

# YOUTH SERVICES POLICY

<b>Title:</b> Pending Secure and Non-Secure Placement-Provision of Services While In Detention	<b>Type:</b> D. Community Based Services <b>Sub Type:</b> 10. Supervision <b>Number:</b> D.10.34
	<b>Page 1 of 4</b>
<b>References:</b> YS Policy Nos. D.10.4 "Community Supervision Classification System" and D.15.3 "Delivery of Treatment and Auxiliary Services"	
<b>STATUS: Approved</b>	
<b>Approved By:</b> <i>James Bueche, Ph.D., Deputy Secretary</i>	<b>Date of Approval:</b> 04/12/2018

**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 provision of services provided to youth in the custody of YS/OJJ pending secure and non-secure placement while in a detention facility.

**III. APPLICABILITY:**

Deputy Secretary, Assistant Secretary, Undersecretary, Deputy Undersecretary, Chief of Operations, Deputy Assistant Secretary, Regional Directors, Regional Managers, and Community Based Services (CBS) Social Services staff.

The Regional Managers are responsible for ensuring all necessary procedures are in place to comply with this policy.

**IV. DEFINITIONS:**

***Clinical Supervisor (CBS)*** - A Licensed Clinical Social worker (LCSW) in the State of Louisiana responsible for clinical supervision and oversight of cases assigned to staff that are not licensed to practice social work independently.

***Community Based Services (CBS)*** - Formerly known as the Division of Youth Services. CBS includes all YS/OJJ regional offices located throughout the state.

**Juvenile Electronic Tracking System (JETS)** - The centralized database utilized to track all youth in OJJ custody or under OJJ supervision.

**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 compliance with the services provided and court ordered requirements while the youth is in the custody or under supervision of YS.

**Regional Director** - The Deputy Assistant Secretary responsible for the oversight of all functions and operations of the Community Based Services Regional Offices and the secure care facility in their assigned Region.

**Regional Offices** - Community Based Services (CBS) probation and parole offices located throughout the state.

**Regional Managers** - Managers of the Community Based Services (CBS) regional offices located throughout the state.

**Response Plan** – A written plan detailing the necessary action to be taken by detention staff and/or CBS Social Service staff in an effort to resolve a youth's presenting problem(s).

**Social Service Staff (CBS)** - Social Service Counselors, Licensed Social Service Counselors and/or Licensed Social Workers assigned to a Regional Probation and Parole office that provide individual counseling services to youth and/or family counseling based on the needs as identified in the support services treatment Plan. Social Service staff may be involved in the delivery of auxiliary services as defined by the Regional Director, Regional Manager or CBS Clinical Supervisor.

## V. POLICY:

It is the Deputy Secretary's policy that mental health and treatment services are provided to youth in the custody of YS, who are placed in a detention facility pending secure or non-secure placement.

## VI. PROCEDURES:

- A. Probation and Parole Officers/Juvenile (PPO/Js) are required to make monthly face-to-face contacts with youth placed in a detention facility pending secure or non-secure placement. (Refer to YS Policy No. D.10.4)

The purpose of the monthly face-to-face contact is to discuss issues such as adjustment to the facility, legal charges and disposition, reason for placement, family dynamics and any other issues/problems the youth may be experiencing.

After meeting with the youth and facility staff, PPO/Js shall make a referral to the appropriate CBS Social Service staff if one of the following circumstances exists (refer to YS Policy No. D.15.3 for information about the delivery of treatment services by Social Service staff):

1. The youth is at probable risk of being a danger to self or others, such as a suicidal attempt/gesture or an attempt/gesture to inflict bodily harm on others;
  2. The youth has severe behavioral disturbances which results in physical restraint by detention staff (to also include significant injury received by youth and/or detention staff);
  3. The youth's total refusal to participate in the program;
  4. A request for removal of the youth by detention staff; or
  5. Successful/attempted escape or apprehension.
- B. PPO/Js shall complete the "Referral to Community Based Program" form in JETS to make the referral identifying any presenting problems. The form shall be forwarded to the appropriate CBS Social Service staff within 24 hours of contact with a youth, along with a copy of any psychological/psychiatric evaluations available.
- C. Within 24 hours of receiving the referral, excluding weekends and holidays, the CBS Social Service staff shall make a face-to-face contact with the youth to assess the situation. If it is determined that the youth is at probable risk of being a danger to self or others, such as a suicidal attempt/gesture or an attempt/gesture to inflict bodily harm on others, the CBS Social Service staff shall initiate a "No Self Harm Contract" [see Attachment D.10.34 (a)] and a "Safety Plan" [see Attachment D.10.34 (b)] with the youth.

CBS Social Service staff shall contact detention facility staff to discuss the youth's current presenting problems, severity of problems, and needs of the youth, and an appropriate "Response Plan" [see Attachment D.10.34 (c)] shall be developed in collaboration with facility staff. The "Response Plan" shall determine how CBS Social Service staff providing direct clinical services.

The CBS Social Service staff shall complete a narrative entry in JETS within 24 hours of contact with the youth and detention facility staff, outlining all aspects of the initial assessment and "Response Plan".

- D. If an amicable solution/plan is reached, CBS Social Service staff shall verbally inform the PPO/J of the “Response Plan”. The PPO/J shall be responsible for reviewing the narrative entry outlining the assessment and “Response Plan”.
- E. If at any time a resolution cannot be reached, the CBS Social Service staff shall inform the placing Regional Manager and PPO/J of their findings. A staffing to determine the most appropriate course of action shall be held within 24 hours of notification to the Regional Manager, excluding weekends and holidays

The Regional Manager shall notify the Regional Director of the “Response Plan” recommendation to transfer the youth to another youth center/facility/placement/detention. The PPO/J shall notify the court and the youth’s family whenever a youth's location/placement changes.

- F. There may be times when CBS Social Service staff is required to provide individual counseling services to the detained youth pending placement.

These circumstances exist when the following occurs:

1. The judge recommends that a youth receive a specific type of treatment/service by a CBS Social Service staff until he/she is transferred to a permanent placement; or
2. The Regional Manager request a youth is followed/monitored due to severe mental or behavioral issues.

CBS Social Service staff shall conduct an assessment within 24 hours, excluding weekends and holidays, of receiving the referral from the judge or Regional Manager and initiate services based on the assessment.

The frequency and duration of these services are predicated on the assessment and/or recommendations of the judge and/or Regional Manager.

A case narrative shall be created in JETS by CBS Social Service staff to document the contact(s) within seven (7) working days.

**Previous Regulation/Policy Number:** D.10.34

**Previous Effective Date:** 8/25/2015

**Attachments/References:** D.10.34(a) No Self Harm Contract 6 19 2013.docx  
D.10.34(b) Safety Plan (suicide watch).docx  
D.10.34 (c) Response Plan 6 19 2013.docx

# Office of Juvenile Justice Community Based Services No Self Harm Contract

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

I, \_\_\_\_\_ hereby contract with \_\_\_\_\_  
*Youth* *Therapist*

that I will take the following actions if I feel suicidal.

1. I will not attempt to harm, hurt or kill myself.
2. I will ask to speak to a staff member as soon as possible.
3. I will phone additional supports \_\_\_\_\_  
*family member(s)*  
at \_\_\_\_\_ with permission from staff.  
*phone number*

4. I will further seek social supports from any of the following people:

Name	Phone
_____	_____
_____	_____
_____	_____
_____	_____

Youth's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Safety Plan

To be completed by OJJ Social Service staff for youth on suicide watch

Youth's Name: \_\_\_\_\_

Dorm: \_\_\_\_\_

Date Plan Began: \_\_\_\_\_

Date Plan End: \_\_\_\_\_

1. Brief identification of the crisis as defined by the youth: \_\_\_\_\_

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2. What can the youth do to get through the next 24 hours? \_\_\_\_\_  
(youth's own words)

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3. What will the OJJ Counselor do to assist youth in getting through the next 24 hours?

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4. What additional supports are available and can provide assistance? \_\_\_\_\_  
(security staff; teacher; clerical; youth etc)

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5. What will the above identified supports do to assist? \_\_\_\_\_

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Additional information: \_\_\_\_\_

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By signing below, we understand and agree to follow the safety plan that we have determined to be the best course of action until or next visit.

\_\_\_\_\_  
Youth's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
OJJ Social Service Staff

\_\_\_\_\_  
Date

**RESPONSE PLAN**

\_\_\_\_\_  
*Youth's Name*

\_\_\_\_\_  
*JETS #*

\_\_\_\_\_  
*Date of Referral*

\_\_\_\_\_  
*Source of Referral*

\_\_\_\_\_  
*Detention Center*

\_\_\_\_\_  
*Detention Contact Person*

**Reason for Referral: (check all that apply)**

- The youth is at probable risk of being a danger to self or others, such as a suicidal attempt/gesture or an attempt/gesture to inflict bodily harm on others;
- The youth has severe behavioral disturbances which results in physical restraint by detention staff (to also include significant injury received by youth and/or detention staff);
- The youth's total refusal to participate in the program;
- A request for removal of the youth by detention staff; or
- A successful/attempted escape or apprehension.
- Other \_\_\_\_\_

**Explanation/Details of referral (who, what, when, where, why, risks):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ **Response Plan Developed**

*Date*



**Action steps to resolve issue(s) including timelines, follow-up and responsible parties:**

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**Agree**

**Disagree**

\_\_\_\_\_  
*CBS Social Service Staff*

\_\_\_\_\_  
*Probation Officer*

\_\_\_\_\_  
*Detention Staff*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Referred to Regional Manager \_\_\_\_\_ (yes/no)**

***Complete this section only if an amicable solution/plan can not be reached by the CBS Social Service staff and detention staff.***

\_\_\_\_\_ **Staffing with Regional Manager/Probation/Social Service Staff**  
*Date*

**Action steps to resolve issue(s) including timelines and responsible parties:**

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\_\_\_\_\_  
*Regional Manager*

\_\_\_\_\_  
*CBS Social Service Staff*

\_\_\_\_\_  
*Probation Officer*

\_\_\_\_\_

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\_\_\_\_\_ **If the staffing resulted in no resolution, the case is referred to the appropriate Regional Director.**  
*Date*