

# YOUTH SERVICES POLICY

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| <b>Title:</b> Behavioral Intervention (BI) and Extended BI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Type:</b> B. Classification, Sentencing and Service Functions<br><b>Sub Type:</b> 2. Classification<br><b>Number:</b> B.2.21 |
| <b>Page 1 of 12</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                 |
| <b>References:</b><br>La. Children’s Code Arts. 897 and 899; La. R.S. 15:901 G and 15:905 F; ACA Standard 2-CO-4F-01 (Administration of Correctional Agencies); YS Policies A.1.14 “Unusual Occurrence Report”, B.2.2 “Youth Classification System and Treatment Procedures”, B.2.8 “Transitional Treatment Unit (TTU)”, B.5.1 “Youth Code of Conduct – Secure Care”, B.6.1 “Health Care”, B.6.4 “Accident and Injury (A&I) Evaluations”, B.6.5 “Secure Care Mental Health Screening Appraisal and Evaluation” and C.2.6 “Use of Interventions - Secure Care” |                                                                                                                                 |
| <b>STATUS: Approved</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                 |
| <b>Approved By:</b> <i>William A. Sommers, Deputy Secretary</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>Date of Approval:</b> 08/01/2022                                                                                             |

**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 establish the program objectives and the criteria for the placement of youth in Behavioral Intervention (BI) Rooms and extended behavioral intervention, located at YS Secure Care Centers for Youth.

**III. APPLICABILITY:**

Deputy Secretary, Assistant Secretary, Chief of Operations, Youth Facilities Director -- Statewide, Executive Management Advisor, Director of Treatment and Rehabilitation, Facility Directors, and contracted health care provider (CHP) staff.

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

**IV. DEFINITIONS:**

***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.

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

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

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

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

***Developmentally Disabled/Intellectually Disabled (DD/ID)*** – Refers to significantly impaired intellectual and adaptive 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.

***Juvenile Justice Specialist (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.

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

***Multidisciplinary Team (MDT) Staffing*** – A team consisting of representatives from at least three disciplines, (e.g., treatment, custody, education, mental health or medical).

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

***Seriously Mentally Ill (SMI)*** – Disorders of mood and cognition (with the exception of developmentally disabled/II) 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.

***Solitary Confinement*** – The involuntary placement of a juvenile alone in a cell, room, or other area, except during regularly scheduled sleeping hours. It includes but is not limited to any behavioral intervention, seclusion, isolation, room isolation, segregation, administrative segregation, or room confinement, in response to rule violations, staffing shortages, or for any other reason that is not an emergency response to behavior that poses a serious and immediate threat of physical harm to the juvenile or others.

***Transitional Treatment Unit (TTU)*** – A maximum custody unit for youth described as violent and aggressive with a documented history of engaging in behavior which creates or incites aggressive responses from others and creates an unsafe therapeutic environment for staff and youth.

***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.

**V. POLICY:**

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

However, certain youth may require temporary assignment to a more restrictive setting because their continued presence in the general population poses a threat to other youth, custody concerns or orderly running of the facility. In order to prevent arbitrary assignment, this policy establishes specific criteria for assignments to a BI room and placement in extended BI. No juvenile in the custody of OJJ shall be placed in any form of behavioral intervention for any reason other than a temporary response to behavior that poses a serious and immediate threat of physical harm to the juvenile or others.

Staff shall never use a BI room for discipline, punishment, administrative convenience, retaliation, staffing shortages, or reasons other than a temporary response to behavior that threatens immediate harm to the youth or others.

**VI. PROCEDURES:**

A. Youth may be placed in a BI room as a result of behavior that threatens serious and immediate risk of harm to other youth or staff.

Except as outlined below in Section VII. Procedures – Extended BI, placement in BI shall not exceed 8 hours.

B. Prior to using a BI room, when safety permits, staff shall use less restrictive techniques including talking with youth to de-escalate the situation and bringing in staff, qualified mental health professionals, or other youth to talk with the youth. Prior to using a BI room, or immediately after placing a youth in a BI room, staff explain to the youth the reasons for the placement in a BI room, and the fact that they will be released upon regaining self-control.

C. Youth shall return to programming as soon as they are no longer at risk of harming others or posing a threat to the orderly operation of the facility. Youth shall not be placed on BI for having engaged in suicidal ideations, attempted suicide or self-mutilating behavior.

D. All rooms used for behavior intervention shall have adequate and operating lighting, heating and cooling, and ventilation for the comfort of the juvenile. Rooms shall be clean and resistant to suicide and self-harm.

Youth in behavior intervention shall have access to all of the following:

1. Sunlight;
  2. Drinking water;
  3. Toilet facilities;
  4. Working showers;
  5. Hygiene supplies;
  6. Mattresses;
  7. Reading Materials;
  8. Meals;
  9. Contact with parents or legal guardians;
  10. Legal Assistance;
  11. Educational Programming; and
  12. Appropriate medical and mental health services, which shall be provided by mental health staff as needed.
- E. Use of a BI room at each facility shall only take place in a specified BI room:
- ACY – Rooms in the Administration Building.***
- BCCY – Rooms in Building K.***
- SCY – Rooms in the MHTU.***
- F. Approval and Notifications
1. Prior to placing a youth in a BI room, approval must be given by the Facility Director and only after consultation with a qualified mental health practitioner. In his/her absence the Facility Deputy Director or Youth Facilities Director -- Statewide can authorize placement in BI, but only after consulting with a qualified mental health practitioner.

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2. At the time of a youth's placement in BI, the Facility Director or Deputy Director shall immediately notify the Youth Facilities Director – Statewide via email. The email notification shall include the following:
  - a. Youth's name and JETS number;
  - b. Time and reason for youth's placement in BI;
  - c. Any significant injury to youth or staff that may require medical treatment;
  - d. Any damage to property that requires immediate repair to maintain the safety and security of the facility, youth and staff;
  - e. If the youth is designated DD/ID or SMI.

By the end of the shift, the OSS staff forward all UOR's and Code of Conducts related to the referring incident and the youth's Unified Behavior Plan (UBP), if applicable, to the Facility Director, Deputy Director, and Youth Facilities Director -- Statewide.

3. Prior to placement in a BI room or immediately after a situation has been brought under control, any youth who sustains an injury, alleges sexual or physical abuse, or was involved in a use of physical intervention shall be immediately evaluated by the CHP. (Refer to YS Policies B.6.1 and C.2.6)

The OSS shall confirm with the CHP whether or not the youth has been designated as DD/ID or SMI.

4. Within one (1) hour of a youth's placement in a BI room, the Facility Director or Deputy Director shall notify the Facility Clinical Treatment Director, Dorm Group Leader, youth's assigned case manager or the assigned case manager's immediate supervisor, if the case manager is not available. A QMHP/MHTP shall also be included in the notification. If a youth's placement in BI occurs after normal business hours, notification shall be sent via email.
5. A QMHP/MHTP must see the youth within one (1) hour of initial placement in a BI room. The assessment shall be conducted by a MHTP/QMHP. If one is not on-site at the facility, a nurse shall be notified immediately. The nurse shall perform the assessment and contact the on-call MHTP/QMHP via telephone. If indicated, the on-call MHTP/QMHP shall report to the facility to conduct a face-to-face assessment and, if deemed necessary, confer with the psychiatrist on-call. Appropriate treatment shall then be rendered (e.g. counseling, anger management, medication – prescribed by the psychiatrist, etc.).

If at any time the youth exhibits symptoms of deterioration in emotional state while in a BI room, staff shall alert the MHTP/QMHP immediately.

6. Within two (2) hours of initial placement in a BI room, the facility shall contact the youth's parent or guardian and the juvenile's attorney of record to provide notice that the youth was placed in behavioral intervention and the reason for placement.

**G. BI Room Documentation and Observation**

1. A "Behavioral Intervention Room Placement and Release Report" [see Attachment B.2.21 (a)], which documents essential information regarding placement and release, shall be completed each time a youth is placed in a BI room by the Operations Shift Supervisor (OSS). Upon completion, a copy shall be maintained with the youth's BI documentation packet.
2. The Juvenile Justice Staff shall engage in crisis intervention techniques and make visual contact with each youth in a BI room at least every 10 minutes (or more, depending upon the youth's emotional state) and otherwise monitor the condition of each youth. The exact time of the required 10-minute visual contact shall be recorded on the both the youth's "Interim Behavior & Activity Documentation" form [see Attachment B.2.21 (b)] and in the BI logbook. Visual contact should reflect unpredictable intervals.
3. Within the first hour of behavior intervention and every hour thereafter, a qualified mental health practitioner shall speak to the youth to help the youth de-escalate and exit solitary confinement as soon as possible.
4. All assessments and crisis counseling sessions shall be documented on the "Behavioral Intervention Room Daily Assessment of Youth" form [see Attachment B.2.21 (c)], logged in the BI logbook, and maintained with the youth's BI documentation packet.

Documentation includes the legible name and title of the staff member visiting the youth, the time of the visit, type assessment completed and a brief description of the youth's disposition. Once the youth is released from BI, a copy of the completed attachments B.2.21 (a – e) shall be provided to the Case Manager for proper filing in the youth's case record.

5. Every instance of behavioral intervention shall be documented electronically and in the aggregate. Unidentified data on the frequency and length of time that the youth spends in behavior intervention shall be available upon request as a public record. Documentation of the behavior intervention shall include all of the following:

- a. The date of the occurrence;
- b. The race, ethnicity, age, gender, and disability status of the youth;
- c. The reason for the youth's placement in behavior intervention;
- d. An explanation of why less restrictive means for placement were unsuccessful;
- e. The ultimate duration of the youth's placement in behavior intervention;
- f. Facility staffing levels at the time of the youth's confinement;
- g. Any incidents of self-harm, suicide attempts, or suicide committed by the youth while the youth was confined and where the youth was placed after leaving behavior intervention.

#### H. Reassessment and Release

1. Staff shall return the youth to programming as soon as they have regained self-control and are no longer engaging in behavior that threatens immediate harm to the youth or others.

While in BI, the assigned Case Manager/Supervisor and Group Leader/Supervisor, or OSS in the Group Leader/Supervisor's absence, shall conduct a mediation to include the youth and if applicable, anyone else involved in the incident that led to the youth's placement in BI. This shall occur as soon as it is safe to do so and prior to returning the youth to the dorm.

2. A youth shall be held in BI only for a period that does not compromise or harm their physical health or mental health, as determined by a mental health practitioner.
3. If after one (1) hour a youth is still displaying a need to remain in a BI room, the Facility Director or Deputy Director can approve continued placement in a BI Room for another hour. Approval shall be re-affirmed every hour thereafter.

Placement in a BI Room shall not exceed 8 hours per individual incident.

4. Prior to removing the youth from BI and no later than the approved length of stay, the OSS shall contact the Facility Director, Deputy Director, or Youth Facilities Director -- Statewide to determine the appropriateness of returning the youth to the dormitory.



5. Within 24 hours (including weekends/holidays) of youth's placement in BI, the Facility Treatment Director and Deputy Director shall ensure that a Social Services staff member provides crisis counseling. Social Services staff shall determine and address any adjustment issues and develop a plan to maintain the youth in regular programming.
6. If a youth has been placed in a BI room three (3) or more times within any seven (7) day period, the Facility Treatment Director shall ensure an MDT staffing is arranged and conducted within two (2) working days of the youth having been reassessed and removed from a BI room. At this staffing, all interventions, including a Behavior Improvement Plan [see Attachment B.2.21 (d)], should be initiated.
7. If a youth engages in behaviors that are violations of the Rules of Code of Conduct, documentation shall be completed in accordance YS Policies B.5.1 and A.1.14.

Additional violations while in BI that pose a serious and immediate threat of physical harm to the juvenile or others are considered a separate incident and may lead to the youth remaining in BI for up to 8 hours from the time of the most recent incident. The OSS shall notify the Facility Director, Deputy Director or Youth Facilities Director – Statewide of the incident to determine the most appropriate course of action. All required notifications as outlined in Section VI.F above shall be made. A youth shall not be placed longer than twenty four hours total in BI per the procedures outline in Section VII below.

## **VII. PROCEDURES – EXTENDED BI**

- A. If a mental health professional determines that a youth continues to pose a serious and immediate threat of physical harm to themselves or other after eight hours, the juvenile may be transported to a mental health facility upon the recommendation of a mental health professional, or the facility staff shall implement a mental health crisis plan that allow for the juvenile to return to the general population safely.
- B. If, after an in-person evaluation by a mental health professional at the facility, it is determined that the prior options are not practicable, the youth may be placed into behavioral intervention for an additional period of time not to exceed eight-hour increments only upon recommendation of the mental health professional.

- C. Each additional eight-hour increment shall be preceded by an additional evaluation by a mental health professional and a recommendation by the mental health professional that the juvenile may continue to be placed into behavioral intervention.

Under no circumstances may a youth may be placed in Extended BI for longer than twenty-four hours. Extended BI may take place at the currently assigned facility.

The use of consecutive periods of behavioral intervention or room confinement to avoid the intent of the twenty-four hour limit is prohibited.

**VIII. SPECIAL ACCOMODATIONS:**

- A. Any specific accommodations a youth in the program may require due to special needs, such as diagnosis of mental health or medical concern requiring specific medication for treatment, shall be listed in the Behavior and Accommodations Binder (BAB) in the youth's assigned housing unit.
- B. The BAB shall direct staff to adhere to the youth's needs. The accommodations may include the Case Manager completing a Unified Behavior Plan for Youth with Special Needs (UBP) form in JETS [see Attachment B.2.21 (e)]. The UBP shall developed by the CHP and YS staff in a multidisciplinary treatment team staffing for youth diagnosed with ID, which specifically lists needs and suggested staff interventions.

**IX. Reporting:**

- A. The office of juvenile justice shall submit a report on the use of behavior intervention quarterly to the Juvenile Justice Reform Act Commission. This report shall include all of the following:
  - 1. The length of time each juvenile was in solitary confinement.
  - 2. The race, ethnicity, age, gender, and disability status of each juvenile placed in solitary confinement.
  - 3. The facility staffing levels at the time of the juvenile's confinement.
  - 4. The reason each juvenile was placed in confinement, and where the juvenile was placed after leaving solitary confinement.

- B. All of the following shall be included in the report:
  - 1. Each instance of solitary confinement exceeding eight hours, including all reasons why attempts to return the juvenile to the general population of the facility were unsuccessful.
  - 2. All corrective measures taken in response to noncompliance with this subsection.
  - 3. Redacted personal identifying information that provides individual, not aggregate data.
- C. The initial quarterly report shall be submitted within two weeks after the quarter ending on September 30, 2022. Subsequent reports shall be submitted for the ensuing quarters within two weeks after the end of each quarter.
- D. The Office of Juvenile Justice shall post a report on the use of solitary confinement on its website quarterly with deidentified aggregate data including but not limited to all of the following:
  - 1. Total number of juveniles placed in solitary confinement that quarter.
  - 2. Race and ethnicity, age, and gender of juveniles placed in solitary confinement.
  - 3. Disability status of juveniles placed in solitary confinement.
  - 4. Number of instances of solitary confinement exceeding eight hours.
  - 5. Number of instances, if any, of self-harm while in solitary confinement.
  - 6. Number of instances, if any, of suicide attempts while in solitary confinement.
  - 7. Number of instances, if any, of suicides while in solitary confinement.
- E. Data shall be disaggregated by facility.

**X. Training:**

- A. All agency staff shall be trained on the appropriate use of behavior intervention during their initial training to work at the Office of Juvenile Justice and subsequently at annual intervals. Staff shall be required to demonstrate

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proficiency with decisions regarding when and how to use behavior intervention before completing their initial training to work in Office of Juvenile Justice facilities and ongoing during their employment.

- B. Every youth placed in the custody of the Office of Juvenile Justice shall receive an explanation on the behavior intervention policy by staff promptly upon arrival to a facility, and information on this policy shall be communicated to the youth's parents or guardians through the most direct means possible, with in-person communication being most preferable.

**Previous Regulation/Policy Number:** B.2.21

**Previous Effective Date:** 11/03/2021

**Attachments/References:** B.2.21 (a) – BIR Placement and Release Report August 2022  
B.2.21 (b) – Interim Behavior Activity Documentation May 2018  
B.2.21 (c) – Daily Assessment of Youth May 2018  
B.2.21 (d) – Behavior Improvement Plan May 2018  
B.2.21 (e) – Unified Behavior Plan May 2018

## BEHAVIOR INTERVENTION ROOM (BIR) PLACEMENT AND RELEASE REPORT

YOUTH'S NAME: \_\_\_\_\_ JETS#: \_\_\_\_\_ HOUSING UNIT: \_\_\_\_\_

SMI/ID:  Yes  No

**SECTION I: BEHAVIOR INTERVENTION ROOM PLACEMENT INFORMATION**

|                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date Placed on BIR: _____                                                                                                                                                                 | Time Placed on BIR: _____ AM/PM                                                                                                                                                                                                                                                    |
| Authorized By: _____<br>(Name / Title)                                                                                                                                                    | Approved By: _____<br>(Name/Title)                                                                                                                                                                                                                                                 |
| Reason for Placement in the Behavior Intervention Room: (Be specific)<br>_____<br>_____                                                                                                   |                                                                                                                                                                                                                                                                                    |
| Was Youth Issued a Code of Conduct Report: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A                                                          | If Yes, Specify Rule # and Title of Violation Code:<br>_____                                                                                                                                                                                                                       |
| Was the Youth provided crisis counseling prior to the end of the workday? (Or within 24 hours if the placement was after hours.) <input type="checkbox"/> YES <input type="checkbox"/> NO |                                                                                                                                                                                                                                                                                    |
| Date/time SFD was contacted by the Facility Director advising of youth's placement in a BI Room _____                                                                                     | If Youth spent more than four (4) hours in BI, Facility Director received authorization from the Youth Facilities Director – Statewide and notified the Assistant Secretary.<br><input type="checkbox"/> YES <input type="checkbox"/> NO (attach authorization from the RD if yes) |

**SECTION II: TREATMENT DIRECTOR, DORM GROUP LEADER, AND CASE MANAGER NOTIFICATION**

|                                                                                                                           |                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Date Time OSS Notified Clinical Treatment Director (within 1 hour of placement) _____<br>Name of Treatment Director _____ | Date Time OSS Notified Dorm Group Leader (within 1 hour of placement) _____<br>Name of Dorm Group Leader _____ |
| Date Time OSS Notified Case Manager (within 1 hour of placement) _____<br>Name of Case Manager _____                      | ← In the event that the Case Manager was not available, please provide the name of the Case Manager Supervisor |

**SECTION III: SOCIAL SERVICES NOTIFICATION**

|                                                                                                          |                                                  |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| Was Social Service Staff Notified of Placement: <input type="checkbox"/> YES <input type="checkbox"/> NO | Social Service Staff Contacted At: _____ AM / PM |
| Time of Assessment: _____ AM / PM                                                                        | Assessment Conducted By: _____                   |

**SECTION IV: QUALIFIED MENTAL HEALTH PRACTITIONER ASSESSMENT  
(to be completed prior to the youth being placed in behavioral intervention)**

|                                                                                                                                                                 |                                                                                                                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Serious Mental Illness                                                                                                                 | <input type="checkbox"/> Intellectual Disability                                                                                                     |
| Was The Youth Seen by a QMHP Within 1 Hour of Initial Placement: <input type="checkbox"/> YES <input type="checkbox"/> NO                                       |                                                                                                                                                      |
| Mental Health Staff Contacted at: _____ AM / PM                                                                                                                 |                                                                                                                                                      |
| JJS Signature: _____ (Name/Title)                                                                                                                               |                                                                                                                                                      |
| Time of Youth Interview, Assessment and Treatment by Mental Health Staff: _____ AM / PM                                                                         |                                                                                                                                                      |
| If Assessed by Qualified Nurse - Was the Qualified Mental Health Professional Contacted via Telephone: <input type="checkbox"/> YES <input type="checkbox"/> NO | Was There a Need for a Face-to-Face Assessment by the Qualified Mental Health Professional: <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Assessment Conducted By: _____ (Name/Title)                                                                                                                     |                                                                                                                                                      |

**SECTION V: FAMILY/GUARDIAN/ATTORNEY NOTIFICATION**

|                                                                                                                                    |                               |
|------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| Was The Family/Guardian Contacted Within 2 Hours of Initial Placement:<br><input type="checkbox"/> YES <input type="checkbox"/> NO | Family/Guardian Contacted at: |
| Was The Attorney Contacted Within 2 Hours of Initial Placement:<br><input type="checkbox"/> YES <input type="checkbox"/> NO        | Attorney Contacted at:        |

**SECTION VI: PLACEMENT REAUTHORIZATION  
(Maximum of 8 Hours)**

|                                                         |                                                         |
|---------------------------------------------------------|---------------------------------------------------------|
| 2 <sup>nd</sup> Hour Approved By: _____<br>(Name/Title) | 3 <sup>rd</sup> Hour Approved By: _____<br>(Name/Title) |
| 4 <sup>th</sup> Hour Approved By: _____<br>(Name/Title) | 5 <sup>th</sup> Hour Approved By: _____<br>(Name/Title) |
| 6 <sup>th</sup> Hour Approved By: _____<br>(Name/Title) | 7 <sup>th</sup> Hour Approved By: _____<br>(Name/Title) |

8<sup>th</sup> Hour Approved By: \_\_\_\_\_  
 (Name/Title)

**SECTION VII: RELEASE FROM THE BEHAVIOR INTERVENTION ROOM**

Date Released From BIR: \_\_\_\_\_ Time Released From BIR: \_\_\_\_\_ AM / PM

Youth Released From BIR By: \_\_\_\_\_ (Releasing Authority Name/Title or Committee Title/Name of Chairman)

JJS Signature: \_\_\_\_\_ (Name/Title)

**SECTION VIII: EXTENDED BEHAVIOR INTERVENTION  
 (Maximum of 24 Hours Including the 8 Above)**

Did a QMHP Approve the 2<sup>nd</sup> 8 Hour Placement:  YES  NO      2<sup>nd</sup> 8 Hour Placement Approved By: \_\_\_\_\_ (Name/Title)

Did a QMHP Approve the 3<sup>rd</sup> 8 Hour Placement:  YES  NO      3<sup>rd</sup> 8 Hour Placement Approved By: \_\_\_\_\_ (Name/Title)

| ARE THE FOLLOWING REPORTS ATTACHED                 | YES | NO | N/A | COMMENTS |
|----------------------------------------------------|-----|----|-----|----------|
| Interim Behavior & Activity Documentation Sheet(s) |     |    |     |          |
| Daily Assessment of BIR Youth                      |     |    |     |          |

Unit Supervisor's Signature: \_\_\_\_\_ (Name/Title)      Date: \_\_\_\_\_

INTERIM BEHAVIOR & ACTIVITY DOCUMENTATION

(Behavior Intervention Room (BIR))

DATE: \_\_\_\_\_ Youth Name: \_\_\_\_\_ JETS # \_\_\_\_\_ Location / Room # \_\_\_\_\_

The time and observation code(s) are required for each period of observation. More than one code may be used to document multiple behaviors (for example, # 1 for follows directions, cooperative, # 2 for lying or sitting calmly). The behaviors enclosed in the Warning Signs section below may be indicators of mental disturbance. If staff observes persistent Warning Signs, the youth must be referred to mental health staff for further assessment. Specify observation for numbers **16, 18, 19, 21, 22, 24, 27, 28, 30 and 31**. Utilize **# 40** for Other Behaviors Observed to indicate any behavior that is not provided.

| CODE EXPLANATION:                    | BEHAVIORS & ACTIVITIES                                                                          | TIME    | OBSERVATION | TIME    | OBSERVATION | TIME    | OBSERVATION |
|--------------------------------------|-------------------------------------------------------------------------------------------------|---------|-------------|---------|-------------|---------|-------------|
| 1. Follows Directions, Cooperative   | 22. Leisure Time / Library / Reading & Writing / Refused                                        | AM / PM |             | AM / PM |             | AM / PM |             |
| 2. Lying or Sitting Calmly           | 23. Return to Cell                                                                              | AM / PM |             | AM / PM |             | AM / PM |             |
| 3. Walking / Standing Calmly         | 24. BI / SDTO                                                                                   | AM / PM |             | AM / PM |             | AM / PM |             |
| 4. Sleeping                          | 25. Supervisor's Evaluation of Removal                                                          | AM / PM |             | AM / PM |             | AM / PM |             |
| 5. Sullen, Quiet                     | 26. Youth Returned to Programming                                                               | AM / PM |             | AM / PM |             | AM / PM |             |
| 6. Cleaning Detail of Room           | 27. COC Committee/ Staffing                                                                     | AM / PM |             | AM / PM |             | AM / PM |             |
| 7. Nervous, Jumpy                    | 28. With MHTP / QMHP / Counselor / Medical Staff / Facility Director / Treatment Director / OSS | AM / PM |             | AM / PM |             | AM / PM |             |
| 8. Withdrawn, Doesn't Want to Talk   | 29. Youth on Call-Out                                                                           | AM / PM |             | AM / PM |             | AM / PM |             |
| 9. Agitated, Pacing                  | 30. Lights on / Begin Programming<br>Lights out / Programming Ended                             | AM / PM |             | AM / PM |             | AM / PM |             |
| 10. Yelling or Screaming             | 31. Group Participation/Community Meetings Begins / Ends                                        | AM / PM |             | AM / PM |             | AM / PM |             |
| 11. Cursing, Foul Language in Anger  | <b>WARNING SIGNS</b>                                                                            |         |             |         |             |         |             |
| 12. Making Threatening Gestures      | 32. Crying                                                                                      | AM / PM |             | AM / PM |             | AM / PM |             |
| 13. Flooding Cell / Popped Sprinkler | 33. Hallucinating (sees things that are not present, reports hearing voices)                    | AM / PM |             | AM / PM |             | AM / PM |             |
| 14. Beating on Door, Wall            | 34. Laughing inappropriately                                                                    | AM / PM |             | AM / PM |             | AM / PM |             |
| 15. Personal Hygiene                 | 35. Making clear threats of violence against self or others                                     | AM / PM |             | AM / PM |             | AM / PM |             |

|                                                                             |                                                                    |         |  |         |  |         |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------|---------|--|---------|--|---------|
|                                                                             |                                                                    |         |  |         |  |         |
| 16. Showering / Begin / Ends                                                | 36. Superficial attempt to hurt self (pinching or scratching self) | AM / PM |  | AM / PM |  | AM / PM |
| 17. Using Restroom / Toilet                                                 |                                                                    |         |  |         |  |         |
| 18. Eating                                                                  | 37. Takes off clothes, smears feces                                | AM / PM |  | AM / PM |  | AM / PM |
| 19. School Programming Participation / Refusal / GED                        | 38. Talking incoherently                                           | AM / PM |  | AM / PM |  | AM / PM |
| 20. Return from School Programming                                          | 39. Trembling, shaking                                             | AM / PM |  | AM / PM |  | AM / PM |
| 21. Outdoor Exercise / Refused / If denied, approved by Director / Designee | OTHER BEHAVIORS OBSERVED<br>40.                                    | AM / PM |  | AM / PM |  | AM / PM |

JJS Signature: \_\_\_\_\_ (Name / Title)

Date: \_\_\_\_\_

Day Shift: \_\_\_\_\_

JJS Signature: \_\_\_\_\_ (Name / Title)

Date: \_\_\_\_\_

Night Shift: \_\_\_\_\_

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OFFICE OF JUVENILE JUSTICE  
BEHAVIOR IMPROVEMENT PLAN

Youth Name: \_\_\_\_\_ JETS# \_\_\_\_\_ Dorm: \_\_\_\_\_

Current Stage: \_\_\_\_\_ Date of Behavior Improvement Plan: \_\_\_\_\_

Accommodations: Yes \_\_\_\_\_ No \_\_\_\_\_ Duration of Behavior Improvement Plan: \_\_\_\_\_

|                                                                                                                        |
|------------------------------------------------------------------------------------------------------------------------|
| <p><b>Reason for Behavior Improvement Plan: (What did the Youth do Wrong or not do?)</b></p> <p>_____</p> <p>_____</p> |
| <p><b>GOAL: (What needs to be corrected or achieved?)</b></p> <p>_____</p> <p>_____</p>                                |
| <p><b>What does the youth need to do to achieve the goal?</b></p> <p>_____</p> <p>_____</p> <p>_____</p>               |
| <p><b>What Will Staff Do?</b></p> <p>_____</p> <p>_____</p>                                                            |
| <p><b>Accommodations:</b></p> <p>_____</p> <p>_____</p>                                                                |
| <p><b>How will the Behavior Improvement Plan's success be determined, and by whom?</b></p> <p>_____</p>                |

Was a Disciplinary Ticket written: Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, were any privileges lost? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, What/How Long: \_\_\_\_\_

Staff/Youth Developing Behavior Improvement Plan: \_\_\_\_\_

Staff Reviewing Behavior Improvement Plan: \_\_\_\_\_

Youth Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Behavior Improvement Plan Completion Review Dates: Date 1: \_\_\_\_\_ Date 2: \_\_\_\_\_ Date 3: \_\_\_\_\_ Date 4: \_\_\_\_\_

Plan Completed: Yes \_\_\_\_\_ No \_\_\_\_\_ If no, Why not? \_\_\_\_\_

Cc: Program Manager, Case Manager, Security (Major or above), Youth, Education and Case Record File

### Unified Behavior Plan for Youth with Special Needs

|                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                           |                                                                                                                                                                                                                                                                                                                                                                                     |               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Youth:                                                                                                                                                                                                                                                                                                                                                                                                                                                | Jirms:                                    | DOB:                                                                                                                                                                                                                                                                                                                                                                                | Date of Plan: |
| Dorm:                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                           |                                                                                                                                                                                                                                                                                                                                                                                     |               |
| OJJ Case Manager:                                                                                                                                                                                                                                                                                                                                                                                                                                     | Contracted MHTP:                          |                                                                                                                                                                                                                                                                                                                                                                                     |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                       | SSD Counselor and/or<br>Speech Therapist: |                                                                                                                                                                                                                                                                                                                                                                                     |               |
| <b>Youth on Medications?</b><br><input type="radio"/> Yes <input type="radio"/> No<br><b>Medication Side Effects:</b><br><input type="checkbox"/> Sleepy<br><input type="checkbox"/> Dry Mouth<br><input type="checkbox"/> Hyper<br><input type="checkbox"/> Can't Sleep<br><input type="checkbox"/> Slow Moving<br><input type="checkbox"/> Constipation                                                                                             |                                           | <b>Physical Limitations?</b><br><input type="radio"/> Yes <input type="radio"/> No<br><input type="checkbox"/> No Running<br><input type="checkbox"/> No Heavy Lifting<br><input type="checkbox"/> Lower Bunk<br><input type="checkbox"/> No Sun Exposure<br><input type="checkbox"/> No Overheating<br><input type="checkbox"/> Eyeglasses<br><input type="checkbox"/> Hearing Aid |               |
| <b>Youth At Risk?</b><br><input type="radio"/> Yes <input type="radio"/> No<br><input type="checkbox"/> Emotional<br><input type="checkbox"/> Aggressive Behavior<br><input type="checkbox"/> Escape<br><input type="checkbox"/> Can't Read<br><input type="checkbox"/> Victimization<br><input type="checkbox"/> Self-Injury Behavior<br><input type="checkbox"/> Memory Problems<br><input type="checkbox"/> Chronic Medical Condition              |                                           |                                                                                                                                                                                                                                                                                                                                                                                     |               |
| <b>For ALL Special Needs Youth:</b>                                                                                                                                                                                                                                                                                                                                                                                                                   |                                           |                                                                                                                                                                                                                                                                                                                                                                                     |               |
| Monitor for sleep problems                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           | Prepare youth for any changes to his routine                                                                                                                                                                                                                                                                                                                                        |               |
| Monitor for eating problems                                                                                                                                                                                                                                                                                                                                                                                                                           |                                           | Always provide immediate and helpful feedback when youth is learning a new skill                                                                                                                                                                                                                                                                                                    |               |
| In all situations, use small words and short sentences when talking to youth                                                                                                                                                                                                                                                                                                                                                                          |                                           | Review activity schedule with youth until youth can repeat it back to you                                                                                                                                                                                                                                                                                                           |               |
| Show, coach, and practice skills until youth can do it on his own                                                                                                                                                                                                                                                                                                                                                                                     |                                           | Provide lots of examples when teaching a new idea or skill                                                                                                                                                                                                                                                                                                                          |               |
| Use Praise and compliments when youth gives his best effort                                                                                                                                                                                                                                                                                                                                                                                           |                                           | Give positive feedback and encouragement when youth is having difficulty                                                                                                                                                                                                                                                                                                            |               |
| When talking to youth, make eye contact                                                                                                                                                                                                                                                                                                                                                                                                               |                                           | Encourage youth to express feelings and opinions in a respectful manner                                                                                                                                                                                                                                                                                                             |               |
| When addressing problems, talk to youth one-on-one                                                                                                                                                                                                                                                                                                                                                                                                    |                                           | Provide youth with options whenever possible                                                                                                                                                                                                                                                                                                                                        |               |
| <b>For THIS Special Needs Youth (check those that apply)</b>                                                                                                                                                                                                                                                                                                                                                                                          |                                           | <b>Individual Behavior Plan:</b>                                                                                                                                                                                                                                                                                                                                                    |               |
| <b>EMOTIONAL:</b><br><input type="checkbox"/> Monitor for social isolation<br><input type="checkbox"/> Encourage youth to use deep breathing if upset<br><input type="checkbox"/> Step in early when yth. appears to be getting upset<br><input type="checkbox"/> Allow breaks from activities every _____ Minutes                                                                                                                                    |                                           | <b>PRIMARY TARGET BEHAVIOR:</b><br><br><b>SUGGESTED INTERVENTIONS:</b>                                                                                                                                                                                                                                                                                                              |               |
| <b>COMMUNICATION:</b><br><input type="checkbox"/> Use visual aids to help learning<br><input type="checkbox"/> Help youth with all writing tasks<br><input type="checkbox"/> Repeat instrs. until you are sure youth understand<br><input type="checkbox"/> Read all printed material to youth<br><input type="checkbox"/> Youth requires large text print<br><input type="checkbox"/> Youth required audio versions of printed text<br><b>Other:</b> |                                           | <b>SECONDARY TARGET BEHAVIOR:</b><br><br><b>SUGGESTED INTERVENTIONS:</b>                                                                                                                                                                                                                                                                                                            |               |
| OJJ Dorm Manager:                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           | Contracted MHTP:                                                                                                                                                                                                                                                                                                                                                                    |               |
| OJJ Case Manager:                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           | Youthcare Mentor:                                                                                                                                                                                                                                                                                                                                                                   |               |
| Senior YouthCare Worker:                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           | Other Attendee:                                                                                                                                                                                                                                                                                                                                                                     |               |
| SSD/Education Staff:                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                           | Other Attendee:                                                                                                                                                                                                                                                                                                                                                                     |               |

## EXTENDED BEHAVIOR INTERVENTION (BI) AND TTU PLACEMENT AND RELEASE REPORT

YOUTH'S NAME: \_\_\_\_\_ JETS#: \_\_\_\_\_ SENDING FACILITY: \_\_\_\_\_

**SECTION I: EXTENDED BEHAVIOR INTERVENTION AND TTU PLACEMENT INFORMATION**

|                                                                                                                                                                                           |                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| Date Placed on TTU/Extended BI: _____                                                                                                                                                     | Time Placed on TTU/Extended BI: _____ AM/PM                        |
| Authorized By: _____<br>(Name / Title at Sending Facility)                                                                                                                                | Approved By: _____<br>(Name/Title at Sending Facility)             |
| Reason for Placement in Extended Behavior Intervention: (Be specific)( <b>Please attach UORs, Code of Conducts, A&amp;I forms (if relevant) to this form</b> )<br>_____<br>_____          |                                                                    |
| Was Youth Issued a Code of Conduct Report: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A                                                          | If Yes, Specify Rule(s) # and Title of Violation Code(s):<br>_____ |
| Was the Youth provided crisis counseling prior to the end of the workday? (Or within 24 hours if the placement was after hours.) <input type="checkbox"/> YES <input type="checkbox"/> NO |                                                                    |
| Date/time Secure Facilities Director was contacted by the Facility Director advising of youth's placement in Extended BI<br>_____                                                         |                                                                    |

**SECTION II: TREATMENT DIRECTOR, DORM GROUP LEADER, AND CASE MANAGER NOTIFICATIONS**

|                                                                                              |                                                                                                                |
|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Date Time OSS Notified Clinical Treatment Director _____<br>Name of Treatment Director _____ | Date Time OSS Notified Dorm Group Leader _____<br>Name of Dorm Group Leader _____                              |
| Date Time OSS Notified Case Manager _____<br>Name of Case Manager _____                      | ← In the event that the Case Manager was not available, please provide the name of the Case Manager Supervisor |

**SECTION III: MEDICAL/MENTAL HEALTH SCREENING AND SOCIAL SERVICES NOTIFICATIONS**

|                                                                                                                       |                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| Did the CHP Complete a Medical Screening: <input type="checkbox"/> YES <input type="checkbox"/> NO<br>(within 1 hour) | Was a Mental Health Screening conducted by a QMHP: <input type="checkbox"/> YES <input type="checkbox"/> NO<br>(within 1 hour) |
| Was Social Service Staff Notified of Placement: <input type="checkbox"/> YES <input type="checkbox"/> NO              | Social Service Staff Contacted At: _____ AM / PM                                                                               |
| Time of Assessment: _____ AM / PM (should be within 24 hours of placement) Assessment Conducted By: _____             |                                                                                                                                |

**SECTION IV: SERIOUS MENTAL ILLNESS / INTELLECTUAL DISABILITY ASSESSMENT**  
(to be completed if youth is seriously mentally ill or intellectually disabled)  
(if not-applicable write N/A across this section)

|                                                                                                                                                                 |                                                                                                                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Serious Mental Illness                                                                                                                 | <input type="checkbox"/> Intellectual Disability                                                                                                     |
| Was There a Need to Contact Mental Health Staff Due to Youth's Classification (SMI/ID): <input type="checkbox"/> YES <input type="checkbox"/> NO                |                                                                                                                                                      |
| Mental Health Staff Contacted at: _____ AM / PM                                                                                                                 |                                                                                                                                                      |
| JJS Signature: _____ (Name/Title)                                                                                                                               |                                                                                                                                                      |
| Time of Youth Interview, Assessment and Treatment by Mental Health Staff: _____ AM / PM                                                                         |                                                                                                                                                      |
| If Assessed by Qualified Nurse - Was the Qualified Mental Health Professional Contacted via Telephone: <input type="checkbox"/> YES <input type="checkbox"/> NO | Was There a Need for a Face-to-Face Assessment by the Qualified Mental Health Professional: <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Assessment Conducted By: _____ (Name/Title)                                                                                                                     |                                                                                                                                                      |

**SECTION V: RELEASE FROM EXTENDED BEHAVIOR INTERVENTION OR TTU**

|                                                                                                                    |                                                   |
|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| Date Released From Extended BI/TTU: _____                                                                          | Time Released From Extended BI/TTU: _____ AM / PM |
| Youth Released From Extended BI/TTU By: _____ (Releasing Authority Name/Title or Committee Title/Name of Chairman) |                                                   |
| JJS Signature: _____ (Name/Title)                                                                                  |                                                   |

| ARE THE FOLLOWING REPORTS ATTACHED                 | YES | NO | N/A | COMMENTS |
|----------------------------------------------------|-----|----|-----|----------|
| Interim Behavior & Activity Documentation Sheet(s) |     |    |     |          |
| Daily Assessment of Extended BI/TTU Youth          |     |    |     |          |

Unit Supervisor's Signature: \_\_\_\_\_ (Name/Title) Date: \_\_\_\_\_