster to ensure that this policy is being adhered to.
2. Quarterly treatment reviews, to include Master and JETS records of youth assigned to the VTU, shall be conducted by the Director of Rehabilitation and Treatment/designee.

3. Any violations of policy/procedure shall be verbally communicated to the Facility Director, facility Treatment Director, and Regional Director immediately following the review by the Director of Rehabilitation and Treatment/designee.
4. A quarterly written report of findings and recommendations for improvement shall be forwarded to the Facility Director, facility Treatment Director, Director of Rehabilitation and Treatment, Regional Directors, and Central Office executive staff.

IV. IMPLEMENTATION:

This policy shall become effective May 1, 2013.

Previous Regulation/Policy Number: B.2.8

Previous Effective Date: 05/18/2012

Attachments/References:



VTU Program Manual 05-18-12.docx