

YOUTH SERVICES POLICY

Title: Behavioral Intervention (BI) and Extended BI	Type: B. Classification, Sentencing and Service Functions Sub Type: 2. Classification Number: B.2.21
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References: 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 A.1.14 “Unusual Occurrence Report”, B.2.2 “Youth Classification System and Treatment Procedures”, 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”, B.6.5 “Secure Care Mental Health Screening Appraisal and Evaluation” and C.2.6 “Use of Interventions - Secure Care”	
STATUS: Approved	
Approved By: <i>E. Dustin Bickham, JD, Interim Deputy Secretary</i>	Date of Approval: 08/07/2020

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 their continued presence in the general population poses a threat to staff or other youth, pending investigation of a potential threat, or when their 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 Professional (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 and placement in extended BI.

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 other youth or staff or engaging in significant property destruction.

Except as outlined below in Section VII. Procedures – Extended BI, placement in BI shall not exceed 12 hours.

- B. Prior to using a BI room, when safety permits, 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 they 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 or posing a threat to the orderly operation of the facility. 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 their 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 specified BI room:

ACY – Rooms in the Administration Building

BCCY – Rooms in Building K.

SCY – The Cypress Unit

- 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 or Regional 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. The email notification shall include the following:

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- a. Youth's name and JETS number;
- b. Time and reason for youth's placement in BI;
- c. Any significant injury to youth or staff that may require medical treatment;
- d. Any damage to property that requires immediate repair to maintain the safety and security of the facility, youth and staff;
- e. If the youth is designated DD/ID or SMI.

By the end of the shift, the OSS staff forward all UOR's and Code of Conducts related to the referring incident and the youth's Unified Behavior Plan (UBP), if applicable, to the Facility Director, Deputy Director, and Regional Director.

3. Prior to placement in a BI room or immediately after a situation has been brought under control, 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)

The OSS shall confirm with the CHP whether or not the youth has been designated as DD/ID or SMI.

4. Within one (1) hour of a youth's placement in a BI room, the Facility Director or Deputy Director shall notify the Facility Clinical Treatment Director, Dorm Group Leader, youth's assigned case manager or the assigned case manager's immediate supervisor, if the case manager is not available. If the youth is DD/ID or SMI, the QMHP/MHTP shall also be included in the notification. If a youth's placement in BI occurs after normal business hours, notification shall be sent via email.
5. 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.

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 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. 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, type assessment completed and a brief description of the youth’s disposition. Once the youth is released from BI, a copy of the completed attachments B.2.21 (a – e) shall be provided to the Case Manager for proper filing in the youth’s case record.

H. Reassessment and Release

1. Staff shall return the youth to programming as soon as they have regained self-control and are no longer engaging in behavior that threatens immediate harm to the youth or others.

While in BI, the assigned Case Manager/Supervisor and Group Leader/Supervisor, or OSS in the Group Leader/Supervisor’s absence, shall conduct a mediation to include the youth and if applicable, anyone else involved in the incident that led to the youth’s placement in BI. This shall occur as soon as it is safe to do so and prior to returning the youth to the dorm.

2. If after one (1) hour a youth is still displaying a need to remain in a BI room, the Facility Director or Deputy Director can approve continued placement in a BI Room for up to four (4) hours.

If after four (4) hours the youth still needs to remain in a BI room, the Facility Director or 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 12 hours per individual incident.

3. Prior to removing the youth from BI and no later than the approved length of stay, the OSS shall contact the Facility Director, Deputy Director, or Regional Director to determine the appropriateness of returning the youth to the dormitory.
4. Within 24 hours (including weekends/holidays) of youth's placement in BI, the Facility Treatment Director and Deputy Director shall ensure that a Social Services staff member provides crisis counseling. Social Services staff shall determine and address any adjustment issues and develop a plan to maintain the youth in regular programming.
5. If a youth has been placed in a BI room three (3) or more times within any seven (7) day period, the Facility Treatment Director shall ensure an MDT staffing is arranged and conducted within two (2) working days 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.
6. If a youth engages in behaviors that are violations of the Rules of Code of Conduct, documentation shall be completed in accordance YS Policies B.5.1 and A.1.14.

Additional Code of Conduct violations while in BI are considered a separate incident and may lead to the youth remaining in BI for up to 12 hours from the time of the most recent incident. The OSS shall notify the Facility Director, Deputy Director or Regional Director of the incident to determine the most appropriate course of action. All required notifications as outlined in Section VI.F above shall be made.

VII. PROCEDURES – EXTENDED BI

- A. Youth who engage in behaviors that are destabilizing or highly disruptive including large scale incidents involving riotous behavior, major property damage, aggressive and intentional youth/youth and youth/staff assaults, youth/youth assaults involving multiple youth, and escape or attempted escape (including removing or attempting to remove staff keys and/or radio) may require placement in BI for a period of time longer than 12 hours.

In these instances, a youth may be placed in Extended BI for up to seven (7) days. Extended BI will take place in the Cypress Unit at SCY.

B. Approval and Notifications

1. The approval and notification process outlined in Section VI.F shall be followed.

Exception - Youth transferring from ACY, BCCY, or SCYC to SCY for the sole purpose of placement in Extended BI.

2. Prior to transferring a youth to SCY for placement in Extended BI, the sending Facility Director, Deputy Director or Regional Director shall obtain approval from the Deputy Assistant Secretary.

The sending Facility Director, Deputy Director, or Regional Director shall verbally notify a SCY Facility Director or Regional Director prior to transferring the youth. The sending facility shall also send email notification prior to the youth's arrival to include the following:

- a. Youth's name and JETS;
- b. Time and reason for youth's placement in Extended BI;
- c. Any significant injury to youth or staff that may require medical treatment; any known medical concerns
- d. Any damage to property that requires immediate repair to maintain the safety and security of the facility, youth and staff.
- e. If youth is designated DD/ID or SMI; any known history of self harm or suicidal ideations.

The SCY Facility Director, Deputy Director, or Regional Director shall notify the Assistant Director, Facility Treatment Director, OSS, CHP, and MHTP/QMHP (if applicable) of youth's pending transfer.

No later than the end of shift, all UOR's and Code of Conducts related to the referring incident and the youth's Unified Behavior Plan (UBP), if applicable, shall be forwarded to the SCY Facility Director, Deputy Director, and Regional Director.

3. Within one (1) hour of the youth's arrival, the CHP shall complete a medical screening. (Refer to YS Policy B.6.1).
4. Within one (1) hour of the youth's arrival, a mental health screening shall be conducted by a Qualified Mental Health Professional (QMHP) or a staff person qualified to conduct the screening. (Refer to YS Policy B.6.5)

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.

5. Within 24 hours (including weekends/holidays) of youth's placement in Extended BI, the Facility Treatment Director or Deputy Director shall ensure that a Social Services staff member provides crisis counseling.
6. All required processes, documentation and notifications related to a youth transfer shall be completed as outlined in YS Policy B.2.2 "Youth Classification System and Treatment Procedures".

C. Documentation and Observation

1. The Documentation and Observation shall be completed as outlined in Section VI.G. above.

D. Reassessment and Release

1. Within twenty-four (24) hours of a youth's initial placement in Extended BI, the Facility Director, Deputy Director or Treatment Director shall meet with the youth and determine whether he can be returned to regular programming or continue placement in BI. The Regional Director shall be contacted for approval to continue the youth in BI.

2. Youth continued in Extended BI shall be reassessed daily (by 12 pm) by the Facility Director, Deputy Director or Treatment Director. If there is a disagreement as to whether the youth should remain in Extended BI, the Regional Director shall be consulted immediately for the final decision.

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 Social Services staff, after having consulted with the Facility Director or Deputy Director.

3. Within two (2) days (including weekends/holidays) of a youth's placement in Extended BI, a MDT staffing must be arranged and conducted. Prior to the MDT staffing, the Case Manager, Social Services Supervisor or Facility Treatment Director shall provide participants with a copy of the most recent IIP and Behavior Plan (if applicable). If the youth was transferred from another facility for placement in Extended BI, both the sending and receiving facility shall participate in the MDT staffing.

The purpose of the MDT staffing is to review and modify the youth's Individualized Intervention Plan (IIP) to reflect the current identified goals and interventions that will be utilized. At this staffing, all interventions, including a behavior plan, should be initiated in an effort to successfully transition the youth from BI to regular programming.

The MDT staffing shall be documented utilizing the "Individualized Intervention Plan Summary of Staffing" form in JETs, within three (3) working days of the staffing. The case manager from the sending facility shall complete the Summary of Staffing form on youth who were transferred from ACY, BCCY, or SCYC for placement in Extended BI at SCY.

4. The assigned Social Services Case Manager, or Supervisor, shall conduct individual sessions with the youth daily until released from placement in Extended BI.

Topics addressed during these sessions will include Anger Management, Impulse Control and Healthy Masculinity. Key components includes skill acquisition, generalization and understanding how the skills can assist in managing behavior. The format should include introduction of the concept, understanding link between skills and aggression, staff modeling of the skills, youth practice through role-play exercise and homework assignments. The content of homework assignments may be verbally presented when the youth requires reading and writing accommodations.

Individual sessions shall be documented in JETS on the Weekly Contact Progress Note using the Date, Assessment, Goal and Plan (DAGP) format within five (5) working days.

5. Prior to removing the youth from Extended BI, approval must be obtained from the Facility Director, Deputy Director, or Regional Director. The SCY Social Services Case Manager/Supervisor shall coordinate the transfer staffing with the sending facility prior to the youth's return. (Refer to YS Policy B.2.2)
6. While placed in Extended BI, if a youth engages in behaviors that are violations of the Rules of Code of Conduct, documentation shall be completed in accordance YS Policies B.5.1 and A.1.14.

Additional Code of Conduct violations while in Extended BI are considered a separate incident and may lead to the youth remaining in Extended BI for up to an additional 7 days from the time of the most recent incident.

VIII. 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: 05/31/2019

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	WARNING SIGNS						
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: _____

Reason for Behavior Improvement Plan: (What did the Youth do Wrong or not do?) _____ _____ _____
GOAL: (What needs to be corrected or achieved?) _____ _____ _____
What does the youth need to do to achieve the goal? _____ _____ _____ _____
What Will Staff Do? _____ _____
Accommodations: _____ _____
How will the Behavior Improvement Plan's success be determined, and by whom? _____ _____

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

Unified Behavior Plan for Youth with Special Needs

Youth:	Jirms:	DOB:	Date of Plan:
Dorm:			
OJJ Case Manager:	Contracted MHTP:		
	SSD Counselor and/or Speech Therapist:		
Youth on Medications? <input type="radio"/> Yes <input type="radio"/> No Medication Side Effects: <input type="checkbox"/> Sleepy <input type="checkbox"/> Dry Mouth <input type="checkbox"/> Hyper <input type="checkbox"/> Can't Sleep <input type="checkbox"/> Slow Moving <input type="checkbox"/> Constipation		Physical Limitations? <input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> No Running <input type="checkbox"/> No Heavy Lifting <input type="checkbox"/> Lower Bunk <input type="checkbox"/> No Sun Exposure <input type="checkbox"/> No Overheating <input type="checkbox"/> Eyeglasses <input type="checkbox"/> Hearing Aid	
		Youth At Risk? <input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> Emotional <input type="checkbox"/> Aggressive Behavior <input type="checkbox"/> Escape <input type="checkbox"/> Can't Read <input type="checkbox"/> Victimization <input type="checkbox"/> Self-Injury Behavior <input type="checkbox"/> Memory Problems <input type="checkbox"/> Chronic Medical Condition	
For ALL Special Needs Youth:			
Monitor for sleep problems		Prepare youth for any changes to his routine	
Monitor for eating problems		Always provide immediate and helpful feedback when youth is learning a new skill	
In all situations, use small words and short sentences when talking to youth		Review activity schedule with youth until youth can repeat it back to you	
Show, coach, and practice skills until youth can do it on his own		Provide lots of examples when teaching a new idea or skill	
Use Praise and compliments when youth gives his best effort		Give positive feedback and encouragement when youth is having difficulty	
When talking to youth, make eye contact		Encourage youth to express feelings and opinions in a respectful manner	
When addressing problems, talk to youth one-on-one		Provide youth with options whenever possible	
For THIS Special Needs Youth (check those that apply)		Individual Behavior Plan:	
EMOTIONAL: <input type="checkbox"/> Monitor for social isolation <input type="checkbox"/> Encourage youth to use deep breathing if upset <input type="checkbox"/> Step in early when yth. appears to be getting upset <input type="checkbox"/> Allow breaks from activities every _____ Minutes		PRIMARY TARGET BEHAVIOR: SUGGESTED INTERVENTIONS:	
COMMUNICATION: <input type="checkbox"/> Use visual aids to help learning <input type="checkbox"/> Help youth with all writing tasks <input type="checkbox"/> Repeat instrs. until you are sure youth understand <input type="checkbox"/> Read all printed material to youth <input type="checkbox"/> Youth requires large text print <input type="checkbox"/> Youth required audio versions of printed text Other:		SECONDARY TARGET BEHAVIOR: SUGGESTED INTERVENTIONS:	
OJJ Dorm Manager:		Contracted MHTP:	
OJJ Case Manager:		Youthcare Mentor:	
Senior YouthCare Worker:		Other Attendee:	
SSD/Education Staff:		Other Attendee:	