

YOUTH SERVICES POLICY

Title: Youth Classification System and Treatment Procedures	Type: B. Classification, Sentencing and Service Functions Sub Type: 2. Classification Number: B.2.2
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References: 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 (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, Release and Discharge of Youth", B.2.3 "Secure Care Intake", B.2.7 "LAMOD Program and Youth Stage Procedures", B.2.8 "Behavioral Intervention and Treatment", B.2.14 "Secure Care SAVRY", B.2.15 "Substance Use Disorder Treatment Program", B.2.16 "Secure Care Intake and Assessment 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.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 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	
STATUS: Approved	
Approved By: <i>James Bueche, Ph.D., Deputy Secretary</i>	Date of Approval: 11/03/2017

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, Deputy Assistant Secretary, General Counsel, Director of Rehabilitation and Treatment, 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:

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.

Community Based Services (CBS) - Formerly known as the Division of Youth Services, including the 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.

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.

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 process by which YS, OJJ seeks court approval to move a youth from secure care prior to his full term date. If granted, the court may authorize YS to do one of the following: step the youth down to non-secure; release the youth from YS custody and return the youth to the community under supervision, or terminate the youth's disposition.

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 – 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.

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

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 assist 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) - 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.

Non-Secure Placement – Placement that provides housing, supervision and rehabilitative care for youth between the ages of 12 and 17 in the custody of YS, OJJ. These facilities are usually characterized by a lack of physical security such as perimeter fences, security locks and controlled access.

Primary Case Manager - The secure care Case Manager assigned by a Social Services Supervisor upon transfer to the youth's assigned housing unit.

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/Juvenile (PPO/J) – PPO/Js assist youth and families in locating, accessing and coordinating networks of support to address needs. PPO/Js shall provide case management services in accordance with need assessments, as well as monitor, facilitate and participate in services provided while the youth is in the custody or supervision of YS, OJJ.

Reassignment - The authorized transfer of a custody youth by the Deputy Secretary/designee from one secure care facility or program to another.

Reclassification Staffing - A multidisciplinary treatment team meeting which occurs on a quarterly basis (no later than the last day of the third month following the previous custody classification) between all staff working with or treating a youth for his/her specific needs. The multidisciplinary treatment team meeting shall be comprised of the youth's case manager, a social services supervisor, the dorm group leader, the juvenile justice specialist that supervises the youth, the youth's probation officer (or a representative), a representative from the school (special education teacher if youth is receiving SSD #1 services), the contracted mental health provider (if applicable), a member of the medical staff who is familiar with the youth if he/she is receiving on-going medical treatment, and the youth. The youth's family shall be encouraged to attend as well. Reclassification addresses a youth's 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 or early release and step down to non-secure.

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:

- Bridge City Center for Youth (BCCY)
- Swanson Center for Youth (SCY)
- Swanson Center Youth @ Columbia (SCYC)

Secure Care Placement - The type of physical constraints (architectural and/or environmental) appropriate for a particular youth who is determined by CBS evaluation to require the most secure setting.

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. This assessment comprises 24 risk/need items which were identified in existing research on adolescent development and on delinquency and aggression in youth.

Six protective factors are included in the SAVRY, which have also been identified by current research as potentially mitigating the risk of future violence and delinquent activity. (Refer to YS Policy No. B.2.14)

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, a coordinated delivery of a continuum of services, and supervision that provides for youth involvement, the assignment of a youth to a primary facility Case Manager, and, whenever possible the youth remaining close to his home community.

Facility Directors shall develop internal procedures regarding the appropriate supervision levels of youth based on their 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:

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. Commitment Order;
2. Certified True Copy of Court Order;
3. Court Face Sheet;
4. Assessment Summary Sheet;
5. Pre-dispositional or Social History;
6. Initial SAVRY summary risk rating score;
7. Educational Assessment;
8. JETS Records; and
9. ISP developed by CBS

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. 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 to coincide with the youth's Orientation shall be listed as a "Need Area" on the updated IIP during intake.

In addition, a maximum of three (3) "High" (especially critical) risk/need dynamic factors indicated on the SAVRY summary risk rating, already completed by CBS, 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 identified shall be included on the IIP.

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 Classification 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.

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 case staffing shall be convened by the Case Manager and consist of the following designated staff, who shall review the SAVRY summary risk rating along with other pertinent information regarding the youth:

1. Juvenile Justice Specialist (JJS) assigned to the intake unit;
2. Facility Treatment Director or Social Services Supervisor trained on the SAVRY;
3. Group Leader;
4. MHTP;
5. Education representative;
6. Medical Staff;
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

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 age, gender, maturity, size, offense history, secure care 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.

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

C. Placement Process

After the youth transfers to his assigned housing unit, his assigned Case Manager shall review 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. 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:

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

The Case Manager shall review the information and develop an updated IIP specific to the needs of each youth. All IIPs shall be entered into JETS within five (5) working days after the receipt of the MHTP’s Psychological Evaluation.

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, 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. Reintegration services are to be entered for each goal identified.

The IIP shall 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.

Reclassification Staffings shall occur within 90 days from the Initial Classification completed during intake, unless otherwise warranted as noted above.

- D. The 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” (and if there are not 3 “High” need areas, some “Moderate”) risk/need factors in the youth's SAVRY risk rating, as well as need areas identified on the MHTP’s Psychological Evaluation shall be addressed on the IIP.

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 IIP. 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 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 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 for reclassification on a quarterly basis (no later than the last day of the third month following the previous custody classification), with subsequent reclassifications to follow a minimum of every 90 days.
- B. Reclassification 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 Reclassification Staffing should occur before the scheduled quarterly regional staffing. If a youth becomes eligible for an escorted absence pass, furlough, transfer to non-secure or an early release between Quarterly Reclassification Staffings, a staffing shall occur at that time.

- C. 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. 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. Reclassification 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 reclassification 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 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 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.
- G. A new IIP Summary of Staffing form shall be generated with signatures, dates and titles for each custody reclassification 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.
- H. The Quarterly Reclassification 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 quarterly 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 three (3) days prior to a scheduled hearing.

To ensure timely submission of the Progress Report within 14 days following the Quarterly Reclassification 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 Reclassification 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. Reviewed by the youth's PPO/J, who shall note any objections to the report in a JETS narrative within two (2) working days after the completed Progress Report is approved by the Facility Treatment Director/designee in JETS;
4. 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

5. 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.
- I. 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.

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

- J. At the conclusion of each case staffing and subsequent reclassification staffing, the youth may upon request have access to the Reclassification documents and the IIP pursuant to YS Policy No. B.3.2.
- K. Six (6) months following intake, and subsequently every six (6) months 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 court denies the youth an early release;
 - b. The facility either removes the youth from the short-term program or extends the youth's time in the program;
 - c. 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.

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 is to occur daily during the week days and are to be a minimum of 50 minutes in duration.
 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 is to occur once (1x) per month for a duration of a minimum of 30 minutes.
- 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 reclassification 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. Group and individual counseling shall be conducted to address need areas identified in the updated IIP. Unless exigent circumstances dictate otherwise, contact with the youth shall be made a minimum of eight (8) times per week through individual and/or group counseling or more if clinically indicated or a behavioral adjustment problem exist.
- E. 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.

- F. Group counseling contacts shall occur a minimum of five (5) times per week, for a minimum of 50 minutes in duration. Need areas in the youths' IIP shall also be addressed in group. Group counseling sessions shall be documented on the LAMOD Weekly Group Assessment Form in JETS within five (5) working days, and reflect the date, time, topic, facilitators name and title, type of group, group session number, and the location where the group was conducted. All entries in JETS shall be individualized based on the youth's level of participation/progress in the treatment process.
- G. 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 youth 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.
- H. 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.
- I. 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 Reclassification Staffing denoting the lack of visits. (Refer to YS Policy No. C.2.8)

- J. 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 the Case Manager Supervisor within five (5) days of the staffing.

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

Unless otherwise noted below, 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 LAMOD 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.

XIV. 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, BHTU, RSUT).

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.

If the Facility Director's cannot come to an agreement, the information shall be forwarded to the appropriate Regional Directors 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 Regional Directors approval. The multidisciplinary treatment team shall convene and review such transfers within 48 hours (excluding weekends and holidays) of the transfer.

- E. 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.
- F. 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 Regional Director 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 and Group Leaders shall conduct random monthly quality assurance reviews of a minimum of two (2) groups per month in process on their assigned housing unit.
- 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. Dorm Based Substance Abuse Program Groups (/SCY);
 - 2. Clinic Based Substance Abuse Groups (BCCY/SCY);
 - 3. Dorm Based Sex Offender Program Groups (BCCY);
 - 4. Clinic Based Sex Offender Groups (BCCY/SCY); and
 - 5. Behavioral Health Treatment Unit (BHTU) (SCY)
- G. Group Counseling – The Central Office Sex Offender Treatment Program (SOTP) Clinical Supervisor 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.

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- 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.

Previous Regulation/Policy Number: B.2.2

Previous Effective Date: 11/29/2016

Attachments/References: B.2.2 (a) Notice of Staffing June 2015.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

_____ Date
Youth's Signature

_____ Date
Witness

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

File: Master Record - Clip II