

YOUTH SERVICES POLICY

Title: Family and Community Relations	Type: B. Classification, Sentencing and Service Functions Sub Type: 8. Youth Related Services Number: B.8.15
	Page 1 of 5
References: ACA Standards 2-CO-1G-01, 2-CO-3C-01, 2-CO-5E-02 and all ACA Standards referenced in the policies and attachments following (Administration of Correctional Agencies); YS Policies B.2.3 "Secure Care Intake", B.3.2 "Access to and Release of Active and Inactive Youth Records", B.8.3 "Volunteer Services Program", B.8.4 "Religious or Faith-Based Programs and Services", C.1.7 "Crime Victims Registration and Notification", C.5.2 "Regional Office Duty Officers, and Facility Administrative Duty Officers (ADOs) Reporting of Serious Incidents"; and Introduction to Secure Care Handbook for Parents	
STATUS: Approved	
Approved By: William A. Sommers, Deputy Secretary	Date of Approval: 08/10/2022

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 outline YS information source for community organizations, advocates, and family members/guardians of youth.

III. APPLICABILITY:

Deputy Secretary, Assistant Secretary, Chief of Operations, Secure Facilities Director, Executive Management Advisor, Regional Directors, Facility Directors, Regional Managers, Family Liaison(s), Ombudsman, youth and their family members/guardians.

IV. DEFINITIONS:

Family Liaison(s) - The Regional employees that serve as a direct link between communities, advocates, and families/guardians of youth and YS.

Family Members - Members of a youth's family and in the context of this policy includes guardians of youth.

Ombudsman – The Central Office employee that screens, routes, monitors resolution of concerns from families, communities and advocates.

Youth Facilities Director - Statewide – The Deputy Assistant Secretary responsible for the oversight of all functions and operations of the secure care facilities, Picard Center and the family liaison function.

V. POLICY:

It is the Deputy Secretary's policy to work with community organizations and advocates to promote, support, and provide education and information regarding the needs of at-risk youth, as well as the mission, vision and programs of YS. To that end, the Family Liaison(s) and Ombudsman shall serve in the capacity of assisting parents in having a voice with YS, and shall advocate for strong family involvement across all settings and services.

VI. PROCEDURES:

A. The Ombudsman duties include, but are not limited to the following:

1. Handles Crime Victim Services (CVS) referrals as received and facilitates access to the information available to crime victims (refer to YS Policies B.3.2 and C.1.7);
2. Monitors the statewide family liaison hotline and refers issues to appropriate regional family liaison(s).

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Toll-free telephone line – 800-594-3941

B. The Family Liaison's duties include, but are not limited to the following:

1. Serves as the information source and attempts to resolve problems by facilitating early recognition and providing an avenue for prompt response to family members;
2. Educates families on how to effectively navigate through the juvenile justice system;
3. Identifies ways to improve and expand family involvement in youth's treatment and programming;

4. Develops and maintains community-based family referral sources;
 5. Reviews findings, concerns, family grievances, etc. and acts as mediator between individuals and YS;
 6. Collects information from youth and staff, in the secure care facilities about programming and family involvement;
 7. Supports and helps to strengthen YS regional volunteer and faith-based services (refer to YS Policy Nos. B.8.3 and B.8.4);
 8. Compiles and mails letters and "The Introduction to Secure Care for Parents" to parents/guardians of secure care direct admission youth; and
- C. The Family Liaison shall provide assistance with family concerns by accomplishing the following:
1. Encouraging families to read/review the information packet forwarded from the facility, as there may be information included which will be of assistance, especially the part requesting family participation in treatment/programming;
 2. Educating families on relevant information available from facility and community based staff; and
 3. Reinforcing the need for families to keep notes and records of all contacts, including dates, times, telephone numbers and the names and titles of people spoken to.
- D. Family Liaisons shall be notified of all major facility incidents (Level I and Level II) per YS Policy C.5.2.
1. Family Liaisons will be responsible for notifying family members of youth who have been involved in Level I and Level II incidents.

VII. TRAINING:

The Family Liaison shall coordinate educational meetings for the families of youth in the custody of or under the supervision of YS, and facilitate secure care quarterly parent listening meetings.

VIII. REPORTING REQUIREMENTS:

- A. The Ombudsman shall report the following:
 - 1. Any allegations of unusual occurrences, which may include allegations of abuse, excessive use of force, neglect or conditions of confinement, etc. as soon as possible to the Director of Investigative Services.
 - 2. An analysis of Regional Family Liaison activities related to Family and Community Relations on an annual basis to agency leadership.
- B. The Regional Family Liaison(s) shall record activities on the “Family Liaison Activities Log” [see Attachment B.8.15 (a)] and:
 - 1. Communicate unresolved concerns/problems as they occur to the Facility Director or Regional Manager. If the issue remains unresolved, it will then be referred to the Secure Facilities Director.
 - 2. Report final findings of reviews and/or activities to the Secure Facilities Director on a quarterly basis; after review, the Secure Facilities Director will report these findings to the Ombudsman.
 - 3. Report any allegations of unusual occurrences, which may include allegations of abuse, excessive use of force, neglect or conditions of confinement, etc. as soon as possible to the Director of Investigative Services.

IX. QUALITY ASSURANCE:

On a quarterly basis, the Family Liaison shall report on the indicators below, using the attached “Family Liaison Quarterly Reporting Form” [see Attachment B.8.15 (b)]:

- A. The number of community based family referral sources developed;
- B. The number of family grievances received/resolved;
- C. The number of periodic on-site visits conducted and where;
- D. The number of direct admission packets mailed;

- E. The number of family contacts -
 - 1. Attempted verbal, electronic or in writing contacts;
 - 2. Attempted contacts with no results; and
 - 3. Actual contacts.
- F. The number of referrals made to Investigative Services.
- G. Family meetings -
 - 1. Number held and where;
 - 2. Number of attendees; and
 - 3. Number of youth represented.

The report shall be submitted to the Secure Facilities Director by the 10th day of the month following the end of the quarter (October/January/April/July) for quality assurance reporting purposes. After review, the report should be submitted to the Ombudsman by the 30th day of that same month.

Previous Regulation/Policy Number: B.8.15

Previous Effective Date: 09/14/2021

Attachments/References: B.8.15(a) Family Liaison Activities Log September 2020.xlsx
B.8.15(b) Family Liaison Quarterly Reporting Form September 2020

Family Liaison Reporting Form

B.8.15 (a)

[illegible]

Family Liaison Reporting Form

B.8.15 (a)

[illegible]

Family Liaison Reporting Form

B.8.15 (a)

[illegible]

Family Liaison Reporting Form

B.8.15 (a)

[illegible]

Family Liaison Reporting Form

B.8.15 (a)

[illegible]

FAMILY LIAISON QUARTERLY REPORTING FORM

B.8.15 (b)

	QTR 1	QTR 2	QTR 3	QTR 4	Total #	%
# of Direct Admission Packets Mailed					0	
# of Community Based Family Referral Sources Developed					0	
# of Family Grievances Received					0	
# of Family Grievances Resolved					0	
# of Periodic On-Site Visits Conducted and Where					0	
# of Referrals Made to IS					0	
<i>Family Contacts:</i>						
Attempted verbal, electronic or in writing					0	
Attempted contacts with no results					0	
Actual contacts					0	
<i>Family Sessions:</i>						
# held and where					0	
# of attendees					0	
# of youth represented					0	
TOTALS	#REF!	#REF!	#REF!	#REF!	#REF!	

Family Liaison Signature / Date: _____