

# YOUTH SERVICES POLICY

<b>Title:</b> Youth Classification System and Treatment Procedures	<b>Type:</b> B. Classification, Sentencing and Service Functions <b>Sub Type:</b> 2. Classification <b>Number:</b> B.2.2
<b>Page 1 of 26</b>	
<b>References:</b> La. R.S. 14:2; La. Children's Code Articles 116 (24.2) and 897.1; U.S. DOJ PREA Standards 115.341 (a) (d), 115.342 (c) – (f); ACA Standards 2-CO-4B-01, 2-CO-4B-03, 2-CO-4B-04 & 2-CO-4F-01 (Administration of Correctional Agencies); 4-JCF-3A-18, 4-JCF-4D-04, 4-JCF-4D-05, 4-JCF-5B-01, 4-JCF-5B-02, 4-JCF-5B-04, 4-JCF-5C-02, 4-JCF-5C-03, 4-JCF-5C-05, 4-JCF-5C-06, and 4-JCF-5C-07; (Performance-based Standards for Juvenile Correctional Facilities); YS Policy Nos. B.2.1 "Assignment, Reassignment, and Release of Youth", B.2.3 "Secure Care Intake", B.2.7 "LAMOD Program and Youth Stage Procedures", B.2.8 "Transitional Treatment Unit (TTU)", B.2.14 "Secure Care SAVRY", B.2.15 "Substance Use Disorder Treatment Program", B.2.16 "Assessment and Treatment of Youth Who Demonstrate Sexual Behavior Problems", B.2.17 "Sex Offender Notification and Registration Requirements", B.2.20 "Non-Discriminatory Services to Lesbian, Gay, Bisexual, Transgender, Intersex, Questioning (LGBTIQ), and Nonconforming Youth", B.2.21 "Behavioral Intervention (BI) and Extended BI", B.3.1 "Secure Care Youth Records; Composition and Maintenance", B.3.2 "Access to and Release of Active and Inactive Youth Records", B.5.1 "Youth Code of Conduct – Secure Care", B.6.1 "Health Care", B.6.5 "Secure Care Mental Health Screening, Appraisal, and Evaluation", B.6.7 "Secure Care Suicide Prevention", B.7.2 "Programs for Post-Secondary Education – Secure Care", B.7.3 "Work Details and Skills Building Incentives – Secure Care", C.2.11 "Prison Rape Elimination Act (PREA)", C.4.1 "Furlough Process", C.4.7 "Escorted Absence", C.5.3 "Quality Assurance Reviews - Central Office Audits, Secure Facilities and Regional Offices"; D.10.4 "Community Supervision Classification System"; the Case Management Audit Checklist and the Social Services Manual	
<b>STATUS: Approved</b>	
<b>Approved By:</b> <i>William A. Sommers, Deputy Secretary</i>	<b>Date of Approval:</b> 08/23/2022

## 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 set forth uniform policy and broad procedures governing the youth classification process for youth adjudicated to a YS secure care facility.

### III. APPLICABILITY:

Deputy Secretary, Assistant Secretary, Chief of Operations, Probation and Parole Program Director, Youth Facilities Director - Statewide, Executive Management Advisor, General Counsel, Director of Treatment and Rehabilitation, Health Services Director, Director of Education, Regional Directors, Facility Directors, Regional Managers, Contracted Health Care Provider (CHP), all YS employees assigned classification responsibilities, and all youth.

Unit Heads are responsible for ensuring adherence to the guidelines established through this policy.

### IV. DEFINITIONS:

***ACEs- Adverse Childhood Experiences (ACEs)*** - Stressful events occurring in childhood including domestic violence, parental abandonment through separation or divorce, a parent with a mental health condition and being the victim of abuse (physical, sexual and/or emotional).

***Behavior and Accommodations Binder (BAB)*** – A binder containing the history of youth requiring physical intervention, as well as the most current Unified Behavior Plan (UBP) for Youth With Special Needs. The BAB will contain these two (2) documents for youth residing in a particular housing area and shall be maintained in a secured 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, documenting their review in the unit's logbook.

***Brief Youth Interview Form*** - A form to assist in determining self-reported triggers and interventions for youth diagnosed as individual deficit disorder that have worked with the youth in the past.

***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, Program Manager, or a treatment team member assigned to manage a youth's case.

***Classification*** - The process which determines assignment to a custody level, program participation within available services, and assignment to the most appropriate facility.

***Community Based Services (CBS)*** - Includes all regional probation and parole offices located throughout the state.

***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.

***Custody Level*** - An assignment to one of three designations, i.e. maximum, medium or minimum, that relates to the youth's eligibility for, but not necessarily limited to, housing assignment, work assignment, furlough/recreation, and movement within the perimeter of a secure care facility.

***Data, Assessment, Goal, and Plan (DAGP) Format*** – A standard format for writing Weekly Contact Progress Notes that includes **Data** (information obtained from talking with the youth and from observation); **Assessment** (the counselor's assessment of the information and of the client's current functioning); **Goal** (purpose of the plan); **Plan** (the plan for the next session, may include homework assignments, etc.) necessary to the goal.

***Developmentally Disabled/Intellectually Disabled (DD/ID) – (formally referred to as MR)*** - Refers to significant sub-average intellectual functioning with an Intelligence Quotient (IQ) of 68 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.

***Director of Treatment and Rehabilitation*** – Licensed Clinical Social Worker and Board Approved Supervisor housed at Central Office with oversight of Treatment and Rehabilitation services for the Office of Juvenile Justice. Provides Clinical Supervision to facility Social Services Staff.

***Discharge*** - The termination either by a court order or expiration of a court order of YS legal responsibility for a youth. (i.e. custody or supervision)

***Early Release*** - The reassignment of a youth from a secure care facility to a non-secure program or the Modification of Disposition changing the youth's legal custody.

***Electronic Record Management Application (ERMA)*** – The electronic healthcare management database utilized by the contracted health care provider at the YS secure care facilities.

***Individualized Intervention Plan – Initial and Formal/Updated*** – A statement of goals, objectives, and methods used to obtain them that is created for each youth in secure care. The IIP is dynamic and is updated depending on the identified needs and specialized treatment required while in secure care. The IIP also identifies follow-up services needed by the youth on release and is coordinated with Community Based Services to provide the proper level of aftercare.

***Individualized Intervention Plan Summary of Staffing Form*** – A form completed for all case staffings for a youth in secure care. The form lists any modification of goals and objectives that occur as well as new goals and objectives that are developed.

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

**Juvenile Justice Specialists (JJS)** – Provides security of youth and assists in application of clinical treatment in accomplishing the overall goal of evaluation and/or treatment of individuals judicially remanded to a YS secure care facility.

**LAMOD** – A holistic therapeutic approach to how we engage, work with and treat youth, staff, families and communities.

**LGBTIQ** – Youth who have identified themselves as lesbian, gay, bisexual or transgender, intersex or questioning their sexual orientation, or gender nonconforming youth. (Refer to YS Policy No. B.2.20)

**Mental Health Treatment Professional (MHTP)/Qualified Mental Health Professional (QMHP)** - Includes psychiatrists, psychologists, social workers 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. MHTP refers to staff of contracted mental health treatment providers.

**Needs Assessment** - A structured formalized means through which accurate and reliable population based information can be obtained, with the objective of identifying the needs of the youth assigned to a facility in order to make informed decisions about service delivery.

**Over-ride** - Objective consideration that can be used to alter the custody level.

**Prison Rape Elimination Act (PREA)** - An Act signed into law by President George W. Bush in September 2003. This legislation requires the Bureau of Justice Statistics (BJS) to develop new national data collections on the incidence and prevalence of sexual violence within correctional facilities. PREA defines four categories of sexual abuse for purposes of data collection: abusive sexual contacts, nonconsensual sexual acts, staff sexual harassment and staff sexual misconduct. (Refer to YS Policy No. C.2.11)

**Probation and Parole Officer 1, 2, and 3/Juvenile (PPO/J) Secondary Case Manager** - PPO/J's assist youth and families in locating, accessing and coordinating networks of support to address needs. PPO/J's shall coordinate case management services in accordance with need assessments, as well as monitor, compliance with the services provided and court ordered requirement while the youth is in the custody or under the supervision of YS.

**Quarterly 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 youth's family shall be encouraged to attend as well. The Quarterly reclassification staffing addresses a youth's IIP 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, reassignment to non-secure or early release.

**Reassignment** - The authorized move of a custody youth from one facility or program to another. Also, custody youth may be reassigned into the community under supervision while still in the legal custody of YS.

**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." [Ch. Code Article 116(24.2)]

The secure care centers operated by YS are as follows:

- Acadiana Center for Youth (ACY)
- Acadiana Center for Youth @ St. Martinville (ACY-SM)
- Bridge City Center for Youth (BCCY)
- Bridge City Center for Youth @ West Feliciana (BCCY-WF)
- Swanson Center for Youth (SCY)
- Swanson Center Youth @ Columbia (SCYC)

**Serious Mental Illness (SMI)** – Disorders of mood and cognition (with the exception of individual deficit disorder) 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. There are five levels of the SMI Program recognized by YS, OJJ.

**Structured Assessment of Violence Risk in Youth (SAVRY)** - An evidence-based assessment designed to assist professionals in making judgments about a youth's needs for case planning. The SAVRY utilizes a structured, professional judgement method of assessment, meaning that the individual completing the assessment rates the youth on a number of evidence-based risk factors and then weights all the information to come to a final judgement that the youth has a Low, Moderate or High Summary Risk Rating for future reoffending. (Refer to YS Policy No. B.2.14)

**Transfer Request Form (TRF)** – Form completed by the Facility Treatment Director when recommending a facility transfer as a result of a multidisciplinary treatment team meeting. The form is utilized by staff when a youth's treatment, mental health needs, rehabilitation and/or educational needs would be better served at another facility.

**Unified Behavior Plan (UBP)** – A document developed by youth's Case Manager and maintained on youth designated by the contracted health care provider as having an individual deficit disorder. This plan shall include any physical limitations and/or precautions that staff must be aware of in the event a physical intervention is necessary.

***Weekly Treatment Team Meeting*** – The process whereby staff assigned to a housing unit, as well as representatives from education, medical/mental health, the LAMOD Coordinator, and administrative staff meet to discuss the progress of the youth assigned to the unit, to problem-solve various unit issues, and to plan for the upcoming week. The meeting is led by the Group Leader.

## **V. POLICY:**

It is the Deputy Secretary's policy that individual youth program planning shall encompass a concern for the primary objectives of providing protection for the public, staff and youth, reducing the risk of delinquent behavior, and enhancing youth growth and development. This may be accomplished through the use of the SAVRY, custody classification, a coordinated delivery of a continuum of services, and supervision that provides for youth involvement and the assignment of a youth to a primary facility Case Manager.

Facility Directors shall develop internal procedures regarding the appropriate supervision levels of youth based on their Custody Classification and the Structured Assessment of Violence Risk in Youth (SAVRY) summary risk rating outcomes. These procedures shall include but not be limited to housing unit assignments, escorted absences, furlough eligibility, visitation restrictions, off-campus movements, all on-campus movement, and appropriate required backup documentation.

## **VI. INITIAL CLASSIFICATION PROCEDURES:**

- A. *Data Collection* - serves as the foundation for the case assessment and for all future case planning. Data collection requires the coordinated efforts of all staff of the Community Based Services (CBS) regional offices and secure care facilities or programs using the widest range of resources available in gathering information to be used in the case planning process.

Accordingly, the following information, if available, is considered essential to the case planning process, and shall be gathered through a formal interview:

1. Current JETS Master;
2. Custody Order/Order of Commitment;
3. Judgement of Disposition;
4. Current SAVRY;
5. SAVRY Social History/PDI; Supplemental Social (if applicable);
6. Signed and approved Case Staffing Report v/01;
7. Psychological and/or psychiatric evaluations; medical records, medication history, school records (most recent report card, IEP, IEP evaluation), discharge summary from residential providers and/or psychiatric hospital, and any other records deemed appropriate;
8. Needs Assessment (to be completed annually [see Attachment B.2.2 (d)]);
9. ACEs (Adverse Childhood Experiences) Screening.

The ultimate goal is to improve programming for the youth. Through data collected from the needs assessment, decisions can be made to: (1) determine and justify service priorities and targets; (2) strengthen links with mental health and Social Service programs and; (3) identify youth's education and training needs. This process will also help with team building and help focus both practice and professional development activities. The Needs Assessment is to be completed annually to determine progress in treatment and to guide future treatment planning efforts.

Staff will receive training in adverse childhood experiences or ACEs and will conduct a screening at intake. ACEs are potentially traumatic events that occur in childhood (0-17 years). Also included are aspects of the child's environment that can undermine their sense of safety, stability, and bonding, such as growing. ACEs are linked to chronic health problems, mental illness, and substance use problems in adolescence and adulthood. ACEs can also negatively impact education, job opportunities, and earning potential. Creating and sustaining safe, stable, nurturing relationships and environments for all children and families can prevent ACEs and help all children reach their full potential. Upfront screening provides a more complete understanding of a patient's history, help guide interventions, identifies potential risk for chronic disease later in life, and is helpful for educating youth and caregivers on the long-term impacts of trauma.

**B. *Initial Case Plan and Treatment Services -***

The youth shall be oriented to LAMOD, the Youth Code of Conduct, and be prepared for involvement in the treatment process by utilizing motivational interviewing techniques to help the youth become ready for involvement in the treatment process with the goal of successful reintegration into society.

Pursuant to YS Policy No. B.2.3, within 24 hours of intake, staff shall invite the family to the initial IIP staffing to be held within seven (7) days of the youth's arrival at a secure care facility during the youth's initial phone call home. At that time staff shall advise the parent/guardian that they are the only people, other than YS, OJJ staff, who are invited to and allowed to attend the staffing. This activity shall be documented on a Weekly Contact Progress Note form in JETS, within five (5) working days.

The Initial Custody Classification form [see Attachment B.2.2 (f)] shall be completed by the case manager within forty-eight (48) hours of admission. The Severity of Offense Scale [see Attachment B.2.2 (e)] will be utilized to determine the severity of the offense when calculating the Initial Custody Classification. The "Facilities and Site Description" [see Attachment B.2.2 (g)] shall be used as a guide when determining population assignment. The case manager shall convene the initial staffing consisting of designated staff (dorm custody staff, Social Services staff, and other staff as applicable) who will review pertinent information regarding the youth. The initial IIP shall be signed by youth, case manager, dorm custody staff and any other staff identified by the case manager as significant to the youth making a positive adjustment.

As part of the secure care intake process, all youth shall sign a written notification that they have been advised of the initial staffing process, utilizing the "Notice of Case Staffing" form [see Attachment B.2.2 (a)]. If a youth refuses to sign, it shall be noted on the form and witnessed by a staff member. The form shall be filed in the youth's Master Record under Clip VIII.

The initial IIP is developed by the OJJ treatment staff and addresses social, behavioral, educational and vocational needs of the youth which is completed through a multi-disciplinary staffing. The IIP outlines the relevant problems and/or need areas of the youth, and identifies the activities necessary to guide achievement of the desired results of change. The IIP serves as a management tool for the Case Manager and an indication of the youth's progress in addressing relevant need areas.

The Child Find Survey shall be completed by the Youth Case Manager for each youth during the interdisciplinary/multidisciplinary staffing and submitted to the School Building Level Committee Chairperson for the school of enrollment. This survey will be used by the OJJ Alternative Schools to determine if the student will need to be referred for interventions or a special education evaluation [see Attachment B.2.2 (c)].

Having collected all the necessary information an initial IIP shall be developed and entered in JETS for all youth assigned to a secure care intake unit within 7 days. Orientation shall be listed as a "Need Area" on the updated IIP during intake.

Goals and objectives shall be specific to treatment services that are provided in the facility. Reintegration services are to be entered for each goal identified. The Case Manager shall go over the goals and objectives using terminology that the youth can understand, taking into consideration educational level and accommodations needed to help the youth successfully meet the goals/objectives of the treatment plan.

A maximum of three (3) "High" (especially critical) risk/need dynamic factors indicated on the SAVRY shall be identified as need areas on the IIP. If three (3) "High" risk/need areas are not indicated on the SAVRY, the "Moderate" need areas shall be included, as well as any needs identified on the MHTP's Psychological Evaluation.

The initial custody classification staffing shall be convened by the Case Manager and consist of the following designated staff:

1. Case Manager;
2. Facility Treatment Director or Social Services Supervisor;
3. Director of Treatment and Rehabilitation;
4. Education Representative;
5. CHP (Medical);



6. MHTP/QHTP;
7. Assigned PPO/J or PPS
8. The youth's parent/guardian;
9. The youth; and
10. Other staff identified by the Case Manager as significant to the youth making a positive adjustment

Reports from intake staff shall be reviewed when completing the youth's Initial Custody Classification form, and in making decisions about assignment. At the intake staffing, results of the Initial Custody Classification and the SAVRY shall be reviewed.

The appropriate housing assignment shall also be discussed. The IIP Summary of Staffing is to be completed. A hard copy of the signature page shall be filed in the youth's Master Record under Clip II.

The criteria for housing assignments shall include applicable risk factors based on initial custody level, age, gender, maturity, size, offense history, behavior and/or program participation, current offense, education, mental health history, SAVRY risk items that are rated as "high" or "critical", PREA or gang alerts, LGBTIQ or gender nonconforming indicators, and any special needs of the youth.

Finally, the case should be considered in light of any overrides before determining the appropriate recommendation of facility placement and custody level. All Initial Custody Classification and Reclassification forms determining custody level and final population assignment must be approved by the Facility Treatment Director and Deputy Director. In the absence of the Facility Treatment Director, the Director of Treatment and Rehabilitation will approve.

The intake unit social services supervisor is responsible for advising the Facility Director and the Director of Treatment and Rehabilitation of unusual or exceptional cases or recommendations (Refer to YS Policy B.2.3).

- B. The assigned Case Manager shall further develop the youth's IIP to address the specific needs of the youth within 7 days of receipt of the MHTP's Psychological Evaluation, if the evaluation identifies other need areas not indicated on the SAVRY assessment. The Case Manager shall conduct a thorough review of the youth's Master record, JETS, all assessments, observation of the youth's adjustment to the facility and staff, and parental contact prior to the development of the updated IIP. In some cases, appropriate care of the youth may dictate change in housing assignment or Case Manager to best effect rehabilitation.

Treatment needs shall be prioritized by the Case Manager based on a review of the record, recommendations of the assessments conducted during the intake process, results of the most recent SAVRY assessment or reassessment, and evaluations.

The IIP shall also be updated as follows:

1. Quarterly, **OR**
2. As staff become more familiar with the youth, **OR**
3. As other needs begin to surface that require immediate attention, **OR**
4. After each SAVRY reassessment and it is determined that dynamic SAVRY risk/need factors change as a result of identifying new needs or as needs are addressed with successful intervention.

All reviews and updates to the IIP shall also be documented on the Monthly Assessment of IIP Progress form and the IIP Summary form in JETS within five (5) working days. A new IIP form must be created quarterly at a minimum.

A Quarterly Staffing shall occur within 90 days from the intake date, unless otherwise warranted as noted above.

- C. A Physical Health Care Plan is developed by the CHP medical staff, and addresses chronic medical and dental problems that will require on-going care or unresolved acute problems that need to be addressed at the time of development of the IIP. The plan is entered into the youth's electronic health record (ERMA) by the CHP.
- D. A Mental Health Treatment Plan shall be established within 30 days following the completion of the Psychological Evaluation by the MHTP, addressing psychiatric and psychological needs of the youth. These are areas of concern typically associated with significant mental illness or emotional disturbance.

Additionally, any youth on psychotropic medication, regardless of the severity of the illness, shall have a Mental Health Treatment Plan completed by the MHTP in order to provide adequate and appropriate services for youth who have been identified in the Psychological Evaluation as either: (1) youth with an IQ below 68; (2) victims of sexual abuse or trauma; or (3) youth who have been identified as having a serious mental illness.

- E. For youth adjudicated to secure care as a result of the commission of a sexual offense or youth currently diagnosed with a sexual disorder, an IIP shall be designed and implemented through consultation with the Sex Offender Treatment Program (SOTP) Clinical Supervisor. For youth currently diagnosed with a substance abuse disorder or substance dependency disorder, an IIP shall be designed and implemented through consultation with the CHP.

All plans shall be completed unless the youth has no identified mental health or health needs, in which case the applicable plan should denote.

F. Placement Process

After the youth transfers to his assigned facility housing unit, his assigned Case Manager will update the IIP in the event the psychological results were not available to formulate the IIP during the intake process. Staff shall review all assessments, observation of the youth's adjustment to the facility and staff, and parental contact prior to making any update to the IIP. In some cases, appropriate care of the youth may dictate change in housing assignment or Case Manager to best effect rehabilitation. The Case Manager shall conduct a thorough review of the youth's Master Record and JETS record.

Once the youth has been transferred to the assigned housing unit, the following information shall be reviewed in the formulation of the updated IIP, if applicable:

1. Psychological Evaluation;
2. Medical History and Physical Assessment;
3. SAVRY need areas rated as "High" (and some "Moderate");
4. Updated IIP;
5. PREA alerts;
6. Gang alerts;
7. LGBTIQ or gender nonconforming status; and
5. Any other pertinent documentation available in the youth's Master and JETS records.

The Case Manager shall adhere to the following protocol:

1. The IIP shall be updated as follows:
  - I. Quarterly, **OR**
  - II. As staff become more familiar with the youth, **OR**
  - III. As other needs begin to surface that require immediate attention
2. Review the information and develop an updated IIP specific to the needs of each youth within seven (7) working days after the receipt of the MHTP's Psychological Evaluation. The updated IIP shall be entered in JETS within five (5) working days.
3. Treatment needs shall be prioritized by the Case Manager based on a review of the record, recommendations of the assessments conducted during the intake process, the initial custody classification form and the results of the most recent SAVRY assessment or reassessment. Goals and objectives shall be specific to treatment services that are provided in the facility.
4. After each SAVRY reassessment dynamic SAVRY risk/need factors can change as a result of identifying new needs or as needs are addressed with successful intervention.

5. Custody Reclassification Staffings shall occur within 90 days from the Initial Custody Classification completed during intake, unless otherwise warranted as noted above.
- G. The updated IIP is developed by the OJJ treatment staff and addresses social, behavioral, educational and vocational needs of the youth which is completed through a multi-disciplinary staffing. The case plan outlines the relevant problems and/or need areas of the youth, and identifies the activities necessary to guide achievement of the desired results of change. The case plan serves as a management tool for the Case Manager and an indication of the youth's progress in addressing relevant need areas.

A maximum of three (3) "High" (especially critical) risk/need dynamic factors indicated on the SAVRY shall be identified as need areas on the IIP. If three (3) "High" risk/need areas are not indicated on the SAVRY, the "Moderate" need areas shall be included, as well as any needs identified on the MHTP's Psychological Evaluation.

The Case Manager shall go over the goals and objectives using terminology that the youth can understand, taking into consideration educational level and accommodations needed to help the youth successfully meet the goals/objectives of the treatment plan.

A Physical Health Care Plan is developed by the CHP medical staff, and addresses chronic medical and dental problems that will require on-going care or unresolved acute problems that need to be addressed at the time of development of the ISRP. The plan is entered into the youth's electronic health record (ERMA) by the CHP.

A Mental Health Treatment Plan shall be established within 30 days following the completion of the Psychological Evaluation by the MHTP, addressing psychiatric and psychological needs of the youth. These are areas of concern typically associated with significant mental illness or emotional disturbance.

Additionally, any youth on psychotropic medication, regardless of the severity of the illness, shall have a Mental Health Treatment Plan completed by the MHTP in order to provide adequate and appropriate services for youth who have been identified in the Psychological Evaluation as either: (1) youth with an IQ below 70; (2) victims of sexual abuse or trauma; or (3) youth who have been identified as having a serious mental illness.

For youth adjudicated to secure care as a result of the commission of a sexual offense or youth currently diagnosed with a sexual disorder, an ISRP shall be designed and implemented through consultation with the Sex Offender Treatment Program (SOTP) Clinical Supervisor.

For youth currently diagnosed with a substance abuse disorder or substance dependency disorder, an IIP shall be designed and implemented through consultation with the CHP.

All plans shall be completed unless the youth has no identified mental health or health needs, in which case the applicable plan should denote N/A.

**VII. RECLASSIFICATION PROCESS:**

- A. In order to provide for the most appropriate secure care facility assignment and program involvement of each youth, cases shall be reviewed on a quarterly basis (no later than the last day of the third month following the previous custody classification), with subsequent staffings to follow a minimum of every 90 days.
- B. Quarterly reclassification staffings may also occur at any time based upon the youth's behavior or program participation. Each youth's behavior and progress should be reviewed during the Weekly Team Meeting to assess whether a Staffing should occur before the scheduled quarterly regional staffing. If a youth becomes eligible for an escorted absence pass, furlough, reassignment to non-secure program or an early release between quarterly reclassification staffings, a staffing shall occur at that time.
- C. Quarterly reclassification staffings shall be conducted in such a manner so as to eliminate the presence of any staff and particularly youth not directly related to the youth's case. Quarterly reclassification staffings shall be attended by the Case Manager and at least two other disciplines, to include:
  - 1. Facility Treatment Director or designee;
  - 2. Education representative (who shall bring the youth's progress from his teachers, or special education teacher if the youth is receiving SSD #1 services);
  - 3. A JJS supervising the youth in the youth's assigned housing unit, or a supervisor; and
  - 4. PPO/J or representative

If education or the JJS is not represented at the staffing, written comments or reports are required and shall be considered. These reports shall be filed in the youth's Master Record in the appropriate clip pursuant to YS Policy No. B.3.1.

In addition to the above, the Case Manager shall communicate with the CHP/MHTP prior to the staffing to insure there are no issues concerning the youth's treatment, compliance with medication, etc. Information gathered from this contact shall be shared by the Case Manager at the staffing and documented on a Weekly Contact Progress Note in JETS within five (5) working days of the staffing. CHP/MHTP staff is not required to attend quarterly reclassification staffings.

- D. Quarterly reclassification staffings shall help monitor the youth's progress, reveal any problem areas in need of attention, provide for discussion of Code of Conduct Violations received during the quarter, and discussion of interventions that can be utilized to change/alter the youth's behavior. However, if the youth is doing well the staffing does not imply that there must be a change in the youth's program.
- E. The youth and the parent/guardian shall be encouraged to attend the staffing and participate in the discussion. The youth shall be provided with sufficient "Notice of Reclassification Case Staffing" a minimum of 24 hours prior to the staffing. A copy of the notice shall be filed within five (5) working days in the youth's Master Record under Clip VIII.

The Case Manager shall also mail a letter of invitation to the parent/guardian two (2) weeks prior to the scheduled quarterly reclassification staffing, advising the parent/guardian that they are the only people, other than OJJ staff, who are invited to and allowed to attend the staffing(s). The mailing of this letter shall be documented on a Weekly Contact Progress Note form in JETS within five (5) working days, with a hard copy of the letter of invitation placed in the youth's Master Record under Clip VIII.

If the parent/guardian cannot attend the staffing, the Case Manager shall indicate the reason why on the IIP Summary of Staffing form in JETS within five (5) working days. If the parent/guardian cannot physically attend the staffing, participation may be provided by telephone or video conferencing, and must be documented as such.

- F. The "Custody Reclassification Form" [see Attachment B.2.2 (h)] shall be completed by the case manager during the quarterly classification process.
- G. The IIP Summary of Staffing form shall be utilized to document the staffing process to include any changes in goals, objectives, and release planning. A notation is to be made regarding program participation relative to the frequency, duration and involvement in objectives as defined in the IIP.
- H. A new IIP Summary of Staffing form shall be generated with signatures, dates and titles for each quarterly staffing. The completed IIP Summary of Staffing form must be entered in JETS, regardless of whether new goals or objectives are reflected, within five (5) working days, with a hard copy containing signatures filed in the youth's Master Record under Clip II.
- I. The quarterly staffing shall be used to develop the JETS quarterly secure care Progress Report that will be submitted to the court(s) of jurisdiction every quarter.

The staffing will be used to determine if a youth has met the guidelines for or should otherwise be considered for a recommendation for escorted absence, furlough, reassignment, release, or discharge from a secure setting. If a youth is not making progress the treatment team shall discuss strategies for addressing the impediments to progress, and shall modify the IIP accordingly in JETS within five (5) working days of the reclassification staffing.

Updates to progress reports may be required when the quarterly reclassification staffing is held 30 days or more prior to a youth's scheduled court hearing. Updates must be sent to the court, or PPO/J for delivery to the court, district attorney, youth's attorney and OJJ attorney no later than five (5) days prior to a scheduled hearing.

To ensure timely submission of the Progress Report within 14 days following the quarterly staffing, the Progress Report shall be completed and sent to the court and parties as follows:

1. Completed in JETS by the Case Manager within five (5) working days of the Quarterly Staffing;
2. Approved by the Facility Treatment Director/designee and the written report forwarded to the Facility Director/designee within two (2) working days from the date the completed report is entered into JETS;
3. Approved and signed by the Facility Director/designee within two (2) working days of approval of the Progress Report by the Facility Treatment Director; and
4. Transmitted at the same time to the court, or PPO/J for delivery to the court, district attorney, youth's attorney and OJJ attorney within 14 days following the staffing, but no later than seven (7) working days prior to a scheduled hearing.

Within seven (7) working days of recommending the youth's reassignment to a non-secure facility or early release, the Case Manager shall forward the following to the PPO/J and Regional Manager:

- a) Quarterly Progress Report (or two (2) if in secure care for six (6) months);
  - b) Completed IIP Summary of Staffing form;
  - c) Last MHTP's psychological evaluation and monthly psychiatric report;
  - d) Education reports;
  - e) Certificates of completion earned;
  - f) Copy of the home evaluation completed by CBS
- 5. If the youth is being recommended for early release the Case Manager shall also forward the information to Central Office Legal Services requesting a Motion for Modification of Disposition be filed.**

- J. Approval and authorization of the quarterly reclassification staffing shall be conducted in the context of public safety, safety of staff and youth, and the youth's growth and development. The treatment team, the Facility Treatment Director and Facility Director shall take into account the SAVRY summary risk rating and the individual risk items that are rated "high" when making final decisions on the youth's custody level. The custody reclassification form shall be reviewed and approved by the case manager's supervisor.

The Case Manager and the Supervisor are responsible for advising the Facility Treatment Director of unusual or exceptional cases or recommendations.

- K. Overrides of the Custody Reclassification Form must be reviewed and approved by the Facility Director.
- L. At the conclusion of each quarterly reclassification staffing and subsequent staffing, the custody reclassification form shall be entered into JETS. The youth may upon request have access to the staffing documents and the IIP pursuant to YS Policy No. B.3.2.
- M. Three (3) months/quarterly following intake, and subsequently every three (3) months/quarter thereafter while a youth is in a secure care facility, an updated photo of the youth shall be taken during the quarterly reclassification staffing. The updated photo shall be forwarded to the main Control Center, and the CHP.

Photos taken during the quarterly reclassification staffing process shall be documented on a Weekly Contact Progress Note in JETS, with a copy of the photo placed in the youth's Master Record under Clip VIII immediately following the staffing process.

#### **VIII. PROVISION OF SERVICES TO YOUTH:**

- A. Types of counseling services available to youth are as follows:
  - 1. Individual Counseling - one-on-one direct therapeutic intervention by the Case Manager addressing core need areas identified per the IIP or other problem area as stipulated below.

It shall also be regular and routine practice for the Case Manager to have an individual counseling session with a youth promptly when one of the following events occurs:

- a. The youth is in danger of having their custody level increased due to an increased number of Code of Conduct Violations;
- b. The court denies the youth an early release;
- c. The facility either removes the youth from the short-term program or extends the youth's time in the program;
- d. Any significant or unusual incidents or issues, (i.e. PREA, LGBTIQ, family emergency);



These counseling sessions shall be designed to help the youth develop concrete strategies for dealing with the problem(s). These individual counseling sessions can occur at the time of the youth's regular weekly individual counseling sessions with the Case Manager.

Individual one-on-one counseling contacts shall occur once (1x) per week for a minimum of 30 minutes and shall occur in a private designated counseling area. During this time, the Case Manager shall address all need areas in the youth's IIP, continue monitoring the youth per the IIP, and address any other issues or concerns. The individual counseling sessions shall be documented on the Weekly Contact Progress Note using the Data, Assessment, Goal, and Plan (DAGP) format, and entered in JETS within five (5) working days of contact. All Weekly Progress Contact Note entries shall reflect the date and time (a.m./p.m.) with the Case Manager's full name and title.

2. Group Counseling - consists of therapeutic interventions by the Case Manager with a group of youth to solve a common problem (i.e., anger management, substance abuse, etc.). Group counseling contacts shall occur a minimum of two (2) times per week, for a minimum of 50 minutes in duration. Need areas in the youths' IIP shall also be addressed in group.

Social Skills – consists of social skills groups conducted by the Group Leader with youth. Social skills groups shall occur a minimum of three (3) times per week, for a minimum of 50 minutes in duration.

All groups shall be documented on the Weekly Group Assessment Form and reflect the date, time, topic, facilitators name and title, type of group, and the location where the group was conducted within five (5) working days. All Weekly Group Assessment Forms shall be individualized based on the youth's level of participation/progress in the process. The "Group Sign-In" form [see Attachment B.2.2(b)] shall also be completed for each group.

3. Crisis Counseling - a type of brief treatment for a youth in which the Case Manager assists with an immediate problem (i.e., trauma due to abuse, recent fight or suicidal ideation or attempt). This type of counseling is to occur as needed in addition to or during the weekly individual counseling session.
4. Family Counseling - counseling with family or parents/guardians to update them on the progress of the youth, discussing dynamics between their relationships with the youth, and conducting family reintegration meetings which may involve guidance on appropriate parental management upon the youth's release. Family Counseling conducted by the youth's Case Manager should occur at least once (1x) a month or more as needed for a minimum of 30 minutes.

This type of counseling may occur telephonically, by videoconference or in person after quarterly reclassification staffings and visits. Those youths who have a "High" risk rating for poor parental management should be receiving family counseling sessions as one of the need areas being addressed on their IIP. Family counseling sessions should be documented on the Weekly Contact Progress Note in JETS within five (5) working days of the contact, and reflect the date, time, and "Parental Management" or "Family Reintegration" as the topic.

- B. The primary Case Manager is the key facility staff member who ensures that the youth under their charge receives the services necessary to meet his/her unique needs. The primary Case Manager is also responsible for gathering data from various services/disciplines and assimilating these services and information into an appropriate IIP that will help to guide the youth's successful re-entry into the community. An assessment of the youth's progress toward meeting the individual IIP goals shall be done monthly and documented on the Monthly Assessment of IIP Progress form in JETS. This information shall be used when the multidisciplinary treatment team meets quarterly to conduct the staffing. A hard copy of the Monthly Assessment of IIP Progress with signatures shall be filed in the youth's Master Record under Clip II.
- C. The Case Manager and Supervisor should be in continuous communication to discuss the youth's case, including the intervention style used by the Case Manager and the need for a special staffing, etc.
- D. Pertinent informal contacts involving family issues, educational concerns, medical issues, reports of alleged abuse, PREA, LGBTIQ, and emotional distress shall also be documented on a Weekly Contact Progress Note in JETS within five (5) working days of contact.
- E. All contacts with family members during weekend or special visitation shall be documented on the Visitation - Family Contact Progress Note in JETS within five (5) working days of contact by the Case Manager working visitation at the time of contact. This form is primarily used by the Case Manager on weekend visitation duty to take note of specific family concerns and follow up needed by the youth's assigned Case Manager.

If a youth does not receive visits, a form shall be completed in JETS on a quarterly basis by the youth's assigned Case Manager prior to the quarterly staffing denoting the lack of visits. (Refer to YS Policy No. C.2.8)

- F. Difficult Case Staffings may be conducted outside of the regularly scheduled quarterly reclassification staffings if there are immediate concerns about a youth. Issues that may prompt the scheduling of a difficult case staffing would consist of medical, mental health or behavioral issues that have caused the youth to have difficulty functioning in general population or have caused safety concerns.

The multi-disciplinary treatment team shall meet to develop a future plan for the youth to best meet his needs and assign specific staff to monitor and enforce the treatment plan. A specific behavior plan shall be developed for youth with mental health or behavioral issues that are preventing the youth from progressing in treatment or are causing disruptions to programming. The plan shall be developed by the youth's assigned Case Manager and approved by the Case Manager Supervisor within five (5) days of the staffing.

**IX. Intellectual Developmental DISORDER (IDD) YOUTH INITIAL / QUARTERLY RECLASSIFICATION STAFFING / PROVISION OF SERVICES:**

Unless otherwise noted, the below seven (7) day review will be conducted at the youth's receiving facility if not conducted at intake. All other processes outlined throughout this policy shall be adhered to.

**A. Seven (7) Day Staffing Review**

1. Upon receipt of the MHTP's Psychological Evaluation advising of a special needs youth, the assigned Case Manager shall schedule and conduct a seven (7) day staffing review to develop the initial IIP and the Unified Behavior Plan (UBP) in JETS. The UBP shall be reviewed with the youth by the assigned Case Manager within 48 hours of the staffing.

The UBP shall be entered in JETS within five (5) working days of the staffing, and a copy with signatures placed in the youth's Master Record in Clip II.

2. The seven (7) day staffing shall be conducted in such a manner so as to eliminate the presence of other staff not directly related to the youth's case. The staffing shall be attended by the Case Manager, and the following staff:
  - a. Group Leader;\*\*
  - b. A JJS from the youth's assigned housing unit or a Supervisor;\*\*
  - c. SSD#1 / Education / School Psychologist staff;\*\*
  - d. MHTP;\*\*
  - e. CHP medical staff for youth on the Chronic Medical List;\*\*
  - f. Youth
  - g. Youth's assigned Mentor;
  - h. Parent/Guardian, if possible; and
  - i. Assigned PPO/J/designee

**(\*\*presence of this individual is required\*\*)**

3. Prior to the seven (7) day staffing:

A minimum of 24 hours prior to the staffing, the Case Manager shall conduct a brief interview with the youth utilizing the "Brief Youth Interview Form" in JETS to determine self-reported triggers and interventions that have worked in the past. The form shall be entered in JETS within five (5) working days of the youth contact.

4. The following information shall be reviewed in the formulation of the updated IIP and the UBP:
  - a. MHTP's Psychological Evaluation;
  - b. Initial SAVRY summary risk rating;
  - c. Individualized Education Plan (IEP);
  - d. Brief Youth Interview form;
  - e. CHP Medical/Mental Health information;
  - f. Other staff observations;
  - g. Parent/Guardian; and
  - h. Assigned PPO/J/designee input
5. On the date of receipt of the MHTP's Psychological Evaluation, the Case Manager shall notify the youth's parent/guardian by telephone to inform them of the Initial Classification Staffing to occur in seven (7) days.
6. Within 48 hours following the Initial Classification Staffing the Case Manager shall review the UBP with the youth and document such on a Weekly Contract Progress Note in JETS.
7. Within three (3) working days of the initial seven (7) day staffing, the Case Manager shall enter the updated IIP and UBP in JETS. A copy of the IIP Summary of Staffing form with signatures shall be placed in the youth's Master Record in Clip II.
8. Within seven (7) working days of the initial seven (7) day staffing, a copy of the UBP shall be distributed to the following:
  - a. Youth's Master Record (with signatures);
  - b. JJS assigned to the youth's housing unit for placement in the Behavior and Accommodations Binder (BAB);
  - c. School personnel; and
  - d. CHP's assessment record

**B. 30-Day Staffing Process**

1. All youth designated as IDD shall be staffed every 30 days following the initial seven (7) day staffing.
2. At each 30 day staffing the Brief Youth Interview Form and the UBP shall be generated following the guidelines established above.

**C. 30-Day Review Process**

For those youth with an IDD designation, a Review shall occur in conjunction with the 30-day staffing to insure that if any updates are needed to the IIP, UBP or accommodations, they are noted at that time. Updates to the IIP and UPB shall be noted in JETS within five (5) working days of the Review.

**D. Individual Counseling Sessions**

1. For youth who are classified as IDD, the Case Manager shall meet with the youth a minimum of two (2) times per week for an individual counseling session.
2. Special accommodations shall be put in place to address the needs of these youth, including the use of the following tools: a) therapeutic manipulatives; b) journaling; c) art work; and d) educational support services.
3. Case Managers and Supervisors shall meet twice (2x) per month to review the youth's progress. Documentation of the meeting shall be entered on the Weekly Contact Progress Note form in JETS within five (5) working days. The hard copy with signatures shall be placed in the youth's Master Record in Clip II.

**E. Programming**

Due to this special need population's propensity toward poor impulse control, all IDD youth shall be engaged in Anger Management Group with their assigned Case Manager. These Groups shall be documented on the Weekly Group Assessment Form in JETS within five (5) working days.

**F. Inter-agency Transfers**

In the event a youth designated as IDD requires transfer to another secure care facility, an audio, video or telephone staffing conference shall be held between the sending and receiving facility to review and discuss the youth's UBP. The staffing conference shall be documented on a Weekly Contact Progress Note in JETS within five (5) working days of the conference.

**X. Reintegration:**

- A. On the IIP, IIP Summary of Staffing, and Progress Report always include where the youth can receive services in the community to address his needs. In the staffing that recommends release/step down or the last staffing before a youth full terms, Reintegration and Relapse Prevention shall be finalized and included on all three forms. The case manager is to work with the PPO/J to determine services in the community.
- B. Release certificates shall not be signed without a completed IIP Summary of Staffing attached.
- C. Court Dates / Early Release Notifications / Full-Term Dates
  - 1. For youth who have scheduled court dates, the Case Manager shall bring a copy of the finalized IIP Summary of Staffing to the hearing in case the youth is released from court.

This shall require preplanning on the part of the Case Manager in terms of identifying resources, with support from the appropriate CBS Regional Office for identified need area(s) that require follow-up in the community. A copy of the IIP Summary of Staffing shall be given to the youth at court, and a copy provided to the parent/guardian within seven (7) days of release. A hard copy of the signature page shall be filed in the youth's Master Record under Clip II.

- 2. When youth are released on their full-term date or the facility receives prior notification of release, a copy of the final IIP Summary of Staffing shall be provided to the youth and parent/guardian on the date of release, and the hard copy signature page shall be filed in the youth's Master Record under Clip II.

**XI. INTER-DISCIPLINARY TRANSFERS:**

- A. A multidisciplinary treatment team staffing shall convene prior to a youth's transfer from one facility to another. The assigned Case Manager is responsible for arranging the staffing. The committee shall meet to consider whether the youth's treatment, mental health needs, rehabilitation and education taken as a whole would be better served at another facility in a specialized unit, or for another specified purpose (i.e., regionalization or protection). The committee shall consist of representatives from the following areas/disciplines:
  - 1. Assigned Case Manager or qualified representative;
  - 2. Group Leader, if available;
  - 3. CHP/MHTP;
  - 4. Current teacher if youth is in school (SSD representative, if applicable), or written school report;

5. A JJS from youth's current housing assignment, if available;
  6. Deputy Director of Treatment;
  7. Facility Treatment Director;
  8. Director of Treatment and Rehabilitation (only applicable for specialized treatment transfers);
  9. Assigned PPO/J/designee;
  10. Parent/guardian;
  11. Youth (if safety is not an issue); and
  12. Other service providers identified in the youth's treatment plan as available.
- B. The Facility Treatment Director shall take part in staffings which involve the transfer of a youth into a specialized treatment unit; (i.e., JUMP, MHTU, TTU).

If a consensus is not reached, the Facility Treatment Director of the requesting facility shall forward the information to the Facility Directors' for their review and discussion.

The Facility Treatment Director will complete the "Transfer Request Form" [attachment B.2.2 (i)] and submit to the Facility Directors for review.

The "Transfer Request Form" will be forwarded to the Youth Facilities Director - Statewide by the requesting Facility Director for review and a final decision.

- C. When a youth transfer occurs, the multidisciplinary treatment team shall explain the reasons for the transfer on the IIP Summary of Staffing within three (3) working days.
- D. In emergency situations, a youth may be transferred to another facility without prior approval from the multidisciplinary treatment team. Exigent circumstances exist when there is a substantial threat to the safety of the youth or others or the security of the facility.

In these circumstances, emergency transfers shall have the Youth Facilities Director - Statewide's approval. The multidisciplinary treatment team shall convene and review such transfers within 48 hours (excluding weekends and holidays) of the transfer. The sending facility shall complete the "Transfer Request Form" within 48 hours (excluding weekends and holidays) and forward to the receiving facility for review during the multidisciplinary treatment team meeting.

- E. The youth's Case Manager shall complete the "Transfer Letter to Judge" and "Parental Notification of Transfer" in JETS and send to the youth's judge of jurisdiction, and his family/legal guardian within 48 hours of transfer to another secure facility (excluding weekends/holidays).

- F. During the next quarterly reclassification staffing of an inter-disciplinary transfer youth, the previously assigned Case Manager from the sending facility must participate in the staffing with the multidisciplinary treatment team of the receiving facility telephonically, if the youth was at the sending facility for at least six (6) weeks out of the quarter, to provide important information about the youth's progress while at their facility.
- G. The IIP Summary Staffing is to be completed for the transfer staffing. On the top of the form "Special Review" should be marked and the reason "Transfer" written below. Documentation should include reasons why the transfer should occur, anticipated date of transfer, and who approved the transfer.

**XV. QUALITY ASSURANCE:**

The process of monitoring the rehabilitation process is an extremely important part of YS. It is a method that enhances a Supervisors' ability to supervise and assist Case Managers / Social Services Supervisors in their role of helping youth. It also serves as a tool to assist administrators in the planning and decision making process. The quality assurance evaluation process shall not be left to chance or omitted. The Facility

Treatment Director is ultimately responsible for ensuring that all required monitoring reviews as outlined below are being conducted in a timely manner.

- A. The Facility Director is responsible for ensuring that staff identify the collective service needs of the youth population on an annual basis during the month of December. The annual report shall be submitted to the Facility Director from the Facility Treatment Director. The Facility Director shall in turn forward a copy of the annual report to the Youth Facilities Director - Statewide and Deputy Assistant Secretary simultaneously upon receipt.
- B. Youth Records – Social Services Supervisors shall be responsible for conducting random quality assurance reviews of a minimum of three (3) cases per week of the JETS and Master Records of Case Manager's under their supervision. Case reviews shall consist of one (1) youth assigned to a specialized unit and one (1) IDD youth, if applicable. The purpose of the review is to ensure that need areas identified on the IIP are being addressed, to assess the quality of services being provided to the youth by the assigned Case Manager, to ensure required signatures are documented, and to ensure that the Master Record follows the established guidelines of YS Policy B.3.1.
- C. Youth Records - Facility Treatment Directors shall be responsible for conducting a random quality assurance review of a minimum of five (5) cases per month, ensuring that their selections include cases from all Case Managers under their supervision, and that case reviews consist of IDD youth and youth assigned to a specialized treatment unit, if applicable.



- D. Staffings - It is the Facility Treatment Directors' responsibility to ensure that all staffings occur according to policy.
- E. Group Counseling – Social Services Supervisors shall conduct random monthly quality assurance reviews of a minimum of two (2) groups per month in process on their assigned housing unit.

Social Skills Group – LAMOD Coordinators shall conduct random monthly quality assurance reviews of a minimum of one (1) social skills group per month in each housing unit.

The review shall be documented on the Quality Assurance Group Observation form.

- F. Group Counseling – The Facility Treatment Director shall co-facilitate a minimum of one (1) group per month in a specialized unit / group to include the following:
  - 1. Clinic Based Substance Abuse Groups (BCCY/SCY/SCYC);
  - 2. Dorm Based Sex Offender Program Groups (BCCY);
  - 3. Clinic Based Sex Offender Groups (SCY); and
  - 4. Transitional Treatment Unit (TTU) (BCCY-WF)
- G. Group Counseling – The Central Office Sex Offender Treatment Program (SOTP) Clinical Supervisor/designee shall monitor one (1) required group per month of the following:
  - 1. Dorm Based Sex Offender Program Groups (BCCY); and
  - 2. Clinic Based Sex Offender Groups (BCCY/SCY)
- H. Group Counseling – The CHP Mental Health Director shall monitor one (1) required group per month of the following:
  - 1. Mental Health Transitional Unit (SCY-MHTU); and
  - 2. Transitional Mental Health Unit (SCY-TMHU)
- I. The quality assurance tools authorized by Central Office shall be utilized to conduct the required Case Record and Group Counseling reviews noted above. The tools can be accessed through OJJ Share Point by logging on to <http://oydcosps/default.aspx>, and choosing the CQIS tab.
- J. Copies of all completed monitoring tools noted above shall be forwarded to the Director of Treatment and Rehabilitation every Monday by noon. The completed tools shall be utilized by Central Office during quarterly treatment reviews at the secure care facilities to check for accountability and accuracy of the internal audits.

## **YS Policy No. B.2.2**

**Page 26**

**Previous Regulation/Policy Number:** B.2.2

**Previous Effective Date:** 02/01/2022

**Attachments/References:**

- B.2.2 (a) Notice of Staffing June 2015.docx
- B.2.2 (b) Group Sign-In Form April 2019.doc
- B.2.2 (c) Child Find Survey February 2022.docx
- B.2.2 (d) Needs Assessment August 2022.pdf
- B.2.2 (e) Severity of Offense Scale August 2022.docx
- B.2.2 (f) Initial Custody Classification August 2022.docx
- B.2.2 (g) Facilities and Site Description August 2022.docx
- B.2.2 (h) Custody Reclassification with Instructions August 2022.docx
- B.2.2 (i) Transfer Request Form August 2022.docx

**NOTICE OF INITIAL /RECLASSIFICATION  
CASE STAFFING**

**YOUTH'S NAME:** \_\_\_\_\_

**CLIENT ID #:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

This is to acknowledge that I have been made aware of and invited to participate in my case staffing schedule for:

_____	at	_____
Date & Time of Case Staffing		Facility

_____	_____
Youth's Signature	Date

_____	_____
Witness	Date

Note: Date of notification must be 24 HOURS prior to the date the staffing is scheduled.

File: Master Record - Clip II

## GROUP SIGN-IN FORM

**Date** \_\_\_\_\_

**Group** \_\_\_\_\_

**Topic** \_\_\_\_\_

**Facilitator** \_\_\_\_\_

(Signature/Title)

**Co-facilitator** \_\_\_\_\_

(Signature/Title)

\_\_\_\_\_

(Signature/Title)

\_\_\_\_\_

(Signature/Title)

\_\_\_\_\_

(Signature/Title)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

11. \_\_\_\_\_

12. \_\_\_\_\_

13. \_\_\_\_\_

14. \_\_\_\_\_

## Child Find Survey

**Child's Name:**

 \_\_\_\_\_  
 (First Name)

 \_\_\_\_\_  
 (Last Name)

**Gender/Sex:**
**Age:**
**Date of Birth:**
**Grade:**

 \_\_\_\_\_  
 MM/DD/YYYY

**Current School:**
**Parent/Guardian:**

 \_\_\_\_\_  
 (First Name)

 \_\_\_\_\_  
 (Last Name)

**Relationship:**
**Street Address:**

 \_\_\_\_\_  
 Apt/Unit:

**City/ State:**
**Zip Code:**
**Email Address:**
**Home Phone:**
**Work Phone:**
**Cell Phone:**
**Other:**
**Homeless:** Y/N

**Migrant:** Y/N

**Name of person completing  
the form:**
**Agency (if applicable):**
**Referral Reason:**  
 (Check all that apply)

☐ **REFERRAL NOT NEEDED**
☐ Academic/Learning

☐ Vision

☐ Speech

☐ Behavior

☐ Hearing

☐ Gifted

☐ Medical

☐ Other: \_\_\_\_\_

**Has the child  
received Special  
Education  
Services in  
Louisiana or  
another state?**

Yes or No

If yes by whom?

**Primary Language:** \_\_\_\_\_

**Has the child been previously  
evaluated by any school district in  
the State of Louisiana?**

Yes or No

If yes by whom?

Referral Date \_\_\_\_\_ Date Received \_\_\_\_\_

## Instructions for Completing Needs Assessment

### **Instructions for completing Needs Form:**

- The individual responsible for completing a needs assessment should:
  - 1) Fill in all the information requested at the top of the form completely and accurately.
  - 2) Score the juvenile on each needs factor, using the definitions on pages 3-4 through 3-12 of this manual. Use of the structured interview provided for you in Chapter 5 will further assist in answering the required needs factors more accurately.
  - 3) Add the scores on each factor and record the total in the Needs Score box.
  - 4) Identify salient needs areas to address with treatment interventions.
  - 5) **Refer to the Risk Assessment form to record and identify any services that were provided.**
- The total score generated from a Needs Assessment only provides a global index of need. Most importantly, users should use the scores on individual needs FACTORS to identify treatment needs. For example, if a youth scores 3 = Failing on the Academic Performance needs variable, Tutoring may be a viable treatment option to address this needs area.
- Whenever the Needs definitions do not describe the juvenile's exact circumstances, the definition that fits most closely should be chosen.

JINENILE NAME _____ JINENILEID _____	
JINENILE DATE OF BIRTH     /     /     SEX:     M     F     SS# _____ - _____	
JINENILE ACTIVE CASE ID _____	

  

<p><b><u>Behavior Problems</u></b>          No significant behavior problem .....-1          Moderate behavior problem ..... 2          Severe behavior problem ..... 4</p> <p><b><u>Attitude</u></b>          Motivated to change/accepts responsibility ..... 0          Generally uncooperative, defensive, not motivated to change ..... 1          Very negative attitude, defiant, and resistant to change..... 3</p> <p><b><u>Interpersonal Skills</u></b>          Good interpersonal skills .....-1          Moderately impaired interpersonal skills ..... 1          Severely impaired interpersonal skills ..... 2</p> <p><b><u>Peer Relationships</u></b>          Neutral influence ..... 0          Negative influence..... 1          Strong negative influence ..... 2</p> <p><b><u>History of Child Abuse or Neglect</u></b>          No prior child abuse or neglect ..... 0          Prior abuse and neglect..... 1</p> <p><b><u>Mental Health</u></b>          (see DSM-IV diagnosis)          No mental health disorder ..... 0          Mental health disorder with treatment..... 2          Mental health disorder with no treatment..... 4</p> <p><b><u>Substance Abuse</u></b>          No apparent problem ..... 0          Moderate alcohol and/or drug abuse problem ..... 1          Severe alcohol and/or drug problem/dependence..... 2</p> <p><b><u>School Attendance/Disciplinary</u></b>          No or only minor problems.....-1          Moderate problems .....0          Severe problems ..... 1</p>	<p><b><u>Academic Performance</u></b>          Passing without difficulty .....0          Functioning below average.....1          Failing .....3          (If subject is 16 and not emolled in school, score as 0)</p> <p><b><u>Learning Disorder</u></b>          (see DSM-IV diagnosis)          No diagnosed learning disorder .....0          Diagnosed learning disorder .....1</p> <p><b><u>Employment</u></b>          Full-time employment.....0          Part-time employment..... 1          Unemployed.....2          Not Applicable ..... 0          (Score only if subject is 16 and not emolled full-time in school, vocational training, or other education program.)</p> <p><b><u>Juvenile's Parental Responsibility</u></b>          No children .....0          One child..... 1          Two children .....2          Three or more children ..... 3</p> <p><b><u>Health/Handicaps</u></b>          No health problems or physical handicaps .....0          No health problems/handicaps but limited access to health care .....1          Mild physical handicap or medical condition.....2          Pregnancy.....3          Serious physical handicap or medical condition.....5</p> <p><b><u>Parental Management Style</u></b>          Effective management style.....0          Moderately ineffective management style.....1          Severely ineffective management style.....2</p> <p><b><u>Parental Mental Health</u></b>          (see DSM-IV diagnoses)          No parental history of mental health disorder.....0          Parental history of mental health disorder ..... 1</p>	<p><b><u>Parental Substance Abuse</u></b>          No parental substance abuse ..... 0          Parental substance abuse ..... 1</p> <p><b><u>Social Support System</u></b>          Strong support system ..... -2          Limited support system, with one positive role model ..... 0          Weak support system; no positive role models ..... 1          Strong negative or criminal influence .. 3</p> <p><b>TOTAL NEEDS SCORE:</b>          _____          _____</p> <p>Initials: _____</p> <p><b>Check all the services you used:</b> These should be added as services within JIS</p> <p style="text-align: center;">None</p> <p>Prevention &amp; Education Programs</p> <p style="padding-left: 40px;"> <input type="checkbox"/> G.E.D. classes  <input type="checkbox"/> Tutoring  <input type="checkbox"/> Mentoring  <input type="checkbox"/> Vocational training  <input type="checkbox"/> Shoplifters' program  <input type="checkbox"/> Drug &amp; alcohol awareness programs         </p> <p>Intervention Programs</p> <p style="padding-left: 40px;"> <input type="checkbox"/> Family counseling  <input type="checkbox"/> Individual counseling  <input type="checkbox"/> Substance abuse groups  <input type="checkbox"/> Sex offender programs              .. Other: _____         </p> <p><b>Custody to:</b>          Division of Family Services              Residential              Foster Care</p> <p><b>Services from:</b>          Department of Mental Health              Residential              In-home Services              Other: _____</p>
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## Definitions for Needs Factors

### **Behavior Problems:**

Choose the following description that best characterizes subject's overall behavior pattern. All components of the description need not be present, however.

**No significant behavior problem** = Subject has no significant behavior problems at home or school.

**Moderate behavior problem**= Subject has moderate behavior problems that have caused disruption and resulted in disciplinary action at home or school. Problem behaviors include isolated incidents of fighting, lying, defiance, remaining away from home without permission, and/or avoidance of assigned responsibilities.

**Severe behavior problem**= Subject has severe behavior problems that have caused disruption and resulted in disciplinary action at home or school, and referrals to the Court. Behavior include persistent fighting, lying, defiance and/or avoidance of responsibility for the past **six months or longer**; or one or more incidents of the use of a weapon, fire-setting, sexual abuse, cruelty to animals, or self-destructive behavior, such as mutilating one's self, or suicide attempts.



**Attitude:** **Motivated to change/accepts responsibility=** Subject demonstrates healthy patterns of pro-social thinking demonstrated by appropriate respect for the law and an understanding of the negative consequences associated with law violations. Subject shows an acceptance of conventional institutions such as government, business, family, schools and work, and an appreciation of normative values such as honesty, integrity, and respect for others feelings and property. Subject does not make excuses for behavior, blame the legal system or victims, or display a tendency toward irresponsible behavior. Subject is sensitive to the needs, feelings, and perspectives of others. Subject demonstrates flexible thinking, good problem solving skills, an inherent trust of others, and the ability to manage anger.

**Generally uncooperative, defiant, not motivated to change=** Subject displays moderate pattern of antisocial thinking demonstrated by a disrespect for the law and a lack of understanding that law violations deserve negative consequences. Subject rationalizes law violations and incidences of blaming the victim or society in general and accepts a criminal lifestyle and the values associated with it. Subject rejects conventional institutions. Subject has little capacity for self-monitoring and evaluating personal standards against social norms. Subject shows little sensitivity to the needs, feelings, and perspectives of others.

**Very negative attitude, defiant, and resistant to change =** Subject demonstrates extreme pattern of antisocial thinking such as total disrespect for the law and has no concept of the need for law violations to have consequences. Subject rationalizes law violations, blames victim or society for situation, and feels that the system is "out to get them." Subject holds extreme antisocial attitudes as measured by a high degree of hostility, dishonesty, and rejection of societal norms and institutions. Displays extreme forms of character deficits such as manipulation, selfishness, egocentricity, callousness, impulsiveness, lack of remorse, and an inability to learn from experience. Displays total disregard for others feelings, their opinions, and their individual rights or rights to property. Subject has no constructive problem solving skills, cannot form trusting relationships and has difficulty controlling anger.

**Interpersonal Skills:**

Choose the following description that best characterizes subject's overall interpersonal skills. All components of the description need not be present, however

**Good interpersonal skills** = Subject has developed competencies necessary to initiate, maintain, and terminate interpersonal relationships, including the ability to appropriately disclose personal thoughts and feelings, offer emotional support to others, disagree with others, and cope with interpersonal conflict.

**Moderately impaired interpersonal skills** = Subject has moderate difficulty forming, maintaining, and terminating interpersonal relationships. There are deficits in subject's ability to appropriately disclose personal thoughts and feelings, offer emotional support to others, disagree with others, and cope with interpersonal conflict. Interpersonal relationships tend to be either superficial or over-idealized.

**Severely impaired interpersonal skills** = Subject demonstrates obvious difficulty in forming and maintaining constructive interpersonal relationships. Subject's interpersonal style is abusive or exploitive in nature, or subject is overly naïve and reclusive, and therefore an easy target for manipulation.

**Peer Relationships:**

Choose the following description that best characterizes subject's primary peer group. All components of the description need not be present, however. Consider behavior in the past 12 months as of primary importance when scoring this item.

**Neutral influence**= No member of the subject's primary peer group has been referred to the Court, or, if the current referral involves peers, these youths have no history of prior referrals. Persons with whom subject socializes, and dating partners, are age-appropriate and engage in constructive organized social activities, or informal activities that reflect healthy, pro-social interests. Parents generally approve of subjects' peer group.

**Negative influence**= Peers negatively influence subject's behavior, contributing to subject staying out late at night, intermittent alcohol and/or drug abuse, disobedience etc., but there is no evidence of gang related activities. Some members of primary peer group have been referred to the Court. Current referral may involve peers who have had previous court contact. Persons with whom subject socializes, and dating partners, may not be age-appropriate, either several years younger or older. Parents express disapproval of peers. Or, the subject is a loner and has not formed and maintained relationships with peers.

**Strong negative influence** = Primary peer group is heavily delinquent and members have had frequent court contacts. Gang related activities (**street socialization, carrying weapons, serious pattern of substance abuse, and/or drug distribution/trafficking, family members in gang, violence related to defense of neighborhood "turf"**) among peer group members are probable.

**History of Child Abuse or Neglect:**

\*If educational neglect was modified to a uancy referral, do not consider as evidence of history of abuse/neglect.

**No history of child abuse or neglect=** There is **no** official record at the Division of Family Services with a finding of Probable Cause indicating the subject has been physically or sexually abused or neglected by a parent or caretaker, **and** there have been **no** petitions filed in the juvenile or family court for physical abuse, sexual abuse, neglect or educational neglect\* in which subject was the victim.

**Prior child abuse and/or neglect=** There **is** an official record at the Division of Family Services with a finding of Probable Cause indicating that subject **has** been physically or sexually abused or neglected by a parent or caretaker. Or, there have been petitions filed in the juvenile or family court for physical abuse, sexual abuse, neglect or educational neglect\* in which subject was the victim. **A petition that is filed but dismissed without prejudice is sufficient to represent a history of abuse or neglect.**

**Mental Health:**

(See DSM-IV diagnoses **excluded** from scoring of this item on page 3-13)

**No mental health disorder=** Subject has not been diagnosed by a mental health professional as having a mental disorder.

**Mental health disorder with treatment=** Subject has been diagnosed by a mental health professional as having a mental health disorder, including attention-deficit hyperactivity disorder (**excludes learning disorders, conduct disorder, or chemical dependency**), but has been successfully discharged from inpatient mental health treatment, and/or is currently participating in and cooperating with outpatient treatment.

**Mental health disorder with no treatment=** Subject has been diagnosed by a mental health professional as having a mental disorder, including attention-deficit hyperactivity disorder (**excludes learning disabilities, conduct disorder, or chemical dependency**), but has not received mental health treatment, or has received treatment, but is non-compliant with treatment recommendations.

**Substance Abuse:**

Choose the following description that best characterizes the subject's overall pattern of substance use. All components of the description need not be present, however. Consider behavior in the past 12 months as of primary importance when scoring this item.

**No alcohol or drug problem** = There is **no** parental suspicion or reliable physical evidence that drugs or alcohol abuse a problem. Relationship with parents is not strained over the issue of drug or alcohol abuse. There are no court referrals involving substance abuse, possession, or distribution. There has been no disciplinary action taken by school authorities related to substance abuse, possession, or distribution.

**Moderate alcohol and/or drug abuse problem**= Subject is engaged in intermittent abuse or there is strong parental suspicion of substance abuse based on reliable physical evidence (**alcohol on breath, dilated/constricted pupils, smell and/or residue of drug on person or personal property, slurred speech, staggering, possession of drug paraphernalia, etc.**) that drug and alcohol abuse is a problem. There is tension in relationship with parents over the issue of substance abuse. There may have been a referral to the Court for substance abuse, possession or distribution, but not more than one. Subject may have been disciplined by school authorities for substance abuse or possession, but on not more than one occasion. Subject may have been diagnosed with an alcohol or drug problem, but is currently undergoing successful treatment and is abstinent.

**Severe alcohol and/or drug problem/dependence**= Subject has developed a pattern of regular abuse that is affecting social, familial, and/or school functioning. There is a history of reliable physical evidence indicating substance abuse or dependence is a problem. Subject has been diagnosed as chemically dependent and is currently in need of substance abuse treatment. There is a high level of conflict with parents regarding abuse behavior. There have been more than one referral to the Court for substance abuse, possession, or distribution. Subject has been disciplined by school authorities for substance abuse, possession, or distribution on more than one occasion.

**School Attendance/Disciplinary:**

When school is out of session, consider disciplinary and academic record for previous school

**No or only minor problems** = Subject is enrolled and attending school regularly. There have been no out-of-school suspensions, previous expulsions, referrals for truancy, or school records indicating multiple unexcused absences. **OR**, subject is 16 and has full-time employment or part-time employment with a G.E.D., or is enrolled in G.E.D. classes, vocational training, or other educational program and is making satisfactory progress.

**Moderate problems** = Subject is currently enrolled in school and attending, but there has been at least one out-of-school suspension, previous expulsion, referral for truancy, or school records indicating multiple unexcused absences. **OR**, subject is not enrolled in school, but is 16 and is enrolled in G.E.D. classes, vocational training, or other educational program. However, evidence suggests that satisfactory progress is **NOT** being made.

**Severe problems** = Subject is currently on out-of-school suspension, expelled or has dropped out; and if 16 years old, is not working and has not earned a G.E.D. or enrolled in a G.E.D., vocational training, or other educational program.

**Academic Performance:**

(Applies only to subjects who are enrolled in school, vocational training, or other educational programming.);

**Passing without difficulty**= Subject's grades reflect a C average or above.

**Functioning below average**= Subject's grades reflect a D average.

**Failing** = Subject's grades reflect academic failure.

\*When school is out of session, consider academic record for previous school year.

**Learning Disorder:**

(see DSM-IV learning disorder diagnoses to include on page 3-13)

**No diagnosed learning disorder** - subject has not been diagnosed with a learning disorder.

**Diagnosed learning disorder**- subject has been diagnosed with a learning disorder.

**Employment:**

(Applies only to subjects who are not enrolled in school, vocational training, or other educational programming and are 16 years of age.

**Full-time employment**= Subject has full-time employment.

**Part-time employment**= Subject is employed, but for less than 40 hours per week.

**Unemployed**= Subject is unemployed.

**Not Applicable** =Subject is age 15 or younger

**Juvenile's Parental Responsibility:**

**No children**= Subject has no biological children.

**One child**= Subject has one biological child.

**Two children**= Subject has two biological children.

**Three or more children** = Subject has three or more biological children.

**Health/Handicaps:**

**No health problems or physical handicaps** = Subject's health is good and he or she has no physical handicaps that impede daily functioning.

**No health problems or handicaps but limited access to health care** = Subject's health is good and he or she has no physical handicaps that impede daily functioning. However, subject has no or infrequent contacts with medical and dental professionals and may lack health insurance.

**Mild physical handicap or medical condition** = Subject has a mild physical handicap or medical condition that somewhat impedes daily functioning.

**Pregnancy**= subject is pregnant.

**Serious physical handicap or medical condition**= Subject has a serious physical handicap or medical condition that significantly impedes daily functioning.

**Parental Management Style:**

Choose the following description that best characterizes subject's family. All components of the description need not be present, however. Consider behavior in the past 12 months as of primary importance when scoring this item.

**Positive management style**= Family unit offers structure, support, and supervision. Rules and boundaries governing socially acceptable conduct and expectations for behavior (e.g., school attendance, household responsibilities, curfews, homework, etc.) are in place and are clearly identified. Disciplinary practices are flexible, utilizing both reward and punishment systems, and these contingencies are administered firmly, fairly, and consistently. Parents or primary caretaker successfully monitor subject's activities.

**Moderately ineffective management style**= Family unit offers minimal structure, support, and supervision. Rules and boundaries governing socially acceptable conduct and expectations for behavior (school attendance, household responsibilities, curfews, homework, etc) are either lacking or unclear. Disciplinary practices are inflexible, being either overly punitive or overly permissive. Parental monitoring may be affected by parental substance abuse, or through unsatisfactory child-care arrangements.

**Severely ineffective management style**= Family unit offers no structure, support, or supervision. Disciplinary practices are totally absent and subject is not held accountable for negative behavior. Parental monitoring is clearly affected by parental substance abuse, unsatisfactory child-care arrangements, or lack of parental commitment.

**Parental Mental Health:**

(See DSM-IV diagnoses **excluded** from scoring on this item on 1-mge 3-13 )

**No parental history of mental health disorder=** Neither parent nor other adults functioning as primary caretakers have been diagnosed with a mental disorder by a mental health professional.

**Parental history of mental health disorder=** One or both parents, or other adults functioning as primary caretakers have been diagnosed with a mental disorder by a mental health professional (**excluding chemical dependency and personality disorders**).

**Parental Substance Abuse:**

**No parental substance abuse=** There are no indications that either parent or other adult functioning as a primary caretaker abuses alcohol or drugs.

**Parental substance abuse=** One or both parents or other adult functioning as a primary caretaker currently abuses alcohol or drugs. This has caused disruption in the home. The abuse may affect ability to maintain employment, to supervise and discipline subject, may have resulted in arrests, and may have caused conflict in the marital relationship. Parent(s) may have received substance abuse treatment (including AA) or has been diagnosed as chemically dependent.

**Social Support System:**

Choose the following description that best characterizes subject's support system beyond the subject's immediate family for the past 12 months.

1A..ll components of the description need not be present however.

Social support systems include extended family (uncle, aunt, or grandparent), family friends, teachers, or other community members who may be active in subject's life.

**Strong support system=** Support system is strong and stable and positive role models are available.

**Limited support system, with one positive role model=** There is some instability in support system, but there is at least one positive role model with whom subject has a strong relationship and regular contact.

**Weak support system; no positive role models=** There is instability in support system and no positive role models with whom subject has a strong relationship and regular contact.

**Strong negative or criminal influence =** Support system highly unstable, and members are negative role models who have strong criminal orientation evidenced by antisocial attitudes and behavior.



## SEVERITY OF OFFENSE SCALE

**Attempts or Accessory to an offense receive the same severity rating as the offense itself**

### HIGHEST

Aggravated Arson	14:51
Aggravated Assault Upon a Peace Officer	14:37.2
Aggravated Crime Against Nature	14:89.1
Aggravated Kidnapping	14:44
First Degree Rape	14:42
Second Degree Sexual Battery	14:43.2
Armed Robbery	14:64
Armed Robbery with the Use of a Firearm	14:64.3
Carjacking	14:64.2
Drive by Shooting	14:37.1
Second Degree Rape	14:42.1
Intent AIDS Exposure	14:43.5
Kidnapping – 2 <sup>nd</sup> Degree	14:44.1
Manslaughter	14:31
Murder – 1 <sup>st</sup> Degree	14:30
Murder – 2 <sup>nd</sup> Degree	14:30.1
Oral Sexual Battery	14:43.3
Sexual Battery	14:43.1
Third Degree Rape	14:43
Solicitation for Murder	14:28.1

**HIGH**

Abuse of Child	14:403
Arson with Intent to Defraud	14:53
Aggravated Assault with Firearm	14:37.4
Aggravated Assault Upon a Dating Partner	14:34.9.1
Aggravated Battery	14:34
Aggravated Battery – 2 <sup>nd</sup> Degree	14:34.7
Aggravated Burglary	14:60
Aggravated Criminal Damage to Property	14:55
Aggravated Escape	14:110(C)
Aggravated Flight from an Officer	14:108.1(C)
Aggravated Obstruction Highway	14:96
Second Degree Robbery	14:64.4
Battery – 2 <sup>nd</sup> Degree	14:34.1
Battery of a Corrections Employee	14:34.5
Battery of a Dating Partner	14:34.9
Battery of a Police Officer	14:34.2
Battery of a School Teacher	14:34.3
Felony Carnal Knowledge of Juvenile	14:80
Carry Firearm on School Property	14:95.2
Communicating False Information of Planned Arson	14:54.1
Contaminating Water Supplies	14:58
Crime Against Nature	14:89
Disarming a Peace Officer	14:34.6
Domestic Abuse Aggravated Assault	14:37.7
Domestic Abuse Battery	14:35.3
Extortion	14:66
False Controlled Dangerous Substance	40:971.1
False Imprison; Offender Armed w/ Dangerous Weapon	14:46.1
Handling Machine Gun	40:1752
Hit and Run Driving	14:100
Home Invasion	14:62.8
Human Trafficking	14:46.2
Illegal Use Weapon/Dangerous Instrumentalities	14:94
Indecent Behavior/Juvenile	14:81
Intimidating, Impeding, or Injuring Witness	14:129.1
Manufacturing & Possession of Bomb	14:54.3

Manufacturing & Possession of Delayed Action Incen. Devices	14:54.2
Mingling Harmful Substances	14:38.1
Negligent Homicide	14:32
Obstruction of Justice	14:130.1
Operating Vehicle While Intoxicated	14:98
Poss CDS on School Grounds	40:981.3
Produce/Manu/Distribute or Possess Sched. I	40:966
• <i>Excluding Possession of Marijuana</i>	<b>40:966E(1)</b>
Produce/Manu/Distribute or Possess Sched. II	40:967
Produce/Manu/Distribute or Possess Sched. III	40:968
Produce/Manu/Distribute or Possess Sched. IV	40:969
Produce/Manu/Distribute or Possess Sched. V	40:970
Public Intimidation	14:122
Purse Snatching	14:65.1
Rioting	14:329.1
Robbery – 1 <sup>st</sup> Degree	14:64.1
Second Degree Battery	14:34.1
Simple Arson	14:52
Simple Kidnapping	14:45
Simple Robbery	14:65
Stalking	14:40.2
Terrorizing	14:40.1
Trafficking of children for Sexual Purposes	14:46.3
Vehicular Homicide	14:32.1
Vehicular Negligent Injury	14:39.1

## **MODERATE**

Aggravated Assault	14:37
Possession of Marijuana	40:966(C)(2)

## ALL OTHER FELONIES

## **LOW**

ALL MISDEMEANORS EXCEPT FOR AGGRAVATED ASSAULT and POSSESSION OF MARIJUANA {40:966E (1)}.

# INITIAL CUSTODY CLASSIFICATION

## I. IDENTIFICATION

Youth's Name: \_\_\_\_\_ Client ID #: \_\_\_\_\_  
 LAST FIRST M.I.

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Age: \_\_\_\_\_ Sex (please circle one): Male Female Other

Secure Release Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Direct Admission: \_\_\_\_/\_\_\_\_/\_\_\_\_ Staffing Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Primary Case Manager: \_\_\_\_\_ Secondary Case Manager: \_\_\_\_\_ Facility: \_\_\_\_\_

## II. CUSTODY EVALUATION

SCORE

### 1. Severity of Current Adjudicated Offense

Highest..... 4  
 High .....3  
 Moderate .....2  
 Low .....1  
 Status Offenses/Probation, Parole Revocations/Non secure program failure. .... 0

### 2. Severity of Prior Adjudicated Offense

Highest.....4  
 High .....3  
 Moderate .....2  
 Low .....1  
 Status Offenses/No prior offense ..... 0

### 3. Prior Assaultive Behavior

Adjudication for prior assaultive crime (homicide, assault, battery, armed robbery, rape, etc.)..... 2  
 History of fighting .....1  
 No history of violence or assaultive behavior .....0

### 4. Escapes and Runaways

Any escape from secure facility ..... 4  
 Two or more escapes/runaways from non secure program .....3  
 One escape/runaway from non secure programs..... 2  
 Runaway from home.....1  
 No history of runaways or escapes.....0

**MAXIMUM CUSTODY SCORE** (Add items 1-4) *If score is 12 or higher assign to Max Custody*

### 5. Number of Prior Adjudicated Offenses

Four or more felony adjudications .....5  
 Three Felonies or four or more misdemeanors .....4  
 Two Felonies or three misdemeanors .....3  
 One Felony or two misdemeanors/FINS adjudication .....2  
 One prior misdemeanor or one prior FINS .....1  
 No prior adjudications.....0

### 6. Prior Custody Level at CCY Facilities (at most recent exit)

Maximum Custody at release ..... 2  
 Medium Custody at release.....1  
 Minimum Custody at release.....0  
 No Prior CCY Commitments ..... -1

### 7. Age at First Adjudication

Age 12 or younger .....4  
 Age 13 .....3  
 Age 14 -15 ..... 2  
 Age 16 or older .....1

### 8. SAVRY Score

High .....2  
 Moderate .....1  
 Low .....0

**TOTAL CUSTODY CLASSIFICATION SCORE** (Add items 1-8)

**III. CUSTODY SCALE AND RECOMMENDATIONS**

Assign Custody Level Indicated by Scale Below

Total Custody Score  
(from first page)

MAXIMUM CUSTODY SCORE (items 1-4)		Custody Level	
12 or more points .....		Maximum	MAX
TOTAL CUSTODY SCORE (items 1-8)		Custody Level	
16 or more points.....		Maximum	MAX
9 to 15 points.....		Medium	MED
8 or fewer points.....		Minimum	MIN

Custody Level

Answer the Factors related to Health Status that Apply to this Youth to assist with Placement Recommendations:

Current Medical Problems: \_\_\_\_ Yes \_\_\_\_ No If yes, list medical problems. \_\_\_\_\_

Mental Health Status:

Current SMI? \_\_\_\_ Yes \_\_\_\_ No Past SMI? \_\_\_\_ Yes \_\_\_\_ No No Mental Health History \_\_\_\_

If yes, list diagnosis and/or medications. \_\_\_\_\_

Check (✓) All Factors that Apply to this Youth for Purpose of Over-Riding Scored Custody Level

Discretionary Over-Ride – Higher Custody

\_\_\_\_ Prior Poor Secure Care Facility Conduct

\_\_\_\_ Escape Threat

\_\_\_\_ Serious Violence Threat

\_\_\_\_ Known Gang Affiliation/Disruptive Group

\_\_\_\_ Offense is more serious than scored

Discretionary Over-Ride – Lower Custody

\_\_\_\_ Prior Good Secure Care Facility

Conduct

\_\_\_\_ Isolated Prior Secure Care Facility

Misconduct

\_\_\_\_ Offense is less serious than scored

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

Is Over-Ride of Scored Custody Level Recommended?

\_\_\_\_ Yes \_\_\_\_ No

If yes, give rationale (required): \_\_\_\_\_

Population Assignment and Recommended Custody Level

Population Assignment

(Select code from the list below)

Code

General Population GP  
 Protective Custody PC  
 Mental Health MH  
 Disciplinary Housing DH  
 Short Term Program STP  
 Sexual Behavior Problem Tx. SBPT

Custody Level

(Select code from the list below)

Code

Minimum MIN  
 Medium MED  
 Maximum MAX

Case Manager/Counselor's Signature \_\_\_\_\_

Date \_\_\_\_\_

Facility Treatment Director's Signature \_\_\_\_\_

Date \_\_\_\_\_

**IV. DEPUTY DIRECTOR'S (or Designee's) APPROVAL OF OVER-RIDE**

Approve Recommended Population Assignment and Custody Level? \_\_\_\_ Yes \_\_\_\_ No

If no, give rationale (required): \_\_\_\_\_

Final Population Assignment and Custody Level

Population Assignment

(Select code from the list below)

Code

General Population GP  
 Protective Custody PC  
 Mental Health MH  
 Disciplinary Housing DH  
 Short Term Program STP  
 Sexual Behavior Problem Tx. SBPT

Custody Level

(Select code from the list below)

Code

Housing Unit

Minimum MIN  
 Medium MED  
 Maximum MAX

Deputy Director's (or Designee) Signature \_\_\_\_\_

Date \_\_\_\_\_

## INITIAL CUSTODY CLASSIFICATION FORM INSTRUCTIONS

The Initial Custody Classification form is used to determine the recommended custody level for each admission.

### I. IDENTIFICATION

Enter youth's name (last, first, M.I.), date of birth (D.O.B.), current age and sex. Enter youth's Client ID number, date of direct admission and the date the initial classification form is completed. Enter the secure release date provided on the time computation form. Enter the name of the facility case manager assigned to the youth's case as the primary case manager and the name of the Probation Officer assigned to the youth's case as the secondary case manager.

### II. CUSTODY EVALUATION

#### 1. Severity of Current Adjudicated Offense

Enter the appropriate number of points in the right hand column to reflect the severity of the current offense. Refer to the Severity of Offense Scale for offenses contained in each category. If there are multiple convictions, score the most severe of the offenses for which the youth was committed. Attempts or accessory to an offense receive the same severity rating as the offense itself. Any offense committed while in custody is considered one of the current offenses. While it does not change the historical designation of the offense, it can change the severity of the offense (e.g., escape while serving a sentence for shoplifting).

A revocation (probation/parole) is not an offense. If the revocation is due to the commission of a new crime, the original offense is to be considered a prior offense and the new offense as current offense.

#### 2. Severity of Prior Adjudicated Offense

Enter the appropriate number of points in the right hand column to reflect the most serious offense committed by the youth (refer to Severity of Offense Scale). Do not include the present offense (i.e., the offense that resulted in this commitment). Treat attempts, accessory, and revocations of probation/parole as specified in Item 1 above. Any offense for which the youth has been legally charged, petitioned and awaiting adjudication should be included.

#### 3. Prior Assaultive Behavior

Enter the appropriate number of points in the right hand column to reflect the youth's prior history of assaultive behavior. Assaultive behavior is defined as any incident in which body contact occurred, regardless if it results in an injury.

#### 4. Escapes and Runaways

Enter the appropriate number of points in the right hand column to reflect the youth's escape/runaway history. "History" is defined as any time prior to this commitment. Escapes from secure care facilities are scored if the youth was found guilty of the escape or attempt by the Disciplinary Committee,

regardless of court prosecution and/or adjudication status of the case. Runaways from any non-secure program or the youth's home should also be included.

*Add Items 1-4, if score is 12 or higher, assign to Maximum Custody.*

5. Number of Prior Adjudicated Offenses

Enter the appropriate number of points in the right hand column to reflect the number of prior offenses. Do not include the offense that resulted in this commitment.

6. Prior Custody Level at Secure Care Facilities (at most recent exit)

Enter the appropriate number of points in the right hand column to reflect the custody level at time of release if youth had a prior commitment at any Secure Care facility.

7. Age of First Adjudication

Enter the appropriate number of points in the right hand column to reflect the youth's age at first adjudication.

8. SAVRY Score

Enter the appropriate number of points in the right hand column to reflect the SAVRY Score of the youth.

*Total – Enter the total number of points in the right hand columns to reflect the custody level score.*

III. CUSTODY SCALE AND RECOMMENDATIONS

Enter appropriate custody level to reflect score from Items 1-8. If an over-ride is used, check appropriate factors and provide rationale for the over-ride.

Enter the youth's population assignment and custody level. The Case Manager/Counselor's signature is required with the date of signature.

The Director of Treatment's signature will be required prior to forwarding the recommendation to the Deputy Director (or Designee) for approval.

Any internal supervisory reviews may be utilized at the facility level, as deemed appropriate.

IV. DEPUTY DIRECTOR'S (or Designee's) APPROVAL OF OVER-RIDE

The Deputy Director (or Designee) should check whether he/she approves or disapproves of the recommended over-ride. If no is checked, a rationale for the disapproval is required.

Enter the final population assignment and custody level. The Deputy Director's (or Designee's) signature is required along with the date of signature.

## Facilities and Site Description

FACILITY	SITE DESCRIPTION
<b>Bridge City Center for Youth (BCCY)</b>	<ul style="list-style-type: none"> <li>* Sex-offender program only</li> <li>* Youth with minimum to maximum classification levels</li> <li>* Medical, mental health, substance abuse and special education services are available for youth that need those services</li> </ul>
<b>Acadiana Center for Youth (ACY)</b>	<ul style="list-style-type: none"> <li>* General Population youth</li> <li>* Youth age 17 and older</li> <li>* Youth with medium to maximum classifications</li> <li>* Vocational programs and Online College courses</li> <li>* Medical, mental health, substance abuse and special education services are available for youth that need those services</li> </ul>
<b>Acadiana Center for Youth @ St. Martinville (ACY-SM)</b>	<ul style="list-style-type: none"> <li>* Quarantine Unit for New Intakes</li> <li>* Classification process for facility placement will be initiated at this site.</li> <li>* Educational assessments will be initiated at this site</li> <li>* Medical, mental health, substance abuse and special education services are available for youth that need those services</li> </ul>
<b>Swanson Center for Youth (SCY)</b>	<ul style="list-style-type: none"> <li>* Mental Health Treatment Unit for youth who need acute mental health treatment for stabilization;</li> <li>* Protective Custody youth to include those that are at-risk for victimization; weak and fragile, young in age;</li> <li>* General Population youth</li> <li>* Clinical based sexual behavior program youth</li> <li>* Medium to maximum classification level youth</li> <li>* Medical, mental health, substance abuse and special education services are available for youth that need those services</li> </ul>
<b>Swanson Center for Youth @ Columbia (SCYC)</b>	<ul style="list-style-type: none"> <li>* Fast Track Program (short term program)</li> <li>* Youth with Minimum - medium classification levels</li> <li>* Medical, mental health, substance abuse and special education services are available for youth that need those services</li> </ul>
<b>Jetson Center for Youth (JCY)</b>	<ul style="list-style-type: none"> <li>* General Population youth</li> <li>* Youth exhibiting behavioral issues</li> <li>* This site will house the youth with maximum classification levels.</li> <li>* Medical, mental health, substance abuse and special education services are available for youth that need those services</li> </ul>



## Facilities and Site Description

FACILITY	SITE DESCRIPTION
<b>Bridge City Center for Youth (BCCY)</b>	<ul style="list-style-type: none"> <li>* Sex-offender program only</li> <li>* Youth with minimum to maximum classification levels</li> <li>* Medical, mental health, substance abuse and special education services are available for youth that need those services</li> </ul>
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<b>West Feliciana Center for Youth</b>	<ul style="list-style-type: none"> <li>* General Population youth</li> <li>* Youth exhibiting behavioral issues</li> <li>* This site will house the youth with maximum classification levels.</li> <li>* Medical, mental health, substance abuse and special education services are available for youth that need those services</li> </ul>



**III. CUSTODY SCALE AND RECOMMENDATIONS**

Assign Custody Level Indicated by Scale Below

Total Custody Score  
(from first page)**TOTAL CUSTODY SCORE** (items 1-8)

16 or more points.....	Maximum	MAX
9 to 15 points.....	Medium	MED
8 or fewer points.....	Minimum	MIN

Custody Level

Answer the Factors related to Health Status that Apply to this Youth to assist with Placement Recommendations:

Current Medical Problems: \_\_\_\_ Yes \_\_\_\_ No If yes, list medical problems. \_\_\_\_\_

**Mental Health Status:**

Current SMI? \_\_\_\_ Yes \_\_\_\_ No Past SMI? \_\_\_\_ Yes \_\_\_\_ No No Mental Health History \_\_\_\_

If yes, list diagnosis and/or medications. \_\_\_\_\_

Check (✓) All Factors that Apply to this Youth for Purpose of Over-Riding Scored Custody Level

Discretionary Over-Ride – Higher Custody

\_\_\_\_ Known Management Problem

\_\_\_\_ Escape Threat

\_\_\_\_ Serious Violence Threat

\_\_\_\_ Known Gang Affiliation/Disruptive Group

Discretionary Over-Ride – Lower Custody

\_\_\_\_ Prior Good Secure Care Facility Conduct

\_\_\_\_ Isolated Prior Secure Care Facility Misconduct

Is Over-Ride of Scored Custody Level Recommended?

\_\_\_\_ Yes \_\_\_\_ No

If yes, give rationale (required): \_\_\_\_\_

**Population Assignment and Recommended Custody Level****Population Assignment**

(Select code from the list below)

Code

**Custody Level**

(Select code from the list below)

Code

General Population	GP	Short Term Program	STP	Minimum	MIN
Protective Custody	PC	Sexual Behavior Problem Tx.	SBPT	Medium	MED
Mental Health	MH			Maximum	MAX
Disciplinary Housing	DH				

Case Manager/Counselor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Facility Treatment Director's Signature (required w/over-ride recommendation) \_\_\_\_\_ Date \_\_\_\_\_

**IV. DEPUTY DIRECTOR'S (or Designee's) APPROVAL OF OVER-RIDE**

Approve Recommended Population Assignment and Custody Level? \_\_\_\_ Yes \_\_\_\_ No

If no, give rationale (required): \_\_\_\_\_

**Final Population Assignment and Custody Level****Population Assignment**

(Select code from the list below)

Code

**Custody Level**

(Select code from the list below)

Code

Housing Unit

General Population	GP	Short Term Program	STP	Minimum	MIN
Protective Custody	PC	Sexual Behavior Problem Tx.	SBPT	Medium	MED
Mental Health	MH			Maximum	MAX
Disciplinary Housing	DH				

Facility Treatment Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

Deputy Director's (or Designee's) Signature \_\_\_\_\_ Date \_\_\_\_\_

## CUSTODY RECLASSIFICATION FORM INSTRUCTIONS

The Custody Reclassification form B.2.2 (h) is used to determine whether a change in the youth's custody level is indicated.

### I. IDENTIFICATION

Enter youth's name (last, first, M.I.), date of birth (D.O.B.), current age and sex. Enter youth's Client ID number, date of direct admission and date the reclassification form is completed. Enter the secure release date provided on the time computation form. Enter the youth's assigned facility, the name of the facility case manager assigned to the youth's case as the primary case manager and the name of the Probation Officer assigned to the youth's case as the secondary case manager.

### II. CUSTODY EVALUATION

#### 1. Severity of Current Adjudicated Offense

Enter the appropriate number of points in the right hand column to reflect the severity of the current offense. Refer to the Severity of Offense Scale for offenses contained in each category. If there are multiple convictions, score the most severe of the offenses for which the youth was committed. Attempts or accessory to an offense receive the same severity rating as the offense itself. Any offense committed while in custody is considered one of the current offenses. While it does not change the historical designation of the offense, it can change the severity of the offense (e.g., escape while serving a sentence for shoplifting).

A revocation (probation/parole) is not an offense. If the revocation is due to the commission of a new crime, the original offense is to be considered a prior offense and the new offense as current offense.

#### 2. Severity of Prior Adjudicated Offense or Pending Adjudication

Enter the appropriate number of points in the right hand column to reflect the most serious offense committed by the youth (refer to Severity of Offense Scale). Do not include the present offense (i.e., the offense that resulted in this commitment). Treat attempts, accessory, and revocations of probation/parole as specified in Item 1 above. Any offense for which the youth has been legally charged, petitioned and awaiting adjudication should be included.

#### 3. Prior Assaultive Behavior

Enter the appropriate number of points in the right hand column to reflect the youth's prior history of assaultive behavior for the past **12 months**. Assaultive behavior is defined as any incident in which body contact occurred, regardless if it results in an injury.

#### 4. Escapes and Runaways

Enter the appropriate number of points in the right hand column to reflect the youth's escape/runaway history for the past **12 months**. Escapes from secure care facilities are scored if the youth was found guilty of the escape or attempt by the Disciplinary Committee, regardless of court prosecution and/or adjudication status of the case. Runaways from any non-secure program or the youth's home should also be included.

**5. Number of COC Violations (*past 6 months*)**

Enter the appropriate number of points in the right hand column to reflect the number of COC Violations for which the youth was found guilty during the past **6 months**.

**6. Program Participation (*past 6 months*)**

Enter the appropriate number of points in the right hand column to reflect the youth's program participation/adjustment. Guidelines for completion:

- a) Permanent removal from program due to disciplinary, non-compliance or other reasons
- b) Moderate problems noted with/without temporary program removals
  - 1. Only participates in activities when closely monitored by staff.
  - 2. Suspended more than once.
  - 3. More than one unexcused absence monthly.
  - 4. Two or more Major COC Violations related to behavior during program time.
  - 5. Poor rate of progress through program.
  - 6. One of the lowest rates of achievement relative to peers.
- c) Actively involved in all required programs
  - 1. Progressing "on schedule" or ahead of time.
  - 2. Joins in most activities at almost every opportunity, needs little encouragement.
  - 3. Compliant with all medical and mental health services

**7. SAVRY Score**

Enter the appropriate number of points in the right hand column to reflect the SAVRY Score of the youth. The SAVRY should be completed every 6 months. If it has been less than 6 months, use the initial SAVRY Score.

***Total – Enter the total number of points in the right hand columns to reflect the custody level score.***

**III. CUSTODY SCALE AND RECOMMENDATIONS**

Enter appropriate custody level to reflect score from Items 1-8. If an over-ride is used, check appropriate factors and provide rationale for the over-ride.

Enter the youth's population assignment and custody level. The Case Manager/Counselor's signature is required with the date of signature.

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<b>Bridge City Center for Youth @ West Feliciana (BCCY-WF)</b>	<ul style="list-style-type: none"> <li>* Youth exhibiting behavioral issues</li> <li>* This site will house the youth with maximum classification levels.</li> <li>* Medical, mental health, substance abuse and special education services are available for youth that need those services</li> </ul>

## OFFICE OF JUVENILE JUSTICE Transfer Request Form

### CLIENT INFORMATION

JETS #:			
Last Name of Youth:		First Name of Youth:	
Race:	Sex:	DOB:	

Does Youth have a Serious Mental Illness (S.M.I.)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does Youth have an I.Q. below 70? <input type="checkbox"/> Yes <input type="checkbox"/> No
--	---

### TRANSFER REQUESTED BY

Requesting Facility/Unit:	Director's Signature:	Request Date:
Housing Assignment:		Transfer Destination Recommended:
Does youth have known enemies at receiving facility? <input type="checkbox"/> Yes <input type="checkbox"/> If yes, enter names:		

### REASON FOR TRANSFER

Reason	Indicate Rank if more than one reason
<input type="checkbox"/> Disciplinary	
<input type="checkbox"/> Medical	
<input type="checkbox"/> Mental Health/Evaluation	
<input type="checkbox"/> Programmatic	
<input type="checkbox"/> Protective Custody/Enemy	
<input type="checkbox"/> Administrative	
<input type="checkbox"/> Other Specify:	
Comments:	
Inter-Disciplinary Team Meeting Date:	
Team Recommendations:	

Give brief summary of youth (include behavior, medical, mental health issues):
--

### FOR CENTRAL OFFICE USE ONLY

<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Withdrawn	Approval/Denial/Withdrawn Date:
Approved/Denied By:	Title:
Transfer Date:	Signature:
Transfer Destination:	
Comments:	