

# YOUTH SERVICES POLICY

<b>Title:</b> LAMOD Program and Youth Stage Procedures	<b>Type:</b> B. Classification, Sentencing and Service Functions <b>Sub Type:</b> 2. Classification <b>Number:</b> B.2.7
<b>Page 1 of 5</b>	
<b>References:</b> ACA Standards 2-CO-3C-01, 2-CO-4A-01, 2-CO-4D-01, 2-CO-4F-01 and 2-CO-5E-02 (Administration of Correctional Agencies); 4-JCF-3A-03, 4-JCF-3B-01 and 4-JCF-3B-07 (Performance-Based Standards for Juvenile Correctional Facilities); YS Policies 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.3.1 "Secure Care Youth Records: Composition and Maintenance", B.5.1 "Youth Code of Conduct – Secure Care", C.5.3 "Quality Assurance Reviews - Central Office Audits, Secure Facilities and Regional Offices", and C.5.6 "Juvenile Electronic Tracking System (JETS)"; "Situational Leadership Theory" developed by Hersey and Blanchard; the Office of Juvenile Justice LAMOD Staff and Youth Manuals, Fifth Edition – 2020	
<b>STATUS: Approved</b>	
<b>Approved By:</b> <i>William A. Sommers, Deputy Secretary</i>	<b>Date of Approval:</b> 06/08/2022

**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 implement the LAMOD Program and Youth Stage Procedures as part of the services and programs offered to youth assigned to a YS secure care facility, in order to assist them in making a positive transition back into the community.

**III. APPLICABILITY:**

Deputy Secretary, Assistant Secretary, Chief of Operations, Youth Facilities Director – Statewide, Executive Management Advisor, Director of Rehabilitation and Treatment, Regional Directors, Facility Directors, Regional Managers, the contracted health care provider (CHP), and secure care LAMOD Coordinators.

Facility Directors are responsible for ensuring compliance with the spirit and intent of the LAMOD Program and Youth Stage Procedures.

**IV. DEFINITIONS:**

Refer to the attached Staff / Youth LAMOD Manuals, Fifth Edition – 2020 for the definitions applicable to this policy.

**V. POLICY:**

It is the Deputy Secretary's policy that LAMOD shall be the treatment philosophy for which the culture is built, and in which staff provides a learning environment for the youth to grow and develop. Youth shall move through the LAMOD Youth Stages of Development at their own pace; based on the learning of new skills and healthy decision making within the programs and services offered throughout the secure care facilities.

**VI. PROCEDURES:**

- A. The LAMOD Program shall follow the procedures outlined in the attached LAMOD Staff / Youth Manuals, Fifth Edition –2020.
- B. Pursuant to YS Policy No B.2.3, within 48 hours of arrival to secure care, intake staff shall introduce, discuss, and provide copies of the "LAMOD Youth Manual" to the youth. The "LAMOD Orientation and Program Admission Agreement" [see Attachment B.2.7(a)] shall be signed by the youth and intake staff and filed in the youth's Master Record under Clip II.
- C. Upon placement in a housing unit, the youth shall be assigned a mentor. The assigned mentor shall meet with the youth at least once a week for a minimum of fifteen minutes or as indicated by the youth's needs/behavior. Upon completion of the youth/mentor session, the assigned mentor shall complete the "Youth Mentor Assessment" form [see Attachment B.2.7(b)]. The form shall be signed by both the youth and mentor and filed in the Mentor binder assigned to the housing unit.
- D. Prior to completion of each work shift, JJS staff shall complete a "Daily Observation Sheet" [see Attachment B.2.7(c)]. This will serve as a record of all daily events of the group and individual youth. The JJS staff assigned to the next working shift shall review the "Daily Observation Sheet" and initial, acknowledging that the notes have been reviewed. All "Daily Observation Sheets" shall be filed in the Daily Observation Sheet binder assigned to the housing unit.

- E. All youth who have met their current Stage of Development requirements are eligible to file a petition for stage advancement. Prior to staff engaging in a formal review of a youth's stage, the youth shall initiate the process by completing a "Youth Stage Petition" [see Attachment B.2.7(d)]. If the Group Leader approves the stage advancement, a "Youth Stage Consideration" form [see Attachment B.2.7(e)] is completed by the Group Leader and brought to the next Team Meeting. Refer to the "LAMOD Staff Manual, Fifth Edition".
- F. Team Meetings shall be held weekly in order to allow dorm staff to discuss the progress of the group, problem solve various dorm issues, and to plan for the upcoming week.

Juvenile Justice staff assigned to the housing unit shall complete the "Staff Input and Assessment Form" [see attachment B.2.7(f)] and submit the form to the group leader one day prior to the team meeting.

The "Group Leader Team Preparation Form" [see Attachment B.2.7(g)] is to be completed by the Group Leader prior to the team meeting outlining the agenda. The Group Leader shall complete the "Group Leader Team Meeting Minutes" [see Attachment B.2.7(h)] to document the meeting and distribute to all housing unit staff. The "Team Meeting Sign-in Sheet" [see Attachment B.2.7(i)] shall be signed by all staff assigned to the housing unit acknowledging that they were present in the team meeting or have received the Team Meeting Minutes.

- G. The Group Leader shall submit the completed "Group Leader Team Meeting Minutes" and "Group Leader Team Preparation Form" to the Facility Director or designee the next work day following the team meeting. A copy of the "Group Leader Team Meeting Minutes" and "Team Meeting Sign-in Sheet" shall be filed in the Team Meeting binder assigned to the housing unit.

## **VII. CONTINUOUS YOUTH TRAINING:**

Group Leaders and JJS staff are responsible for the continuous training of all youth in the unit on the expectations within the LAMOD Youth Manual, ensuring youth understand what is expected of them to advance stages, and the incentives allowed at each stage.

## **VIII. STAFF DEVELOPMENT:**

- A. Documented LAMOD pre-service training shall be provided for all secure care staff. Training shall include all elements of the LAMOD Staff Manual to ensure staff has a working knowledge of LAMOD, including the youth stage advancement processes and incentives allowed per stage as outlined in the Manual.

- B. The Facility Director, Treatment Director, LAMOD Coordinator, and other administrative staff as deemed by the Facility Director, shall provide continuous staff development on the LAMOD Staff and Youth Manuals during Senior Team Meetings or other formal meetings as needed. Documented training shall include the youth stage advancement process, and subsequent youth incentives allowed per stage.
- C. Group Leaders shall provide continuous documented training during Weekly Team Meetings on the LAMOD Staff Manual, with an emphasis on the Youth Stage Advancement Process, and the importance of subsequent youth incentives allowed per stage.

## **IX. QUALITY ASSURANCE**

- A. The Director of Treatment and Rehabilitation/designee shall continuously monitor the progress and usage of the LAMOD Youth Stages of Development.

Once per quarter, the Director of Treatment and Rehabilitation/designee shall conduct a review of the youth records to ensure Youth Stage Advancements are being considered.

A meeting shall occur at the end of the review process with the Facility Director, Facility Treatment Director, and designated facility staff to discuss progress, concerns, and to provide support as needed.

A written report of findings shall be forwarded to Continuous Quality Improvement Services (CQIS) for inclusion in the bi-annual monitoring report.

- B. Interviews with Group Leaders, JJS staff assigned to the unit, and the youth shall be conducted to monitor whether Youth Stage Advancements are being considered as appropriate during the LAMOD Coordinator's weekly monitoring of each housing unit. This information shall be provided to the Facility Director and Group Leaders with recommendations.
- C. Facility Directors shall monitor the LAMOD stage advancement process by reviewing the number of Stage Consideration Work Sheets presented by Group Leaders at the Weekly Senior Team Meeting.

## **YS Policy No. B.2.7**

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**Previous Regulation/Policy Number:** B.2.7

**Previous Effective Date:** 06/05/2020

**Attachments/References:** LAMOD Staff Manual June 2020  
LAMOD Youth Manual June 2020  
B.2.7 (a) LAMOD Orientation and Program Admission Agreement April 2019  
B.2.7 (b) Youth Mentor Assessment Form April 2019  
B.2.7 (c) Daily Observation Sheet April 2019  
B.2.7 (d) Youth Stage Petition April 2019  
B.2.7 (e) LAMOD Stage Consideration Form April 2019  
B.2.7 (f) Staff Input and Assessment Form April 2019  
B.2.7 (g) Group Leader Team Meeting Preparation Form April 2019  
B.2.7 (h) Group Leader Team Minutes April 2019

## LAMOD ORIENTATION AND PROGRAM ADMISSION AGREEMENT

Youth Name: \_\_\_\_\_

JETS #: \_\_\_\_\_

Review the information listed below and put your initials next to each item. Your initials indicate that you have read each item, understand the information, and have had the opportunity to ask questions to LAMOD staff member(s) that review this form with you.

### LAMOD

\_\_\_\_\_ The purpose of LAMOD is to give me the opportunity to participate in treatment to learn better coping skills to address problems and conflict in my life.

\_\_\_\_\_ I have been given a LAMOD/Youth Manual that explain program expectation. I understand it is my responsibility to refer to the handbook and adhere to program expectations to the best of my ability.

\_\_\_\_\_ I have been given a copy of the Code of Conduct and I must adhere to the expectation outlined.

\_\_\_\_\_ The visitation policy, personal property rules, telephone policy and early release criteria have been reviewed with me.

### Treatment Services

\_\_\_\_\_ As part of my treatment, I understand that I will be assigned a Social Services counselor, will attend and participate in group, individual and family sessions.

\_\_\_\_\_ I understand that all staff working in my dormitory are members of my treatment team. I agree to participate in all meetings and staffing's with my treatment team by giving my input into developing my treatment plans.

\_\_\_\_\_ I understand that if I have a concern about my treatment I can talk with my Social Services Counselor, Group Leader, Facility Directors or LAMOD Coordinator.

\_\_\_\_\_ I agree to participate in all treatment and activities to the best of my ability.

\_\_\_\_\_  
Youth Signature

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## YOUTH MENTOR ASSESSMENT FORM

**Youth:** \_\_\_\_\_ **JETS #:** \_\_\_\_\_

**Youth Stage:** \_\_\_\_\_ **Dorm:** \_\_\_\_\_

**Mentor:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Time Started:** \_\_\_\_\_ **Time Ended:** \_\_\_\_\_

**Interactions with Youth (Please check each that apply)**

\_\_\_\_\_ Met with youth for approximately fifteen minutes.

\_\_\_\_\_ Talked with counselor about youth's progress.

\_\_\_\_\_ Assisted the youth with preparation for stage advancement form.

\_\_\_\_\_ Assisted the youth with petition for the next stage.

\_\_\_\_\_ Attended the youth's staffing.

\_\_\_\_\_ Assisted the youth with maintaining focus on the responsibilities and expectations he must demonstrate on each stage, and what is needed to progress on the next stage.

\_\_\_\_\_ Supported the youth as he progresses through the stages.

\_\_\_\_\_ Provide additional direct support with the LAMOD Process.

**Other comments/assessments:**

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Mentor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Youth's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*To be completed weekly by assigned mentor and filed in housing unit Mentor binder



Youth name: \_\_\_\_\_

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Youth name: \_\_\_\_\_

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Youth name: \_\_\_\_\_

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Youth name: \_\_\_\_\_

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To be initialed by oncoming staff at the beginning of each shift acknowledging that these notes have been reviewed.

\_\_\_\_\_  
JJS Staff

\_\_\_\_\_  
JJS Staff

\_\_\_\_\_  
JJS Staff

*\*To be filed in the assigned housing unit's Daily Observation Sheet Binder*

### YOUTH STAGE PETITION

**Name:** \_\_\_\_\_ **JETS #:** \_\_\_\_\_

**Mentor:** \_\_\_\_\_ **Case Manager:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Petition for Stage:** \_\_\_\_\_

All youth who have met their current stage requirements are eligible to petition for stage advancement. The group will review a youth's petition in group meeting and will decide if the youth can go before the team for review of his petition during the team meeting. Youth wishing to advance will answer the following questions. This form will be discussed with the youth's mentor before presenting it to the group and will be signed by the group leader before it is brought to the team meeting for a vote.

1. What have you achieved at your present stage?

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

2. What have you learned through these experiences?

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

3. What problem areas do you feel you need to deal with as you move to the next stage?

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

4. If you did not meet the expectations for this stage, specifically, what will you need to do in working to change?

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

Youth \_\_\_\_\_  
Signature Date

1. Youth Group Vote                      Granted\_\_\_\_\_ Denied\_\_\_\_\_ Date\_\_\_\_\_

2. Group Leader Vote                      Granted\_\_\_\_\_ Denied\_\_\_\_\_ Date\_\_\_\_\_

Reasons Youth Group and Group Leader Agreed With Advancement:

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

Reasons for Denial:

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Group Leader: \_\_\_\_\_  
Signature Date

\*If stage advancement is approved, the LAMOD Stage Consideration Worksheet is to be completed for team approval.

\*If the Group Leader does not agree with the recommendation, the petition is not brought before the team. The Group Leader may override the group's decision for denial of advancement.

# LAMOD Stage Consideration Form

Youth: \_\_\_\_\_ JETS# \_\_\_\_\_ DOB: \_\_\_\_\_

Current Stage: \_\_\_\_\_ Stage Review Meeting Date: \_\_\_\_\_

Remain on Current Stage

Stage Advancement:

- Orientation
- Emerging/Self Awareness
- Adaptation/Applying Skills
- Transformation/Role Model

Stage Reduction:

- Orientation
- Emerging/Self Awareness
- Adaptation/Applying Skills
- Transformation/Role Model

Reason(s) for Reduction:

Youth has been found guilty of a Major Code of Conduct Violation to include escape, contraband, and the most serious type of assaults or threats of assaults (youth/youth or youth/staff) requiring medical treatment for the victim, or gang/gang like organization/activity.

Other:

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

Group Leader:  Approved  Denied Date: \_\_\_\_\_

Dorm Team:  Approved  Denied Date: \_\_\_\_\_

\_\_\_\_\_  
(initials) (initials) (initials) (initials)

\_\_\_\_\_  
(initials) (initials) (initials) (initials)

Group Leader Override?  Yes  No

Comments:

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

\* If an override by Group Leader, final decision will be made by Facility Director at Senior Team Meeting

Director's Review:

Remain on Current Stage

Stage Advancement:

- Orientation
- Emerging/Self Awareness
- Adaptation/Applying Skills
- Transformation/Role Model

Stage Reduction:

- Orientation
- Emerging/Self Awareness
- Adaptation/Applying Skills
- Transformation/Role Model

Comments:

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Director's Signature: \_\_\_\_\_

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

## Staff Input and Assessment Form

Staff Input and Assessment Form is to be completed and turned into the Group Leader the day before the team meeting.

**Staff Name:** \_\_\_\_\_

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

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

Staff Concerns/Requested Time Off:

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Facility/Maintenance Concerns:

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Group Assessment (How is the group progressing as a whole):

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Recommendations/Goals for group:

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**Individual Assessments:**

To be completed by each Juvenile Justice Specialist on the youth they mentor. Teachers, mental health/ substance use disorder and/or sex offender treatment providers should complete this form, and turn into the Group Leader if they are unable to attend the weekly team meeting. This weekly synopsis outlines positive progress made, goals achieved and area of improvement. The Weekly Assessment Notes are presented during the Group Leader Team Meeting. Absent members should indicate their recommendation for a youth who may be petitioning for a stage advancement.

*(Start with a couple of strengths then areas of improvement. Overview of youth's performance by stage, treatment goal accomplishments, Educational, Medical, and Mental Health concerns, and make recommendations for any youth petitioning for stage advancement).*

Youth \_\_\_\_\_

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Youth \_\_\_\_\_

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## Group Leader Team Meeting Preparation Form

Facility: \_\_\_\_\_

Housing Unit: \_\_\_\_\_

Group Leader: \_\_\_\_\_

Group Meeting Date: \_\_\_\_\_

Meeting Time (am/pm)	Meeting Duration	Meeting Lead By

This form is used by the Group Leader to establish the specific agenda for the Team Meeting. It includes the topic, goal, objective, and outcomes, as well as planning the follow up objectives for the next meeting. This information is submitted to the Director or designee's office by 2:00 PM the day following the Team Meeting.

### MEETING TOPICS:

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### IF THE PLANNED TOPIC CHANGED, PLEASE LIST THE REASON FOR THE CHANGE:

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### IMPACT TO THE GROUP AND OUTCOMES OF THE MEETING.

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### FOLLOW UP PLAN LEFT FOR THE STAFF TEAM.

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## Group Leader Team Meeting Minutes

Group Leader or designee: \_\_\_\_\_

Date of Team Meeting: \_\_\_\_\_ Dorm : \_\_\_\_\_

### Youth Upcoming Important Dates:

*(birthdays, court, graduations, important visits, etc.):*

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### Staff Upcoming Important Dates:

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### Upcoming Staff Training:

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### Partner Input (School/Contracted Health Care Provider/Other):

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### Group Assessment (How is the group doing as a whole):

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### Individual Assessments:

*(start with a couple of strengths then areas of improvement)*

Youth \_\_\_\_\_

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**Stage Review:**

*Consider the youth up for level review*

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**Group Treatment Goals:**

*Pick Three Goals & Strategies for Each Goal*

Goal 1: \_\_\_\_\_

Strategy: \_\_\_\_\_

Strategy: \_\_\_\_\_

Goal 2: \_\_\_\_\_

Strategy: \_\_\_\_\_

Strategy: \_\_\_\_\_

Goal 3: \_\_\_\_\_

Strategy: \_\_\_\_\_

Strategy: \_\_\_\_\_

**Group Meeting Schedule for the Week:** Include meeting topic and facilitator

*Group leader or Case Manager to Complete*

Group Meeting Monday:

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Group Meeting Tuesday:

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Group Meeting Wednesday:

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Group Meeting Thursday:

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Group Meeting Friday:

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Group Meeting Saturday:

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Group Meeting Sunday:

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**Staff and Operational Issues and Proposed Solutions:**

*(Includes scheduling, coverage, programming)*

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**Staff Concerns:**

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*Group leader or designee is responsible for completing this form.*