

# YOUTH SERVICES POLICY

<b>Title:</b> Behavioral Intervention Rooms	<b>Type:</b> B. Classification, Sentencing and Service Functions <b>Sub Type:</b> 2. Classification <b>Number:</b> B.2.21
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<b>References:</b> La. Children’s Code Arts. 897 and 899; La. R.S. 15:901 G; ACA Standard 2-CO-4F-01 (Administration of Correctional Agencies); YS Policies B.2.8 “Behavioral Health Treatment Unit (BHTU)”, B.5.1 “Youth Code of Conduct – Secure Care”, B.6.1 “Health Care”, B.6.4 “Accident and Injury (A&I) Evaluations”, C.2.6 “Use of Interventions - Secure Care”	
<b>STATUS: Approved</b>	
<b>Approved By:</b> <i>James Bueche, Ph.D., Deputy Secretary</i>	<b>Date of Approval:</b> 05/31/2019

**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, located at YS Secure Care Centers for Youth.

**III. APPLICABILITY:**

Deputy Secretary, Assistant Secretary, Chief of Operations, Executive Management Advisor, Regional Directors, Director of Treatment and Rehabilitation Services, 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 Health Treatment Unit (BHTU)*** – A dormitory housing unit with an open sleeping bay designed to facilitate treatment of behaviorally challenged and /or disruptive youth who require a more intensive level of supervision and therapy.

***Behavioral Intervention (BI)*** – Temporary assignment of a youth from general population to a self-contained unit when his continued presence in the general population poses a threat to staff or other youth, pending investigation of a potential threat, or when his 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 Provider (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.

***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.

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 immediate risk of harm to himself, other youth, or engaging in significant property destruction.
- B. Prior to using a BI room, 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 he 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. Youth shall not be placed on BI for engaging in suicidal or self-mutilating behavior.
- D. Youth on BI shall be provided with reading and writing materials unless his current behavior indicates that possession of such materials would be a danger to self or others.
- E. Use of a BI room at each facility shall only take place in a dorm with a specified BI room or in the following locations:

***BCCY – For dorms with no BI room, the location shall be Building K.***

***SCY – For dorms with no BI room, the location shall be on the Cypress Unit, A wing side, only using the first 4 rooms.***

**F. Approval and Notifications**

- 1. Prior to placing a youth in a BI room, approval must be given by the Facility Director. In his/her absence the Facility Deputy Director can authorize placement in BI.
- 2. At the time of a youth's placement in BI, the Facility Director or Deputy Director shall immediately notify the Regional Director via email.

3. Prior to placement in a BI room, 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)
4. Within one (1) hour of a youth's placement in a BI room, the Operations Shift Supervisor (OSS) shall notify the Clinical Treatment Director, Dorm Group Leader, and youth's assigned case manager or the assigned case manager's immediate supervisor, if the case manager is not available.

**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 provided to the Control Center where it is 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 15 minutes (or more, depending upon the youth's emotional state) and otherwise monitor the condition of each youth. The exact time of the required 15 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. The Facility Director/Deputy Director shall ensure that a social services staff member provides crisis counseling to the youth prior to the end of the workday or within 24 hours if placement occurs after hours. Social Services staff shall determine and address any adjustment issues and develop a plan that will allow youth to return to programming.
4. If the youth is SMI/ID, a QMHP/MHTP must see the youth within two (2) hours of initial placement in 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. Additionally,

on weekends/holidays a social services staff member is responsible for providing this counseling.

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, and a brief description of the youth's disposition. Once the youth is released from the BI room, a copy of the form shall be filed in the youth's case record.

#### H. Reassessment and Release

1. Staff shall return the youth to programming as soon as he has regained self-control and is no longer engaging in behavior that threatens immediate harm to the youth or others.
2. If a youth is still displaying a need to remain in a BI room after one hour the Facility Director, or in his/her absence the Facility Deputy Director, can approve continued placement in a BI Room for up to four hours in one hour increments.

If after four hours the youth still needs to remain in a BI room the Facility Director, in his/her absence the Facility Deputy Director, shall get approval from the appropriate Regional Director. The Assistant Secretary shall also be notified by email.

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

3. If reassessment is required on a weekend/holiday and the Facility Director and/or the Director of Treatment are unavailable, it may be conducted by the Operations Shift Supervisor (OSS) and on call social services staff.
4. When a youth has been placed in BI, the treatment team shall discuss the need for an MDT staffing at the next Weekly Team Meeting and if deemed necessary, shall be held within five (5) working days, excluding weekends and holidays.

If a youth has been placed in a BI room 3 or more times within any 7 day period, an MDT staffing shall be arranged and conducted within 48 hours 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. The staffing may also be used to determine whether the youth needs to be transitioned to the Behavioral Health Treatment Unit (BHTU). Refer to YS Policy B.2.8 for referral and admission criteria to BHTU.

**VI. 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.

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

**Previous Effective Date:** 05/25/2018

**Attachments/References:** B.2.21 (a) – BIR Placement and Release Report May 2019  
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: _____ (Name / Title)	Approved By: _____ (Name/Title)
Reason for Placement in the Behavior Intervention Room: (Be specific) _____ _____	
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: _____
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 RD 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 Regional Director and notified the Assistant Secretary. <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 _____ Name of Treatment Director _____	Date Time OSS Notified Dorm Group Leader _____ Name of Dorm Group Leader _____
Date Time OSS Notified Case Manager _____ 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: 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 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)	

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 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 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