

YOUTH SERVICES POLICY

Title: Youth Hunger Strikes	Type: C. Field Operations Sub Type: 2. Security Number: C.2.17
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References: ACA Standards 4-JCF-2A-01, 4-JCF-2A-19, 4-JCF-2A-30 and 4-JCF-4D-01 (Performance-Based Standards for Juvenile Correctional Facilities); YS Policy Nos. A.2.20 “Critical Incident Management Program”, B.6.1 “Health Care”, and OJJ/CCS Policy No. D-1 “Mental Health Program”	
STATUS: Approved	
Approved By: <i>James Bueche, Ph.D., Deputy Secretary</i>	Date of Approval: 11/22/2017

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 establish the Deputy Secretary’s policy with regard to actions to be taken and procedures to follow in handling a youth who declares, initiates or participates in a hunger strike.

III. APPLICABILITY:

Deputy Secretary, Assistant Secretary, Undersecretary, Chief of Operations, Executive Management Advisor, General Counsel, Regional Directors, Facility Directors, Regional Managers, Health Services Director (HSD), Director of Rehabilitation and Treatment, and the Contracted Health Care Provider(CHP).

IV. DEFINITIONS:

Designated Health Care Authority (HCA) – The individual responsible for the facility’s health care services, including arrangements for all levels of health care and the ensuring of quality and accessibility of all health services provided to youth. The designated HCA is the contracted Health Services Administrator (HSA), who is a Registered Nurse located at each secure care facility.

(Final medical judgments rest with the contracted Medical Director.)

Designated Mental Health Authority (MHA) – The individual responsible for the facility’s behavioral health services provided to youth. The designated MHA is the contracted CHP Mental Health Director. (According to CHP Policy D-1, if mental health staff have concern about the level of mental health services required to manage a youth in the facility, they notify the Mental Health Director, the Psychiatrist and/or the HSA.

Hunger Strike – At a minimum, refusal by a youth to intake food and liquids for 48 hours or six (6) consecutive meals is declared a hunger strike.

Management Plan – A special plan developed by the CHP staff and facility treatment staff to manage a youth's medical and/or behavioral health care when a youth declares, initiates or participates in a hunger strike.

Unusual Occurrence Report (UOR) – A form/document that must be completed by staff to report incidents or observations of events that may have an impact on any aspect of the agency. UOR forms shall be made available to all employees, working all areas at all times. Employees must complete and submit a UOR prior to the end of their tour of duty on the day the incident was observed or comes to the employee’s attention in any way. If a UOR form is not available, the employee must use any paper available to report the pertinent information. UORs can also be submitted by email in any format.

V. POLICY:

Since the possibility of a hunger strike exists among the youth population of a secure care facility, it is the Deputy Secretary’s policy that any youth who declares, initiates or participates in a hunger strike shall have a special “Management Plan” developed by the contracted health care and behavioral health services staff, along with facility treatment staff. A specific plan, including procedures for coping with and handling this type of occurrence, must be developed and ready for implementation.

Youth shall have the right to refuse food, liquids and medical treatment as long as the youth is legally competent and has the ability to express same; however, proper nutrition and medically necessary treatment shall be available and highly encouraged by all staff for the safety and well-being of any youth while in a secure care facility.

VI. MANAGEMENT PLAN:

At a minimum, the “Management Plan” shall include the following:

- A. Established procedures for coping with and handling a youth hunger strike;

- B. Determined periodic intervals for physical and mental health assessments to ensure the physical and mental well-being of the youth is maintained as much as possible;
- C. Decision for appropriate placement for monitoring;
- D. Identified steps for staff to follow to support and encourage returning the youth back to a sense of well-being and resuming proper nutrition, medical treatment (if indicated), and normal activities of living; and
- E. A developed plan for monitoring a youth following the termination of a hunger strike until it has been determined by the contracted Medical Director to discontinue it.

VII. PROCEDURES:

- A. When any secure care employee notices a pattern of a youth not eating, or witnesses and/or is informed by a youth of the intent to go on a hunger strike, the employee(s) shall notify their supervisor who shall immediately inform the Facility Director/designee verbally, and follow up with an Unusual Occurrence Report (UOR).

The Facility Director/designee shall notify the contracted HSA, the MHA, the Facility Treatment Director, the HSD, and the Regional Director of the situation both verbally and in writing.

The youth shall also be interviewed by treatment staff to determine the reason for not eating, and must be examined by the CHP.

The employee(s) who noticed the youth not eating, witnessed and/or was informed by the youth of the intent to go on a hunger strike shall document this information, including all notifications made, on a UOR and submit it to their supervisor prior to the end of their tour of duty.

- B. After determination of a hunger strike is made, the youth shall undergo both a physical assessment and a mental health assessment by the CHP. The results of the assessments shall be immediately conveyed to the facility HSA, MHA, Facility Director/designee, HSD, the appropriate Regional Director, and the Director of Rehabilitation and Treatment.
- C. The Facility Director/designee shall also notify the youth's parent/legal guardian.
- D. Following the 24 hour period or the rejection of three (3) consecutive meals because of an apparent hunger strike, The Facility Director/designee shall make the following external notifications:

1. Regional Director, who shall notify the Deputy Secretary, Assistant Secretary and the Chief of Operations;
2. Health Services Director (HSD);
3. Probation and Parole Officer/Juvenile (PPO/J);
4. CBS Regional Manager;
5. Notification to the youth's parent/legal guardian;
6. Director of Treatment and Rehabilitation; and
7. Facility Administrative Duty Officer (ADO).

Following initial notification, the above persons shall be updated daily or more frequently regarding the situation, as determined by the Facility Director/designee.

- E. After 48 hours or the rejection of six (6) consecutive meals because of an apparent hunger strike, the youth shall again undergo both a physical assessment and a mental health assessment by the CHP.
- F. Following the results of the medical/mental health examinations, the youth's "Management Plan" shall be implemented.
- G. All contracted health care and mental health care providers (whether facility contract staff or clinic/hospital staff off facility grounds) shall maintain frequent communication with the HCS and MHA regarding the youth's status. The information shall be relayed to the Facility Director/designee, by the HCA or MHA immediately.
- H. The right of the youth to refuse food, liquid or medical treatment shall be recognized as long as the youth is considered both physically and mentally stable. (Refer to Section V. POLICY for additional information.)
- I. If it is determined that the youth is not mentally competent to refuse meals, steps shall be taken to initiate treatment to stabilize the youth's mental health. The CHP shall determine if the facility can adequately provide this treatment. If not, steps shall be taken to move the youth to an appropriate treatment facility.
- J. Should the youth become medically unstable and lose consciousness, appropriate medical intervention (e.g., hospitalization for fluid administration or feed tube) may be initiated with the assumption that the youth can no longer refuse treatment.
- K. The contracted HSA, MHA and HSD, working in cooperation with the Facility Director, shall determine if the youth may be maintained in the facility or if transfer to a hospital or treatment facility is necessary. The

physical and mental well-being of the youth shall be the primary in all decisions.

- L. If the decision to transfer the youth to a hospital or treatment facility is made, the Facility Director/designee shall again make the external notifications noted in Section VII.C of this policy.

VIII. MONITORING OF A YOUTH AFTER TERMINATION OF A HUNGER STRIKE:

Monitoring of a youth's condition shall continue after termination of a hunger strike based upon the clinical judgment of the facility's contracted Medical Director and in accordance with the youth's "Management Plan".

Previous Regulation/Policy Number: C.2.17
Previous Effective Date: 11/17/2014
Attachments/References: