YOUTH SERVICES
POLICY

Title: Furlough Process	**Type:** C. Field Operations **Sub Type:** 4. Juvenile Institutions **Number:** C.4.1
	Page 1 **of** 20
References: La. R.S. 15:901(D)(1) and 906; La. Children's Code Articles 116 (introductory paragraph)(24.2), 787, 801, 897(B), 897.1, (901 (A - F), 901(E), and 910(C); and La. R.S. 15:906(B) and 908(A); ACA Standards 2-7116, 2-7117, 2-7119, 2-7120, 2-7172, 7-179, 2-7193, 2-7194, 2-7195, 2-7196 and 2-7197 (Juvenile Probation and Aftercare Services); 4-JCF-3A-26, 4-JCF-5I-01, 4-JCF-5I-03, 4-JCF-5I-04, 4-JCF-5I-05 (Performance-Based Standards for Juvenile Correctional Facilities) YS Policy Nos. A.1.14 "Unusual Occurrence Reports", B.2.1 "Assignment, Reassignment, and Release of Youth", B.2.2 "Youth Classification System and Treatment Procedures", B.2.3 "Secure Care Intake", B.2.7 "LAMOD Program and Youth Stage Procedures", B.2.14 "Secure Care SAVRY", B.2.17 "Sex Offender Notification and Registration Requirements", B.2.18 "Reintegration Process", B.3.1 "Secure Care Youth Records; Composition and Maintenance", B.5.1 "Youth Code of Conduct – Secure Care", C.2.1 "Escapes, Runaways, Apprehensions, and Reporting", C.2.7 "Youth Drug/Alcohol Testing", C.2.24 "Electronic Monitoring Program (EMP)"	
STATUS: Approved	
Approved By: *E. Dustin Bickham, JD, Interim Deputy Secretary*	**Date of Approval:** 07/21/2020

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 Deputy Secretary's policy regarding temporary release on furlough of adjudicated youth for the purpose of assisting youth in maintaining family and community relations.

III. APPLICABILITY:

Deputy Secretary, Assistant Secretary, Chief of Operations, Executive Management Advisor, General Counsel, Regional Directors, Facility Directors, Regional Managers, Contracted Health Care Provider (CHP) and Intensive Residential Contract Providers.

Facility Directors are responsible for compliance with the established guidelines outlined in this policy.

IV. DEFINITIONS:

Community Based Services (CBS) - Includes all regional probation and parole offices located throughout the state.

Escape – When a youth departs from either the grounds of a secure facility, or from the custody and control of staff while off the grounds of the facility, or fails to return to the facility from a furlough.

Furlough - The authorized temporary release of a qualified youth from the grounds of a secure facility or community-based secure detention facility, without the supervision of facility staff, for the purposes of aiding in the youth's rehabilitation, maintaining and/or enhancing family and community relations, and preparing the youth to make a satisfactory transition into society after the youth's release.

Types of Furloughs:

Standard Furlough **-** Applies to all youth except for those committed to YS under Ch. C. Article 897.1, based upon a violation of R.S. 14:30 first degree murder, R.S. 14:30.1 second degree murder, or youth eligible for a Family Emergency Furlough.

Ch. C. Article 897.1(A) Furlough - Applies only to youth committed to YS under La. Children Code Art. 897.1 based upon a violation of R.S. 14:30 first degree murder or R.S. 14:30.1 second degree murder.

Ch.C. Article 897.1(B-C) Furlough – Applies only to youth committed to YS based upon violations of R.S. 14:42 first degree rape, R.S. 14:44 aggravated kidnapping, or R.S. 14:64 armed robbery.

Family Emergency Furlough - The authorized temporary release of a qualified youth due to a crisis prompted by the death or life-threatening illness or injury of a family member or legal custodian, and such furlough is deemed beneficial for the youth in meeting the needs of youth/family.

Individualized Intervention Plan (IIP) – Initial and Formal – A statement of goals, objectives, and the 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.

Juvenile Electronic Tracking System (JETS) - The centralized database used to track all youth in the custody of or under the supervision of YS and to record youth case record activity (refer to YS Policy No. B.3.1).

Juvenile Justice Specialists (JJS) – Provide 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.

LAMOD - The catalyst that drives the therapeutic process in Louisiana's secure care facilities.

Multidisciplinary Team (MDT) - A team consisting of representatives from at least three disciplines, (e.g., treatment, custody, education, mental health or medical) responsible for developing comprehensive case plans for youth and determining furlough eligibility.

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 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, a 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.

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. The SAVRY utilizes a structured, professional judgement method of assessment, meaning that the individual completing the assessment rates the youth on a number of evidence-based risk factors and then weights all the information to come to a final judgement that the youth has a Low, Moderate or High Summary Risk Rating for future reoffending. (Refer to YS Policy No. B.2.14)

Unusual Occurrence Report (UOR) – A 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 may also be submitted by email. (Refer to YS Policy No. A.1.14)

V. POLICY:

It is the policy of the Deputy Secretary to use temporary furloughs within the state as a rehabilitative tool to assist youth assigned to a secure facility in maintaining family and community relations, and to aid in the reintegration process. Further, it is the policy of the Deputy Secretary that all furlough considerations for youth have consistency and fairness applied.

The regional office and secure care facility staff shall work together to effect the furlough program from recommendation through implementation. All furloughs, except Family Emergency Furloughs, must be approved by the Deputy Secretary/designee.

Electronic Monitoring shall be utilized to monitor youth who are on furlough.

VI. FURLOUGH ELIGIBILITY CRITERIA, EXCLUSION CRITERIA AND PROCEDURE:

A. Standard Furlough

1. Criteria for Eligibility

a. Youth with a SAVRY summary risk rating of “Low” or “Moderate”

b. Youth with a SAVRY summary risk rating of “high” may be considered for a furlough. Individual risk items on the SAVRY that are rated “high” shall be discussed and used to determine if a furlough is appropriate. (see the Guide attached to B.2.1)

c. Youth is making progress on identified treatment needs, including taking psychotropic medication and other medications specified by medical staff.

d. Youth's parent/custodian must have participated in a minimum of three (3) family reintegration sessions, which may be conducted via telephone (refer to YS Policy No. B.2.18). The third family reintegration session must have occurred within the last 30 calendar days from the time the “Furlough Referral and Application Form” [refer to Attachment C.4.1 (a)] is submitted.

e. The Case Manager shall review the youth's record and contact the assigned Probation and Parole Officer/Juvenile (PPO/J) to ensure there are no outstanding detainers or pending charges This shall be documented in the IIP Summary of Staffing.

The Multidisciplinary Team (MDT) shall make the final decision during the staffing to recommend a furlough.

2. Exclusions from Standard Furlough Eligibility

a. Youth is on suicide watch;
b. Youth is under investigation for pending charges and/or has a detainer or pending criminal charges; or
c. There is documented evidence of previous unsuccessful furlough(s) (refer to Section XI of this policy).

3. Screening and Referral for Standard Furlough

a. Youth who have a "Low" or "Moderate" SAVRY rating should be considered for a Standard Furlough beginning with the first quarter regional staffing.

b. Youth who have a "High" SAVRY rating may be considered. The individual risk items will need to be discussed in detail. For youth adjudicated for an 897.1 offense, the procedures in Section VI.B below shall be followed.

c. All decisions to recommend or not recommend a furlough must be indicated on the "IIP Summary of Staffing Form" in JETS.

4. Standard Furlough Staffing

a. The MDT must staff or review the furlough candidate's application using all information appropriate, and at a minimum include:

1) Progress Reports;
2) "Furlough Referral and Application Form";
3) IIP and IIP Summary of Staffing Form; and
4) Medical considerations.

b. The furlough recommendation is then made and page 4 of the "Furlough Referral and Application Form" is completed.

c. The case manager is to complete all paper work necessary for a furlough and have it submitted within 15 days of the furlough being recommended.

5. Standard Furlough Duration

a. Standard furloughs may be granted in increments of time between eight (8) hours to 14 consecutive days.

b. A Standard Furlough may be granted for a cumulative period up to 30 calendar days in a calendar year, with no more than 14 consecutive days being granted/taken at any given time.

The Facility Director shall forward a request for additional furlough authority greater than 30 days in a calendar year, with justification for the need for additional furlough days, to the Regional Director for review. If the Regional Director approves, the request shall be forwarded to the Deputy Secretary/designee for final approval.

c. During the quarterly staffing a youth can be recommended for more than one (1) standard furlough at a time. Multiple requests can be made, with no more than three (3) requests at a time within a 90 day period. The specific dates and times must be indicated for each furlough at the time the “Furlough Referral and Application Form” is completed.

If family dynamics change between furloughs based on information acquired by the facility or regional probation staff, this information must be shared by both parties and an addendum to the home study must be completed and sent to the appropriate facility and Central Office Furlough Coordinator. The addendum shall recommend continuation of subsequent furloughs or to terminate them.

Once consecutive furloughs have been approved, the youth must maintain the same level of program participation and behavior. If a youth’s behavior deteriorates, the subsequent furloughs shall be suspended. The youth, appropriate Court, District Attorney and Regional Office shall be notified by the Facility Director as soon as the decision is made to suspend the furlough(s).

Initial furloughs shall not exceed 2 nights.

6. Suspension of Approved Furlough

If family dynamics change between furloughs based on information acquired by the facility or regional probation staff, this information must be shared by both parties and an addendum to the home study must be completed and sent to the appropriate facility and Central Office Furlough Coordinator.

If there is a significant change in the youth's behavior or the home becomes unsafe, an MDT staffing is to be held within 48 hours of the case manager becoming aware of the situation. Interventions to correct the youth's issues are to be discussed during the staffing which should include the youth and parent. If those interventions fail an MDT staffing is reconvened to discuss if suspension may be warranted. The Furlough Change of Status Form (attachment C.4.1 (i)) is to be completed with supporting documentation. The Regional Director (DAS) of the region where the facility is located will determine if the suspension shall be approved and supporting documentation forwarded to Central Office for final suspension approval.

The Furlough Change of Status Form must be received by Central Office no later than 10 working days prior to the scheduled furlough.

The youth, appropriate Court, District Attorney and Regional Office shall be notified by the Facility Director as soon as the decision is made to suspend the furlough(s).

Initial furloughs shall not exceed 2 nights.

7. Exceptions for Standard Furlough

a. If there are youth who do not qualify under these requirements, but the MDT believes that a recommendation for a furlough is appropriate; a cover memorandum should be prepared and addressed to the Facility Director explaining the reasons. The memorandum should accompany the "Furlough Referral and Application Form".

   If the Facility Director approves, this should be indicated on the cover letter before forwarding to the Deputy Secretary/ designee, explaining the reasons for the exception request.

b. All exceptions must be approved by the Deputy Secretary/ designee.

c. Youth who meet all the requirements for an early release, but the court denies the release from custody, may be granted an extended furlough.

1) The request will be in increments of up to 30 calendar days. The request can include up to 3 consecutive 30 day furloughs.

2) A cover memorandum should be prepared and addressed to the Facility Director explaining the reasons. The memorandum should accompany the “Furlough Referral and Application Form”.

If the Facility Director approves, this should be indicated on the cover letter before forwarding to the Deputy Secretary/ designee, explaining the reasons for the request.

B. CH.C. Article 897.1(A) and 897.1(B-C) Furloughs

1. Criteria for Eligibility

a. Youth has served a minimum of 60% of the commitment and has maintained a ”Low” or “Moderate SAVRY risk rating for six (6) months prior to furlough referral. [See attachment (a)]

b. Ch.C. Art. 897.1(B-C) youth committed to YS based upon violations of R.S. 14:42 first degree rape, R.S. 14:44 aggravated kidnapping, or R.S. 14:64 armed robbery. The youth must be within 12 months of consideration for modification of his/her disposition.

c. Youth is making progress on identified treatment needs, including taking all medications prescribed by the CHP; and

d. Youth's parent/custodian has participated in a minimum of three (3) family reintegration sessions, which may be conducted via telephone. The most recent session must have occurred within the last 30 days.

2. Exclusions from Ch. C. Art. 897.1(A) and 897.1(B-C) Furlough Eligibility

   a. Youth has a “High” SAVRY summary risk rating;
   b. Youth is currently on suicide precautions;
   c. Youth is under investigation for and/or has a detainer or pending criminal charges; or
   d. There is documented evidence of a previous unsuccessful furlough (refer to Section XI).

3. Screening and Referral for Ch. C. Art. 897.1(A) and 897.1(B-C) Furloughs

   Youth must be screened at the quarterly staffing when the youth meets the criteria as outlined in this policy. A decision to recommend or not recommend a furlough must be indicated on the “IIP Summary of Staffing Form”.

4. Ch. C. Art. 897.1(A) and 897.1(B-C) Staffing

   a. The MDT must staff the furlough candidate’s application using all appropriate information, and include at a minimum:

      1) Progress Reports;
      2) Furlough Application Form;
      3) IIP and IIP Summary of Staffing; and
      4) Medical needs.

   b. The furlough recommendation is made on the “Furlough Referral and Application Form” [Attachment C.4.1 (a) pages 2 and 3].

   c. Youth who have been adjudicated for a hands-on sex offense under Ch. C. Article 897.1, must have a “Safety Plan Contract” [see Attachment C.4.1 (h)] in place prior to a Furlough. The plan must be signed by the youth, parent(s)/guardian(s), and the PPO/J, and be included in the furlough packet submitted to the Central Office Furlough Coordinator. The “Safety Plan Contract” must be updated as needed or when changes in the youth’s status have the potential to negatively impact the public and/or the youth’s safety.

5. Ch. C. Art. 897.1(A) and 897.1(B-C) Furlough Duration/Conditions

   a. Ch. C. Art. 897.1(A) and 897.1(B-C) furloughs may be granted in increments of time between eight (8) hours to 14 consecutive days. Initial furloughs may be from Friday – Sunday, which may exceed 48 hours in duration, with subsequent furloughs being granted for longer periods of time, unless the circumstances demand otherwise.

   b. Ch. C. Art.897.1(A) and 897.1(B-C) furloughs may be granted for a cumulative period up to 30 days in a calendar year, with no more than 14 consecutive days being granted/taken at any given time.

      Additional furlough authority, greater than 30 days in a calendar year, must be approved by the Deputy Secretary/designee and must be submitted with justification for the need for additional furlough days.

   c. During the quarterly staffing, Ch. C. Art. 897.1(A) and 897.1(B-C) youth can be recommended for more than one standard furlough at a time. Multiple requests can be made with no more than three (3) requests at a time within a 90 day period. The specific dates and times must be indicated for each furlough at the time the "Furlough Referral and Application Form" is completed.

      If family dynamics change between furloughs based on information acquired by the facility or regional probation staff, this information must be shared by both parties and an addendum to the home study must be completed and faxed to the appropriate facility and Central Office Furlough Coordinator. The addendum shall recommend to continue with subsequent furloughs or to terminate them.

      Once consecutive furloughs have been approved, the youth must maintain the same level of program participation and behavior. If a youth's behavior deteriorates, the subsequent furloughs shall be suspended. The youth, appropriate Court, District Attorney and Regional Office shall be notified by the Facility Director as soon as the decision is made to suspend.

   d. If a furlough is approved, the youth shall be required to wear an electronic monitoring device during the furlough and shall be monitored by the appropriate Regional Office. (Refer to YS Policy No. C.2.24)

6. Exceptions for Ch. C. Art. 897.1(A) and 897.1(B-C) Furloughs

   a. If there are youth who do not qualify under these requirements, but the MDT believes that a recommendation for a furlough is appropriate; a cover memorandum should be prepared and addressed to the Facility Director explaining the reasons. The memorandum shall accompany the "Furlough

      Referral and Application Form". If the Facility Director approves, this shall be indicated on the cover memorandum before forwarding to the Deputy Secretary/designee.

   b. All exceptions must be approved by the Deputy Secretary/designee.

C. Family Emergency Furlough

1. Criteria for Eligibility - A Family Emergency Furlough may be granted under either of the following conditions:

   a. Youth has confirmation/recommendation from the committing court; or

   b. Youth's Case Manager recommends the Family Emergency Furlough on the basis of individual case data/information. The Family Emergency Furlough may be granted only after receiving approval from the Assistant Secretary. The approval by the Assistant Secretary may be granted verbally, with a follow-up email.

   c. Family emergency furloughs for youth adjudicated for Ch. C. 897.1(A) and 897.1(B-C) offenses must be approved by the Deputy Secretary/designee.

   d. Family emergency furloughs for youth adjudicated for Ch. C. 897.1(A) and 897.1(B-C) shall require monitoring by the appropriate Regional Office either face to face or by phone.

2. When a youth adjudicated delinquent for a sex offense which requires him to register is granted a family emergency furlough, the facility shall immediately notify the Central Office Furlough Coordinator. The Coordinator shall notify Legal Services of the planned Family Emergency Furlough in order for Legal staff to verify the youth's requirement to register (refer to YS Policy No. B.2.17), and that a "Safety Plan Contract" has been completed.

If it is verified that the youth is required to register, the designated Legal Services staff shall enter the youth's furlough information into the Offender Watch System as soon as the furlough information is provided and the need to register is confirmed.

3. Exclusions from consideration of Family Emergency Furlough:

   a. Youth is on suicide watch;

   b. Youth is under investigation for and/or has a detainer or pending legal charges;

   c. Youth is deemed to be at high risk for runaway or escape and/or engaging in additional criminal conduct; or

   d. There is documented evidence of a previous unsuccessful furlough (refer to Section XI of this policy).

4. Referral for Family Emergency Furlough

   a. A staffing shall be held which includes the participation of the youth's PPO/J, the Group Leader, the Case Manager, and the Facility Director/Deputy Director.

   b. If the staffing results in a recommendation for the furlough, the Deputy Director or the facility Treatment Director shall transmit the request for approval to the Facility Director along with all documentation verifying the emergency.

   c. If the Facility Director approves the furlough, the Facility Director shall also specify the period of time allowed for the furlough.

   d. A written notice of furlough, which includes the reason for the furlough, shall be prepared, signed by the Facility Director and faxed to the committing Court, District Attorney, Deputy Secretary/designee and the PPO/J.

   e. If no written confirmation is received after faxing the notice of furlough to the Court and District Attorney, the youth shall not be allowed to participate in the Family Emergency Furlough.

      If there is no objection, the furlough may proceed.

f. If approved, a youth shall be required to wear an electronic monitoring device and shall be monitored by the appropriate Regional Office.

If the furlough is denied, an "escorted absence" supervised by facility staff may be granted for the youth, and should be documented as an "escorted absence" in JETS. (Refer to YS Policy No. C.4.7)

g. Prior to a youth receiving a Family Emergency Furlough, the Facility Director shall approve the family member(s), guardian(s) or other custodian(s) of the youth who will be overseeing the activities of the youth, providing primary care, and assuming responsibility for the youth throughout the duration of the furlough period.

5. Duration of Family Emergency Furlough

A Family Emergency Furlough may not exceed three (3) calendar days.

VII. FURLOUGH REVIEW AND APPROVAL PROCESS:

A. Review

Youth assigned to a secure care facility will be reviewed to determine the appropriateness of furloughs. Consideration of the youth shall occur at a minimum during each quarterly staffing. It may also occur during the regional staffing or placement review process.

If a youth is determined to be appropriate for a furlough or for consecutive furloughs after screening, the MDT shall then consider and render its decision on the furlough(s). The team is required to consider multiple aspects of the youth's classification profile and treatment plan in determining furlough eligibility.

The MDT shall consist of the following:

1. Group Leader for the applying youth;
2. Mental Health Director/designee (if applicable);
3. PPO/J assigned to the applying youth or the immediate supervisor (in person, via phone conference, or by the prior MDT interview conducted within the quarter); and
4. Youth's assigned Case Manager or immediate supervisor.

In addition, the MDT may also consist of the following:

5. Deputy Director or a designee named by the Facility Director;
6. School Principal/designee;
7. If the furlough(s) are to occur in a region other than where the youth was adjudicated, a PPO/Supervisor from the region where the furlough(s) are to take place shall participate;
8. Mentor; and
9. A Juvenile Justice Specialist (JJS) from the youth's housing unit; Team members may differ as appropriate to the youth's assignments. If the school representative, mentor or a JJS staff member does not attend, they may provide written documentation.

B. Referrals

Referrals for review of appropriateness of furlough(s) may be made by those participating in the staffing, a PPO/J, the juvenile court or other interested person. Exclusion criteria must be considered prior to making the decision. Page 1 of the "Furlough Referral and Application Form" shall be utilized to transmit information on youth being referred.

C. Furlough Review Process

1. The furlough review process during the staffing shall include a thorough review and assessment of the youth's needs, strengths, and weaknesses. At a minimum, the MDT Team shall consider the following prior to recommending a furlough:

   a. Educational/vocational needs/ progress;
   b. Medical concerns, including whether youth is taking medications;
   c. Mental health concerns;
   d. General treatment needs/progress in the areas of substance abuse, anger management, thinking errors;
   e. Behavioral concerns;
   f. Level of participation in the behavior management program;
   g. Home environment;
   h. SAVRY;
   i. Community risk assessment;
   j. Proposed aftercare/release plans;
   k. Special needs concerns (i.e. SMI/ID/psychotropic medication needs/ self-harm);
   l. Escape risk;
   m. Travel arrangements; and
   n. Family function or CBS function.

2. The PPO/J shall conduct a home study for purposes of the furlough(s) and submit a written report within seven (7) working days of a referral by the MDT Team.

   For those youth committed to OJJ custody for the commission of a violent offense against a person, the home study shall include documentation regarding the victim(s), victim(s) impact statements, if available, and victim's whereabouts, such as address and proximity to where the youth's furlough will take place.

   For those youth committed for a sex offense, the home study shall include information regarding the victim(s) and victim(s'), whereabouts.

   During the home study, the PPO/J shall have the proposed custodian complete or assist in the completion of the "Custodian Information Form" [refer to Attachment C.4.1 (b)]. The results of the home study shall be communicated to the MDT Team, and shall be submitted to the Facility Director as part of the "Furlough Referral and Application Form".

   If the youth has been granted consecutive furloughs to the same location with the same parent/guardian within a 90 day period of when the last home study was completed, it will not be necessary to complete another home study form, but the PPO/J must conduct a visit to the home prior to each furlough to ensure that the family dynamics remain the same.

   If the family dynamics do change, the PPO/J shall complete an addendum to the home study indicating the changes. A copy of the addendum must be faxed to the appropriate facility and the Central Office Furlough Coordinator.

   A complete home study shall be done if the prior home study was completed more than 90 days from the request of the furlough(s).

3. If the parent/guardian did not participate in the quarterly staffing when the furlough was discussed, the Case Manager shall make telephone contact and/or send formal written correspondence to the youth's parent/guardian about the proposed furlough(s).

4. After the MDT Team signs the form, a completed "Furlough Referral and Application Form" will be sent to the Facility Director.

For those youth committed for a sex offense, Page 2 of the "Furlough Referral and Application Form" must indicate if the youth is participating in sex offender treatment or has completed treatment at another facility, including a community based program.

Furloughs for youth, who because of such things as the nature of their offense, their behavior, the neighborhood where the furlough will take place, shall require a higher level of approval, to include the following:

a. Facility Director;
b. Regional Manager;
c. Regional Director;
d. Assistant Secretary; and
e. Deputy Secretary.

5. With the exception of a Family Emergency Furlough, once approved by the Facility Director, the furlough application shall be forwarded to the Deputy Secretary/designee for final approval, after completing the "Checklist for Furlough Requests" [Attachment C.4.1 (c)].

D. Furlough Action by the Deputy Secretary

1. Once approved by the Facility Director, the furlough application must be transmitted to the Deputy Secretary/designee for review and final approval. All documentation used to support the Facility Director's approval of the furlough must be transmitted to the Deputy Secretary/designee along with the furlough application.

2. The furlough application with supporting documentation must be transmitted to the Deputy Secretary/designee 21 days prior to the requested date of the furlough.

3. The Deputy Secretary/designee shall notify the Facility Director and the appropriate Regional Office of the decision by returning the "Furlough Referral and Application Form".

If the furlough is denied, the Case Manager shall promptly counsel with the youth and notify the parent/guardian and CBS.

E. Notice to Court and District Attorney

1. If the furlough is approved by the Deputy Secretary/designee, the Deputy Secretary/designee shall provide written notice of plans to furlough the youth to the Court and District Attorney for "objection" or "no objection", by forwarding the "Notice to Court and District Attorney" [refer to Attachment C.4.1 (d)].

a. Written notice shall include:

1) Reference to La. R. S. 15:908 regarding the authority designated to YS to authorize a temporary furlough;
2) Whether the furlough requested is for a youth sentenced under Ch. C. Art. 897.1;
3) Statement that the furlough shall not be authorized over the objection of the Court or if the District Attorney objects, until the conclusion of a contradictory hearing; and
4) Statement that the furlough program is a continuing rehabilitative process expected to last throughout the youth's commitment.

Written notice shall be furnished to the Court upon approval of the furlough.

F. Sex Offenders Required to Register

1. Upon receipt of the furlough packet, which shall include the “Safety Plan Contract”, the Central Office Furlough Coordinator shall review the packet, and if the youth has been adjudicated delinquent for a sex offense, shall notify Legal Services by email.

a. The email shall include the youth's:
1) Name;
2) YS identification number; and
3) Sex offense title and statute number.

2. Legal Services shall determine whether or not the youth was adjudicated delinquent for a register able offense and shall notify the Central Office Furlough Coordinator by email.

3. If the Central Office Furlough Coordinator does not receive the furlough approval at least 48 hours prior to the beginning of the furlough, a second fax shall be forwarded as soon as possible but **BEFORE** the youth is granted the furlough.

4. All paperwork pertaining to the furlough and produced pursuant to this section shall be placed in the youth's furlough packet.

VIII. CONDITIONS OF FURLOUGH:

A. Custody Receipt - Pursuant to La. R. S. 15:908(B), the adult assuming custody of the child for the furlough must sign a “Custody Receipt” [refer to Attachment C.4.1 (e)]. In most cases, the person assuming custody will be the parent or guardian.

If the parent or guardian is unable to travel to the facility to assume custody of the youth, an approved responsible adult family member, age 21 or over, may accept custody of the youth. This person must be on the youth's approved visitation list, or must be known by the Department of Children and Family Services (DCFS) worker or the assigned PPO/J.

B. Conditions of Furlough - Case Managers are responsible for reviewing the "Conditions of Furlough" [refer to Attachment C.4.1 (f)] and sanctions with the youth and family member or previously approved adult who will take custody of the youth.

The Case Manager shall provide the youth and custodian with a copy of the "Conditions of Furlough" and sanctions. Following review with the youth and custodian, the Case Manager shall have the youth and custodian sign the "Conditions of Furlough" form acknowledging that they understand the conditions and sanctions. The youth shall be required to sign the "Furlough Contract" [refer to Attachment C.4.1 (f-1)].

All furloughs require that the youth be drug screened twice: 1) on the day of the furlough before he leaves the facility; and 2) on the day that he returns from a furlough. If the youth fails the pre-furlough drug screen, the furlough shall be canceled. (Refer to YS Policy No. C.2.7)

The custodian shall also be required to read and sign a "Furlough Custodian Agreement" [refer to Attachment C.4.1 (g)].

C. Transportation - The responsible adult shall physically transport the youth from the facility and return the youth to the facility.

D. On the day of the furlough, **PRIOR TO** the youth leaving the facility, the JETS transfer screen shall be updated indicating that the youth is on furlough. (Refer to YS Policy No. B.3.1)

E. All furloughs shall be monitored by the appropriate Regional Office either face-to-face or by phone.

IX. RETURN OF YOUTH TO FACILITY:

A. Upon return to the facility, the youth shall be transported to the infirmary for a wellness check and to conduct mandatory drug screens.

B. The supervising PPO/J shall submit a report to the facility regarding the success of the furlough by email or written report if the furlough lasted longer than two (2) days.

C. The youth's assigned Case Manager shall interview the youth and assess the success of the visit.

D. A report shall be submitted to the Court indicating if the furlough was successful or unsuccessful.

E. Upon returning to the facility, the JETS transfer screen shall be updated to indicate the return of the youth.

X. YOUTH DID NOT RETURN TO FACILITY:

A. The Regional Director and the Regional Office shall be notified in writing of any youth placed on escape status as a result of a furlough violation. The procedures regarding escapes as outlined in YS Policy No. C.2.1 shall immediately be effected.

B. The Furlough Custodian and youth may be subject to criminal charges as indicated on the "Custody Receipt"

C. Youth may receive a disciplinary infraction for escape. (Refer to YS Policy No. B.5.1)

D. Youth may be suspended for up to 12 months for any future furlough consideration.

XI. YOUTH ACCOUNTABILITY FOR FURLOUGH VIOLATION:

All youth are issued a LAMOD Youth Manual on day two of the direct intake process pursuant to YS Policy B.2.3. At that time, the treatment philosophy and Youth Stages of Development are explained orally to all youth during the orientation process. The explanation includes discussion of the adverse effects Code of Conduct Violations may have on stage advancement, escorted passes, furlough, and early release consideration. In addition, youth shall not depart from either the grounds of a secure care facility, or from the custody and control staff while off the grounds of the facility, or fail to return to the facility from a furlough.

Consequences for such Code of Conduct violations may include the revoking of pending or upcoming approved furloughs. (Refer to YS Policy Nos. B.2.1, B.2.2, B.2.7 and B.5.1)

A. Types of violations and available sanctions:

1. Escape

a. Code of Conduct Violation for escape;
b. Up to 12 months in YS secure custody prior to any further furlough consideration; and
c. Filing of criminal charges for escape and/or related charges.

2. Positive Drug Screen

   a. Code of Conduct violation for intoxication and/or contraband;
   b. Up to three (3) months in YS secure custody prior to any further furlough consideration;
   c. Modification of IIP to include a recommendation for referral to substance use services; and
   d. Modification of Needs Assessment to reflect recent usage of illegal/intoxicating substances (completion of Substance Abuse Assessment).

3. Commission of Crime While on Furlough

   a. Up to 12 months prior to any further furlough consideration; and
   b. Recommendation for referral to an appropriate treatment program.

4. Other Violations

   a. Therapeutic interventions appropriate to behavior.

B. Documentation of Violations

1. Documentation of Code of Conduct Violations while on furlough shall be reported on an Unusual Occurrence Report (UOR) and a copy sent to the appropriate Regional Office. (Refer to YS Policy No. A.1.14)

2. Reports shall be written by the Case Manager, Program Manager, Group Leader, JJS or PPO/J or other employee who discovers the furlough violation.

3. A Code of Conduct Violation form shall be completed.

Previous Regulation/Policy Number: C.4.1
Previous Effective Date: 07/11/2018
Attachments/References:
C.4.1 (a) Furlough Referral and Application Form July 2018.doc
C.4.1 (b) Custodian Information Form Nov 2015.doc
C.4.1 (c) Checklist for Furlough Requests July 2020.doc
C.4.1 (d) Notice to Court and District Attorney Form Letter Nov 2017.doc
C.4.1 (e) Custody Receipt Nov 2015.doc
C.4.1 (f) Furlough Contract July 2020.doc
C.4.1 (f 1) Conditions of Furlough Nov 2017.doc
C.4.1 (g) Furlough Custodian Agreement Nov 2015.doc
C.4.1 (h) Safety Plan Sample.doc
C.4.1 (i) Furlough Change of Status Form July 2018.doc

Instructions for 897.1 Furlough Calculations:

For Article 897.1 cases, at the first Quarterly Reclassification Staffing, the assigned case manager will calculate what the date will be for 60% of the commitment. This shall be documented in the IIP Summary of Staffing.

To calculate the 60%, convert the youth's time into months and multiply by .60. That will give you the amount of months the youth will have to serve before he is eligible.
Example 1: John Joseph was sentenced to his 18th birthday which is 09/01/19. He was placed in custody on 11/01/17. So from 11/01/17 to 09/01/19 that would equal 22 months.

22 x .60 = 13.2 months

So 60% of John Joseph's sentence would be approximately 12/06/18.

Example 2: Michael Smith was given a 3 year sentence. He entered custody on 06/01/17. So 3 years is 36 months.

36 x .60 = 21.6

So 60% of Michael Smith's sentence would be approximately 03/18/19

FURLOUGH REFERRAL AND APPLICATION FORM

TYPE OF FURLOUGH REQUESTED (check one)

☐ ***Family Emergency*** ☐ ***Ch.C. Art. 897.1(A)*** ☐ ***Ch.C. Art. 897.1(B-C)*** ☐ ***Standard***

REFERRAL BY STAFFING COMMITTEE

(To be completed at staffing)

Youth: _____ DOB: _____ Client ID # _____

Date of Direct Admission: _____ Facility: _____ Dorm: _____

Date of Transfer to Current Facility: _____

Full-Term Date: _____ Committing Court: _____

Judge(s): _____

Estimated Program Completion Date: _____

Committing Offense(s): _____

Amount of Time at Facility: _____ % of Sentence Served: _____ (897.1 only)

Within 12 months of modification eligibility _____ Yes (Ch.C. Art. 897.1(B-C))

Pending Charges: _____

Detainers: _____

Prior(s) Resulting in Placement/Commitment: _____

Escape History: _____

****

SAVRY Summary Risk Rating History:

Current Rating: _____ Date: _____
Previous Rating: _____ Date: _____

CODE OF CONDUCT REVIEW: (Attach COC/Assault database printout for previous 12 months where appropriate.)

Number violations within most recent 30 days: ____
Most serious (or pending) infraction: _____
Restrictions / Consequences imposed: _____

Number violations within previous 30 days: ____
Most serious (or pending) infraction: _____
Restrictions / Consequences imposed: _____

Number violations within past 6 months: ____
Most serious (or pending) infraction: _____
Restrictions / Consequences imposed: _____

Recommended length of furlough: _____

UNIT MANAGEMENT TEAM REVIEW

(To be completed by Unit Management Team)

Referral received by (member of Unit Management Team):_____ Date: _____

If youth is currently identified as having a serious mental illness (SMI), are there any concerns that would impact furlough participation? _____
_____

Are there concerns regarding psychotropic medication(s)? _____
_____
_____

If youth currently has a medical condition, are there any concerns that would impact furlough participation? _____
_____

Are there concerns regarding any medications? _____
_____

PROGRAM PARTICIPATION (Provide program information relative only to needs identified in treatment plan):

	Name of Program	*Facilitator's Name*	*Progress*
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Comments: _____
_____
_____

Attach the most recent quarterly/monthly progress reports.

Educational and Vocational Performance/Needs: _____
_____

Furlough Consistent with Aftercare / Release Plan: _____
_____

HOME ENVIRONMENT and SUPPORT

☐ Yes ☐ No Is the environment suitable for the youth to have the support and supervision needed for a furlough?

☐ Yes ☐ No Has the youth received any mail, packages, telephone calls or other correspondence from his/her parent/responsible family member within the past 30 days?

☐ Yes ☐ No Does CBS indicate that the home and home environment are suitable for the youth to return to for a placement upon release from secure custody?

☐ Yes ☐ No If so, does CBS object to the youth being checked out by the legal guardian for an off-campus restricted visit to the facility domicile area?

☐ Yes ☐ No Has the parent/responsible family member participated in three Family Reintegration Sessions with the last most recent being in the last 30 days at the facility?

☐ Yes ☐ No Has the youth received a visit from the parent/responsible family member within the past 90 days? (Please note type and dates below)

_____ Regular Visitation: _____
_____ Family Therapy Visit: _____
_____ On or Off Campus Visit: _____
_____ Special Visit: _____

Can approved parent/responsible family member provide transportation to and from facility? ☐ Yes No If yes, who? _____

If no, what arrangements will be made for transportation of the youth? _____
_____

Will youth be required to wear an Electronic Tracking Device while on furlough?
☐ Yes ☐ No

If yes, what is the name, phone number and office address of the individual who will be tracking the youth? _____

Curfew from: _____ to: _____
(If blank, curfew begins at 6:00 p.m. and ends at 7:00 a.m.)

Furlough to begin on: _____ _____ end on: _____ _____
Date Time Date Time

Activities to be completed while on furlough:

1._____
2._____
3._____
4._____
5._____

Appointments to be kept while on furlough:

1._____ with Whom:_____
2._____ with Whom:_____
3._____ with Whom:_____

MEMBERS OF UNIT MANAGEMENT TEAM:

Name	Title	Date

Is FURLOUGH recommended? ☐ **Yes** ☐ **No**

Group Leader's Signature _____ Date _____

FURLOUGH: ☐ **Approved** ☐ **Denied**

Facility Director's Signature _____ Date _____
(Deputy/Assistant Director if Facility Director is absent)

FURLOUGH: ☐ **Approved** ☐ **Denied**

Regional Manager/OJJ (if applicable) _____ Date _____

FURLOUGH: ☐ **Approved** ☐ **Denied**

Regional Director/OJJ (if applicable) _____ Date _____

FURLOUGH: ☐ **Approved** ☐ **Denied**

Deputy Secretary/designee/OJJ _____ Date _____

FURLOUGH: ☐ **Approved** ☐ **Denied**

CUSTODIAN INFORMATION FORM

(To be completed by CBS Staff)

Youth: _____ DOB: _____ Client ID#: _____
Custodian's Full Name: _____
Date of Birth: _____ Age: _____ SSN#:_____
Telephone Nos.: Home: _____ Work: _____ Cell: _____
Mailing Address: _____
(P.O. Box/Street) (City) (State) (Zip Code)
Home Address (if different): _____
(Physical Location of House)
Relationship to Youth: _____ Length of Relationship: _____
Occupation: _____ Work Address: _____

Other Persons in Same Household:

	Name	Age	Relationship to Youth	Relationship to Custodian
1.				
2.				
3.				
4.				
5.				

(Use back if additional space is needed)

Is transportation available to pick up and return child to facility? ☐ Yes ☐ No

Transportation to be used:

	Vehicle Make	Model	Year	Color	License#
1.					
2.					

Name of authorized adult providing transportation (if not custodian): _____

☐ Yes ☐ No Are you a Furlough Custodian for another youth currently in a facility? If Yes, provide the following:

Youth's Name	Client ID #	Facility

☐ Yes No Have you ever been convicted of a Misdemeanor or Felony? If Yes, please provide the following:

Offense	Date	Disposition (Probation/Prison)

☐ Yes No Are you or anyone in your household currently on Probation or Parole? If Yes, please provide the following:

Name of Individual	Age	Relationship to Youth

Signature: _____ Date: _____

Use the Current Letterhead

Checklist for Furlough Requests

A checked box indicates "Yes, this has been completed or done".

☐ Reviewed to ensure that correct forms are used. (These forms may be printed from the policy database. See YS Policy No. C.4.1. All forms are attached at the end of the policy.)

☐ Completed C.4.1 (a) "Furlough Referral and Application Form" at the staffing to determine if the youth is eligible for a furlough. Answered every question.

☐ The time the furlough begins AND ends is entered on C.4.1 (a).

☐ Youth will be required to wear an EMP device.

☐ The youth's family has participated in three (3) or more family sessions. The last session occurred within the last 30 days.

☐ A home study that has been completed by CBS staff is attached to the referral packet submitted to Central Office.

☐ Attachment C.4.1 (b) "Custody Information Form" that has been completed by CBS staff is attached to the referral packet submitted to Central Office.

☐ The last two (2) progress reports are attached to the referral packet which is to be submitted to Central Office.

☐ The completed referral packet is being submitted to Central Office at least 21 days prior to the planned beginning date of the furlough.

☐ If this furlough falls under the exception for a standard furlough, the cover letter indicating the Facility Director's Approval explaining the reasons why the furlough was requested must be forwarded to the Deputy Secretary of designee.

_____ _____

Facility Director's Signature Date

NOTICE TO COURT
AND DISTRICT ATTORNEY

Date

The Honorable
Judge
Address

District Attorney
Parish of
Address

RE:
DOB:
DOCKET:
PARISH:

PARENT / RESPONSIBLE PARTY (S):

Dear Judge _____ and District Attorney:

Temporary furloughs serve as a rehabilitative tool to assist our youth in maintaining family and community relations. Eligibility criteria include the youth's committing offense, disciplinary record, educational progress, program participation, family involvement and furlough history.

In accordance with Louisiana Revised Statute 15:908, this letter serves to advise the Court of (youth's name) eligibility for ___(Type of Furlough)__. According to LSA R.S. 15:908, a furlough cannot be granted to this youth if Youth Services is notified of an objection by the Court or District Attorney without a contradictory hearing.

___(youth's name) meets the criteria established by Youth Services for a _(Type of Furlough)___ Furlough for a period of _____ and has been deemed eligible for such by the Facility Director at _____(Name of Facility)__ for Youth and/or the Deputy Secretary of Youth Services. This furlough is scheduled to begin at __(Time) on __(Date)___and end at __(Time)__on __(Date)___ and will take place in _____, Louisiana.

If ____(Youth's name)____ loses his/her eligibility for the above referenced furlough prior to the date the furlough period is to begin, the recommendation for furlough leave will be withdrawn and the furlough will be cancelled.

The Honorable _____ RE: __(Youth's name)____
District Attorney

Please indicate below whether there is an objection to furloughing this youth. It is kindly requested that this form be returned by ____(Date)_____ to the following Fax number: _____.

If additional information is needed, please advise.

Respectfully,

Deputy Secretary

To be completed by the Court with regards to the furlough:

_____ I Object.

_____ I Do Not Object.

Signed: _____ Date: _____

Date Received by the Facility:_____

To be completed by the District Attorney with regards to the furlough:

_____ I Object.

_____ I Do Not Object.

Signed: _____ Date: _____

Date Received by Facility:_____

CUSTODY RECEIPT

____(Name of Youth)____ has been given permission to leave __(Name of Facility) whose address is ____(Address of Facility)___ to go on furlough. While on furlough he will be located at _____(Address, City)_____, Louisiana. He/she may leave on ___(Type of Furlough)___ at the following date and time:

Furlough is to begin on: _____(Date)_____ at ___(Time)____.

Furlough is end promptly on:_____(Date)_____ at ___(Time)____.

Signed: _____ Date: _____
Facility Director, _____ Center for Youth

FURLOUGH CUSTODIAN RECEIPT

This is to certify that ____(Name of Youth)___ was delivered into the care and custody of (Furlough/Transport Custodian)_____, _(Relationship to Youth)_____, for the purpose of a ___(Type of Furlough)___ to begin on ___(Date)_____ at ___(Time)___ and to end on (Date)_____ at ___(Time)___.

In accordance with the rules and policies of Youth Services, I am accepting responsibility for the said youth and assume all responsibility for his/her safety and well being while on furlough, as well as his/her return to the facility on the above designated date and time. I understand that if I do not return the youth to the facility on the above mentioned date and time, I may be subjecting myself and the youth to criminal charges.

Furlough/Transport Custodian: _____Date: _____
(signature)

Custodian Address: _____

Custodian Phone Number: _____

Emergency Contact: _____

Transportation used to transport youth to and from facility:

_____	_____	_____	_____	_____
Vehicle Make	Model	Year	Color	License #

Witness: _____Date: _____

FURLOUGH CONTRACT

NAME OF YOUTH: _____ CLIENT ID # _____

FACILITY: □ **ACY** □ **BCCY** □ **SCY** □ **SCYC** □ **WARE**

DATE: _____

It will be necessary for each point of this contract to be reviewed and initialed by the youth going on the furlough ***and*** a case manager of the Office of Juvenile Justice. The initialed copy of this contract is to be faxed to the Deputy Secretary of Youth Services ***prior*** to the furlough date.

The conditions of the furlough (set by the Deputy Secretary of Youth Services and the Court) have been explained to me.

_____ _____
Youth Case Manager

I understand the conditions of the furlough.

_____ _____
Youth Case Manager

I will follow the conditions of the furlough.

_____ _____
Youth Case Manager

I further understand that approval for future furloughs depend on the success of this furlough.

_____ _____
Youth Case Manager

I understand that if I have concerns or questions, I will contact my PPO/J assigned to me at ____-_____ (telephone number).

_____ _____
Youth Case Manager

Attachment: Conditions of Furlough [C.4.1. (f.1)]

CONDITIONS OF FURLOUGH

I. PARTICIPATION IN URINE DRUG SCREENING PROGRAM

A. Youth returning from a furlough will be required to submit to a urine drug screen for detection of substance abuse.

Youth and the furlough custodian are cautioned that the consumption of alcoholic beverages, and/or the use of illegal drugs, or drugs which the youth is not prescribed, while on furlough from a Youth Services secure care facility is a violation of the conditions of furlough and the youth's rehabilitation plan.

B. A positive urine drug screen report may result in the following consequences:

1. Code of Conduct Violation Report.
2. Treatment Plan modified to include substance abuse treatment.
3. Cancellation of furlough privilege for at least six (6) months.
4. Notification of a violation of furlough conditions to Court and Probation Officer.

II. GENERAL TERMS AND CONDITIONS OF FURLOUGH

A. The following are the general conditions of furlough:

1. Youth and furlough custodian must attend the Family Interaction Program prior to going on each furlough.
2. Youth must be involved in family related activities throughout leave period.
3. The furlough custodian is responsible for the youth at all times.
4. Youth must adhere to a 6:00 p.m. to 7:00 a.m. curfew.
5. Youth and furlough custodian must meet with the youth's probation officer a minimum of once during furlough periods of 7 days or less. During furlough periods of more than 7 days, youth and furlough custodian must meet with the probation officer at least every 7 days.
6. Youth is restricted from attending any bars, nightclubs, and/or social clubs where alcoholic beverages are sold.
7. Youth is restricted from being involved with any negative peer influences.
8. Youth must obey all local, state, and federal laws.
9. Youth must abide by any specified restrictions designated by the Courts.
10. Youth must wear an electronic tracking device and must comply with all regulations applying to such.

B. Violations of general furlough conditions may result in the following:

1. Cancellation of pending or upcoming furloughs.
2. Therapeutic interventions appropriate to the behavior.

C. Violations of furlough conditions that include the use of drugs or illegal substances, an absence without leave, attempted escape, or commission of a crime may result in the following:

1. Code of Conduct Violation Report for: Escape, Intoxication and/or Contraband.

2. A minimum of six (6) months in the secure care of Youth Services prior to any further consideration by the Facility Director for furlough. For offenses involving an absence without leave or commission of a crime while on furlough, the consequence may include a minimum of twelve (12) months in the secure care of Youth Services prior to any further consideration for furlough privilege.
3. Filing of criminal charges for escape and/or related charges.

4. Referral for therapeutic intervention.
5. Reduction in custody level at the time of reclassification as a result of violation report.
6. Notification to Courts for engaging in improper conduct during furlough.

III. SPECIAL CONDITIONS

A.
B.
C.

The furlough conditions and possible consequences of a violation of these conditions have been explained to me. I fully understand the furlough conditions and possible consequences and agree to abide by them. If youth violates conditions, custodian will contact ____(name)____, _____(title)____, at ___(phone number)___.

_____ _____
Signature of Youth's Custodian Date

_____ _____
Signature of Youth Date

_____ _____
Signature of Case Manager Date

C: Master Record

***A URINE DRUG SCREEN SHALL BE REQUIRED UPON
RETURN FROM THE FURLOUGH***

I fully understand the furlough conditions, which are for my benefit, and I hereby agree to abide by these requirements.

_____ _____
Signature of Youth Date

_____ _____
Signature of Parent/or Responsible Party Date

c: Master Record

FURLOUGH CUSTODIAN AGREEMENT

As a condition of release of __(name)_____, (CLIENT ID #), on furlough, which I understand is a benefit to me as well as the above-named youth, I hereby acknowledge and agree to the following:

1. That the above named youth shall reside with me during the furlough at the address indicated on the attached "Custodian Information Form" [C.4.1 (b)] and shall not, under any circumstances, leave the parish for reasons other than a medical emergency or to return from furlough and, under no circumstances, leave the State of Louisiana.

2. That I am able to provide housing, meals, and transportation to and from the facility for the above-named youth while on furlough.

3. That I will personally escort the youth from the facility and return with the youth at the conclusion of this furlough.

4. That I have received a copy of this “Furlough Custodian Agreement”, listing the conditions of the furlough and will, to the best of my abilities, ensure that the youth abides by those conditions and restrictions.

5. That I will IMMEDIATELY inform the facility at telephone number _____ of any problems encountered with the youth's conditions of furlough, including any unexplained absence.

6. That this furlough is an extension of the youth's placement in the custody of Youth Services, and that the youth continues to be subject to all applicable rules and regulations of Youth Services.

7. That failure of the above-named youth to return to the facility within the time prescribed on the Furlough Application shall be deemed to be an escape under the law.

8. That intentionally aiding a youth to escape; concealing a youth; or furnishing a youth with articles used for the purpose of escaping (including an automobile); or providing a youth with controlled substances, unauthorized over-the-counter drugs, or alcohol; in violation of Youth Services rules and policies may result in the filing of criminal charges.

9. That knowingly providing false information on this form or the “Furlough Custodian Information” form will result in denial of any future requests by you.

_____ _____

Signature of Furlough Custodian Date

SAFETY PLAN CONTRACT

Reasons for the Safety Plan

(Name) is being released from secure care to the care of his father, (name). Therefore, for his safety and the safety of others a written plan is warranted to support him in successful reintegration into the home and community.

Rules and Expectations – We agree to the following:

1. (Name) **will be supervised by an adult when he is around younger children under the age of 13 and/or any vulnerable individuals in the home, school and community such as someone who is mentally compromised.**

- **(Name)** will ensure he has an adult supervising him at all times when he is in the company of younger peers or someone who is vulnerable, i.e., mentally compromised in the home, school and community.
- If youth is found alone with a younger child or someone who is vulnerable, i.e., mentally compromised in the home, school and community, his Probation Officer (P.O.) will be notified immediately.

2. (Name) **will avoid settings in the community where younger children frequent i.e. parks, amusement parks, swimming pools, youth ball games, unless supervised by an adult.**

- (Name) will **not** grant requests by the youth to go to these types of places unless an adult has been designated to attend who will supervise the youth at all times.
- If the youth has gone to such settings without permission/supervision by an adult, his P.O. will be notified immediately.

3. (Name) **will refrain from engaging in any activity which may adversely affect his and others' safety i.e. viewing pornography, highly sexualized movies/videos and inappropriate sexual dialogue in the home, school and community**

- (Name) will provide adequate supervision, enable passwords/content blocks, and keep potentially risk-provoking materials away from the youth to insure compliance.
- If the youth engages in this type of activity, his Probation Officer will be notified immediately.

Support System:

Support	Role	When to Contact	Contact Information
Parent/Guardian		Family Reintegration or Support	
Probation/Parole Officer		Immediately if one of these contract rules is violated	
Therapeutic		Questions or concerns about his Sex Offender Treatment (SOTP)	
Community Treatment Provider (SOTP)		Questions about his current sex offender treatment	

Other recommendations:

1. (Name) should not have any contact with his victim(s) unless the victim(s) and (youth) treatment providers agrees that such contact is appropriate.
2. Place alarms on (Name) bedroom door, window, etc.

This safety plan contract has been reviewed and agreed to by:

_____ _____
Youth Date

_____ _____
Parent/Guardian/Caregiver Date

_____ _____
PPO/J Date

FURLOUGH CHANGE OF STATUS FORM

TYPE OF FURLOUGH REQUESTED (check one)

☐ ***Family Emergency*** ☐ ***Ch.C. Art. 897.1(A)*** ☐ ***Ch.C. Art. 897.1(B-C)*** ☐ ***Standard***

REFERRAL BY STAFFING COMMITTEE

(To be completed at staffing)

Youth: _____ DOB: _____ Client ID # _____

Date of Direct Admission: _____ Facility: _____ Dorm: _____

Date of Transfer to Current Facility: _____

Full-Term Date: _____ Committing Court: _____

Judge(s): _____

Estimated Program Completion Date: _____

Committing Offense(s): _____

Amount of Time at Facility: _____ % of Sentence Served: _____ (897.1 only)

Within 12 months of modification eligibility _____ Yes (Ch.C. Art. 897.1(B-C))

Pending Charges: _____

Detainers: _____

Prior(s) Resulting in Placement/Commitment: _____

Escape History: _____

Dates of currently approved furloughs:

1._____ ☐successful ☐unsuccessful ☐requesting status change

2._____ ☐successful ☐unsuccessful ☐requesting status change

3._____ ☐successful ☐unsuccessful ☐requesting status change

Explanation of Unsuccessful Furlough and Interventions put in place:

_____
_____
_____
_____
_____
_____.

CODE OF CONDUCT SINCE APPROVAL OF FURLOUGHS:
(UORs, COC, and or any other supporting documentation must be attached. If the youth is not found guilty then it is not to be listed below)
Total Number of Violations: ____

1. Infraction: _____
   Restrictions / Consequences imposed: _____

2. Infraction: _____
   Restrictions / Consequences imposed: _____

3. Infraction: _____
   Restrictions / Consequences imposed: _____

Supporting Evidence for Status Change:

_____
_____
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MEMBERS OF UNIT MANAGEMENT TEAM:

Name	Title	Date
Name	Title	Date
Name	Title	Date
Name	Title	Date
Name	Title	Date
Name	Title	Date
Name	Title	Date
Name	Title	Date

Facility Director's Signature _____ Date _____
(Deputy/Assistant Director if Facility Director is absent)

Regional Manager/OJJ (or designee) _____ Date _____

Regional Director/OJJ _____ **Date** _____

FURLOUGH: **□ Approved Suspension □ Denied Suspension**

Deputy Secretary/designee/OJJ _____ **Date** _____

FURLOUGH: **□ Approved Suspension □ Denied Suspension**