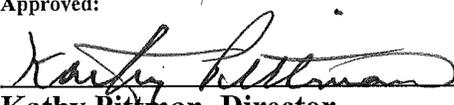


**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES  
DIVISION OF YOUTH SERVICES  
JUVENILE INSTITUTIONS**

Subject: <b>Admission, Intake and Orientation</b>	Policy Number: <b>1</b>
Number of Pages: <b>11</b>	Section: <b>XIII</b>
<p style="text-align: center;">Attachments</p> <ul style="list-style-type: none"> <li>A. Youth Admission Form</li> <li>B. Detention Center's Records</li> <li>C. Admission and Intake Checklist</li> <li>D. Orientation Checklist</li> <li>E. Orientation Acknowledgement Statement</li> <li>F. Religious and Spiritual Needs Assessment Form</li> <li>G. Student Handbook – Male Youth</li> <li>H. Student Handbook – Female Youth</li> </ul>	<p style="text-align: center;">Related Standards &amp; References</p> <ul style="list-style-type: none"> <li>ACA 3-JTS-5A-01</li> <li>ACA 3-JTS-5A-04</li> <li>Mississippi Code 43-21-603, 43-21-605 and 43-27-25</li> <li>MS Youth Court Rules of Procedure</li> </ul>
Effective Date:  <b>December 21, 2006</b> Revised: January 28, 2010	Approved:  <hr style="width: 80%; margin-left: 0;"/> <b>Kathy Pittman, Director</b>

**I. POLICY**

It is the policy of the Mississippi Department of Human Services, Division of Youth Services, that training schools shall admit only those youth legally authorized for confinement and whose actual identity can be verified. Youth shall not be admitted to any training school without the required documentation. Upon arrival all youth shall undergo a standardized admission, intake, and orientation process conducted by trained designated staff members. These processes are intended to prepare youth for what is required while in the custody of DYS; as well as, to inform youth admitted to a facility of all services available at the facility.

**II. DEFINITIONS**

As used in this policy and procedure, the following definitions apply:

- A. **Admission** – the process by which youth legally authorized to a MDHS/DYS training school may be accepted or rejected for placement at the facility.
- B. **Intake** – The process by which youth admitted to the facility are prepared for orientation to the facility.
- C. **Orientation** – The process by which youth are welcomed into the facility and informed of services provided at the facility, via a formal presentation. In addition, youth are made knowledgeable of expectations and the behavioral incentive program while in the custody of the DYS.
- D. **Admission Packet** – The minimum documentation required for admission to a DYS training school to provide an accurate account of the youth's history and current needs, so that the training school can insure that the youth's medical, mental health, and treatment needs can be met by the resources available to the facility. The following constitutes the minimum documentation required for admission to a DYS facility: (Mississippi Code 43-21-603.8.a-f)

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- a. Medical Records –
  - i. The youth’s significant current and past medical history including: medications, diagnoses, available records maintained by a Primary Care Physician, Dentist, Medical Specialist, and the Detention Facility, a Health History and current Immunization Record.
  - ii. Medical Inventory Parental Confirmation Sheet
  - iii. The youth’s mental health history
  
- b. Legal Records – Prior Youth Court Disposition Orders, Petitions, Offense Lists/Delinquent and Status History and Summons mandated for a youth.
  
- c. Detention Records - records from any detention facility or court-ordered placement pertaining to the conduct, medical, mental health, alcohol and other drug use and abuse, and suicidal behavior/risk of the youth. (Attachment XIII.I.B)
  
- d. Social Records – Youth’s Social Summary/History, Juvenile Information Sheet, Statistical Data Sheet, and Visitation Form.
  
- e. Education Records - Youth’s cumulative record from the last school of record, including special education and TST records (if applicable and when available), recommendation from the school of record based on areas of remediation needed, disciplinary records from the school of record, and records of disciplinary actions outside of the school setting (when available).
  
- E. **Youth Master File (YMF)** - the complete and official commitment record maintained for each youth that documents his/her treatment, correspondence, and all court papers addressing legal commitment, which includes the case file, the medical record, and the educational file which taken together constitute the youth master file.
  
- F. **Case Management Systems (CMS)** – A computer-based case management data-base which is used to track the history, educational, mental health, medical history and needs of youth who come in contact with the juvenile justice system.
  
- G. **Student Handbook** – A manual created for youth that outlines the operations of the training schools, and explains in plain language all relevant areas of the facility and the appropriate policies of the DYS. In addition, it shall comply with Division policies and be kept current through frequent review and updates as required by policy I.2: Policy Management.
  
- H. **Frisk search** - The search of youth by Intake staff for something concealed by passing the hands quickly over clothes and/or through pockets.
  
- I. **Body/Strip search** - The search of youth by Intake staff for illegal articles or contraband by first requiring the removal of all clothing. This includes a visual check

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of the person that does not require physical contact. This search procedure may require a youth to open his mouth or to move his body parts to permit visual inspection and to run his hands through his hair.

- J. **Cavity search** – The inspection of a youth’s body cavity(s) by medical personnel, which is authorized by the Facility Administrator. (see Medical Policy and Procedure XI.16- Health Care Appraisal and Examinations section III D.)

### III. PROCEDURE

To facilitate the implementation of this procedure, Intake and Orientation Staff shall complete and file the Admission and Intake Checklist, (Attachment C) and the Orientation Checklist (Attachment D) for each youth admitted to the facility (3-JTS-5A-01).

- A. Admission: The training schools shall not admit or take custody of any child whose Admission Packet does not contain the requisite medical and mental health records as provided in Mississippi Code (Section 43-21-603.8.a-f), including records from any detention facility or court-ordered placement pertaining to medical, mental health, and suicidal behavior. The Youth Court shall provide the Admission Packet to the training school at or before the youth’s arrival at the facility.
- B. Juveniles suspected of being under the influence of alcohol or drugs may only be admitted to the facility after being medically examined by a qualified physician and cleared for admission.
- C. No transporting escort staff shall be excused prior to the verification of documentation. Per Mississippi Code (Section 43-21-650.1.g.iii), youth under the age of ten (10) years shall not be admitted to a DYS facility. All male youth shall be received in the facility’s Medical Unit and all female youth shall be received in the Intake Unit for admittance. All youth shall be admitted to the training school within three hours of arrival at the facility, if documentation is verified and youth deemed appropriate for admission.
- D. Per Mississippi Code (Section 43-21-603), the Admittance of any youth to the training school shall take place between the hours of 8:00 am and 3:00 pm; Monday through Friday, excluding designated State holidays. The Admission of youth to a facility shall comply with the following protocol:
  - 1. Verification of the youth’s actual identity – The admitting staff member shall verify the youth’s identity based on a review of the Court documents and confirmation by the escorting officer.
  - 2. Verification of completed Admission Packet – The admitting staff member shall review the Admission Packet to insure that all required documentation is presented. Educational records are secured by Oakley Training School education staff members.
  - 3. Administration of Medical Intake Screening – (Please see Admission Health Screening and Assessment policy XI.15) In the case of severe

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injury or severe mental illness or retardation (See Mississippi Code 43-27-25), the youth shall be denied admission.

4. Admission – Youth shall be confirmed as either accepted or denied. This confirmation shall be indicated by the Shift Supervisor, who shall sign the Youth Admission Form (Attachment A).
  5. Transfer of Custody - The Deputies/Escorts shall then accompany the youth to the Facility’s Intake Unit.
  6. Receipt - Following the delivery of the youth to the Intake Unit, all Deputies/Escorts shall sign the Youth Admission Form (Attachment A) prior to being excused.
  7. Head Count - Newly admitted youth shall be immediately added to the facility’s master count and to the CMS database.
  8. When female youth arrive for admittance, all male youth, present in the Intake Unit, shall be placed in temporary cells with the door unlocked, while the female youth completes the admission process and is moved to the area of the facility that is designated for the female youth.
- E. Intake: All youth shall be admitted to the facility prior to participating in the Intake process. Staff shall provide verbal explanation to the youth regarding each step of the Intake process. Essential services, including medical attention, meals, etc. shall be provided to youth while housed in the Orientation/Classification Units: Intake Management Unit or Assessment Management Unit. The intake of youth into a facility shall comply with the following protocol and shall take place within 24 hours of Admission:
1. Intake for female youth shall take place in an area designated specifically by the Facility Administrator for female youth, which is separate from male youth.
  2. Supervision - Staff shall maintain direct line-of-sight supervision for all youth until initial screening is completed. If a youth is determined to be at risk for suicide, the youth shall be placed on Safety Alert until seen by a Qualified Mental Health Professional (QMHP) (see Suicide Prevention Policy XIII.12).
  3. Notification – Upon admission to the facility, Intake staff shall verbally notify the Education, Psychology, Security, and Food Services Departments of the youth’s admission to the facility, within one hour of admission.
  4. Youth Master File - Intake staff shall create a Youth Master File for the youth.

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5. Search – Upon arrival at the Intake Unit, all youth shall be searched by Intake staff prior to a youth entering an individual room or program area. Youth shall be subject to two forms of search, Frisk and Body/Strip searches. However, body/strip searches shall be conducted by a same-sex staff member in an area within the Intake Unit that provides privacy. (See policy VII.8: Property, Contraband, and Searches)

  - a. Following the standard body/strip search, if there is probable cause that a youth is still in possession of contraband:

    - i. The Facility Administrator shall be contacted immediately.
    - ii. The Facility Administrator shall consult with the facility’s health care provider regarding the need for more intrusive search procedures. (Please see the Admission Health Screening and Assessment policy XI.16)
  - b. Body/strip searches of female youth shall be conducted by female staff and shall take place in an area designated by the Facility Administrator specifically for female youth that is separate from male youth, which maintains privacy.
6. Property Distribution and Hygiene – At all times youth shall only maintain in their possession, items that are authorized and/or distributed by the facility.

  - a. The youth’s personal property shall be collected, inventoried, documented and stored according to Policy VII.8: Property, Contraband and Searches.
  - b. All youth shall be required to shower and receive a de-licer treatment.
  - c. All youth shall be issued standard items including clothing, linens, and gender appropriate hygiene items, in accordance with Policy VII.8.
7. Photographs – A photograph shall be taken of each admitted youth; a copy of which shall be placed in the youth’s master file, medical file and in the Case Management System (CMS).
8. Family Contact - All youth shall be permitted to telephone his/her parents or legal guardians/representative within 24 hours of admission. Staff will render assistance as needed. Parents and

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Guardians shall be notified verbally and in writing of the current status of the youth's admission, the visitation, telephone, and mail procedures, in addition to the contact information for the Facility Administrator, Youth Counselor, and Ombudsperson within 24 hours of the youth's admission to the facility.

9. Medical Exam - All youth shall receive a medical examination. (Please see Admission Health Screening and Assessment policy XI.16)
  10. Returnee Record Review – A QMHP shall review all medical charts of newly admitted youth who have previously been confined in the facility, to identify youth who have a history of suicidal or self-injurious behavior.
  11. Youth Screening – All youth admitted to a DYS facility shall be screened for any history of physical or sexual abuse, substance abuse, anger aggression, suicide risk, sexual deviance, and educational difficulties using a standard screening instrument such as the YASI (See policy XIII.3: Youth Screening and Assessment).
  12. Prescriptions – When a youth is admitted with a written prescription or an appropriately labeled prescription bottle containing medication that can be verified as correct, the medication shall be continued, with the approval of an appropriate clinician via standing orders or verbal consultation with the clinician. (Please see Medical policy XI.29 and XI.30)
- F. Orientation: All youth will have spent at least the first 48 hours on an Orientation/Classification Unit: Intake Management Unit (IMU); however, all youth shall complete the Orientation process within 72 hours of Admission. In exceptional cases, where youth have not completed Orientation within the designated timeframe, placement of youth in an educational program or other mandated activity shall not be delayed. Therefore, by the morning of the third day of custody, all youth shall be enrolled in an educational program. All male youth shall reside in Intake Management Unit until Orientation is completed. All female youth shall reside in the housing unit designated by the Facility Administrator to temporarily house newly admitted female youth that is separate from male youth. Both male and female youth shall be afforded equal levels and quality of services.
- G. Youth shall be provided assistance as needed in understanding the Orientation presentation and materials. The Orientation of youth to the facility shall comply with the following protocol:
1. Student Handbook - A current copy of the Student Handbook (Attachment G or H) and other Orientation materials shall be given to all youth (3-JTS-5A-04). In addition, a copy of the Handbook shall be posted in all common areas accessible to youth. The Handbook shall

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be written in clear and precise language that is easily understood by youth. A designated staff member shall provide a presentation to youth that reviews and explains all components of the Student Handbook. The handbook shall include, at a minimum, the following information to insure that youth understand their rights and are aware of all services provided at the facility.

- a. The Division Mission and Vision Statements
  - b. Facility rules and consequences for violating rules,
  - c. Due Process procedures,
  - d. Grievance procedures,
  - e. Rights and responsibilities of youth,
    - i. Protection from Harm
    - ii. Attorney Access
    - iii. Access to clothing and hygiene products
  - f. Mail, telephone and visitation procedures,
  - g. Educational and Vocational Programs
  - h. Counseling and Religious Services,
  - i. Access to health care and mental health care,
  - j. Classification and Length of Stay procedures
  - k. School attendance and performance,
  - l. The Behavior Management System,
  - m. Drug testing,
  - n. Searches, contraband and authorized property,
  - o. Reporting allegations of abuse,
  - p. Key staff, their roles, and how to contact them, and
  - q. Work detail.
2. Q & A Period – All youth shall be given the opportunity to ask questions of staff during the Orientation presentation.
  3. Youth Assessment – All youth determined to have high risk or high need scores in specific areas identified in the screening process shall be further evaluated using the appropriate assessment instruments specific to the identified risk and need. (Please see policy XIII.3: Youth Screening and Assessment)
  4. Recreational Assessment - Recreation staff shall meet with youth during Orientation to provide information about recreation activities and to assess the youth’s physical fitness level and recreational

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interests. All eligible youth's physical fitness level shall be assessed using the President's Standards Physical Fitness Test.

5. Religious Assessment – A campus Chaplain shall meet with all youth during the Orientation process to professionally assess each youth's religious and/or spiritual needs, by completing the Religious Needs Assessment Form (Attachment F).
  - a. Dietary Needs - All youth shall be asked to disclose any special dietary needs, based on the youth's religious history. The Chaplain shall notify appropriate food service staff, and notate the identified needs in the youth's master file and in the CMS system.
6. Completion - Upon completion of Orientation, all youth shall be required to sign and date the Orientation Acknowledgement Statement (Attachment E), which shall be filed in the youth's master file. As well, the Orientation Supervisor shall sign the Orientation Checklist (Attachment D) to verify that all aspects of the process have been completed.
7. Assessments initiated during the intake and orientation process will be continued based on needs and issues identified in the Phase I screening, which results in the Initial Screening Protocol and Intake Psychological Checklist within the first three working days of admission (Policy XIII.3, Youth Screening and Assessment)
8. Documentation – All forms shall be filed in the Youth's Master File.
9. Exceptions - If a youth has left the facility and returned to the facility in an abbreviated period of time (less than 30 days), the orientation staff may conduct an abbreviated orientation process to update the youth on current procedures and immediately place the student in a permanent housing unit.
10. Video Presentation: Orientation materials may be provided through the use of video presentation, however trained staff must be present to answer questions and provide assistance as needed.

**MDHS/DYS Training School  
Oakley and Columbia Campuses  
Youth Admission Form – XIII.1.A**

Name \_\_\_\_\_ County \_\_\_\_\_

Judge \_\_\_\_\_ Counselor \_\_\_\_\_

Date (Admitted) \_\_\_\_\_ Student I.D. # \_\_\_\_\_

Identity Verified: Yes  No  Commitment # \_\_\_\_\_

<b>Required Documents:</b>		Yes	No
Medical Inventory Parental Confirmation Sheet			
Legal Records			
	Court Orders		
	Petitions		
	Summons/Notice of Process		
	Offense List or Delinquent and Status History		
Social Records			
	Juvenile Information Sheet		
	Statistical Data Sheet		
	Social Summary/History		
	Visitation Form(s)		
School	Cumulative record from School(s)		
Medical	Health History		
Medical	Immunization Record		
Mental Health	MAYSI-2 (if applicable)		
<b>Medical Intake Screening Administered:</b>			
<b>Accepted for Admission:</b>			
<b>Time of Admission:</b>			

I \_\_\_\_\_ by Court Order am releasing \_\_\_\_\_ (youth) to the custody of the MDHS/DYS Oakley/Columbia Training School for Admission.

Deputy/Escort Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Intake Staff (witness) \_\_\_\_\_ Date: \_\_\_\_\_

Mississippi Department of Human Services  
Division of Youth Services  
Detention Center's Records

Detention Center	Date
Name of Youth	County of Admission

**§ 43-21-321. Health screening required upon admission to juvenile detention center; development of written procedures for admission; adherence to certain minimum juvenile detention standards; provision of educational services to detained students; other programs and services.**

Information obtained during the screening or during a youth's stay at the detention facility is needed by the training school for admission. Check each area and provide copies of all documentation for the following:

1. Mental Health -- Juvenile detention center detainees shall be referred to other counseling services when necessary including: mental health services; crisis intervention; referrals for treatment of drugs and alcohol and special offender treatment groups. The youth's records from the provider are needed.

Yes Mental Health Concerns  
See Attachment

No Mental Health Concerns

2. Suicide risk -- Screening instrument indicates that a juvenile is in need of emergency medical care or mental health intervention service  Yes  No.

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

3. Alcohol and other drug use and abuse- History of alcohol/drug usage  Yes  No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

4. Physical Health -- All medical history of all detainees gathered detention center.

(i) Any medical, dental and mental health treatments and medications the juvenile is taking;

(ii) Any chronic health problems such as allergies, seizures diabetes, hearing or sight loss, hearing conditions or any other health problems; and

(iii) Documentation of all medications administered and all health care services rendered:

5. Aggressive behavior – Aggressive to Staff or Students in Detention. \_\_\_ Yes \_\_\_ No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

6. Family Relations – Juvenile transition plan for youth leaving the facilities. Plans shall include providing the youth and his or her parents or guardian with copies of the youth's detention center education and health records, information regarding the youth's home community, referrals to mental and counseling services when appropriate, and providing assistance in making initial appointment with community service providers. These records are needed by the training school.

7. Peer relations – Known gang involvement or relationship to peers. \_\_\_ Yes \_\_\_ No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

8. Social skills – Know problems coping for self, responding stress. \_\_\_ Yes \_\_\_ No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

9. Educational status – the detainee shall receive the following service which may be computer – based: (i) Diagnostic assessment of grade – level mastery of reading and math skills; (ii) Individualized instruction and practice to address any weaknesses identified in the assessment.

\_\_\_\_\_  
Detention Director/Designee

**MDHS/DYS  
Oakley Youth Development Center  
Admission and Intake Checklist**

Note: Please initial next to the step of the process to verify its completion.

**Name:** \_\_\_\_\_ **County or Origin:** \_\_\_\_\_  
**Admission Date:** \_\_\_\_\_ **Time Admitted:** \_\_\_\_\_

**Admission**

Identity Verified \_\_\_\_\_ Youth Admitted: Yes \_\_\_\_\_ No \_\_\_\_\_  
 Required Documentation \_\_\_\_\_ Admissions Form Signed \_\_\_\_\_  
 Medical Intake Screening \_\_\_\_\_ Youth Added to Head Count \_\_\_\_\_  
**Date/Time Completed:** \_\_\_\_\_ **Signed:** \_\_\_\_\_

**Intake**

Notification of Facility Departments \_\_\_\_\_ Creation of Master File \_\_\_\_\_  
 Search of Youth: Frisk \_\_\_\_\_ Strip \_\_\_\_\_ Body Cavity/Medical Referral \_\_\_\_\_ (when applicable)  
 Hygiene: De-licer Treatment \_\_\_\_\_ Shower \_\_\_\_\_ Haircut \_\_\_\_\_  
 Property: Clothing \_\_\_\_\_ Linens \_\_\_\_\_ Hygiene Products \_\_\_\_\_  
 Screening: Intake Interview \_\_\_\_\_ YASI \_\_\_\_\_ MAYSI \_\_\_\_\_  
 Photos: Master File \_\_\_\_\_ Medical File \_\_\_\_\_ CMS \_\_\_\_\_  
 Medical Assessment \_\_\_\_\_  
**Date/Time Completed:** \_\_\_\_\_ **Signed:** \_\_\_\_\_

**MDHS/DYS  
Oakley Youth Development Center  
Orientation Checklist**

Note: Please initial next to the step of the process to verify its completion.

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

**County or Origin:** \_\_\_\_\_

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

**Orientation**

Student Handbook \_\_\_\_\_

Religious Assessment \_\_\_\_\_

Orientation Acknowledgement Statement \_\_\_\_\_

Phone Calls \_\_\_\_\_

Behavior Incentive System \_\_\_\_\_

Video Presentation \_\_\_\_\_

Educational Program Enrollment \_\_\_\_\_

Recreational Assessment \_\_\_\_\_

Date \_\_\_\_\_

**Date/Time Completed:** \_\_\_\_\_ **Signed:** \_\_\_\_\_

**MDHS/DYS Training School  
Oakley and Columbia Campuses  
Orientation Acknowledgement Form**

**Youth's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Youth Shall Initial next to each statement to verify that Orientation Services have been rendered.

\_\_\_\_\_ **A staff member has read and/or fully explained to me the rules and regulations.**

\_\_\_\_\_ **I have received a Student Handbook that contains information about facility's rules and my rights. I understand that I have read (Verbal Explanation) and have had an opportunity to ask questions about those items I did not understand.**

\_\_\_\_\_ **I understand that if a member abuses me, I have the right to report this abuse to any staff member. If I am uncomfortable or frightened about reporting this information, I may complete a Grievance Form and place it in a Grievance Box, which is located in all common and housing areas on campus.**

\_\_\_\_\_ **I understand that if I disobey the rules of the facility, I may be subject to disciplinary actions. I also, understand that serious violations of the Facility's rules and regulations can result in additional charges and time added to my commitment.**

\_\_\_\_\_ **I am aware of the activities available to youths residing on Campus.**

\_\_\_\_\_ **I have read and understand information about the following topics:**

- a. How to access medical and mental health care
- b. Visitation
- c. Mail
- d. Telephone use
- e. How to file a Grievance
- f. Access to an Attorney
- g. Letter Writing

**I have completed the Orientation Process and I understand all information that has been given me. Also, I have received a Student Handbook and I understand its content. I understand my rights and what is expected of me during my stay at the MDHS/DYS Oakley/Columbia Training School.**

\_\_\_\_\_  
**Student's Signature**

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

\_\_\_\_\_  
**Staff's Signature**

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



H. Do you have personal spiritual beliefs that are different from organized religions that you know of?

I. Would you like to share those beliefs?

J. Do you have any questions about religion or spirituality that you would like to have answered?

K. Are you interested in participating in the religious activities here on campus?

I have answered the above questions freely and without undue influence or pressure from the Chaplain or any other DYS Staff member. I understood the questions asked of me. Any questions that I did not understand the Chaplain verbally explained to me. Also, I understand that I do not have to participate in any religious based Campus activities. Furthermore, I understand that religious services at the Training School are Christian based, but I have the right to observe and practice my own religious and/or spiritual beliefs. Also, I understand that the Chaplain is on campus to offer religious/spiritual training and/or counseling if I would like it. Also, I may discuss any topic, thought, or feelings that I may have with the Chaplain.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chaplain's Signature

\_\_\_\_\_  
Date

# **Student Handbook**

## Your Guide to Life at Oakley Youth Development Center



To Our New Resident,

Welcome to Oakley Youth Development Center. The handbook will tell you the things you need to know to do well while you are with us. You are about to go through a learning process. There are plenty of opportunities to learn new things, such as vocational trade, leadership, or you can get your GED. There are many things you can accomplish during your stay here.

Remember that your behavior has a lot to do with how long you stay. For example, when staff asks you to do something, follow directions without discussion or argument. Following the rules is good for you because rules teach you respect and how to manage yourself in the outside world. You are 100% in control of your behavior and 0% in control of your consequences, so choose wisely.

Our goal, and we hope yours, is for you to leave stronger, healthier and wiser.

Sincerely,

Student Council Representatives



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# DHS-DYS

## Mission Statement

The mission of DHS-DYS is to provide leadership for change for youth, family units, and communities. It operates by creating legitimate, alternative pathways to adulthood through equal access to services that are least intrusive, culturally sensitive, and consistent with the highest professional standards.

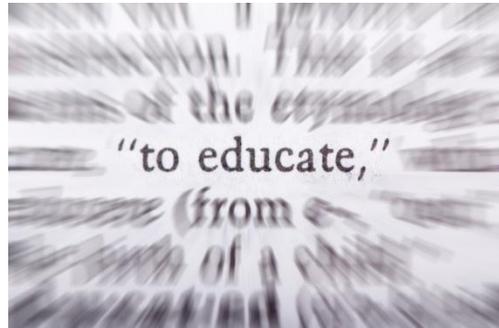


## Vision Statement

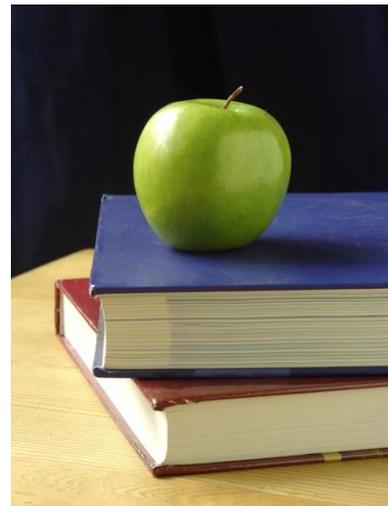
It is our vision that every child will experience success in caring families and nurturing communities that cherish children and teach them to value family and community. Our vision is guided by the fact that our decisions and actions affecting children today will determine the quality of our lives tomorrow.

# Mission Statement

## Oakley - Williams School –



The mission of Williams School is to provide our “Great Youth” individualized educational programming that develops, accommodates, and enriches each learner’s individual abilities. Williams School is committed to maintaining a positive, appropriate, and safe educational environment. Our mission is to challenge our student population to be “Great Youth” by instilling a sense of citizenship and personal responsibility, fostering positive learning experiences, and providing transition supports that yield future success. It is our desire to give each student the tools necessary to experience success here and in their communities. It is the mission of Williams School to produce students that are “Great Youth”.



# What happens first?

## Orientation

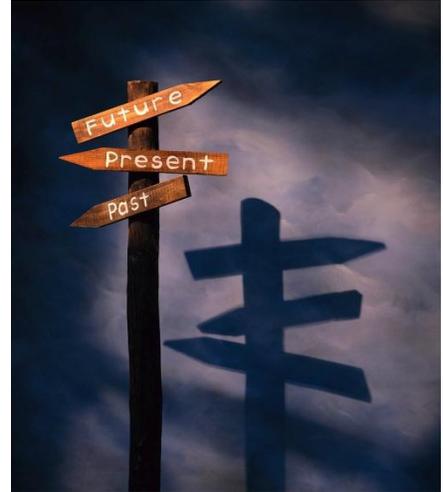
When you first get to the Oakley campus, you will begin the Admission, Intake and Orientation processes. During these 72 hours you will:

- ✓ Go over your paperwork with an intake counselor;
- ✓ Have your picture taken;
- ✓ Store the things you brought with you in a safe place (your things will be given back to you when you leave);
- ✓ Take a shower;
- ✓ Get your hygiene items such as soap and toothbrush;
- ✓ Get your Oakley clothes which includes: new underwear, shoes, socks, pants, shirt, jacket, and sleepwear;
- ✓ Talk with a nurse. The nurse will weigh you, check your vision and hearing, draw blood, and take a urine sample. The nurse does this to make sure you and other students stay healthy and safe;
- ✓ Talk to the doctor about any health problems;
- ✓ Talk with a qualified mental health professional (QMHP). The QMHP is there to help you with your feelings; especially with negative feelings, like hurting yourself or others;
- ✓ Talk with a counselor;
- ✓ Find out about campus life and your rights;
- ✓ Learn about the campus rules and program expectations;
- ✓ Find out about the programs including treatment, education, and vocation and activities including religious activities, and recreation;
- ✓ Go over the student handbook;
- ✓ Ask questions if you have any;
- ✓ Meet the staff and other residents in the housing unit; and
- ✓ Call your family.

# Counseling & Treatment Team

You will have a counselor while you are staying with us. Your counselor will meet with you at least once a week. You can talk to your counselor about anything you need to talk about. You can talk about:

- Family
- Friends
- Things that are bothering you
- Things that make you sad
- Problems you have with staff or other youth
- Your plans and goals
- How you are feeling



You will also meet with a Treatment Team.

Your Treatment Team is the group of staff who work with you. They will help you with the things you need to work on. You will help them make your service plan. A Service Plan helps you set and meet your goals. They will make sure you are getting the things you need

Your team will work with you on your plan as long as you are here. They will help you learn how to problem solve and make better decisions. These skills will help you when you go back home.

## **Behavior Incentive System**

We want to encourage you to learn and use positive behaviors. During your stay, you will have opportunities to earn points for good behavior. When you get enough points in a day, you will earn a Positive Behavior Buck. At the end of the week, you can trade the bucks you earn for food and hygiene items in the student store.

You may be able to earn bonus bucks for special projects and accomplishments. You may be able to spend some of your bucks on special activities and trips off campus. You earn more choices as you make changes in your behavior. Some of you can earn the privilege of becoming a store manager. You will help to select the items and set the prices in the store.

An example of the daily point sheet is included on the following pages. Staff members will rate your behavior and on the back of your point sheet you will rate how they helped you.

OAKLEY YOUTH DEVELOPMENT CENTER  
WEEKDAY POINT SHEET

Student Name: \_\_\_\_\_

POD/COTTAGE: \_\_\_\_\_

Stage: \_\_\_\_\_

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

My goal for today is \_\_\_\_\_

Targeted Activity	PARTICIPATION LEVEL			ATTENDANCE COMPLIANCE		Points Staff Initials	Notes & Observations
	Outstanding	Full	Partial	Attendance Compliance	Nonattendance Noncompliance		
Morning routine	20	15	10	5	0		
Breakfast	20	15	10	5	0		
Lunch	20	15	10	5	0		
Dinner	20	15	10	5	0		
Evening Free Time	20	15	10	5	0		
Evening Shower	20	15	10	5	0		
Bedtime Routine	20	15	10	5	0		
Bonus: Service	20	15	10	5	0		
<b>EDUCATION</b>							
Period One	20	15	10	5	0		
Period Two	20	15	10	5	0		
Period Three	20	15	10	5	0		
Period Four	20	15	10	5	0		
Period Five	20	15	10	5	0		
Period Six	20	15	10	5	0		
Period Seven	20	15	10	5	0		
Bonus: Extracurricular	20	15	10	5	0		
<b>PERSONAL GROWTH</b>							
Structured Activity	20	15	10	5	0		
(Specify)							
Structured Activity	20	15	10	5	0		
(Specify)							
Recreation	20	15	10	5	0		
Bonus: Leadership	20	15	10	5	0		
<b>TOTAL POINTS</b>							

**Instructions:** Staff will record points in each standard area and initial the entry in red ink. **Under Personal Growth:** A Structured Activity may include: Individual Counseling or Therapy, Group Counseling or Therapy, Medication, Therapeutic Homework, Creative Activity (drawing, poem, etc.), Health Group, or Volunteer Lead Group. **The youth must present evidence they participated in one of the listed activities to receive points. Staff must specify the activity that was performed.** If a youth is unable to be present for a targeted activity, for example school due to being at the clinic to see the doctor, the clinic staff or JCW working with that youth should sign for that targeted activity and document in the Notes & Observation section the deviation from schedule. Second shift staff will collect the point sheets and give them to the Counselor. Counselor will compute daily point totals and assign *Positive Behavior Bucks* based on the daily targets for each student. **Students must earn at least 204 points (80 % of full participation in targeted activities) to receive one Positive Behavior Buck.**

Today, I made the following progress toward my goal by \_\_\_\_\_

Revised 3/12/2012

**OAKLEY YOUTH DEVELOPMENT CENTER  
SATURDAY/SUNDAY/HOLIDAYS POINT SHEET**

Student Name: \_\_\_\_\_

POD/COTTAGE: \_\_\_\_\_

Stage: \_\_\_\_\_

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

My goal for today is: \_\_\_\_\_

Targeted Activity	Participation Level: Please mark one numeral for each activity					Points	Staff Initials	Notes & Observations:
	Outstanding	Full	Partial	Minimal Compliance	Non-Compliance			
Morning routine	20	15	10	5	0			
Breakfast	20	15	10	5	0			
Morning Free Time	20	15	10	5	0			
Lunch	20	15	10	5	0			
Dinner	20	15	10	5	0			
Evening Free Time	20	15	10	5	0			
Evening Shower	20	15	10	5	0			
Bedtime Routine	20	15	10	5	0			
Bonus: Service	20	15	10	5	0			
<b>PERSONAL GROWTH</b>								
Structured Activity	20	15	10	5	0			
(Specify)								
Recreation	20	15	10	5	0			
Bonus: Leadership	20	15	10	5	0			
<b>TOTAL POINTS</b>								

**Instructions:** Staff will record points in each standard area and initial the entry in red ink. Under Personal Growth: A Structured Activity may include: Individual Counseling or Therapy; Group Counseling or Therapy; Medication; Therapeutic Homework; Creative Activity (drawing, poem, etc.); Health Group; or Volunteer Lead Group. The youth must present evidence they participated in one of the listed activities to receive points. Staff must specify the activity that was performed. If a youth is unable to be present for a targeted activity, for example school due to being at the clinic to see the doctor, the clinic staff or JCW working with that youth should sign for that targeted activity and document in the Notes & Observation section the deviation from schedule. Second shift staff will collect the point sheets and give them to the Counselor. Counselor will compute daily point totals and assign Positive Behavior Bucks based on the daily targets for each student. Students must earn at least 120 points (80 % of full participation in targeted activities) to receive one Positive Behavior Buck.

Today, I made the following progress toward my goal by: \_\_\_\_\_

## **Stages and Privileges at Oakley Youth Development Center**

As a student at Oakley Youth Development Center, you will have the opportunity to progress through stages as you participate in your rehabilitation and educational programs. We hope you move through the stages so you can earn privileges and prepare for graduation. Each stage has responsibilities and expectations.

In some ways, the letter for each stage is like school grades. Stage F means the student failed in the daily program and has to be confined to the room. Stage A means the student has achieved the highest level of participation in the program with clear progress; therefore, he receives full privileges. Stage H refers to the Honors Program, which has off campus privileges and the best rewards available at Oakley. Students should work toward being admitted to Stage H: the Honors Program.

### **Orientation/Stage O.**

The initial Stage will be maintained while you complete orientation and placement processes in the Intake Management Unit (IMU) or the Assessment Management Unit (AMU). Typically, Stage O takes 48-72 hours after admission. Stage O students receive minimum privileges, including one hour of recreation per day. While in the orientation process you are expected to complete all assignments, follow the daily schedule and housing unit rules, and read and discuss with a staff member the Student Handbook. You are restricted to the unit and will not participate in the Behavioral Incentive System.

### **Off-Unit Privileges/ Stage C.**

Typically, Stage C starts when you complete orientation. When you transfer from the Assessment Management Unit to a regular housing unit you will receive Stage C privileges. Also, students who complete successfully the specialized treatment program of the Behavior Modification Unit will be moved to a transition management program where they will receive Stage C privileges.

Stage C takes at least 14 days, during which time you will participate in the initial service plan/treatment team meeting. When you have completed 14 consecutive days without a major incident report and no more than three minor incident reports, you can request to move to Stage B during a treatment team meeting. You must use the Application for Stage Change form (Attachment XIII.10.D) to make the request to the treatment team. Advancement is based on review of your participation and progress; review of incident reports, point sheets, and disciplinary hearing forms; and recommendations from your counselor and a majority vote of the treatment team members who attend the meeting.

On Stage C you are allowed to leave the unit to attend school, eat in the cafeteria, and participate in recreation.

Each week, you will receive one 10-minute phone call to approved family members.

You may keep in the room one soft cover book or magazine, in addition to the religious book you may have.

You may participate in the Behavior Incentive System, purchasing and possessing many store items (with the exception of hygiene items, puzzles, other recreational items, and blankets)

You may have 2 family pictures and 2 personal letters in your room.

Other Information about Stage C:

Stage C students transferred from BMU may continue the individual behavior modification plans as needed in the special transition unit.

If you are temporarily placed in room confinement (Stage F) or unit restriction (Stage D) you will return to Stage C following isolation.

You may not perform off unit details

You may be discharged on Stage C.

### **Active Participation Privileges/Stage B.**

This Stage of privileges is assigned by the treatment or management team after you have had good participation in treatment and education programs.

Stage B takes a minimum of 21 days, but additional days may be added by the treatment team. When you have completed 21 consecutive days without a major incident report and no more than three minor incident reports, you can request to move to Stage A during a treatment plan meeting. You must use the Application for Stage Change form (Attachment XIII.10.D) to make the request to the treatment team. Advancement is based on review of your participation and progress; review of incident reports, point sheets, and disciplinary hearing forms; and recommendation from your youth counselor and majority vote of the treatment team members at the meeting. The treatment team will give you specific assignments to complete if the request for stage promotion is denied.

On Stage B, you are allowed to leave the unit to attend school, eat in the cafeteria, and participate in recreation.

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Each week, you will receive one 15-minute phone call to approved family members.

You may keep in the room 3 soft cover books or magazines, in addition to the religious book you may have.

You can participate in the Behavior Incentive System, purchasing and possessing store items. You may use Positive Behavior Bucks to purchase special recreation, leisure and social activities.

You may have 3 family pictures, with some posted in an approved location on the wall, as well as 3 personal letters in your room.

You may purchase additional approved personal hygiene products.

You may perform off unit details.

On a case-by-case basis, the treatment team may recommend a length of stay review that may shorten the time you must spend at Oakley.

You may be discharged on Stage B.

### **Full Privileges/Stage A.**

This Stage of privileges recognizes ongoing participation in treatment and progress in behavior change. Promotion to Stage A takes at least 21 days of positive behavior on Stage B and you must present evidence of participation/progress and a letter where you express remorse for the offense that led to commitment.

Typically, Stage A is maintained for the remainder of your stay unless you are promoted to the Honor's Program (Policy XIII.13) or the treatment or management team recommends dropping your stage. The treatment team will help you decide if he or she is ready for Stage A privileges. Eligibility for Stage A includes no major incident reports and three or less minor incident reports in the three weeks prior to application. You must use the Application for Stage Change form (Attachment XIII.10.D) to make the request to the treatment team.

You are allowed to leave the unit to attend school, eat in the cafeteria, and participate in recreation.

Each week, you will receive one 15-minute phone call to approved family members.

You may keep in the room 3 soft cover books or magazines, in addition to the religious book you may have.

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You can participate in the Behavior Incentive System, purchasing and possessing store items. You may earn bonus bucks for special projects and details. You are eligible to serve as Store Manager, Peer Group Leader, or another leadership role.

You may have 4 family pictures, with some posted in an approved location on the wall, as well as 4 personal letters in your room. You may decorate your room by attaching photos or artwork to the walls or with stuffed animals or other safe objects.

You may purchase additional approved personal hygiene products.

You may participate in unit-based movie nights and social activities planned by the students and approved by the unit coordinator. You may also participate in special off-unit recreational, leisure, and social activities planned for Stage A students throughout the institution.

On a case-by-case basis, the treatment team may recommend a length of stay review that may shorten the time you must spend at Oakley.

You may be discharged on Stage A.

### **Honors Program/Stage H.**

The highest stage of privileges is reserved for students who are actively participating in treatment, completing assigned groups, making progress toward behavior change goals, and providing evidence of leadership in the unit. After completing at least five weeks at the institution, You can complete an application for the Honors Program, which highlights your leadership activities, educational and personal growth accomplishments, and community service interests. Most students will complete a minimum of 35 days (five weeks) with adequate participation and measurable progress before they are eligible for the Honors Program. Students actively participate in character education in the program. The Honors Program is in a special unit where you will have the most freedom in the facility Eligibility for Honors Stage includes no major incident reports and no more than one minor incident report in the past 21 days prior to application.

In the Honors Program you are allowed to leave the unit to attend school, eat in the cafeteria, and participate in recreation.

You will receive two 10-minute phone calls to approved family members per week.

You may have 4 books or magazines in addition to a religious book in your room.

You are allowed to receive material rewards from the store without having to use a point sheet. You get a Positive Behavior Buck each day you are in the Honors

Program. You may earn more bucks by participating in special details and service projects.

You may have 4 family pictures in your room, with some posted in an approved location on the wall, as well as unlimited personal letters. You may decorate your room by attaching photos or artwork to the walls or with blankets, stuffed animals, or other safe objects.

You may participate in unit-based movie nights and social activities planned by the students and approved by the unit coordinator. You may have special entertainment such as parties and special meals.

You may participate in off-campus recreational, educational, cultural, and community-service activities.

You may have access to electronic games (e.g., X-Box) and computers not provided to other students and in addition to what you can use in school.

You may wear shoes or other street clothes, as approved by the facility administrator

On a case-by-case basis, the treatment team may recommend a length of stay review that may shorten the time you must spend at Oakley

You may be discharged on Stage H.

### **Exclusion from the Campus-Wide Behavior Incentive System**

Privileges may be lost if you fight, assault staff members, destroy state property, attempt to escape, or engage in minor disciplinary incidents. Changes in stage of privilege will be determined by the youth's treatment team during regularly scheduled meetings. There are two stages associated with Room Confinement (Stage F) and Unit Restriction (Stage D) where you do not participate in the campus-wide behavior incentive system.

### **Room Confinement/Stage F.**

Stage F is used if you are seriously out-of-control. If you are out of control, you can be placed on Behavior Management Isolation (BMI) for up to 24 hours. Staff will check on you to make sure you are okay and will work with you to get your behavior back on track. You may be placed in your room for up to 72 hours if you get Due Process Isolation (DPI) following a hearing. Once you are back in control or your DPI ends, you may be placed back on your original stage, if your treatment team approves.

Stage F is a short term status and will not last more than 72 hours.

On Stage F you will get meals in your room.

You will also get educational and recreational programs.

If you are placed on Stage F, the youth you will not participate in the behavior incentive system.

### **Unit Restriction/Stage D.**

If your behavior stays out of control, you can be restricted to your unit and placed on Stage D. If your treatment team places you on Stage D, you may be moved to either the Assessment Management Unit (AMU) or the Behavior Management Unit (BMU).

The length of time you spend on the unit depends on your behavior.

Stage D students:

Attend school on the unit;

Eat their meals on the unit;

Have recreation on the unit, and fresh air for only one hour per day; and

Do not participate in the Behavior Incentive System.

The youth will remain restricted to the housing unit. Students who are referred to special management units, Assessment Management Unit (see Policy XIII.16) or Behavior Modification Unit (Policy XIII.7), will have one hour of fresh air recreation per day unless weather conditions require indoor recreation.

Placement on Stage D will be a short term measure and is not a Stage to which a treatment team or hearing officer shall assign a youth for an extended period of time (beyond 72 hours). Youths admitted to the Assessment Management Unit (AMU) may remain on Stage D beyond 72 hours depending upon their mental status, need for structure, and treatment team recommendation. However, Treatment Team Meeting Forms and additional documentation as needed will be processed every 72 hours if ongoing placement is indicated. Youths residing in the Behavior Modification Unit (BMU) may continue their specialized program for as long as three weeks.

## Application for Stage Change (XIII.10.D)

Your Name \_\_\_\_\_

Your Counselor's Name \_\_\_\_\_

Your QMHP's Name (if you have one) \_\_\_\_\_

Your Doctor's Name (if you have one) \_\_\_\_\_

What is your current stage? \_\_\_\_\_

Stage changes are based on your ability to identify and maintain your personal values and goals, identify and handle your emotions, and work on obtaining educational and vocational skills.

When your stage changes, you can make some decisions, have greater freedom, and earn opportunities to participate in activities scheduled on the unit, in the institution, or off campus in the community.

If you do not continue to participate in your treatment and educational program and to make progress in reaching your goals, you will not be considered for a stage change. Your treatment team will tell you what you must do in order to apply for a stage change.

Please answer the following questions before you request a stage change from your treatment team.

How many Positive Behavior Bucks have you earned in the last 14 days? \_\_\_\_\_...in the last 21 days? \_\_\_\_\_

How many times have you had a Due Process Hearing in the last 14 days? \_\_\_\_\_...in the last 21 days? \_\_\_\_\_

How many minor incidents were on your point sheets in the last 14 days? \_\_\_\_\_...in the last 21 days? \_\_\_\_\_

What are some goals from your Service Plan and Daily Point Sheets?  
Did you achieve them? If not, why not?

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Have you participated in counseling and therapy groups to which you have been assigned? What worksheets have you completed?

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Have you been making progress in your rehabilitation and education?  
How do people know that you are changing your behavior?

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Student Signature

Approved/Disapproved (circle one):

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Counselor Signature

If your request for stage change is not approved, we want you to do these things before you re-apply for the change.

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# Health Services

## What happens if I get sick?



When you first get to campus, you will see a nurse. During your first week, you will see a health care provider for a physical. The doctor is on campus at least once a week to see sick students. If you are sick, or if you do not feel good, fill out a Health Call Form. You can find Health Call Forms and envelopes in your pod. Ask the staff to show you where they are located. Also, you can find Health Call Forms in areas of the campus that you and other students visit often, such as the school or gym. If you do not have a Health Call Form, you can use any piece of paper. Put your form or paper in an envelope that says "MEDICAL". Then, put the envelope or your piece of paper in the box. If you need help filling out the form, ask any staff person.

You do not have to tell anyone why you are sick or not feeling well. You have a right to privacy. That means you do not have to tell personal things about your health. Just ask to see the nurse.

There are nurses on campus every day. If you are sick, you do not have to wait until the doctor comes to campus. When it's an emergency, the staff will call the nurse and you will be taken to the clinic. When it is an emergency you need to tell staff that you cannot wait. If you have a problem that is not an emergency, but happens after Health Call is finished for the day, you will be seen during Health Call the next day.

The dentist is on campus at least once a week. While you are on campus, you will see the dentist for an exam. If your tooth or mouth hurts, tell any staff person and fill out a Health Call form. Remember, Health Call Forms are by the box in your pod, in the school and the gym. After you fill out the Health Call Form, put it in an envelope that says "MEDICAL" OR "HEALTH CALL". Then, put the envelope in the drop box.

Someone will come to the drop box everyday to pick up the forms.

8/17/2011

## Welcome From Medical Staff



Welcome to Oakley Youth Development Center. The Health Services staff wants to make sure that you understand how to let us know when you are sick and want to see a health care provider. Health Call Forms are available in each pod, and all areas visited often by students.

This is what you need to do. Write your name and how you are feeling or what is wrong with you on one of the Health Call Forms put it in an envelope that has HEALTH CALL or MEDICAL on the front and drop into one of the secure drop boxes.

The Health Call time is from 11:00 a.m. until 12:30 p.m.

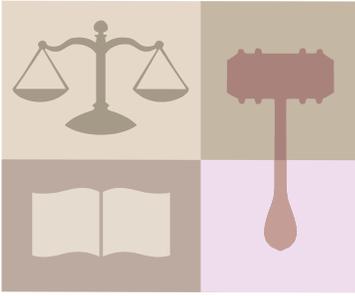
It is very important that unless it is a true emergency you stay in school and visit the clinic before or after school.

If it is an emergency then tell the staff person you are with at the time and they will call the clinic for you.

Here at Oakley, we have a medical doctor, dentist, psychiatrist, psychologist and nurses to take care of all of your health and mental health needs.

Please sign this form so that the staff knows that you understand how to get your health and mental health care needs taken care of.

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



# What are my rights?

While you are on Oakley campus, you have rights. A "right" is something you are given because it is just and fair. Your rights are listed below.

You have the right to

- Be treated fairly. No one can mistreat you because you are
  - Black, White, Hispanic, Asian, Native American (Race);
  - Christian, Muslim, Jewish, Buddhist, Atheist (Religion);
  - Male or Female (Gender);
  - Young or Old (Age);
  - Gay, Lesbian, Bi-Sexual, or Straight (Special Lifestyle); or
  - Because you have a handicap or disability.
- Be treated with respect and called by your name.
- Practice your faith and go to religious services. You also have the right to religious counseling.
- Ask to talk to an attorney. You can talk to an attorney on the phone, in writing, or in person. When you talk to an attorney, it is confidential. That means that no one else can listen or know what you say. Tell your counselor if you want to talk to an attorney.
- Know the rules and schedules on campus. You will be told about the rules and schedules on your first day.
- Due process in disciplinary hearings, which means that you can have your side of the story heard.
- Equal access to programs and services. That means you have the right to go to school, see a doctor, see a counselor, and attend recreational activities.
- Exercise every day, for at least one hour.
- Be free from harm. You have the right to be free of
  - Physical punishment (corporal punishment),
  - Constant threats, demands, teasing, bullying, intimidation (harassment), and
  - Hurtful treatment (mental, verbal, physical abuse).

If someone is mistreating you or you feel that you are not being allowed the rights listed, tell your counselor or an adult you trust.

# Reporting Abuse

Everyone has the right to be safe. You have the right to be free from harm. You have the right to be free of

- Physical punishment,
- Threats, demands, teasing, bullying, intimidation, and
- Hurtful treatment.



If you are being mistreated, you should tell someone. If you think someone else is being mistreated, you should tell someone.

You can tell someone by writing a grievance. When you write a grievance, someone will come and talk with you. You can talk to them in private. Or, you can talk to your counselor about it. You can talk to any adult you feel comfortable with. Also, you may report abuse to the nurse or call the abuse hotline @ 1-800-222-8000.

Do not worry about telling on someone who is mistreating you. You can tell without being afraid. Nothing bad will happen to you if you tell. Reporting abuse is your right. Being safe is your right.

## ***Phone Calls***

- You may call your family on the first day.
- You may make 1 phone call every week.
- You may earn additional phone calls with good behavior.
- Your counselor will tell you who you are allowed to call.
- You may call your family or guardian and your Attorney.



## ***Visitation***

- You may see your family at least twice a week. (Family Night & Weekend Visitation)
- Your counselor will give you the visitation schedule.
- 4 people may visit you at a time.
- You may visit with your family for 2 hours at a time.
- Your visitors must be approved by the youth court, including your child(ren).
- You may see your mother, father, grandparent, brother, sister, guardian, spouse, child, or attorney. They must show an I.D.
- If your family can not make any of the regular times to visit you, they may call your counselor for a special time, with approval from the Facility Administrator.



# Mail



While you are staying with us, you may get and send mail. When you get or send mail, staff will open your mail and check it. They check your mail to make sure everyone follows the rules.

Some rules to remember when you write a letter:

- Your name and address goes in the upper left hand corner of the envelope.
- The name and address of the person you are sending the letter to goes on the lower right side of the envelope.
- Make sure you use your real name and the real name of the person you are sending the letter to. Don't use nicknames.
- Only names and addresses go on the envelope. No pictures, drawings, or gang signs go on the envelope.
- You may only send letters to those persons on your approved contact list. If you want to send a letter to someone else, talk to your Counselor.
- Respect the privacy of your fellow students. Do not use their names in any letters you send.
- Use appropriate language. Do not use sexual or vulgar language.

Your name  
2375 Oakley Rd  
Raymond, MS 39154

Recipient  
Their Address  
Anywhere, USA 99999



Your counselor will mail your letters for you.



## Attorney Access

You have the right to ask for help from a lawyer and to speak in private with a lawyer.

You may ask to see your lawyer by filling out a *Request for Legal Assistance Form* that you can get from your counselor. If you do not understand the form or feel that you need help, your Counselor can help you with it. At the end of this handbook, there is a sample copy of the form.

Your form will be mailed to the lawyer you were given within 24 hours.

You may visit with your lawyer Monday through Friday, but not on holidays, from 5:00 p.m. to 8:00 p.m., and Saturday and Sunday from 9:00 a.m. to 3:00 p.m.

If there is an emergency and you need to see your lawyer, the Facility Administrator may approve a special visit.

You may collect call your lawyer in private from a safe location on the campus, at **1(800) 597-9583**.



Also, you may write a private message to your lawyer, and you may receive a private message from your lawyer. You may address any letter or note to your attorney with the following address:

Mississippi Youth Justice Project  
Post Office Box 9283  
Jackson, Mississippi 39286

# Youth Grievance Procedures

**If, at anytime you feel that you have been treated unfairly, have had your rights violated, or have a complaint that can not be resolved otherwise, you may file a grievance.**

## **Step 1**

You should fill out a grievance form explaining your complaint. Then, put the form in an envelope that says "Grievance" and place the envelope in a drop box. Everyday, a Grievance Officer will pick up all grievances placed in all of the Drop Boxes on Campus.

## **Step 2**

A Grievance Officer will come and talk with you within 48 hours (2 days) of getting the grievance and attempt to resolve it. If you accept the resolution, you will sign the grievance. If you do not accept the resolution, you may file an appeal to the Facility Administrator for a resolution. You have 2 days to file your appeal.

## **Step 3**

You have 2 days to appeal. Appeal forms can be found next to any secure drop box. After the Facility Administrator has made his decision, the findings and response/resolution shall be given in writing to the youth.

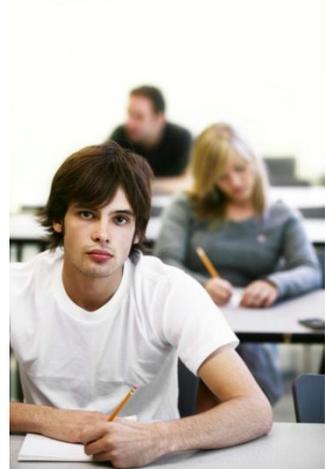
**The decision of the Facility Administrator is Final.**

***Remember that it is your right to file a grievance, you should not be afraid to file a grievance.***

# Due Process/Youth Discipline

**Physical violence will never be used to discipline you while at a DYS Facility.**

- ✚ You are expected at all times to be respectful to others and to follow the rules of the Oakley Youth Development Center.
- ✚ If you get into trouble or disobey the rules, you will be seen by the Due Process Hearing Officer.
- ✚ The Due Process Hearing Officer will go over any Incident Report. Also, he/she will explain to you why you are being seen and what privileges or points you may lose if it is found that you have disobeyed the rules.
- ✚ You may ask for a staff person that you trust to sit with you in the Hearing to help you understand the process. The violation you are being charged with and your due process rights will be explained to you.
- ✚ You may ask that another student or staff person that saw what happened to be a witness. You may tell your side of the story to the Due Process Hearing Officer.



- ✚ Someone will do an investigation, which means that he/she will get information from others and look at evidence.
- ✚ You may be placed in Due Process Isolation (disciplinary segregation) or on a special behavior management program if you show very poor behavior, choose not to follow the rules, and hurt or mistreat someone else.
- ✚ So when you're having a bad day and want to take it out on someone else, think about how **your actions will affect you.**

## Oakley Rules and Expectations

While you are here on campus you are considered to be a member of the Oakley community. We expect all members (adults and youth) to be responsible and considerate; therefore, all members are expected to follow all the rules and meet the behavioral expectations.

### Oakley Community Rules:

1. Stay in your assigned area.
2. Respect the safety of everyone -  
Keep your hands and feet to yourself.
3. Follow adult instructions.
4. Act respectfully toward everyone.
5. Respect and use state and personal property only for its designed purpose.
6. Use appropriate, respectful language at all times – no profanity, obscene gestures or gang signs.
7. Be on time and participate in the program activities.
8. Follow the dress code.
9. Do not gamble; make deals, trade food or property, sell items, etc.
10. Keep all windows free of obstruction.



### Oakley Community Expectations:

1. We are all leaders in our community.  
*Set a positive example.*
2. We treat each other respectfully.  
*Use Mr. or Ms. with adults.*
3. We maintain good hygiene.
4. We keep personal and common areas clean.
5. We do the right thing, at the right time, and with the right intentions.

# Violations and Sanctions

As mentioned before, you may be seen by the Due Process Hearing Officer if you refuse to follow the rules and expectations. Once the Due Process Hearing Officer reviews all information and evidence related to an incident that you've been involved in and s/he found that you were in the wrong, you will be told of the consequence of your behavior. The consequence (sanction) given to you will be based on the type of violation (major or minor). More than one sanction can be assigned to you, depending on how often you have violated that rule or expectation in the past or the intent/seriousness of your behavior (were you trying to hurt others or just made a bad decision). Additionally, your time at Oakley Youth Development Center can be extended as a result of poor behavior. Below is a breakdown of the range of possible sanctions that you may be assigned based on your behavior.

**Remember:** Just because a specific act isn't listed, doesn't mean that you cannot be assigned a sanction for it. There are consequences for all behavior (good and bad); if you violate the rules and expectations you will be assigned a sanction.

The following infractions are all classified as **Major Violations**, which may result in one or more sanctions ranging from counseling intervention, up to 3 days Due Process Isolation and 3 days loss of privileges.

Escape, Escape Plan, Escape Attempts,  
 Assault with a weapon or possession of a weapon  
 Fighting with injury  
 Assaulting or threatening staff and/or other youth  
 Possession of dangerous contraband  
 Use/possession/under the influence of alcohol, drugs, and/or tobacco  
 Causing or setting a fire  
 Theft or tampering with any facility security device, Possession of facility keys  
 Serious Destruction of Facility property  
 Any racial or ethnic intimidation/violence  
 Sexual Abuse or Misconduct  
 Any criminal act or gang violence

Below is the list of infractions that are classified as <b>Minor Violations</b> . The Range of Specific Sanctions is noted next to the category of violations.		
Throwing bodily fluids and/or by-products at others		Counseling intervention, up to 2 days loss of privileges and/or 2 days Due Process Isolation:
Inappropriate sexual conduct (i.e. touching, positioning, exhibition)		
Tattooing and/or ear piercing		Counseling intervention, up to 1 day loss of privileges and/or 2 days Due Process Isolation:
Fighting without injury		
Minor damage of Facility property		
Creating serious disturbances		
Disorderly conduct or creating a security risk to the Facility		
Refusing to follow adult instruction		Counseling intervention, up to 1 day loss of privileges and/or 1 day Due Process Isolation:
Leaving assigned area		
Communication with unauthorized outside individuals		
Refusal to maintain clean and orderly personal and common space		
Throwing liquids and/or any food product at others		
Use of obscenity, profanity, vulgar language or verbal abuse of others		
Rude or abusive behavior		
Entering another's room without permission		
Soliciting staff to violate Facility rules		Counseling intervention, up to 1 day loss of privileges:
Aiding others to violate rules		
Possession of non-security related contraband		
Lying		
Interfering with Facility count		
Trafficking or trading contraband		
Trading Food		
Gambling		
Violation of school or activity rules		

# EDUCATION

You will go to school while you are living with us. Teachers will look at your test scores and school records. Then, a guidance counselor will put you in the right classes, based on your records and the interests and goals that you discuss with the counselor. You will have an Individualized Instruction Plan or an Individualized Education Plan. The plan helps you and your teacher work on the things you need to learn.



We offer the core subjects. You will be able to attend Language Arts, Social Studies, Math, and Science classes.

GED stands for General Educational Development. The GED program is for students 16 and older. These students learn Language Arts, Math, Science, and Social Studies. When you pass the GED test, you show that you have high school level skills. You need permission from your parent or guardian to be in GED training.

## VOCATIONAL AND JOB TRAINING



You may also be a part of vocational or job training. There are many choices. Staff will make sure you are in the program that is best for you, by talking with you about courses that you want to know more about.





You will be able to take part in recreation activities while you are here. You will have time to exercise every day. You will enjoy many different events. We have Coaches that plan activities for you. Events include:

- Billiards
- Table tennis
- Foosball
- Music
- Shuffle board
- Softball
- Flag football
- Floor hockey
- Soccer
- Table games (cards, chess, checkers, monopoly)
- Badminton
- Volleyball
- Horseshoes
- Dodge ball
- Track and field
- Swimming
- Bowling
- Physical conditioning drills



## Religious Services



There is a Chaplain who works on campus. A Chaplain is someone who helps us with our religious needs.

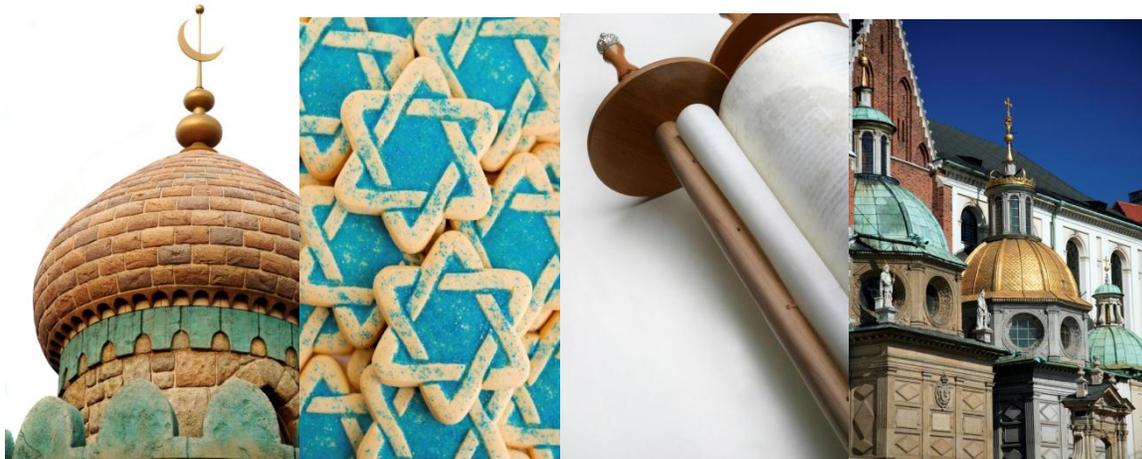
You will be able to talk to the Chaplain during your first few days on campus. Also, you may talk with the Chaplain whenever you have questions about

religion, spirituality, or living.

The religious activities on campus are Christian based. You can go to religious activities if you choose to; but, you will not be forced to go. It is your choice.

If you follow another religion, tell the Chaplain or any other staff member, and they will make sure that your spiritual needs are addressed.

If your religious faith requires special dietary restrictions please tell the Chaplain and he or she will help you address the problem.





## Student Council

Student council is a group of student leaders.

These students are leaders in their housing unit.

They are respectful of staff. They follow the rules.

They set a good example for other students.

They represent the student body.

They work with Staff to make a difference.

Counselors will choose a student from their housing unit to serve as a member.

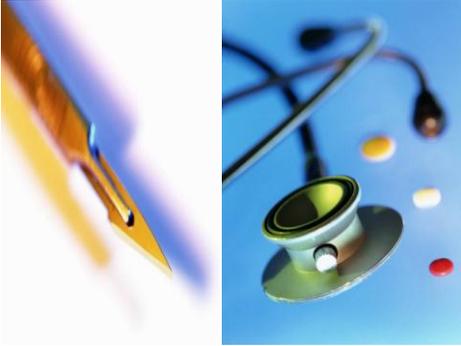


The council works on community projects.

They help other students during orientation.

They host special events. They work with staff and go to staff meetings.

Student council meets once a week. If you are interested in joining tell your counselor.



## Contraband and Searches

There are some things you cannot have on campus. To keep everyone safe, we make sure there is nothing dangerous in your room or living area. You should only have the things that were given to you during Orientation. You are not allowed to have

- Cigarettes,
- Lighters or matches,
- Sharp objects,
- A weapon of any kind,
- Money, or
- Alcohol, drugs or medication that is not prescribed to you.

If a staff person thinks you have something you are not supposed to have, you may be searched. Staff can search you, your room, and your things. You will be searched when you leave and come back to each area. You will be searched after visitation. You will be searched before you go to a Behavior Management Program and before being placed in isolation.

## Drug Testing

Alcohol or illegal drugs are not allowed on campus - for anyone. Students may be tested for alcohol or drug use during their stay. If you have a positive test, you may be charged and the youth court will be told.



# Personal Appearance and Hygiene

Respect and care for yourself and others.

- \* Your hair should be groomed neatly
- \* Your pants should be worn at the waist
- \* Your tennis shoes should be fastened on your feet & worn outside of your housing unit
- \* Your shower shoes should be worn while taking a shower
- \* Your shirts should be tucked-in your pants
- \* Do not draw on your clothes, hats or shoes
- \* For good health, do not share food, eating utensils, toothbrushes, razors, or other personal care items.
- \* Shower at scheduled times
- \* Brush your teeth at least twice a day
- \* Take pride in your appearance

# Work Detail

As part of good citizenship and community living you will be assigned various chores or given a detail assignment in your living unit. These assignments may change on a weekly or monthly basis. Just like at home everyone contributes to their living environment by keeping it clean and helping maintain cleanliness. Staff and peers will help you learn how to do your assigned detail and where to find the necessary cleaning materials.

You will also have chances to serve on extra work details if you want to. Extra work details are voluntary. It is your choice. Work detail might be extra housekeeping, cleaning the school or working outside.



Students may be placed on work detail for discipline or as part of a restorative process.



# Meals

Breakfast, lunch, and dinner will be offered everyday. You will get a snack every night. Trading or stealing food is not allowed. Meals and evening snacks are never to be taken away from you as a punishment.



## REQUEST FOR LEGAL ASSISTANCE

I, \_\_\_\_\_, would like to talk to a lawyer. I would like to talk to (please select one):

- Mississippi Center for  
Justice Southern Poverty  
Law Center 921 North  
President Street  
Jackson, Mississippi 39202
  
- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Other attorney and contact Information)

Please give us the name and address of your legal guardian(s) so that the attorney can arrange to visit you:

Name: \_\_\_\_\_  
Relation: \_\_\_\_\_  
(Parent/Grandparent/Other)  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

The State will add names of other applicable legal service entities.

# Fire Drills and Safety

During your stay here at Oakley Youth Development Center you will be expected to participate in monthly fire drills, for your own safety.

When it is time for fire drills the alarm will sound.

The staff person working with your housing unit or in the area of the facility where you are will ask you to get in line and show you which way to go, so that you and other youth can safely exit the building.

When you get outside, you and the other youth will be asked to sit down so that a count can be done.

We want to make sure that everyone is able to exit the building safely and that all youth are present.

When the "all clear" is given, everyone will be allowed back in the building.

If at any time you are unsure of what to do during a fire drill, you may ask a staff person to explain what you and the other youth will need to do.



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In case there is a real fire you should do the same things that you did during the fire drills.

If a room is filled with smoke - stay low, crawl to the closest door.

Then, touch the door with the back of your hand, if it is hot, DO NOT open it, go to another door.

If your clothes catch fire remember to:

**Stop, Drop and Roll!!!**



## Oakley Staff:

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

My Counselor: \_\_\_\_\_

Grievance Officer: \_\_\_\_\_

Chaplin: \_\_\_\_\_

1<sup>st</sup> Shift Supervisor: \_\_\_\_\_

2<sup>nd</sup> Shift Supervisor: \_\_\_\_\_

3<sup>rd</sup> Shift Supervisor: \_\_\_\_\_

Nurse: \_\_\_\_\_

\_\_\_\_\_

Doctor: \_\_\_\_\_

Dentist: \_\_\_\_\_

Psychiatrist: \_\_\_\_\_

QMHP: \_\_\_\_\_

Direct Care Staff: \_\_\_\_\_

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Other staff: \_\_\_\_\_

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Principal: \_\_\_\_\_

Teachers: \_\_\_\_\_

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Recreation Staff: \_\_\_\_\_

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Other staff: \_\_\_\_\_

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My Notes:

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**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES  
DIVISION OF YOUTH SERVICES  
JUVENILE INSTITUTIONS**

Subject: <b>Classification System</b>		Policy Number: <b>2</b>
Number of Pages: <b>6</b>		Section: <b>XIII</b>
<p style="text-align: center;">Attachments</p> <p>A. <b>Classification Checklist</b> B. <b>Classification Form</b> C. <b>DYS Youth Transfer Form</b> D. <b>Checklist Manual</b></p>		<p style="text-align: center;">Related Standards &amp; References</p> <p><b>ACA 3-JTS-5B-04                      3-JTS-5B-07</b> <b>3-JTS-5B-06                      3-JTS-5B-01</b> <b>Louisiana B 2 2 (c) Initial Custody</b> <b>Classification; Louisiana B 2 2 (f) Needs</b> <b>Assessment; Missouri Risk Assessment</b></p>
Effective Date: <b>June 1, 2011</b> Revised: July 24, 2012		Approved:  <b>James Maccarone, Director</b>

I. **POLICY:** It is the policy of the Mississippi Department of Human Services, Division of Youth Services (DYS), that a youth's privileges, restrictions, opportunities, and sanctions will be based on demonstrated behavior. Therefore, a Classification System is established to determine housing unit placement based on the youth's risk of chronic or violent misconduct. The Classification System is part of an overall behavior management system which includes the Behavior Incentive System (Policy XIII.10), Behavior Management Isolation (Policy VII.10), Due Process Isolation (Policy VII.11) and Length of Stay calculations (Policy XIII.15). Furthermore, at no time shall a youth's constitutional rights be violated or be forgone as a restriction or punishment for poor behavior.

**II. DEFINITIONS**

As used in this policy and procedure, the following definitions apply:

- A. Constitutional Rights – Liberties to which youth are entitled by mandate of the United States Constitution and Mississippi State Statutes. Examples of such rights include, but are not limited to, access to exercise and fresh air, access to mail, educational programs, medical care, a balanced and nutritional diet, attorney access, and protection from harm.
- B. Privileges – Earned liberties, which may be given or withheld from a youth, based on their behavior, including absence of disciplinary incidents, participation in treatment, reaching the criterion on daily point sheets, and progress toward service/treatment team goals. Privileges may include such activities as watching television (e.g., suitable broadcast programs and movies), playing video and electronic games, listening to music (radio and suitable CDs), extending bed times, receiving extra telephone calls, using a personal computer for suitable activities, participating in special recreational activities, and taking trips off campus.
- C. Classification System – An objective system composed of a progressive series of environmental structures, each of which afford a specific level of supervision and freedom of movement throughout the facility. This system is a fundamental

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component of the overall behavior management system, in which youth are methodically classified based on their scores on a number of factors, including but not limited to: history of assault, history of escape, major and minor disciplinary infractions, performance and/or participation in scheduled activities and programs, and the prescribed length of stay. (See Length of Stay Policy XIII.15.) The Classification System is intended to provide limits, supervision, and surveillance corresponding to the student's need for structure in daily living in order to reduce risk for violence, aggressive and destructive behavior, and elopement while residing at Oakley Youth Development Center.

- D. Service Plan – A detailed, written plan addressing the goals, objectives, timelines, and staff assignments which comprises a youth's rehabilitative program. The plan shall address areas of high risk/need, and promote pro-social behavior. The Service Plan is a holistic and comprehensive document that also addresses the youth's recreational, educational, vocational, medical, mental health, family and transitional needs. Service plans are described in detail in Policy XIII.5.
  
- E. Treatment Team – An appointed group of staff members responsible for developing and overseeing the implementation of a youth's Service Plan. This Team shall monitor the youth's progress and revise the youth's Service Plan as needed. The Team shall also be responsible for linking the youth to the appropriate programming and resources to address individual risks and/or needs. Data used in deliberations regarding the youth's Behavior Incentive System stage are documented using the Treatment Team Meeting Form. The Treatment Team refers youth to the Classification Committee to determine appropriate changes to the youth's housing unit. Treatment Team composition and process are described in Policy XIII.4.
  
- F. Behavior Management System – The overall use of rewards and consequences to modify and/or manage the behavior, conduct and culture observed by youth housed at Oakley Youth Development Center.
  
- G. Classification Committee – A group of designated staff members who meet to determine the temporary and/or permanent housing assignment for all students committed to the Oakley Youth Development Center. The Committee consists of a Coordinator, counselor supervisors, and representatives from rehabilitation, recreation, education, and direct care. If the youth is receiving mental health care, the qualified mental health provider (QMHP) will be consulted and shall either attend the committee meeting or provide written input. The Committee makes initial housing unit assignments based on the youth's score on the Classification Checklist. Requests for subsequent housing transfers are submitted to the Committee by the youth's Treatment Team, based on the youth's performance in the Behavior Incentive System and involvement in misconduct. The Classification Committee Coordinator prepares a Classification Form documenting all input and the recommended Classification status. The Classification Form is presented to the facility administrator or designee for approval. If approved, the change in placement is implemented by means of the DYS Youth Transfer form.

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- H. Classification Checklist (XIII.2.A) – An instrument consisting of 11 items related to the risk of violent or chronic institutional misconduct. The checklist is used by the Classification Committee to determine each youth’s need for structure in housing upon their admission to the Oakley Youth Development Center. The Committee will use a youth’s score on the checklist to assign him to placement housing unit with high, medium, or low structure. Checklist manual is located in Attachment D.
- I. Classification Form (XIII.2.B) – The Classification Form records the input of the multidisciplinary Classification Committee members. It includes any special mental health concerns or accommodations, identifies the Classification Committee’s recommended classification status (high, moderate or low), and the Administrative approval of the recommendation. Placement on Special Management Units and the Honors Program Unit require application processes covered in their respective policies. Students may be admitted to these special programs based on criteria established for admission and upon approval by the facility administrator or his designee. Applications for admission to the Special Management Units will be reviewed by the Classification Committee for completeness and compatibility with institutional requirements and resources and to make arrangements for transfer.
- J. The facility administrator or designee must approve the recommendations of the committee/team before the youth is moved to a housing unit.
- K. DYS Youth Transfer Form (XIII.2.C) – The DYS Youth Transfer form is completed by the Classification Committee to officially assign a youth to a housing unit. The facility administrator or designee must approve the transfer before it occurs.
- L. Management Team - A subset of the Treatment Team, which is an appointed group of staff members responsible for developing and overseeing the implementation of a youth’s determined Service Plan. The Management Team includes at least the counselor/unit coordinator, the QMHP (if the student is receiving mental health treatment), a JCW, a representative from medical services (including the psychiatrist, if indicated) and a representative of education. Additional staff members may attend the scheduled Management Team meetings and participate in decision-making regarding referrals for stage progression and transfer as determined by the Behavior Incentive System (Policy XIII.10). Management team meetings occur in between Treatment Team meetings, which are generally devoted to developing initial Service Plans and 30-day updates of Service Plans.
- M. Environmental Structure—Environmental structure refers to the physical and behavioral limits of a unit that are used to help youth accomplish behavior change goals. Restriction to a designated space in the housing unit may help a particular youth focus on immediate behavior change goals. Less restrictive environments afford opportunities for practicing decision-making, problem-solving, coping, and on-task behaviors that are self-managed by students. Environmental structure varies on a continuum from physical restriction to open space, staff regulation of youth behavior to youth regulation of their own behavior, and contingency management of rule-governed behavior to self-management of free behavior. Therefore, environmental structure refers to natural consequences of rule-breaking at OYDC and to the privileges afforded

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students at different stages of the Behavior Incentive System. The structures afforded in the housing units of the center include High, Medium, and Low Structure. Particulars of environmental structure will vary according to the availability of housing units at the center.

1. High Structure occurs in a housing unit affording maximum security, surveillance, and staff control. They feature:
  - a. Locked doors at all times
  - b. Close visual contact
  - c. Fixed schedule
  - d. Staff direction of all activities
  - e. Limited movement under careful supervision including restriction from certain campus activities and locations as indicated
  - f. Limited access to supplies and resources
  - g. Closely supervised educational services in Academic Center
  - h. Minimum recreation in secure settings
  
2. Medium Structure affords some opportunities for freedom of choice, youth input in decision-making, access to rewards, and enhanced recreational activities. These units feature:
  - a. Locked doors during sleeping hours and designated time periods in the pods
  - b. General visual contact
  - c. Choice in some scheduled leisure activities
  - d. Staff guidance with youth input
  - e. Regular movement with staff supervision
  - f. Access to some supplies and resources including games and electronics
  - g. Movement to the Academic Center for school
  - h. Some free recreation including trips to Unit II gymnasium
  
3. Low Structure affords greatest opportunities for freedom of choice, youth input in decision-making, access to rewards, and enhanced recreational activities in order to simulate a dormitory-like environment. These units feature:
  - a. Unlocked doors at night and during designated time periods
  - b. Visual and verbal contacts as needed
  - c. Choice in most scheduled leisure activities
  - d. Student involvement in planning activities whenever possible (e.g., store manager or peer facilitators roles)
  - e. Regular movement with staff supervision
  - f. Access to enhanced supplies and resources including games and electronics
  - g. Movement to the Academic Center for school
  - h. Off-campus recreational and service activities (This may apply exclusively to Honors Program participants)

### III. PROCEDURE

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- A. Intake and Orientation - The initial housing will be maintained while the student completes orientation and classification processes in the Intake Management Unit (IMU) or the Assessment Management Unit (AMU). Typically, Intake and Orientation is maintained for the first 48-72 hours after admission. Students in the Intake and Orientation process receive the minimum privileges that are guaranteed by statute, including one hour of recreation per day. While in the orientation process the student is expected to complete all assignments, follow the daily schedule and housing unit rules, and read and discuss with a staff member the Student Handbook. The student is restricted to the unit and does not participate in the Behavioral Incentive System. Rights, responsibilities, privileges, and daily activities of Stage O are presented in the following policies: Admission, Intake and Orientation Policy XIII.1; Intake Management Unit Policy XIII.6; Assessment Management Unit Policy XIII.16).
- B. Initial Classification – Classification of all youth shall take place during the Intake and Orientation period. Following the youth’s admission to the OYDC, the Classification Committee shall complete the initial Classification Checklist (Attachment A) to determine the youth’s classification status and appropriate housing unit.
- C. Classification Override-When youth’s present serious mental health problems, including risk of suicide; recent history of elopement from a secure facility; or evidence of recent serious aggressive or assaultive behavior, the Classification Committee may recommend to the Institutional Director immediate placement in the appropriate Special Management Unit (SMU) even if the Initial Classification Score would indicate placement in a less restrictive environment. Override placements should occur in ten percent or less of admissions. The evidence for override and the decision-making process are recorded on the Classification Form (Attachment B), which is maintained in the Youth Master File.
- C. Referral for Transfer - The Treatment Team or Management Team shall review each youth’s progress toward Service Plan goals; participation in the interventions intended to address the goals; change in behaviors measured by objective indicators; and frequency and severity of each youth’s recent history of behavior management isolation, due process isolation, in school suspension, and other disciplinary actions or cautions recorded on daily point sheets in the Behavior Incentive System (Policy XIII.10). The Team will review the available data for the period since the last change in Behavior Incentive System stage as criteria for referring the youth for transfer to either increase or decrease the security of the assigned housing unit.
- D. Transfer - If a change to the youth’s housing unit is recommended, the Coordinator completes the Classification Form and the DYS Youth Transfer form for approval by the facility administrator. Approval of all reclassifications shall follow a standard protocol:
  - 1. Treatment Team Referrals to the Classification Committee are transmitted along with Treatment Team Meeting Forms and other relevant documentation.

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2. The Classification Coordinator compiles a list of the youth referred for transfer for the next scheduled meeting of the Classification Committee. Unit coordinators, QMHPs, and other stakeholders are invited to the Classification Committee meeting.
  3. Classification Committee meetings are scheduled in the morning so that proposed changes in housing units may be reviewed and approved by the Facility Administrator or designee in time for changes to be implemented in the afternoon.
  4. The Classification Form and DYS Youth Transfer Form shall be completed, signed and submitted by the Classification Committee and forwarded to the Facility Administrator or designee for review and signature.
  5. Youth may challenge their classification and unit placement by appealing to the Facility Administrator via the Grievance Process.
- E. Documentation – A copy of all forms shall be kept in the Master File, as well all modifications to a youth’s classification shall be entered into the automated case management system. The counselor shall be the person responsible for assuring that the proper documentation occurs.
- F. Administrative Review – The Facility Administrator or a designee shall review and approve all changes in a youth’s classification. However, the day-to-day management of the Classification System shall be the responsibility of the Classification Coordinator. The Classification Committee receives and reviews processes documentation, including Treatment Team Meeting Forms, to ensure there is stage progression and transfer as determined by the Behavior Incentive System (Policy XIII.10). The Clinical Director of Rehabilitative and Mental Health Care Services is responsible for conducting quarterly audits of records to ensure that practices conform to policy.
- G. Training – Staff will receive training as follows:
1. Initial training - All staff having regular contact with youth at a training school will receive pre-service (initial) training in the Classification System policy, as well as other policies, procedures, and protocols associated with behavior management in the institution.
  2. In-service training - In-service training requirements will be determined annually through the training needs assessment process. (For more information about training see Policy IV.1 – Training Management.)

# Classification Checklist

Name: _____	OYDC Number _____	Sex: _____
DOB: _____	County: _____	Commitment: _____
Admission Date: _____	Risk Level: _____	
Committing Offense(s): _____		

## INITIAL CLASSIFICATION FACTORS

1. Starting Level Risk Score (matrix score without mitigating or aggravating factors) \_\_\_\_\_
2. Severity of Committing Offense (Check all that apply) \_\_\_\_\_
  - Nonviolent committing offense (Score is 0)
  - Arson (Score is 1)
  - Assault (Score is 1)
  - Assault against vulnerable person (aged, disabled, young child) (Score is 1)
  - Assault against law enforcement officer (Score is 1)
  - Assault with serious injury (Score is 1)
  - Felony offense (Score is 1)
  - Sex Offense (Score is 1)
  - Use of weapon in offense (Score is 1)
3. Severity of Recent Violent Behavior (Past 90 days) \_\_\_\_\_ X2 \_\_\_\_\_
  - No recent violence (Score is 0)
  - Assault (Score is 1)
  - Fighting (Score is 1)
  - Destruction of property (Score is 1)
  - Sex Offense (Score is 1)
  - Use of weapon (Score is 1)
4. Escapes and Runaways (If escape from secure facility or detention, consider override to highest structure needed) \_\_\_\_\_
  - No escapes, runaways or attempts (Score is 0)

- Recent escape or attempted elopement from detention (Score is 2)
- Any escape from secure facility (Score is 2)
- Two or more escapes/runaways from non-secure facility (Score is 2)
- Runaway from home (Score is 1)

**5. Failure of Previous Treatment** \_\_\_\_\_

- No evidence of previous treatment failure (Score is 0)
- Previous commitment to Oakley (Score is 1)
- Unsuccessful completion of community program (Score is 1)
- Expulsion from community program (Score is 1)
- Expulsion from school or educational program (Score is 1)

**6. Current Age** \_\_\_\_\_

- Age 12 or younger (Score is 0)
- Age 13 (Score is 1)
- Age 14 or 15 (Score is 2)
- Age 16 or higher (Score is 3)

**7. Mental Health Status (Serious Mental Illness includes mood disorder, thought disorder, and other Axis I DSM-IV-TR diagnoses)** \_\_\_\_\_

- No Serious Mental Illness (SMI) noted (Score is 0)
- Past SMI designation (Score is 1)
- Previous psychiatric hospitalization (Score is 1)

**8. Impairment of Impulse Control** \_\_\_\_\_

- No evidence of problems with impulsivity or disinhibition (Score is 0)
- Evidence of head injury (Score is 1)
- History of seizure (Score is 1)
- ADHD (Score is 1)
- Low verbal intelligence (Score is 1)
- Other impulsivity/disinhibition (Specify \_\_\_\_\_) (Score is 1)

**9. Substance Use Disorder (Mark all that apply)** \_\_\_\_\_

- No significant substance use, abuse, or dependence (Score is 0)
- Current (within 30 days) substance abuse (Score is 1)
- Past substance abuse (Score is 1)
- Diagnosis of substance dependence (Score is 1)

10. **Negative Attachment** \_\_\_\_\_

- No evidence of attachment problems (Score is 0)
- Early disruption of attachment (Score is 1)
- Lack of family/home connection (Score is 1)
- Differential association with deviant peers (Score is 1)
- Reported or acknowledged gang affiliation (Score is 1)

11. **Character Disorder** \_\_\_\_\_ **X2** \_\_\_\_\_

- No history of juvenile justice system involvement prior to current charge (Score is 0)
- History of juvenile justice involvement prior to current charge (Score is 1)
- History of adjudication for misdemeanor offense prior to current charge (Score is 1)
- History of adjudication for felony offense prior to current charge (Score is 1)
- Oppositional defiant disorder (Score is 1)
- Conduct disorder (Score is 1)
- Externalizing personality traits (Score is 1)
- Sadism/cruelty (Score is 1)

**CLASSIFICATION SCORE** \_\_\_\_\_

**CLASSIFICATION DECISION**

**CLASSIFICATION SCORE RANGE**

19 or higher	High Structure
12-18	Medium Structure
11 or lower	Low Structure

\_\_\_\_\_  
Signature of Classification Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Facility Administrator or Designee

\_\_\_\_\_  
Date

## Classification Form

<b>Student's Name</b> _____	<b>Date:</b> _____
<b>DOB:</b> _____	<b>Date of Commitment:</b> _____
<b>Commitment Number:</b> _____	
<b>Committing Offense:</b> _____	
<b>Present Unit:</b> _____	<b>Approved Unit:</b> _____

<b>A. Summary of Input from Classification Committee</b>
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<b>B. Special Mental Health Concerns and Accommodations</b>
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QMHP Signature: \_\_\_\_\_

<b>C. Recommended Classification Level</b>
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\_\_\_ High \_\_\_ Moderate \_\_\_ Low

Override to: \_\_\_ BMU \_\_\_ AMU \_\_\_ Other (specify \_\_\_\_\_)

Rationale for override of scored level, \_\_\_ Elopement \_\_\_ Safety Alert \_\_\_ Mental Health Issues \_\_\_ Aggressive/Assaultive Behavior \_\_\_ Other (specify) \_\_\_\_\_

Explain Rationale: \_\_\_\_\_

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Administrative Approval: \_\_\_ Approved \_\_\_ Disapproved \_\_\_ Pending

Facility Administrator Signature: \_\_\_\_\_

# DYS YOUTH TRANSFER

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

	First	Last	Commitment #	From	To	Stage	Risk	Counselor
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								

**Special Notes:**

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**Signatures**

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**Facility Administrator:** \_\_\_\_\_

# Classification Checklist Manual: Instructions for Completing the Classification Checklist

*DYS Policy 2: Classification System*  
*Attachment D : Classification Instruction Manual*

## Instructions for Completing the Classification Checklist

### Preparation

Secure documents from the community counselor including the following items, if available in the pre-admission packet.

Juvenile Personal Data Sheet

Risk Level Determination Sheet

Disposition Order(s)

Adjudication Order(s)

Youth Court Document(s)

Detention Records/Reports

School Reports

Comprehensive Discipline Report(s)

Psychological/Psychiatric Evaluations

Hospital/Treatment Center Evaluations

Hospital/Treatment Center Discharge Summary/Summaries

Social History

Social Summary

Secure Youth Master Treatment File. Refer to the particular Sections to locate the aforementioned documents. Secure the Programming Needs Assessment from the Youth Master File as a resource for checking the correspondence of checklist scores and available data. This may be used as an audit tool since the Programming Needs Assessment (PNA) is completed after the initial intake process and additional data may be available.

## Instructions for Completing the Classification Checklist

### Scoring

Initiate scoring of each of the 11 items in the Classification Checklist using the pre-admission documents.

**Item 1: Starting Level Risk Score.** Go to Section I of Youth Master File, Placement Determination subsection and review the Risk Level Determination Sheet.

Use the most recent risk score without mitigating or aggravating factors. Record the Starting Risk Level Score in the blank on the Classification Checklist.

**Item 2: Severity of Committing Offense.** Go to Section I of Youth Master File, Placement Determination subsection and review the Risk Level Determination Sheet. Determine if committing offense was a felony. Go to Section I, Legal Documents subsection and review Disposition Order(s), Adjudication Order(s), and Youth Court Document(s) to specify the counts against the youth.

Check all of the items that apply. Total the items and record in the blank.

**For auditing purposes, go to Section VII of Youth Master File and review list of charges included in Programming Needs Assessment for another determination of charges.**

**Item 3: Severity of Recent Violent Behavior.** Go to Section I, Legal Documents subsection and review any charges/counts within the last 90 days. Go to the following subsections Detention Records, Education Records to review School Reports (especially Comprehensive Discipline Reports), and Prior Mental Health Records to review Psychological/Psychiatric Evaluations, and Hospital/Treatment Center Evaluations or Discharge Summaries.

Look for any incidents of violent behavior.

Go to Section II, Social Summary for data supplied by youth service counselor from the community.

Check all of the items that apply, whether or not the youth was formally charged. Total the items in the first blank. Next multiply the total by two and record the total in the second blank.

**For auditing purposes, go to Section VII of Youth Master File and review list of charges included in Programming Needs Assessment for another determination of charges, as well as background information regarding behavior in the detention center.**

**Item 4: Escapes and Runaways.** Go to Section I, Legal Documents subsection and review any charges/counts. Go to the following subsections Detention Records to review Detention Center

Records/Reports, and Prior Mental Health Records for Hospital/Treatment Center Reports. Go to Section II, Social Summary for data supplied by youth service counselor in the community.

Look for any indication that the youth has run away or escaped and determine what sort of facility it was.

Check all items that apply. Total the items and record in the blank.

**For auditing purposes, go to Section VII of Youth Master File and review family history included in Programming Needs Assessment for another determination of escapes and runaways.**

**Item 5: Failure of Previous Treatment.** Go to Section I, Legal Documents subsection and review any reports of failure to complete community programs, expulsion from school, removal from AOP, etc. Go to the Detention Center Records subsection to review Detention Center Records/Reports. Go to the Education Records subsection to review School Records. Go to the Prior Mental Health Records to review the Hospital/Treatment Center Reports (especially Discharge Summaries). Go to Section II, Summary for data supplied by youth services counselor in the community.

Look for reports that the youth has failed to complete, dropped out, or been kicked out of a treatment or educational program.

Check all items that apply. Total the items and record in the blank.

**Item 6: Current Age.** Go to Section I, Photo Sheet; Section II Social Summary and review Juvenile Personal Data Sheet and Social Summary.

Check item that corresponds to youth's current age. Record in blank.

**Item 7: Mental Health Status.** Go to Section I, Prior Mental Health Records subsection and review Psychological/Psychiatric Evaluations and Hospital/Treatment Center Reports (especially Discharge Summaries); Section II Social Summary and review Juvenile Personal Data Sheet (Immediate Psychological Needs) and Social Summary supplied by the youth service counselor in the community.

Look for any serious mental illness (SMI) which includes mood disorders, thought disorders, and other Axis I DSM-IV-TR diagnoses if they impair functioning leading to difficulty or inability to participate in daily activities such as school or rehabilitative groups.

Check all items that apply. Total the items and record in the blank.

**For auditing purposes, go to Section VII of Youth Master File and review multiaxial diagnoses included in Programming Needs Assessment for another determination of mental health status.**

**Item 8: Impairment of Impulse Control.** Go to Section I, Education Records subsection and review School Records/Reports, Prior Mental Health Records to review Psychological/Psychiatric Evaluations and Hospital/Treatment Center Reports (especially Discharge Summaries); Section II Juvenile Personal Data Sheet (Immediate Medical Needs) and Social Summary.

Check items based on data recorded in admission documents. However, head injury does not require loss of consciousness. Low verbal intelligence is defined as a standardized score or intelligence quotient equivalent to 85 or lower. Check all items that apply. Total the items and record in the blank.

**For auditing purposes, go to Section VII of Youth Master File and review results of previous psychological testing included in Programming Needs Assessment for another determination of impairment of impulse control.**

**Item 9: Substance Use Disorder.** Go to Section I, Legal Documents subsection and review any charges or offenses. Go to the Detention Records subsection and review Detention Center Records/Reports (including drug screens), Education Records to review School Records, and Previous Mental Health Records to review Hospital/Treatment Center Reports (especially Discharge Summaries). Go to Section II, Juvenile Personal Data Sheet (Immediate Psychological Needs) Social Summary for data supplied by youth services counselor from the community.

Determine whether the youth has used drugs or alcohol in the past 30 days, within the past year, or has ever been diagnosed with a substance use disorder.

Check all items that apply. Total the items and record in the blank.

**For auditing purposes, go to Section VII of Youth Master File and review substance use history included in Programming Needs Assessment for another determination of charges.**

**Item 10: Negative Attachment.** Go to Section I, Prior Mental Health Records subsection and review Hospital/Treatment Center Reports (especially Discharge Summaries). Go to Section II, Social Summary (focus on social/peers and family sections of report) for data supplied by youth services counselor.

Look for indicators that the youth's relationship with either or both parents was seriously disrupted at an early age (e.g., abuse, death, or abandonment of parent). Determine if serious problems exist in the home (e.g., domestic violence, frequent runaway) or if the youth is involved with the juvenile justice system, truants, gangs, or drugs.

Check all items that apply. Total the items and record in the blank.

**For auditing purposes, go to Section VII of Youth Master File and review family and social history included in Programming Needs Assessment for another determination of charges.**

**Item 11: Character Disorder.** Go to Section I, Legal Documents subsection and review any previous charges or offenses. Go to the Detention Records subsection and review Detention Center Records/Reports (including drug screens), Education Records subsection to review School Records, and Prior Mental Health Records subsection to review Hospital/Treatment Center Reports (especially Discharge Summaries). Go to Section II, Juvenile Personal Data Sheet and Social Summary for data supplied by youth services counselor from the community.

Check all items that apply to the youth's history of involvement in juvenile justice system, including status offenses, diversion programs, and informal supervisory arrangements.

Check all items that refer to Axis II DSM diagnoses including externalizing (acting out) personality disorders and traits (e.g., narcissism, psychopathy, sadism), diagnosed or emerging.

Total the items and record in the first blank. Next multiple the total by two and record in the second blank.

**For auditing purposes, go to Section VII of Youth Master File and review social history and multi-axial diagnoses included in Programming Needs Assessment for another determination of charges.**

## Instructions for Completing the Classification Checklist

### Initial Placement

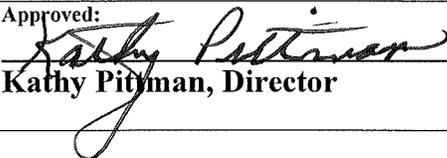
Total all the scores in the 11 blanks. This total is the classification score. Compare the classification score to the score ranges. Make classification decision (high, medium, or low structure) regarding the need for structure based on the classification score or decision to override as recorded on classification from (XII.2.C).

High structure= 19 or higher

Medium structure= 12-18

Low structure= 11 or lower

**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES  
DIVISION OF YOUTH SERVICES  
JUVENILE INSTITUTIONS**

Subject: <b>Youth Screening and Assessment</b>	Policy Number: <b>3</b>
Number of Pages: <b>5</b>	Section: <b>XIII</b>
<p style="text-align: center;">Attachments</p> <ul style="list-style-type: none"> <li><b>A. Initial Screening Protocol</b></li> <li><b>B. Intake Psychological Checklist</b></li> <li><b>C. Mental Status Checklist for Adolescents</b></li> <li><b>D. Pre-evaluation Screening Form</b></li> <li><b>E. Programming Needs Assessment</b></li> <li><b>F. Request for QMHP Consultation/QMHP Consultation Report</b></li> </ul>	<p style="text-align: center;">Related Standards &amp; References</p>
Effective Date:  <b>December 28, 2006</b> Revised: April 1, 2010	Approved:  _____ <b>Kathy Pittman, Director</b>

**I. POLICY**

It is the policy of the Mississippi Department of Human Services, Division of Youth Services (DYS) that every youth entering a DYS Training School shall undergo a formal Screening and Assessment. The screening and assessment shall be used to develop a Service Plan designed to address the care and rehabilitative needs of youth admitted to a Training School.

**II. DEFINITIONS**

As used in this policy and procedure, the following definitions apply:

- A. **Screening** – An objective process of identifying potential risk factors for future delinquent behavior and problem areas impacting normal adolescent development.
- B. **Assessment** – A more thorough evaluation process using standardized instruments and procedures designed to further assess identified risk factors and other problem areas. The goal of these assessments is to delineate specific interventions and programming designed to reduce the propensity for further delinquent activity and facilitate improved functioning toward normal adolescent development and health.
- C. **Risk/Need** – Certain behavioral and/or cognitive areas that have been found to have a high correlation with and predictive of future criminal behavior.
- D. **Service Plan** – A detailed, written plan addressing the goals, objectives, timelines, and staff assignments which comprises a youth’s rehabilitative program. The plan shall address areas of high risk/need, and promote pro-social behavior. Furthermore, it is a holistic and comprehensive document that addresses the recreational, educational, vocational, medical, mental health, and transitional needs of a youth. The Comprehensive Service Plan includes any specific Treatment Plans developed for clinical needs.

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- E. **Treatment Plan** – A detailed written plan addressing identified clinical needs prepared by a QMHP which details specific measurable objectives, evidenced based treatment interventions, behavioral management plans, persons responsible for delivering services and reasonable time frames for accomplishing these tasks. Treatment Plans are incorporated into the individual’s Comprehensive Service Plan.
- F. **Re-Assessment** – The periodic use of the various Screening and Assessment instruments to identify any changes in a youth’s risk/need scores and/or to measure treatment impact.
- G. **Serious Mental Illness** – Any mental illness which severely impacts a youth’s ability to establish and maintain normal interpersonal relationships or function in an age appropriate manner to include diagnoses with psychotic features, schizophrenia, severe post-traumatic stress disorder or schizoaffective disorder.
- H. **Qualified Mental Health Professional (QMHP)** – Mental health care provider licensed and sufficiently trained to provide the services he or she undertakes to provide.

### III. PROCEDURE

The Youth Screening and Assessment procedure shall take place in two consecutive phases. Phase I shall consist of the screening of youth by mental health staff using the identified tools. Phase II shall consist of the assessment of youth by mental health staff using the appropriate tools based on the level of risk/need identified in Phase I.

- A. **Phase I: Screening** -. Every youth admitted to a DYS Training School shall have an initial screening completed by mental health staff, within 3 working days of admission to the facility. When appropriate, standardized screening instruments may be administered by another staff member who has received specific training in the use of those instruments. In such a case, the results of the screening instruments shall be reviewed and approved by a qualified mental health professional. If the Youth Assessment & Screening Instrument (YASI) or Massachusetts Youth Screening Instrument (MAYSI) screening instruments have been administered within the last 60 days by community staff, the instruments shall not be re-administered unless the prior results appear unreliable or inaccurate. The protocol is as follows:

1. **Initial Screening** – All youth shall be screened by a QMHP within four (4) hours of Admission to the facility using the Initial Screening Protocol (Attachment A). Youth shall remain under continuous, line of sight supervision until the Initial Screening Protocol has been completed and signed. In addition to the Initial Screening Protocol, qualified intake staff members complete the following screens.
  - a. Intake Psychological Checklist (Attachment B)
  - b. Mental Status Checklist for Adolescents (Attachment C)
  - c. Pre-evaluation Screening Form (Attachment D)

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2. **Youth Assessment and Screening Instrument (YASI)**

- a. The YASI shall be administered within 3 working days of admission.
- b. Intake staff shall pose standard questions to youth following the YASI tool format.

3. **Massachusetts Youth Screening Instrument 2 (MAYSI)** – The MAYSI shall be administered prior to the completion of Intake and Orientation. (see Admission, Intake, and Orientation policy XIII.1)

- a. Youth shall complete the MAYSI with the assistance of staff working in the housing unit where the youth is housed until they completed the intake process.
- b. The completed MAYSI shall be returned to the Intake Unit.
- c. Intake Staff shall process the data using the MAYSI software and document the results in the youth’s Master File.

4. **How I Think Questionnaire (HIT)** – This questionnaire shall be administered to all youth during Intake.

- a. Youth shall complete the How I Think Questionnaire with the assistance of staff working in the housing unit where the youth is housed until they completed the intake process.
- b. The completed HIT shall be returned to the Intake Unit.
- c. Intake Staff shall assess and document the results of the questionnaire in the youth’s Master File.

**B. Phase II: Assessment** – Youth whose initial screens indicate the possible need for mental health services, shall receive timely, comprehensive and appropriate assessments by qualified mental health professionals. Assessments shall be updated as new diagnostic and treatment information becomes available. All youth who have been identified as having a high level of risk/need shall have further testing done in order to identify treatment and programming needs to be included in the youth’s Service Plan, which address the identified risk/need. Assessment instruments shall be administered within seven (7) working days of admission. The Programming Needs Assessment (Attachment E) will be completed within ten (10) working days of admission. The routine protocol is as follows:

- 1. **History of Physical and/or Sexual Abuse** – For all girls and for boys who report a history of abuse, the *Trauma Symptom Checklist for Children* shall be administered.

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2. **Substance Abuse** – For youth scoring medium or high risk for alcohol/drugs, the *Substance Abuse Assessment Protocol* shall be administered to further assess the substance abuse problem.
  3. **Mental Health (Anger/Aggression/Homicide)** – For youth scoring medium or high risk for anger, aggression and/or homicide, the *Adolescent Anger Rating Scale* shall be administered to further assess this risk/need area.
  4. **Mental Health (Suicide)** – For youth scoring medium or high risk for mental health with suicide issues, the *Beck Hopelessness Scale* and *Structured Suicide Interview* shall be administered to further assess the substance abuse problem.
  5. **Mental Health (Sexual Aggression)** - For youth scoring medium or high risk for mental health with sexual deviance issues, the *Sexual Adjustment Inventory – Juvenile (SAI-J)* shall be administered to further assess this risk/need area.
  6. **Mental Health (Psychiatric)** – For youth identified as having a serious mental illness or who may be at high risk for a serious mental illness shall be referred for a psychiatric evaluation. In addition, any youth who has been taking psychotropic medication or hospitalized in a psychiatric hospital within the past two years shall be referred to the psychiatrist. While all students are screened in the clinic during the intake process, appointments with psychiatrists can be scheduled at any time mental disorders are identified, typically within 72 hours. The Psychiatrist shall determine the treatment and medication recommendations per policy XI.32.
  7. **Education** – For youth scoring medium or high risk for education during the initial needs assessment, the Education Department shall be notified that the youth may have a learning disability or problems performing in the classroom. The Education Department shall assess that possibility during the admissions process. (See Policy XII.1: Admissions Procedures to the MDHS/DYS Education Programs)
  8. **Other** - Additional standardized assessment instruments may be administered by QMHP's as deemed clinically necessary. This may include intelligence assessment, objective assessment of personality or projective testing.
- B. **Re-assessment** – A re-assessment shall be completed if significant new facts are learned and/or if programming appears to have had a substantial impact on behavior and thinking. The YASI re-assessment shall be completed by an appropriately trained staff member. If needed, additional mental health testing shall be completed by a qualified professional from the Intake-Evaluation-Referral department. If needed, additional educational testing shall be completed by the education staff/specialists assigned to the facility.
- C. **Referral** – Youth with serious mental illness shall be promptly transferred to an appropriate setting that meets their needs. Mental health commitment procedures will

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be used to arrange the transfer (DYS Policy XIII.19). Students presenting other mental disorders or behavioral/emotional problems may be referred to a qualified mental health professional (QMHP) for consultation. An appointment will be scheduled within 72 hours of the referral. (Attachment F: Request for QMHP Consultation; QMHP Consultation Report)

1. Screening – If the mental health screen identifies an issue that places the youth’s safety at immediate risk, the youth shall be immediately referred to a qualified mental health professional for assessment, treatment, and any other appropriate action, such as transfer to another, more appropriate setting.
2. Assessment – Youth whose mental health screens indicate the possible need for mental health services shall receive timely, comprehensive and appropriate assessments by qualified mental health professionals. Assessments shall be updated as new diagnostic and treatment information becomes available.
3. Evaluation – Youth shall be referred to a Qualified Mental Health Professional and/or psychiatrist for a timely mental health evaluation when screenings and/or assessments deem necessary.

**D. Documentation** – The youth Screening and Assessment process shall be documented and records shall be maintained in both the youth’s master file and medical file.

1. Instruments and Forms - The instruments and forms used in the assessment process shall be maintained in a secure file in the Intake department.
2. Intake Psychological Checklist – Upon completion of the Screening and Assessment process mental health staff shall complete the Intake Psychological Checklist (Attachment B).
3. Assessment Report - When the interviews and the testing have been completed, the qualified mental health professional responsible for the screening and assessment shall prepare a Programming Needs Assessment (Attachment E). The report shall outline what was done during the Screening and Assessment process, summarize the results of the structured interviews and the tests that were administered, and identify the areas of highest risk/need that should be addressed when the service plan is developed. The Programming Needs Assessment shall be completed within ten (10) working days of youth’s admission in order to provide data for the construction of the Comprehensive Service Plan, which must be completed within fourteen (14) working days.



**Section II: Risk Factors**

- 10. In the past few days, have you felt that life is not worth living?  Yes  No
- 11. Do you feel that your life will never get better?  Yes  No
- 12. Have you ever done anything on purpose to hurt yourself?  
If yes, What? When? Circumstances?  Yes  No
- 13. In the past few days, have you felt like hurting yourself?  Yes  No
- 14. Are you thinking of hurting or killing yourself now?  
If yes to 13 or 14, What have you thought of doing to hurt yourself?  Yes  No

**Section III: Intake Staff Observations:**

- 1. Fresh wounds or injuries that appear to be self-inflicted?  Yes  No
- 2. *Extreme* emotional responses (e.g., crying, hostility, sadness, fear)?  Yes  No
- 3. Other unusual behavior (e.g., inappropriate laughter, bizarre speech, appears to be hearing voices)?  Yes  No
- 4. Demonstrates signs of a serious emotional disturbance.  Yes  No

**Section IV: Disposition: (If yes to any item in Section II, initiate Safety Alert)**

Routine Observation  Safety Alert

Rationale for Safety Alert:

Name QMHP: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Signature: \_\_\_\_\_

**MDHS/DYS Oakley Training School  
Intake Psychological Checklist – XIII.3.B**

Name: \_\_\_\_\_ County of Origin: \_\_\_\_\_

Admission Date: \_\_\_\_\_ Admission Time: \_\_\_\_\_

<b>Screening</b>		
	<u>Date Administered</u>	<u>Time Administered</u>
MAYSI	_____	_____
YASI	_____	_____
How I Think Questionnaire (HIT)	_____	_____

<b>Risk/Need</b> <i>(Low, Medium, High)</i>		
Legal _____	Alcohol/Drugs _____	Attitude/Behavior _____
Family _____	Mental Health _____	Skills _____
School _____	Comm./Peer _____	Violence/Aggression _____
		Free Time/Employment _____

<b>Assessment</b> <i>(when need is identified)</i>		Date Completed
Physical/Sexual Abuse - Trauma Symptom Checklist		_____
Substance Abuse – Substance Abuse Assessment Protocol		_____
Mental Health (Anger/Aggression) – Adolescent Anger Scale		_____
Mental Health (Suicide) – Beck Hopelessness and Interview		_____
Mental Health (Sexual) – Sexual Adjustment Inventory -Juvenile		_____
Mental Health (Psychiatric) – Evaluation by Psychiatrist		_____
Education – Referral to Education Department		_____
Other – As deemed appropriate by QMHP		_____

<b>Assessment Report</b>	
Date Completed: ____ / ____ / ____	Signed: _____

## MENTAL STATUS CHECKLIST FOR ADOLESCENTS (XIII.3.C)

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

**History:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**General Appearance:** Describe: \_\_\_\_\_

**Attitude / Behavior:** \_\_\_ Cooperative \_\_\_ Guarded \_\_\_ Withdrawn  
\_\_\_ Other: \_\_\_\_\_

**Motor Activity:** \_\_\_ WNL \_\_\_ Agitation \_\_\_ Slowing \_\_\_ Involuntary Movement \_\_\_ Tremors  
\_\_\_ Other: \_\_\_\_\_

**Mood:** \_\_\_ Euthymic \_\_\_ Depressed \_\_\_ Dysphoric \_\_\_ Angry \_\_\_ Elated  
\_\_\_ Other: \_\_\_\_\_

**Affect:** \_\_\_ Appropriate \_\_\_ Flat \_\_\_ Anxious \_\_\_ Apathetic \_\_\_ Sad \_\_\_ Tear  
\_\_\_ Fearful \_\_\_ Confused \_\_\_ Angry  
\_\_\_ Other: \_\_\_\_\_

**Speech / Language:** \_\_\_ Normal / Appropriate \_\_\_ Slow \_\_\_ Rapid \_\_\_ Pressured

**Thought Process:** \_\_\_ WNL \_\_\_ Normal Association \_\_\_ Loose Association \_\_\_ Circumstantial  
\_\_\_ Tangential \_\_\_ Other: \_\_\_\_\_

**Thought Content:** \_\_\_ WNL \_\_\_ Somatic \_\_\_ Paranoid \_\_\_ Grandiose \_\_\_ Delusions \_\_\_ Obsessions  
\_\_\_ Suicidal \_\_\_ Ideation \_\_\_ Plan Describe: \_\_\_\_\_  
\_\_\_ Homicidal \_\_\_ Ideation \_\_\_ Plan Describe: \_\_\_\_\_

**Perception:** \_\_\_ WNL \_\_\_ Hallucinations \_\_\_ Auditory \_\_\_ Visual \_\_\_ Tactile  
\_\_\_ Other: \_\_\_\_\_

**Orientation:** \_\_\_ Time \_\_\_ Person \_\_\_ Place \_\_\_ Situation  
\_\_\_ Note: \_\_\_\_\_

**Concentration / Attention Span:** \_\_\_ WNL / Intact \_\_\_ Abnormal / Intact \_\_\_ Other: \_\_\_\_\_  
How tested: \_\_\_\_\_

**Recent Memory:** \_\_\_ WNL / Intact \_\_\_ Abnormal / Intact \_\_\_ Developmental  
How tested: \_\_\_\_\_

**Remote Memory:** \_\_\_ WNL / Intact \_\_\_ Abnormal / Intact \_\_\_ Developmental  
How tested: \_\_\_\_\_

**Abstract Reasoning:** \_\_\_ Normal \_\_\_ Similarities \_\_\_ Proverbs \_\_\_ Perceptiveness

**Intelligence:** \_\_\_ Above Average \_\_\_ Average \_\_\_ Below Average  
\_\_\_ Other: \_\_\_\_\_

**Judgment:** \_\_\_ Good \_\_\_ Average \_\_\_ Fair \_\_\_ Impaired \_\_\_ Questionable

**Insight:** \_\_\_ Good / Full \_\_\_ Fair / Partial \_\_\_ Poor / None

NOTES:

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

# MISSISSIPPI DIVISION OF YOUTH SERVICES

## Pre-evaluation Screening Form (XIII.3.D)

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

Case #: \_\_\_\_\_

### PERSONAL DATA INFORMATION

NAME: \_\_\_\_\_ SOCIAL SECURITY NO: \_\_\_\_\_ DOB: \_\_\_\_\_

RACE: \_\_\_\_\_ SEX:  Male  Female

COUNTY OF RESIDENCE: \_\_\_\_\_

EDUCATION (Circle Highest Grade Completed) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 GED

### HOUSEHOLD COMPOSITION (Mark All That Apply)

Lives Alone  With Siblings  With Parents  With One Parent  With Children  
 With Spouse  With Relatives  With Legal Guardian  With Others  Others

### FAMILY CONTACT

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### PERSON WITH LEGAL CUSTODY or GUARDIANSHIP

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### MEDICAL HISTORY INFORMATION

#### CURRENT MEDICATIONS (List Names and Dosage)

Name	Dosage
_____	_____
_____	_____
_____	_____
_____	_____

COMPLIANT WITH MEDICATIONS:  Yes  No  Unknown

ALLERGIES:  Yes  No If Yes, Explain \_\_\_\_\_

PREVIOUS SURGERY:  Yes  No If Yes, Explain \_\_\_\_\_

#### CONCURRENT PHYSICAL CONDITIONS (Mark all that apply)

Diabetes  Emphysema/Cold  Heart Condition  Seizures  
 Hypertension  S.T.D.  TB  Cancer  
 Contagious Disease  Other Chronic Illness  (Please State) \_\_\_\_\_  
 Hepatitis

Elaborate on acute medical conditions of conditions marked (if needed) \_\_\_\_\_

MEDICAL HISTORY INFORMATION

**BEHAVIORS EXHIBITED BY RESPONDENT**

Also consider information from affiant and/or affidavit.  
(Mark appropriate answer and/or write in additional pertinent descriptions.)

**History or Present Danger to Self**

Yes  No (If Yes, Mark Appropriate Statements Below)

- Thoughts of suicide
- Suicide gesture
- Inability to care for self
- Other \_\_\_\_\_
- Threats of suicide
- Suicide attempts
- High risk behavior
- Plan for suicide
- Family history of suicide
- Provoking harm to self from others
- Pre-occupation with death
- Self-mutilation

Describe: \_\_\_\_\_

**History or Present Danger to Others**

Yes  No (If Yes, Mark Appropriate Statements Below)

- Thoughts to harm others
- Attempts to harm others
- Felt like killing someone
- Other \_\_\_\_\_
- Threats to harm others
- Stalking
- Inability or unwillingness to care for dependents
- Plans to harm others
- Has harmed others

Describe: \_\_\_\_\_

**Antisocial/Criminal Behavior**

Yes  No (If Yes, Mark Appropriate Statement Below)

- Frequent lying
- Destroys property
- Arrests
- Imprisoned
- Uses assumed name
- Other \_\_\_\_\_
- Stealing
- Fire setting
- Gang membership
- Promiscuity
- Identify any legal charges which may be pending
- Running away from home
- Cruelty to other
- Brandishing weapons
- Exhibitionism
- Excessive fighting
- Cruelty to animals
- Convictions
- Family desertion

Describe: \_\_\_\_\_

**Drug Use/Abuse**

Yes  No (If Yes, Mark Appropriate Statement Below)

- Has abused
- Cocaine
- Has required hospitalization
- Other \_\_\_\_\_
- Is abusing
- Marijuana
- Narcotics
- Absenteeism
- Family problems due to drug use
- Amphetamines
- Job loss
- Barbiturates
- Arrests
- Currently under the influence of drugs
- Hallucinogens

Describe: \_\_\_\_\_

**Alcohol Use/Abuse**

Yes  No (If Yes, Mark Appropriate Statement Below)

- Drinking problem suspected
- D.T.'s
- Job loss
- Currently under the influence of alcohol (BAL, if available)
- High-risk behavior occurs primarily when under the influence of alcoholic beverages, including beer.
- Other \_\_\_\_\_
- Intoxicated Now
- Black-outs
- Arrests/DUI
- Has required hospitalization
- Absenteeism
- Family problems due to drinking

Describe: \_\_\_\_\_

**Depressive-Like Behaviors**

Yes  No (If Yes, Mark Appropriate Statement Below)

- Sadness
- Crying
- Feelings of worthlessness
- Thoughts/threats of suicide
- Other \_\_\_\_\_
- Fatigue
- Poor Concentration
- Low Energy
- Weight loss or gain
- Hopelessness about the future
- Sudden drop in grades or change in friends (especially in adolescents)
- Loss of interest
- Extreme Withdrawal
- Guilt feelings
- Hypoactive

Describe: \_\_\_\_\_

**Manic-Like Behavior**  Yes  No (If Yes, Mark Appropriate Statement Below)

Euphoria  Hyperactivity  Grandiosity  Over talkativeness and/or pressured speech  
 Irritability  Sexual promiscuity  Sleep disturbance  Extravagance with money  
 Other \_\_\_\_\_

Describe: \_\_\_\_\_

**Psychotic-Like Behavior**  Yes  No (If Yes, Mark Appropriate Statement Below)

Poor personal hygiene  Loose Association  Suspiciousness  Bizarre or obscene acts  
 Withdrawn  Incoherence  Unmanageable  Flat or inappropriate affect  
 Talks often  Wanders off  Illusions  Disorientation time, place, people)  
 Delusions  Confusion  Forgetfulness  Poor judgment  
 Doesn't make sense  Irritability  Hallucinations  
 Emotional turmoil  Disorganized speech or behavior  
 Other \_\_\_\_\_

Describe: \_\_\_\_\_

**ADDITIONAL INFORMATION**

**Child/Adolescent Conduct Disturbance**  Yes  No (If Yes, Mark Appropriate Statement Below)  
*Current Behavior or During Childhood*

Theft  Fire-setting  Cruelty to people  Cruelty to animals  Destruction of property  
 Aggression  Arrest/detainment  Sexual Misconduct  Combativeness/aggression  
 Refusal to attend school  Running away  Defiance of authority and rules  
 Possession/Use of weapons  
 Other \_\_\_\_\_

**Mental Retardation**  Yes  No (If Yes, Mark Appropriate Statement Below)

History of special education placement  Documented IQ below a70  
 Inability to care for self or activities of daily living  Significantly sub-average intellectual functioning before age 18  
 Substantial limitations in adaptive skills (*communication, self-care, home living, social skills, community use, self-direction health and safety, leisure and work*)  
 Other \_\_\_\_\_

**Other**  Yes  No (If Yes, Mark Appropriate Statement Below)

Anxiety  Panic  Eating disorders  Sexual disorders  Impulsive disorders  
 Obsessive disorders  Other \_\_\_\_\_

**RECOMMENDATIONS**

**Examination for Commitment:**  Yes  No

If yes, is outpatient commitment currently an option for the respondent?  Yes  No Explain: \_\_\_\_\_

\_\_\_\_\_

If no, explain why outpatient commitment is not an option for the respondent: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SPECIFIC RECOMMENDATIONS**  
*(Include Treatment Options)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
 Screener/Credentials Date Print Name

## DIVISION OF YOUTH SERVICES

### PROGRAMMING NEEDS ASSESSMENT (XIII.3.E)

Student Name:

DOB:

Cottage/POD:

Risk Level Score:

Commitment Date:

Commitment Number:

Community Counselor:

County:

OTS Counselor:

<b>COMMITTING CHARGES</b>
---------------------------

<b>PREVIOUS CHARGES</b>
-------------------------

Offenses	Date	Disposition

<b>RISK LEVEL DETERMINATION:</b>
----------------------------------

<b>TEST ADMINISTERED:</b>
---------------------------

- Wechsler Abbreviated Scale of Intelligence (WASI)
- Youth Assessment and Screening Instrument (YASI)
- Massachusetts Youth Screening Instrument (MAYSI – 2)
- How I Think Questionnaire (HIT)
- Trauma Symptoms Checklist for Children (TSCC)
- Substance Abuse Assessment Protocol (SAAP)
- Adolescent Anger Rating Scale (AARS)
- Adolescent Psychopathology Scale-Short Form (APS-SF)
- Beck Hopelessness Scale (BHS)
- Initial Screening Protocol
- Mental Status Examination
- Interview
- Review of Records
- Other

SOCIAL HISTORY:

FAMILY HISTORY:

SCHOOL/PEER  
INTERACTIONS:

MEDICAL HISTORY:

SUBSTANCE USE/ABUSE HISTORY:

MENTAL HEALTH HISTORY:

---

BEHAVIORAL OBSERVATIONS AND MENTAL STATUS:

---

RECENT ASSESSMENT RESULTS:

The Wechsler Abbreviated Scale of Intelligence as administered (WASI) obtained a Full Scale IQ score of which suggests that his cognitive abilities fall within the range. Using the 95% confidence interval, the Full-2 Scale IQ score is likely to fall between and . These results are considered a valid estimate of his cognitive abilities.

FULL – 2	Subtest Scores	Vocabulary	Matrix Reasoning
Sum of T-Scores	IQ	Percentile	Confidence Interval
Cognitive Ability			

MASSACHUSETTS YOUTH SCREENING INSTRUMENT (MAYSI)		
Scoring Profile	CAUTION	WARNING

According to \_\_\_\_\_ responses on the Massachusetts Youth Screening Instrument (MAYSI), \_\_\_\_\_ were identified as significant problem areas.

YOUTH ASSESSMENT AND SCREENING INSTRUMENT (YASI)				
High Risk				
Protective Factors				

High risk YASI Risk factors include \_\_\_\_\_

HOW I THINK QUESTIONNAIRE (HIT)			
True AR	Overall HIT Score	Clinically Significant	Borderline Significant

The How I Think Questionnaire (HIT) was developed as a measure of self-serving cognitive distortions and is based on four categories. The results are as followed in terms of significant findings. These scores indicate that \_\_\_\_\_

The student's responses on the Trauma Symptoms Checklist for Children (TSCC) indicated that the results are valid. \_\_\_\_\_ of the six potentially trauma-related symptoms fall(s) within the clinically significant range. \_\_\_\_\_ of the critical items were endorsed.

Validity Scales		
Scales	Raw Scores	T-Scores
Underresponse (UND)		
Hyperresponse (HYP)		
Clinical Scales/Subscales		
Scales	Raw Score	T-Score
Anxiety (ANX)		
Depression (DEP)		
Anger (ANG)		
Posttraumatic Stress (PTS)		
Dissociation (DIS)		
Overt Dissociation (DIS-O)		
Fantasy (DIS-F)		

Sexual Concerns (SC)		
Sexual Preoccupation (SC-P)		
Sexual Distress (SC-D)		
Critical Items Endorsed		
Item No.	Score	Item Description

The results of the Adolescent Anger Rating Scale (AARS) indicate that

Scales	T-Scores	Percentile	Interpretation
Total Anger (TA)			
Instrumental Anger (IA)			
Reactive Anger (RA)			
Anger Control (AC)			

The Adolescent Psychopathology Scale was developed to evaluate the presence and severity of symptoms of psychological disorders and distress relevant to adolescent adjustment.

ADOLESCENT PSYCHOPATHOLOGY SCALE (APS-SF)		
Severe Clinical Symptoms	Moderate Clinical Symptoms	
Critical Items Endorsed		
Item Numbers:		
Validity Scales		
	T- Scores	Score Significance
Defensiveness (DEF)		
Inconsistency (CNR)		

Scores on the APS-SF indicated

---

**SUMMARY AND RECOMMENDATIONS:**

DIAGNOSTIC IMPRESSIONS:

Axis I:

Axis II:

Axis III:

Axis IV:

Axis V:

RECOMMENDATIONS

\_\_\_\_\_ Date/Time:  
*QMHP Signature*

\_\_\_\_\_ Date/Time:  
*Reviewer Signature*

DATE/TIME STAMP:

**Division of Youth Services**

**REQUEST FOR QMHP CONSULTATION (XIII.3.F)**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Cottage/POD: \_\_\_\_\_ Risk Level Score: \_\_\_\_\_  
Commitment Date: \_\_\_\_\_ Commitment Number: \_\_\_\_\_  
Community Counselor: \_\_\_\_\_ County: \_\_\_\_\_  
OTS Counselor: \_\_\_\_\_  
Committing Offense: \_\_\_\_\_

*To Be Completed by the OTS Counselor*

**Reason for Referral:** problem area specified as evidenced by the following behavior(s) occurring during the last day(s).

Problem Behavior(s): \_\_\_\_\_

**Requested Consultation:** service specified.

\_\_\_\_\_  
*Signature of OTS Staff Member* Date/Time of Request: \_\_\_\_\_

**Intake, Evaluation and Referral Process**

*To Be Completed by the Clinical Administrator*

Action on Consultation Request: action specified Comments: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Clinical Administrator* Date/Time of Action: \_\_\_\_\_

*Tracking (Quality Assurance)*

QMHP: \_\_\_\_\_ Date/Time Assigned: \_\_\_\_\_

**Division of Youth Services**

**QMHP CONSULTATION REPORT**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Cottage/POD: \_\_\_\_\_ Risk Level Score: \_\_\_\_\_  
Commitment Date: \_\_\_\_\_ Commitment Number: \_\_\_\_\_  
Community Counselor: \_\_\_\_\_ County: \_\_\_\_\_  
OTS Counselor: \_\_\_\_\_  
Committing Offense: \_\_\_\_\_

**Consultation Report**

*To Be Completed by the Consultant:*

**Records Reviewed:**

**Identifying Information:**

**Findings:**

**Initial Diagnosis:**

Axis I:  
Axis II:  
Axis III:  
Axis IV:  
Axis V:      GAF Current      GAF Highest

Comments:

**Recommendations:**

\_\_\_\_\_  
Signature of Consultant      Date/Time of Action:

**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES  
DIVISION OF YOUTH SERVICES  
JUVENILE INSTITUTIONS**

Subject: <b>Treatment Teams</b>		Policy Number: <b>4</b>	
Number of Pages: <b>5</b>		Section: <b>XIII</b>	
Attachments		Related Standards & References	
A. Treatment Team Meeting Form		ACA 3-JTS-5B-04 ACA 3-JTS-5B-06	
Effective Date: <b>November 29, 2006</b> Revised: April 5, 2010		Approved:  <b>Kathy Pittman, Director</b>	

**I. POLICY:** It is the policy of the Mississippi Department of Human Services, Division of Youth Services that all programming activities used to modify and monitor the behavior of youth shall be developed and coordinated by a Treatment Team. This team shall meet with youth on an individual and regular basis to discuss treatment goals and objectives as well as to assess the youth's progress. Consequently, a written and individualized plan based on standardized assessments shall be developed for each youth housed in a Training School. These plans shall be called Service Plans, which shall guide the continual rehabilitative efforts of staff servicing youth housed at a DYS Training School. Furthermore, a youth's Service Plan shall be used to facilitate a youth's re-entry into the community.

**II. DEFINITIONS**

As used in this policy and procedure, the following definitions apply:

A. **Treatment Team** – An appointed group of staff members responsible for developing and coordinating the implementation of a youth's determined Service Plan. This team shall encourage youth, while monitoring the student's progress and revise the youth's Service Plan as needed. The Team shall also be responsible for linking the youth to the appropriate programming and resources to address individual risk and/or needs. The Treatment Team shall be composed of the following individuals:

1. Youth: Each youth must attend his/her individual Treatment Team meeting.
2. Counselor: Shall function as Team Chairperson. In the absence of the counselor, another team member shall act as Chair. If the assigned counselor is unable to attend the team meeting, a designee of the Program Director shall attend on the assigned counselor's behalf.
3. Teacher: A Training School educational staff member shall provide all educational material and information pertinent to the youth being treated and/or assessed.
4. Direct Care Staff: A direct care staff member designated to the Assigned Housing Unit shall attend all Treatment Team meetings, and provide information on youth's behavior, participation in housing unit activities, and other relevant information.

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Treatment Teams	XIII.4	2 of 5

5. Recreation Supervisor: A designated recreational staff member, who shall gather and present all relevant information regarding a youth's performance in recreation activities.
  6. Medical and psychiatric staff: Shall provide written input on all initial meetings and as needed on all review meetings.
  7. Qualified Mental Health Professional: Shall attend all treatment teams for youths receiving individual mental health treatment or psychotropic medications.
  8. Counselor supervisor/administrator: Shall attend Treatment Team meetings at the request of the Chairperson.
  9. Community Counselor: Shall provide information as needed for use in the treatment team meetings. The Community Counselor shall be provided with results of all Treatment Team meetings of their assigned youths in the final Comprehensive Service Plan, which will function as the transition plan.
  10. Parent or Legal Guardian: Shall be invited to initial, determination of parole date, and transition planning Treatment Team meetings.
  11. Volunteers/Others: Individuals who have a significant role in the treatment or care of a youth may be invited to attend a Treatment Team meeting. These individuals shall be approved by the DYS or Youth Court.
- B. **Service Plan** – A detailed written plan addressing the goals, objectives, timelines, and staff assignments which are measured to establish a rehabilitative program, which addresses areas of high risk/need, and promote pro-social behavior. Furthermore, it is a holistic and comprehensive document that addresses the recreational, educational, vocational, medical, mental health, and transitional period needs, as well as the family history of youth.
- C. **Transition Plan** – A youth's Service Plan, which shall be adopted by the youth's Community Counselor for implementation upon return of the youth to the community.
- D. **Special Circumstance** – An unforeseen event or problem, which may require a youth to be seen by the Treatment Team more than or outside of a regularly scheduled session. Examples being: an attempted escape, a suicide attempt, or exemplary performance in treatment programming and goal completion.
- E. **Assigned Housing Unit** – The pod or cottage where youth reside for the duration of their time served.
- F. **Intervention** – Specific measurable actions and objectives designated by the Treatment Team in order for a youth to achieve goals identified in the youth's Service Plan.

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### III. PROCEDURE

- A. Assigning Housing Unit – Every youth shall be assigned to a housing unit. The Treatment Team associated with the Assigned Housing Unit shall be responsible for holding Treatment Team meetings with each youth assigned to that unit.
1. Intake Unit – Upon admittance, the Intake Unit shall act as the assigned housing unit for a youth until transfer to a permanent housing unit. In addition, the Intake and Orientation Staff shall serve as the youth’s Treatment Team. (See Policy XIII.1: Admission, Intake, and Orientation)
  2. Permanent Unit – Youth shall be assigned a permanent housing unit based on the screening and assessments administered during the Intake period. (See Policy VI. 7: Ranking and Placement) Once transferred to a permanent housing unit, the Treatment Team assigned to that housing unit shall meet with each youth no less than monthly and serve as a youth’s Treatment Team for the duration of the youth’s stay, or until the Facility Administrator or designee approves a permanent transfer to a different housing unit.
  3. Temporary Assignments – A youth’s Treatment Team and assigned housing unit shall not change if the youth is temporarily placed in another unit such as the Observation Management Unit, the hospital, or an outside facility such as a detention facility. Youth shall remain in their assigned housing unit unless protective custody or emergency situations warrant a housing unit transfer.
  4. Request for Transfer - The assigned Treatment Team shall make recommendations to the Facility Administrator to have a youth transferred to another housing unit. All housing unit transfers must be approved by the Facility Administrator or designee. The assigned Treatment Team shall submit, in writing, their recommendation for a housing unit transfer to the Facility Administrator or designee for formal review and approval. Approval shall ensue within 24 hours. In the event of an approved housing unit transfer, the youth’s assigned treatment team shall prepare and present a transfer briefing prior to the placement of the youth in the newly assigned housing unit, which shall include an overview of the youth’s background, risk/need, and strengths.
- B. Designation of Team Members – Each member of a Treatment Team shall be designated and assigned by the unit coordinator, within 4 days of placement in an assigned housing unit.
- C. Responsibilities of the Treatment Team – The Treatment Team shall be responsible for the development, monitoring and implementation of Service Plans.
1. Classification – The Treatment Team shall determine a youth’s appropriate Ranking and Placement upon Intake into the Training school. (see Ranking and Placement policy VI.7 and Admission, Intake and Orientation policy XIII.1)

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Treatment Teams	XIII.4	4 of 5

2. Service Plans – The Treatment Team shall develop a Service Plan for each youth admitted to a Training School.

- a. A youth’s Treatment Team shall hold an initial meeting with the youth to review the results of the Programming Needs Assessment and the youth’s history, as well as the youth’s current status.
- b. The Treatment Team shall develop a Service Plan by completing the Comprehensive Service Plan Model (See policy XIII.5: Service Plans) based on the results of the Programming Needs Assessment (See policy XIII.3: Youth Screening and Assessment) as well as the information gathered in the initial meeting with the youth, within fourteen (14) working days of admission or eleven (11) working days following placement in an assigned housing unit.
- c. The Treatment Team shall identify Interventions necessary for each youth in order to achieve goals identified in the youth’s Service Plan.
- d. All members of the Treatment Team and the youth shall sign the developed Service Plan to confirm recognition and accord.
- e. The Treatment Team meeting Form (Attachment A) will be used to document the outcomes of the meeting and placed in the master file.

3. Disciplinary Action – The Treatment Team shall under special circumstances review minor disciplinary violations in order to best determine the appropriate modifications to a youth’s Service Plan and or Classification.

4. Transition Planning – 20 days prior to a youth’s release, the youth’s Community Counselor shall be contacted by the Treatment Team Chair to discuss the implementation of the youth’s Service Plan following release to the Community. Those Students with medical conditions and/or needing psychotropic medication shall be referred to the Community A-Teams. A youth’s release date and eligibility for Parole shall be addressed throughout the duration of the Treatment Team meeting process. A youth’s behavior and participation shall have direct bearing on the youth’s eligibility for release.

D. Provision for Meetings – Treatment Team meetings shall take place due to the following conditions:

1. Initial Youth Placement - An initial Service Plan shall be developed and implemented within fourteen (14) working days of admission.
2. Review - The Treatment Team shall review and re-assess all necessary components of the youth’s Service Plan, programming activities, and individual needs no less than monthly, with the exception of special circumstances.

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Treatment Teams	XIII.4	5 of 5

3. Special Circumstances – In instances where youth are transferred to an observation or special management unit due to behavioral problems, the designated Treatment Team shall convene within 3 days. Thereafter, the Team shall meet with youth under special circumstances a minimum of once a week until the youth is released from the Observation or Intake unit.
- E. Meetings – Treatment Team meetings shall take place in the Assigned Housing Unit or another designated location approved by the Facility Administrator. Furthermore, the meetings shall follow the following protocol:
1. The Chairperson shall call to order all Treatment Team meetings by notifying all team members within 48 hours of the session, with the exception of meetings called due to special circumstances. The Chairperson is responsible for managing and maintaining all documentation of Treatment Team meetings.
  2. All present team members shall prepare and present a written report from their department at the initial Treatment Team meeting. Treatment Team meetings may not occur without the presence of at least three staff members and the youth. The three staff member minimum must include a Counselor and direct care staff member. Other program staff shall submit written reports to be reviewed during Treatment Team meetings unless otherwise requested by the Chairperson to attend.
  3. All pertinent information presented during the session shall be explained and discussed with the youth throughout the proceedings.
  4. The inception and development of a youth's Transition Plan shall take place throughout the course of the Treatment Team process.

**Treatment Team Meeting Form (XIII.4.A)**

Student Name: \_\_\_\_\_ Date of Meeting: \_\_\_\_\_

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

Current Level: \_\_\_\_\_ Current Rank: \_\_\_\_\_

Service Plan Goals: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student Self-Assessment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Group Participation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Incident Reports and Disciplinary Issues: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Progress in Reducing Risk Areas: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Progress in Resolving/Mental Health Issues (Including Suicide Risk):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medication Management: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Academic Progress: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Rationale for Level Change: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Recommendations of Treatment Team: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Transition Planning: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Treatment Team Member Signatures:

_____	_____
_____	_____
_____	_____
_____	_____

Student Signature:

\_\_\_\_\_

**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES  
DIVISION OF YOUTH SERVICES  
JUVENILE INSTITUTIONS**

<b>Subject:</b> <b>Service Plans</b>	<b>Policy Number:</b> <b>5</b>
<b>Number of Pages:</b> <b>5</b>	<b>Section:</b> <b>XIII</b>
<p style="text-align: center;"><small>Attachments</small></p> <b>A. Service Plan</b> <b>B. Service Plan Audit Form</b> <b>C. Service Plan Audit Log</b>	<p style="text-align: center;"><small>Related Standards &amp; References</small></p> <b>ACA 3-JTS-5B-04</b> <b>3-JTS-5B-06</b> <b>3-JTS-5B-05</b> <b>3-JTS-5B-07</b>
<b>Effective Date:</b> <b>April 20, 2007</b> <b>Revised: April 5, 2010</b>	<b>Approved:</b>  <b>Kathy Pittman, Director</b>

**I. POLICY**

It is the policy of the Mississippi Department of Human Services, Division of Youth Services (DYS), that a written and individualized plan based on standardized assessments, shall be developed for each youth housed in a training school. The Service Plans shall guide the continual rehabilitative efforts of staff servicing youth housed at a DYS Training School. Furthermore, a youth's Service plan shall be used to facilitate a youth's re-entry into the community.

**II. DEFINITIONS**

As used in this policy and procedure, the following definitions apply:

- A. **Service Plan** – A detailed written plan addressing the goals, objectives, timelines, and staff assignments, which are measured to establish a rehabilitative program, which addresses areas of high risk/need, and promotes pro-social behavior. Furthermore, it is a holistic and comprehensive document that addresses the recreational, educational, vocational, medical, mental health, substance abuse, sex offender/victim and transitional period needs, as well as the family history of youth.
- B. **Treatment Team** – An appointed group of staff members responsible for developing and coordinating the implementation of a youth's determined Service Plan. Each treatment team will include representatives from counseling, mental health, education, and direct care. For each student who sees a psychiatrist for medication management or after a Safety Alert (Levels 2 and 3), the team shall include a psychiatrist.
- C. **Risk Factor** – A risk factor is an area of risk and/or need that has been proven to have a high correlation to further criminal activity.
- D. **Summary of Youth's Status** – A brief summary of the risk and protective factors that contribute to and prevent delinquency within a specific risk factor.

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- E. **Long Term Treatment Goal** – The planned outcome resulting from the achievement of identifiable and comprehensive objectives that are fulfilled on reducing the impact of specific risk factors.
- F. **Short Term Treatment Goal** – Specific objectives, which together act as the framework for achieving a youth’s long-term treatment goal.
- G. **Interventions** – Specific measurable actions to be taken by a youth’s Treatment Team, which are designed to reach short-term treatment objectives.
- H. **Youth Master File (YMF)** - the official commitment record maintained for each youth that documents his/her treatment, correspondence, and all court papers addressing legal commitment.
- I. **Qualified Mental Health Professional (QMHP)** – Mental health care provider licensed and sufficiently trained to provide the services he or she undertakes to provide.

### III. PROCEDURE

- A. **Structure** – Service Plans shall be established using the approved format and shall be filed in the Youth's Master File and medical chart. Records of reviews, progress notes and team deliberations shall be chronologically filed in the youth master file in the section assigned to the Service Plan. Documentation shall include family contacts and reintegration planning
- B. **Screening and Assessment** – Service Plans shall be based on an assessment using objective screening/assessment instruments, tools, and structured interview formats. Youth with special needs shall be identified. The needs identified in the assessment process shall be used to define goals and action steps which will make up the Service Plan. (See policy XIII.3: Youth Screening and Assessment)
- C. **Initial Service Plan Development** – The initial development of the Service Plan shall be completed in two stages. A program needs screening shall be done during the Intake process. Once the youth has been transferred to a permanent housing unit, the Treatment Team in the permanent housing unit shall complete and implement a Service Plan within fourteen (14) working days of admission.
  - 1. **Intake Staff** - During Intake, the psychology staff shall conduct a Program Needs Screening to determine areas of high risk and need. During the Orientation process additional assessments are conducted to prioritize the high risk/need areas for treatment. A report shall be written summarizing the results of the Program Needs Assessment process.
  - 2. **Treatment Team** – The initial Service Plan shall be written within fourteen (14) working days of admission. Treatment goals, interventions, and timelines shall be identified. The Treatment Team shall also assign

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staff to complete steps requiring staff involvement and document their supervision and oversight of the youth's treatment status and case planning.

**D. Components of the Service Plan** – The Service Plan shall include the following information:

1. **Social History/Case Summary** – A brief summary of relevant social history information shall be included. This summary shall be crafted using the information provided in the Admission Summary Report and other background obtained from other sources or interviews.
2. **Risk/Need Summary** – A summary of the youth's scores for areas of risk/need and protective factors shall be included.
3. **Treatment Services** – When a youth is found to have multiple areas of risk/need that are high, the Service Plan shall identify which areas should be addressed first and the reasons for those decisions.
4. **Treatment and Programming Services** - The Service Plan shall identify long and short term treatment goals for each service priority that has been identified. As well, the Service Plan shall include specific interventions that should be used to achieve those goals, a staff person to provide each intervention, and a time table for the projected completion of each intervention. All clinical treatment services shall be provided by a Qualified Mental Health Professional.
5. **Medication Management** – If, as a result of the programming needs assessment and psychiatric evaluation, it is determined that a youth is in need of psychiatric medication, the Service Plan shall summarize steps detailed in the medical file, which are being taken to assure the youth receives the appropriate medication, and that the medication management program is integrated into the overall treatment services. (For further information see medical policy XI.32.)
6. **Suicide Prevention** – The youth's Service Plan should be modified to include treatment goals and specific interventions designed to address and reduce suicidal ideation and threats, self-injurious behavior, and suicidal threats perceived to be based upon attention-seeking behavior; The youth's Service Plan shall describe signs, symptoms, and circumstances under which the risk for suicide or other self-injurious behavior is likely to recur, how recurrence of suicidal and other self-injurious behavior can be avoided, and actions both the youth and staff can take if the suicidal and other self-injurious behavior do occur. The youth's Service Plan should identify the QMHP and Counselor responsible for both developing and implementing the treatment goals and specific interventions, as well as identify target dates for problem resolution; and the youth's modified

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Service Plan will be discussed with the youth and the youth's parent(s) or guardians.

- a. Service plans related to suicidal behavior of all youth on Safety Alert Status should be discussed during the Treatment Team meeting.
  - b. Service plans of youth who are no longer on Safety Alert status but have suicidal behavior listed as a problem area on their service plan should be discussed during the weekly QMHP/Counselor Team meeting.
7. **Educational and Vocational Services:** - Educational and vocational (if appropriate) goals shall be developed for each youth. These shall be maintained in the youth's education file by the education staff in the school area. (See special education policy XII.8.)
  8. **Transition Plan** – The Service Plan shall include the specific steps that should be taken to help the youth make a successful transition back to the community (See policy XIII.19).
  9. **Parental Involvement** – The Service Plan shall include information about how a youth's parents/guardians have been involved in the development and implementation of the Service Plan.
- E. **Service Plan Revisions** – Revisions to the Service Plan should be made on an as-needed basis, but shall be reviewed at least monthly and a documented record of the review, findings, and recommendations shall be completed in the approved format and retained in the Youth Master file. Service Plan revisions should be made if new and important information is learned or the goals and objectives, action steps and staff assignments are changed.
- F. **Risk/Need Reduction** – Completion of interventions will not be interpreted as evidence of rehabilitation. The completion of an intervention will not be taken as prima-facie evidence of reduced level of risk and need.
1. Decisions about the achievement of treatment goals shall be based primarily upon a re-assessment using the Youth Assessment & Screening Instrument (the YASI). The dynamic factors assessed through the YASI should enable treatment staff to objectively assess risk/need reduction. The YASI shall be re-administered when there are significant changes or as needed. However, re-assessment shall occur prior to parole, unless it has been administered within 60 days of the parole date.
  2. Additional information used to assess risk/need should consist of documented behavior reports and clinical observations.

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3. The youth's counselor shall be responsible for the writing of the Service Plan using the Comprehensive Service Plan form (Attachment A). The official Service Plan shall be maintained in the youth's electronic file in the automated Case Management System (CMS). A paper copy shall be printed out and placed in the youth's master file and the counselor's file. Any plan containing mental health interventions delivered by a Qualified Mental Health Provider (QMHP) will also be placed in the Psychology section of the youth's medical record.
4. The Treatment Team Meeting Form shall be completed by the Chairperson of the youth's treatment team, who is the unit coordinator; a copy of which shall be kept in the Youth Master File. (See policy XIII.4: Treatment Team)

#### IV. QUALITY ASSURANCE STANDARDS

The following documents shall be completed and maintained to provide a written record of the development and implementation of the Service Plan, and to provide a basis for quality assurance evaluations to be conducted on a quarterly basis. Regular audits using the Division's quality assurance process shall be conducted four (4) times a year. (For more information about the quality assurance process, see policy IX.1.)

- A. **Service Plan Audit** – The Clinical Director or designee shall audit Service Plans on a quarterly basis, using the Service Plan Audit Form (see Attachment B). Audits shall be conducted within ten working days of the end of the previous quarter, and subsequent reports shall be submitted to the Facility Administrator, Director of Institutions, and the Division Director. Using a random sample, the Director of Programs shall audit 10% of the active Service Plans at each facility or ten files, whichever is greater.
  1. **Service Plan Audit Log** – A log (Attachment C) of the audits that have been conducted will be maintained by each Director of Programs. This log will provide a reference list to know which Service Plans have been audited.
  2. **Quarterly Report** - Quarterly, the Clinical Director or designee shall compile a report summarizing the findings of the audits that were conducted. This report shall include a list of the files that were audited, and recommendations for training and/or revisions to policy and procedures related to the development and implementation of Service Plans.
- B. The standards for this provision address the extent to which Service Plans are documented and timely according to extant policy. Additional standards monitor completeness and quality improvement (clinical relevance and measurability) goals.

**Division of Youth Services**

**COMPREHENSIVE SERVICE PLAN (XIII.5.A)**

Date: Plan: Initial Service Plan  
Student Name: DOB:  
Cottage/POD: Girls Commitment Date:  
Risk Level Score: Commitment Number:  
Community Counselor: County:  
Committing Offense:

**Background Information**

Summary of Programming Needs Assessment:

Social History: Initial.

Recreational Needs: Initial.

Educational Needs: Initial.

Vocational Needs: Initial.

Medical Needs: Initial.

Mental Health Needs: Initial.

Substance Abuse Needs: Initial.

Sex Offender/Victim Needs: Initial.

**Additional Information**

Medication Management: Initial.

Suicide Prevention: Initial.

Parent Involvement: Initial.

Transition Plan: Pending.

Level of Treatment: Initial.

**Summary of Counseling:**

Risk Factor 1: Alcohol/Other Drugs Risk Level: High Focus: Immediate

Protective Factors/Strengths:

Summary of Risk/Need Assessment:

Long Term Goal:

Short Term Goal:

Measurable Objective:

Intervention a: None Meeting 0 X Weekly to .

Person Responsible	Start Date	Target End Date	Actual End Date

Intervention b: None Meeting 0 X Weekly to .

Person Responsible	Start Date	Target End Date	Actual End Date

Intervention c: None Meeting 0 X Weekly to .

Person Responsible	Start Date	Target End Date	Actual End Date

Intervention d: None Meeting 0 X Weekly to .

Person Responsible	Start Date	Target End Date	Actual End Date

Risk Factor 2: Alcohol/Other Drugs Risk Level: High Focus: Immediate

Protective Factors/Strengths:

Summary of Risk/Need Assessment:

Long Term Goal:

Short Term Goal:

Measurable Objective:

Intervention a: None Meeting 0 X Weekly to .

Person Responsible	Start Date	Target End Date	Actual End Date

Intervention b: None Meeting 0 X Weekly to .

Person Responsible	Start Date	Target End Date	Actual End Date

Intervention c: None Meeting 0 X Weekly to .

Person Responsible	Start Date	Target End Date	Actual End Date

Intervention d: None Meeting 0 X Weekly to .

Person Responsible	Start Date	Target End Date	Actual End Date

Risk Factor 3: Alcohol/Other Drugs Risk Level: High      Focus: Secondary

Protective Factors/Strengths:

Summary of Risk/Need Assessment:

Long Term Goal:

Short Term Goal:

Measurable Objective:

Intervention a: None Meeting 0 X Weekly to .

Person Responsible	Start Date	Target End Date	Actual End Date

Intervention b: None Meeting 0 X Weekly to .

Person Responsible	Start Date	Target End Date	Actual End Date

Intervention c: None Meeting 0 X Weekly to .

Person Responsible	Start Date	Target End Date	Actual End Date

Intervention d: None Meeting 0 X Weekly to .

Person Responsible	Start Date	Target End Date	Actual End Date

Risk Factor 4: Alcohol/Other Drugs Risk Level: High      Focus: Immediate

Protective Factors/Strengths:

Summary of Risk/Need Assessment:

Long Term Goal:

Short Term Goal:

Measurable Objective:

Intervention a: None Meeting 0 X Weekly to

Person Responsible	Start Date	Target End Date	Actual End Date

Intervention b: None Meeting 0 X Weekly to

Person Responsible	Start Date	Target End Date	Actual End Date

Intervention c: None Meeting 0 X Weekly to

Person Responsible	Start Date	Target End Date	Actual End Date

Intervention d: None Meeting 0 X Weekly to

Person Responsible	Start Date	Target End Date	Actual End Date

Individual Treatment/Management Plans: None. None

## QMHP Treatment/Management Plans

### Sources of Information

- Admissions Packet:
- Intake Screening Protocol:
- Suicide Assessment                       Unit Log Book
- Current Master Treatment File       Previous Master Treatment File
- Medical Chart                               Programming Needs Assessment
- Psychiatric Evaluation                 Psychological Evaluation
- Prior Hospitalization Documents    Prior Mental Health Documents
- Community Counselor                 Unit Counselor
- Other Staff Member                     Family Member
- Suicide Risk Reassessment Forms:
- Incident Report:
- Other: Describe

Comments:

### Placement and Supervision Considerations

Privileges: Initial.

Level of Treatment: Initial.

Supervision Provided: Initial.

Restrictions and Precautions: Initial.

Parent Involvement: Initial.

Step Down Plan: Initial.

Release Plan: Initial.

## Diagnostic Impressions

Axis I:

Axis II:

Axis III:

Axis IV:

Axis V: Highest . Current .

Comments:

## Treatment Plan

Recommendations: No Suicide Prevention Indicated.

Problem I: as evidenced by .

Intervention I: None Meeting 0 X Weekly.

Contingency: If then .

Long Term Goal: None.

Short Term Goal:

Measurable Objective:

Plan for Monitoring Progress:

Risk Factors for Recurrence:

Person Responsible	Start Date	Target End End Date	Actual End End Date
<hr/>			
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Problem II: as evidenced by .

Intervention II: None Meeting 0 X Weekly.

Contingency: If then .

Long Term Goal: None.

Short Term Goal:

Measurable Objective:

Plan for Monitoring Progress:

Risk Factors for Recurrence:

Person Responsible	Start Date	Target End Date	Actual End Date
<hr/>			
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Problem III: as evidenced by .

Intervention III: None Meeting 0 X Weekly.

Contingency: If then

Long Term Goal: None.

Short Term Goal:

Measurable Objective:

Plan for Monitoring Progress:

Risk Factors for Recurrence:

Person Responsible	Start Date	Target End Date	Actual End Date
<hr/>			
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Problem IV: as evidenced by .

Intervention IV: None Meeting 0 X Weekly.

Contingency: If then

Long Term Goal: None.

Short Term Goal:

Measurable Objective:

Plan for Monitoring Progress:

Risk Factors for Recurrence:

Person Responsible	Start Date	Target End End Date	Actual End End Date

Signatures of Team Members:

_____	_____
_____	_____
_____	_____
_____	_____

Youth's Signature:

QMHP's Signature:

_____	_____
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08/12/09      *Counseling, Programs, & Progress Note-Attachment B*      *Policy XIII.11*

**MDHS/DYS Oakley Training School  
Service Plan Audit Form (XIII.5.B)**

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

File #: \_\_\_\_\_

Auditor: \_\_\_\_\_

Date of Audit: \_\_\_\_\_

**Areas of Risk/Need**

*(Do the assessment results support the areas of risk/need that were identified and prioritized for treatment goals and interventions?)*

**Treatment Goals**

*(Are the treatment goals relevant to the areas of risk/need to be addressed, and will they alleviate and/or reduce the related area of risk/need.)*

**Interventions**

*(Are there clear and achievable interventions - actions steps - for each goal that has been established? Are they realistic?)*

**Sections of the Plan**

*(Is the information that is needed in each section of the service plan to have a comprehensive service plan provided? Is it complete?)*

**Time Table**

*(Was the plan developed within the specified time frames? If events or additional information have made it advisable to revise the treatment goals and the service plan, has that been done?)*

**Comments**

*(Any general remarks about the completeness of the service plan, the feasibility of its being completed during the stay at the training school, whether or not the plan is up to date, and/or other relevant comments.)*

\_\_\_\_\_  
Signed (Auditor)

\_\_\_\_\_  
Date



**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES  
DIVISION OF YOUTH SERVICES  
JUVENILE INSTITUTIONS**

Subject: <b>Special Management Unit : Intake Management Unit</b>		Policy Number: <b>6</b>
Number of Pages: <b>5</b>		Section: <b>XIII</b>
Attachments	Related Standards & References <b>ACA 3-JTS-3E-01 ACA 3-JTS-3E-02 ACA 3-JTS-3E-04 ACA 3-JTS-3E-05 ACA 3-JTS-4C-22 ACA 3-JTS-4C-24 ACA 3-JTS-4C-37 USA v. Mississippi 3:03-cv-1354WSu Memorandum of Agreement</b>	
Effective Date: <b>March 30, 2010</b>	Approved:  <b>Kathy Pittman, Director</b>	

**I. POLICY**

It is the policy of the Mississippi Department of Human Services, Division of Youth Services that those youth who are admitted to the training school shall be housed on the Intake Management Unit until the Intake and Orientation processes are completed.

**II. DEFINITIONS**

As used in this policy and procedure, the following definitions apply:

- A. **Housing Unit Log Book:** Log book located in a residential unit that contains pertinent shift information including changes or observations of youth on a suicide risk level.
- B. **Intake Management Unit:** The unit where youth are housed upon commitment to the Facility until essential testing, information collection and orientation have been completed.
- C. **Room Confinement:** Instances in which a resident is confined for cause or punishment in the room or cell in which he or she usually sleeps, rather than being confined in an isolation cell or room. Room confinement may occur in locked or unlocked rooms but cannot occur in large dormitories. Room confinement will be limited to the time parameters indicated in the Behavior Management Isolation (VII.10) and Due Process Isolation (VII.11) policies.
- D. **Monitoring at Staggered Intervals:** Youth who are placed on Safety Alert upon Intake shall be monitored at staggered intervals as outlined in the Suicide Prevention Policy (DYS Policy XIII.12).
- E. **Classification/Reclassification Meeting:** The level and placement committee will meet the youth within 72 hours of Admissions to discuss level and placement. The level and placement committee is chaired by the director of programs or designee. The facility administrator or designee approves all transfers at OTS.

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- F. **Seriously Out-of-Control Behavior:** Behavior exhibited by youth that poses a serious threat to the safety of others and/or the regular operations of the facility; behavior that is seriously threatening, assaultive or destructive.

### III. PROCEDURE

- A. **Placement** - A youth shall be placed in the Intake Management Unit upon commitment to the facility. The youth will remain in this unit until the intake and orientation processes have been completed.
1. **Intake** – All youth committed to Oakley Training School (OTS) will be housed in the Intake Management Unit (IMU) in order to provide intake, assessment and orientation services in the most positive environment. Length of stay in the IMU for the purposes of orientation will be 72 hours or less.
  2. **Orientation** – Youth who are committed to the training school will attend orientation classes that are designed to assist the youth to understand how the facility operates and what is expected of them, including review and distribution of the Student Handbook. They will not attend regular education programs until this process has been completed. However, each youth will be placed in the regular OTS education program within 3 school days of admission.
- B. **Behavior Management Isolation** – During hours when a youth is not asleep, a youth may not be locked in a room in the Intake Management Unit unless their behavior is seriously out of control. (See policy VII.10: Behavior Management Isolation)
- C. **Observations/Room Checks** – During the time a youth is housed in IMU, he/she will be observed routinely unless placed on a safety alert level or room confinement. (See Suicide Prevention Policy: XIII.12)
1. The youth shall be observed by staff at least six times hourly at staggered intervals. Observations made during staggered checks and all other interactions with staff shall be logged on the youth’s Safety Alert Observation Sheet. (See Suicide Prevention Policy: XIII.12) Positive and negative findings shall be documented (e.g., “Youth verbalizing suicidal thoughts, youth sleeping, youth reading, youth eating, etc.”)
  2. Doors to the bathroom/shower areas will be locked at all times. All youth on a Safety Alert Level status will be closely observed while utilizing the bathroom/shower area. While providing appropriate privacy, a direct care staff will be stationed in the doorway in constant verbal communication with the youth at all times.
- D. **Pod Supervision** – When youth are being housed in the Intake Management Unit, two staff will be assigned to the pod on the day and afternoon shifts. One person may be assigned to supervise the pod on the night shift. During the day and afternoon shifts:

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1. All direct care staff members assigned to IMU will be in the day room at all times; that staff member will not leave the day room unless relieved. Entering the control center is defined as leaving the day room.
  2. If youth need to be escorted to another destination (for example, intake area and medical), one staff person may escort the youth during the time the individual(s) are out of the pod. If that occurs, the second staff person will assume responsibility for supervising the day room and remain in the day room until the other staff member returns.
  3. If all youth leave the pod, both staff will escort and supervise the youth while they are out of the pod.
- E. **Searches** – Searches for contraband will take place on a regular basis to assure that youth do not gain access to unauthorized items that they may use to hurt themselves or others.
1. **Entry to Pod** - All youths shall be searched for contraband upon entering the Special Management Unit.
  2. **Personal Searches** – All youth on a suicide watch level shall be searched and relieved of any objects, materials, shoe laces, belts, etc, which may be used to facilitate suicide.
  3. **Room Searches** – Youth on Suicide watch levels 2 shall have their room searched before they are placed in their room for the night. All clothing shall be taken and a suicide smock shall be issued to the youth when they are placed in their room for the night.
- F. **Clothing/Property** – Unless circumstances justify it, no clothing or property will be taken from a youth during the time they are in the Intake Management Unit.
1. A youth's clothing will never be taken unless the youth is attempting to destroy the clothing or use it for illegal purposes such as covering a window or plugging a drain (see the policy XIII.12: Suicide Prevention for specific actions that may be taken with a suicidal youth). The clothing will be returned as soon as the destructive behavior stops.
  2. A youth whose behavior is out of control may have their property removed from their room until they calm down. Once they calm down and the door to the room is opened, the youth's personal property will be returned.
  3. A youth will be allowed to use writing materials daily while in the day room. The materials (pens and pencils) will be taken away upon entering the youth's room for safety and security reasons.

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G. **Programs/Services** – Services similar to those available to other youth will be provided. However, since safety or security reasons necessitated placement in the Intake Management Unit, reasonable restrictions may take place.

1. **Meals** – Meals may be served at the tables in the pod.
2. **Grievances** – A grievance box will be placed in the pod day room. A youth may file a grievance at any time they wish to do so.
3. **Visiting** – During the time the youth is in the Intake Management Unit, visits will take place in a special area away from the general population. Access to visits will be comparable to youth in the general population.
4. **Education** – Youth who have just entered the training school will attend orientation classes designed to help them understand how the facility operates and what is expected of them. They will not attend regular education classes. Each youth will receive instruction related to the facility rules, their rights, and such topics as the behavior incentive system.
5. **Recreation** – Recreation staff will provide materials and activities to youth in the Intake Management Unit. Youth will have a minimum of one hour of recreation a day.
6. **Exercise** – Youth will be given a minimum of one hour of exercise (large muscle exercise) each day unless circumstances or the youth's behavior make it unrealistic. Reasons for denying exercise will be documented in the shift log and the youth's personal file.
7. **Hygiene** – A youth will be allowed to keep personal hygiene items unless they destroy or abuse those items.
8. **Property** – Youth will be allowed to keep reading and writing materials unless they abuse those materials. Pens and pencils will not be allowed in the rooms for safety and security purposes.

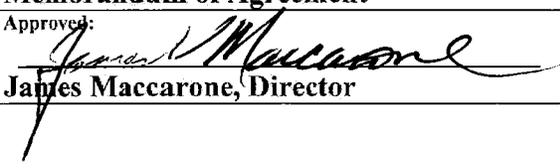
H. **Classification** – During the time a youth is in the Intake Management Unit, the youth's treatment and other programming will be managed by the unit coordinator responsible for the Intake Management Unit.

1. Youth arriving at the facility shall be automatically placed in the Intake Management Unit unless mental health issues identified at admission or intake indicate placement in another special management unit would be more appropriate. Youth will be oriented to the operations of the facility and what is expected of them. (See Admission, Intake, Orientation Policy: XIII.1)
2. Youth who are placed on safety alert or evidence mental health issues may be placed in the Assessment Management Unit for additional testing and observation.

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- I. **Removal** – A youth will be removed after completing the essential assessment steps which must be completed in the Intake Management Unit (medical screen, core programmatic testing, and orientation). Then, the student will be moved out of the Intake Management Unit and into a regular housing unit. This will normally occur at the end of the second day, no later than 72 hours following admission. The unit treatment team will meet and recommend placement in another housing unit to the OTS level and placement committee. The facility administrator or designee must approve the placement.
  
- J. **Special Equipment** – All direct care staff shall carry on their person a Cut-Down Kit, which shall include a K-Bar knife, a sterile air passage way device and sterile gloves.
  
- K. **Documentation** – Comprehensive documentation will be maintained of events that take place on the unit.
  - 1. **Unit Log Book** – A running log will be kept in a hard bound log book. This log will be used to document activities that have taken place in the unit, room or observation checks, completion of tasks delineated in the post orders and any other event or occurrence that may be important.
  
  - 2. **Maintenance Work Orders** – At the start of each shift, direct care staff will inspect the unit and submit maintenance work orders on any equipment or physical plant deficiencies. (See policy VI.2: Preventive Maintenance) Copies will be kept in a file in the control center.

**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES  
DIVISION OF YOUTH SERVICES  
JUVENILE INSTITUTIONS**

<b>Subject:</b> <b>Special Management Unit : Assessment Management Unit</b>		<b>Policy Number:</b> <b>7</b>
<b>Number of Pages:</b> <b>7</b>		<b>Section:</b> <b>XIII</b>
<b>Attachments</b>		<b>Related Standards &amp; References</b>
<b>A. Special Placement Form</b> <b>B. AMU Orientation Form</b>		<b>ACA 3-JTS-3E-01 ACA 3-JTS-3E-02</b> <b>ACA 3-JTS-3E-04 ACA 3-JTS-3E-05</b> <b>ACA 3-JTS-4C-22 ACA 3-JTS-4C-24</b> <b>ACA 3-JTS-4C-37</b> <b>USA v. Mississippi 3:03-cv-1354WSu</b> <b>Memorandum of Agreement</b>
<b>Effective Date:</b> <b>July 17, 2006</b> <b>Revised: September 25, 2012</b>		<b>Approved:</b>  <b>James Maccarone, Director</b>

**I. POLICY**

It is the policy of the Mississippi Department of Human Services, Division of Youth Services, that those youth who are deemed to have special assessment needs, issues requiring special observation, assessment and/or treatment, or are in need of protection from harm may be placed in a special housing unit designed to provide specialized programming needed by those youth.

**II. DEFINITIONS**

As used in this policy and procedure, the following definitions apply:

- A. **Constant Supervision:** A youth will be assigned a staff member who shall provide continuous, uninterrupted, one-on-one supervision within five physical feet, at all times, while the youth is sleeping and awake. A youth under constant supervision must remain within the clear, unobstructed view of staff at all times. The staff member will not be responsible for supervising any other youth while assigned this duty. This will be used for youth on suicide prevention: Precautionary Status or Safety Alert Level 3. (*DYS Policy XIII.12: Suicide Prevention*)
- B. **Behavior Management Isolation:** A “cooling off” period for youth; where placement of youth in a room either locked or unlocked for the purposes of controlling out-of-control behavior, restoring order, correcting undesirable behavior and to achieve compliance with behavioral rules and expectations.
- C. **Special Management Unit (SMU):** A housing unit with special rules and procedures established to manage a unique population of youth requiring removal from the general population. These units have specialized programs and structure designed to address the needs of these youth and have different rules for daily operation and unique security and control features. The Assessment Management Unit (AMU) is a Special Management Unit that is managed by staff with additional mental health and behavioral training.

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- D. **Staggered Intervals:** Regular checks conducted at random intervals, 5 minutes minimum and 10 minutes maximum, to ensure that observation of the youth is on an unpredictable schedule in order to promote youth safety for youth placed on any Safety Alert Level or Precautionary Status.
- E. **Treatment Team:** A group of staff members responsible for developing and coordinating the implementation of a youth's determined Service Plan. (See DYS Policy XIII.4: Treatment Teams for a detailed definition.)
- F. **Qualified Mental Health Professional (QMHP):** A mental health care provider licensed and sufficiently trained to provide the necessary mental health program services.

### III. PROCEDURE

- A. **Placement** - A youth may be placed in the Assessment Management Unit when circumstances warrant removing the youth from the general population for specialized assessment, observation and/or treatment. Placement in the Assessment Management Unit (AMU) must occur in a timely manner in order to respond to crises and emergency needs. The placement will last only until the youth can be safely moved to a regular housing unit in the general population or other arrangements are made for housing in an alternative facility or placement. The following will apply in regards to AMU placement:
  1. **Observation** – A youth may be placed on the Assessment Management Unit for observation and mental health treatment on an emergency basis after an assessment and recommendation of a QMHP for problematic mental health issues. In addition, the multidisciplinary treatment team for a youth presenting mental health issues may recommend placement in the Assessment Management Unit for observation, additional structure and support, specialized programming and treatment, and specialized assessment.
  2. **Suicide Prevention** – Youth who are believed to be potentially suicidal and are awaiting assessment for suicide risk, shall be placed on Precautionary Status and moved to AMU. All youth placed on Safety Alert Level 3 must be placed on AMU. Youth who have been placed on a Safety Alert Level 1 or 2, may be placed in the Assessment Management Unit after assessment and recommendation of the QMHP or at the recommendation of the youth's treatment team. (*DYS Policy XIII.12: Suicide Prevention*)
  3. **Requests for Protection** - Youth may be temporarily placed in the Assessment Management Unit for protection from harm by a JCW Supervisor or the youth's treatment team, while documented evidence is gathered and pending the development of a plan by the youth's counselor and/or treatment team for the youth's continued protection. (*DYS Policy VI: Requests for Protection*)

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4. **Reporting Placement** - Any placement on AMU shall be reported to the Shift Supervisor. The Shift Supervisor will notify the Facility Director of his/her designee of any emergency placements to AMU.
  5. **Special Placement Form** - The Special Placement Form (*Attachment A*) will be used to document the reason for the youth's placement on AMU and be maintained in the youth's file on AMU.
  6. **Treatment Team** - Placement on AMU as a result of an emergency basis must be reviewed by the treatment team for consideration of continued need for AMU placement at the next available treatment team meeting date. If the treatment team recommends continued placement on AMU, the youth will be transferred to the Youth Service Counselor assigned to that unit. After transfer, the treatment team shall meet weekly while the youth remains on AMU.
- B. **Behavior Management Isolation** – During hours when a youth is not asleep, a youth may not be placed in a room in the Assessment Management Unit unless for the purpose of controlling out of control behavior, restoring order, correcting undesirable behavior or to achieve compliance with behavioral rules and expectations. Youth on Behavior Management Isolation in AMU should be carefully watched for any signs of distress and if observed, reported to the youth's counselor, QMHP and/or the Shift Supervisor. The policy and procedures for Behavior Management Isolation (*DYS Policy VI.10*) will apply.
- C. **Observations/Room Checks** – During the time a youth is on a Precautionary Status, Safety Alert Level or Behavior Management Isolation, the youth will be observed by staff. The youth will be observed as outlined in the respective policy. (*DYS Policy XIII.12: Suicide Prevention and DYS Policy VI.10: Behavior Management Isolation*)
1. Observations made during staggered interval checks for suicide prevention and all other interactions with staff shall be logged on the youth's Safety Alert Observation Sheet. Positive and negative findings shall be documented (e.g., "Youth verbalizing suicidal thoughts, youth sleeping, youth reading, youth eating, etc.")
  2. Doors to the bathroom/shower areas will be locked at all times. All youth on a Precautionary Status or Safety Alert Level status will be closely observed while utilizing the bathroom/shower area. While providing appropriate privacy, a direct care staff will be stationed in the doorway in constant verbal communication with the youth at all times.
- D. **Pod Supervision** – When youth are being housed in the Assessment Management Unit, direct care staff members will be in the day room at all times, except when on a covered break. Entering the control center is defined as leaving the day room. If all youths leave the pod, staff will escort and supervise the youths while they are out of the pod.

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- E. **Searches** – Searches for contraband will take place on a regular basis to assure that youth do not gain access to unauthorized items that they may use to hurt themselves or others.
1. **Entry to Pod** - All youths shall be searched for contraband upon entering the Assessment Management Unit.
  2. **Personal Searches** – All youth on a Precautionary Status and Safety Alert shall be searched and relieved of any objects, materials, shoe laces, belts, etc, which may be used to facilitate suicide.
  3. **Room Searches** – Youth on Precautionary Status, Safety Alert Levels 2 and 3 shall have their room searched before they are placed in their room for the night. All clothing shall be taken and a suicide smock shall be issued to the youth when they are placed in their room for the night.
- F. **Clothing/Property** – Unless circumstances justify, no clothing or property will be taken from a youth during the time the youth is in the Assessment Management Unit.
1. A youth’s clothing will never be taken unless the youth is attempting to destroy the clothing or use it for illegal purposes such as covering a window or plugging a drain (see DYS Policy: XIII.12 Suicide Prevention for specific actions that may be taken with a suicidal or self-injurious youth). The clothing will be returned as soon as the destructive behavior stops.
  2. A youth whose behavior is out of control may have his or her property removed from his or her room until calmed down. Once the youth calms down and the door to the room is opened, the youth’s personal property will be returned.
  3. A youth will be allowed to use writing materials daily while in the day room. The materials (pencils or crayons only) will be taken away upon entering the youth’s room for safety and security reasons.
- G. **Programs/Services** – Services similar to those available to other youth will be provided. However, since safety or security reasons necessitated placement in the Assessment Management Unit, reasonable restrictions may take place.
1. **Orientation** – Each youth, when placed on AMU, will be oriented to the rules, regulations, and programmatic expectations of the AMU by the Juvenile Care Workers and the Youth Service Counselor assigned to that unit.
  2. **Meals** – Meals may be served at the tables in the pod.
  3. **Grievances** – A grievance box will be placed in the pod day room. A youth may file a grievance at any time they wish to do so.

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4. **Visiting** – During the time the youth is in the Assessment Management Unit, visits will take place in a special area away from the general population. Access to visits will be comparable to youth in the general population.
  5. **Education** - Youth placed on AMU shall receive educational services at the School, unless the youth’s QMHP and/or treatment team determine it is in the best interest of the youth to remain on the unit for educational services. The following will apply to youth on AMU:
    - a. **On Unit Instruction** – If it is determined that it is in the best interest of a youth on AMU to receive educational services on the unit, the following will apply. A teacher will travel to the unit and provide educational instruction to the youth in the dayroom. The educational program will be organized by the teacher as directed by the school principal to include at least 330 minutes of instruction per day. The instruction will be based upon curriculum materials used by the teachers in the School. Instruction will be tailored to the youth’s needs according to their education plans and class assignments.
    - b. **Request for Protection** - Youth on AMU for protection shall not attend School until the treatment team meets, and a determination is made as to whether the youth can safely be protected from harm in the School setting. If the treatment team determines that the youth would be safer receiving services in AMU, these services will be provided on unit as outlined above.
  6. **Exercise** – Youth will be given a minimum of one hour of exercise (large muscle exercise) each day unless circumstances or the youth’s behavior make it unrealistic. Reasons for denying exercise will be documented in the shift log, the youth’s personal file, and the counselor’s progress note.
  7. **Hygiene** – A youth will be allowed to keep personal hygiene items unless they destroy or abuse those items.
  8. **Property** – Youth may possess reading materials unless they abuse those materials. Pens and Pencils will not be allowed in the rooms for safety and security purposes, but pencils may be used on the dayroom floor. All writing instruments will be taken by staff after use or prior to the youth’s entering his or her room.
- H. **Treatment** – After the youth’s original housing unit treatment team has transferred a youth to the Assessment Management Unit, the youth’s treatment and other programming will be managed by the treatment team responsible for the Assessment Management Unit.
1. Youth assigned to AMU shall receive specialized programming to address their individualized needs.

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2. A personal growth plan shall be developed with the youth, the youth's counselor and the assigned QMHP to guide the youth in making progress toward identified treatment goals. The personal growth plan may outline treatment goals of the youth and privileges for obtaining his or her treatment goals and appropriate behavior. The personal growth plan will be reviewed at least weekly during the youth's treatment team meeting.
- I. **Removal** – Placement in the AMU shall end as soon as it is feasible to safely place a youth in a regular housing unit. Any youth who would benefit from close supervision and mental health treatment may remain in the AMU until transfer is recommended by the youth's treatment team.
1. **Observation** – A youth placed in the Assessment Management Unit for observation for mental health issues, specialized assessment and/or special treatment will be returned to a regular pod when the treatment team, which includes a QMHP, determines that placement in the Assessment Management Unit is no longer necessary.
  2. **Suicide Prevention** – A youth who has been removed from Precautionary Status and all Safety Alert Levels shall be placed in the youth's original housing unit, unless it is determined by the treatment team that he or she can be best managed in another housing unit. (See the DYS Policy XIII.12: Suicide Prevention for protocol on how a youth is removed from a Precautionary Status or Safety Alert Level.)
  3. **Requests for Protection** – Youth placed in the Assessment Management Unit for protection shall be removed once all the documented evidence is gathered and plans for the youth's protection from harm can be completed. (*DYS Policy VI: Request for Protection*).
- J. **Special Equipment** – Special equipment will be maintained and available in the Assessment Management Unit.
1. **Cut Down Kits** - Direct care staff working in the Assessment Management Unit will carry suicide cut-down kits on their belts at all times when on duty.
  2. **Air Passageway Devices** - Air passageway devices will be maintained in the control centers.
  3. **Gloves** – Surgical gloves will be maintained in the control centers.
- K. **Documentation** – Comprehensive documentation will be maintained of events that take place on the unit.
1. **Unit Log Book** – A running log will be kept in a hard bound log book. This log will be used to document activities that have taken place in the unit, room or observation checks, completion of tasks delineated in the post orders and any other event or occurrence that may be important.

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2. **Observation Sheets** – All required observation sheets for Suicide Prevention and Behavior Management Isolation, once completed, shall be placed in the appropriate binders located in the control room. *(See DYS Policy XIII.12: Suicide Prevention and DYS Policy VI.10: Behavior Management Isolation)*
  
3. **Maintenance Work Orders** – At the start of each shift, direct care staff will inspect the unit and submit maintenance work orders on any equipment or physical plant deficiencies. *(DYS Policy VI.2: Preventive Maintenance)* Copies will be kept in a file in the control center.

**SPECIAL PLACEMENT FORM  
XIII.7 Attachment A**

YOUTH \_\_\_\_\_ DATE PLACED IN UNIT \_\_\_\_\_  
POD \_\_\_\_\_ TIME PLACED IN UNIT \_\_\_\_\_  
PERSON REFERRING \_\_\_\_\_  
SHIFT SUPERVISOR AUTHORIZATION \_\_\_\_\_

- |   |  |
|---|--|
| <b>REASON FOR ADMISSION:</b>                | <b>THE STUDENT IS:</b>                 |
| 1. ( ) Precautionary Status or Safety Alert | 1. ( ) Indifferent    5. ( ) Violent   |
| 2. ( ) Observation for Mental Health Issues | 2. ( ) Cooperative    6. ( ) Depressed |
| 3. ( ) Due Process Isolation                | 3. ( ) Resistive                       |
| 4. ( ) Request for Protection               | 4. ( ) Irrational                      |

EXPLANATION:  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE: THE ABOVE IS TO BE COMPLETED ONLY BY THE SHIFT SUPERVISOR**

.....  
1<sup>st</sup> 24 Hours

Shift Supervisor \_\_\_\_\_

Counselor \_\_\_\_\_

QMHP \_\_\_\_\_

JCW \_\_\_\_\_

Special Placement Evaluation \_\_\_\_\_  
\_\_\_\_\_

Date of Evaluation \_\_\_\_\_ Time of Evaluation \_\_\_\_\_

\*\*\*\*\*

2<sup>ND</sup> 24 Hours

Shift Supervisor \_\_\_\_\_

Counselor \_\_\_\_\_

QMHP \_\_\_\_\_

JCW \_\_\_\_\_

Special Placement Evaluation \_\_\_\_\_  
\_\_\_\_\_

Date of Evaluation \_\_\_\_\_ Time of Evaluation \_\_\_\_\_

\*\*\*\*\*

3<sup>RD</sup> 24 Hours

Shift Supervisor \_\_\_\_\_

Counselor \_\_\_\_\_

QMHP \_\_\_\_\_

JCW \_\_\_\_\_

Special Placement Evaluation \_\_\_\_\_  
\_\_\_\_\_

Date of Evaluation \_\_\_\_\_ Time of Evaluation \_\_\_\_\_

\*\*\*\*\*

DATE OF RELEASE \_\_\_\_\_ TIME OF RELEASE \_\_\_\_\_ POD \_\_\_\_\_

RELEASE AUTHORIZED BY \_\_\_\_\_

(Form to be used only until youth is sent back to originating POD or officially transferred by  
the treatment team to AMU or other appropriate placement.)



## **AMU Expectations**

**Respect is our number one priority**

**Respect yourself**

**Respect the safety of everyone**

**Respect and follow adult instruction the first time**

**Leave past negative actions and behavior behind**

**Fighting will not be tolerated**

**Food trading is prohibited**

**You will Succeed, Failure is not an option**

## Assessment Management Unit

The Assessment Management Unit (AMU) is a special management unit that provides services to those youths who may require additional assessment, treatment and observation. The program provides structure and close supervision as well as a protective environment for youth. It also provides programming for youth with mental health issues who may also be awaiting alternative mental health placement, are on a Safety Alert Level, and/or require continued observation. In addition youth requesting protection may be housed on AMU. Evaluation, information gathering, therapy and daily counseling are provided for those youth who need additional services such as, assessment, observation and treatment. These services will continue until it is determined by the AMU Treatment Team, that services are no longer warranted in this specialized unit program. Goals and objectives of the youth are addressed with the development and implementation of your Comprehensive Service Plan, Treatment Plan and a Personal Growth Plan. AMU provides youth with the following:

- Specialized Individual counseling
- Intense individual therapy with a QMHP
- Constant supervision
- Line of sight supervision
- Routine Observation
- Structured Living Environment
- Case management services

Youth have the following rights:

- The right to be out of your room during the day if your behavior is appropriate
- The right to your clothes and property
- The right to have meals, visits, school, recreation, exercise, and bathroom items
- The right to file a grievance at any time

Youth in the AMU program will meet with the Counselor and Treatment Team weekly to discuss progress and needs in the program.

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

Staff signature: \_\_\_\_\_

**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES  
DIVISION OF YOUTH SERVICES  
JUVENILE INSTITUTIONS**

<b>Subject:</b> Special Management Unit - Behavior Modification Unit BMU		<b>Policy Number:</b> 8
<b>Number of Pages:</b> 6		<b>Section:</b> XIII
<b>Attachments</b>		<b>Related Standards &amp; References</b>
<ul style="list-style-type: none"> <li><b>A. BMU Referral Form</b></li> <li><b>B. BMU Orientation Form</b></li> <li><b>C. Individual Behavior Modification Form</b></li> <li><b>D. Chronological Note (C-Note) Form</b></li> <li><b>E. Youth Transfer Application Form</b></li> </ul>		<ul style="list-style-type: none"> <li><b>ACA 4-JCF-3C-01</b></li> <li><b>ACA 4-JCF-3C-04</b></li> <li><b>ACA 4-JCF-4B-01</b></li> </ul>
<b>Effective Date:</b> April 04, 2008 Revised: April 5, 2013		<b>Approved:</b>  James Maccarone, Director

**I. POLICY**

It is the policy of the Mississippi Department of Human Services, Division of Youth Services, to provide a specialized housing unit for youth with chronic assaultive behaviors. The Unit provides intensive structure, services, treatment and programs to help youth develop the skills they need to increase positive behaviors and control negative behaviors so they can be re-integrated into the general population.

**II. DEFINITIONS**

As used in this policy and procedure, the following definitions apply:

- A. Behavior Modification Unit (BMU)** - A specialized program, segregated from the general population, designed to provide a high level of supervision and structure, assist youth in learning to manage their emotions, thinking, and actions to reduce the likelihood of committing acts of aggression.
- B. Unit Coordinator** - The counselor who has been assigned to manage and monitor daily operations of a program and the youths assigned to that program. The Unit Coordinator monitors daily operations and brings concerns to the attention of the appropriate supervisor.
- C. Treatment Team** – An appointed group of staff members responsible for developing and coordinating the implementation of a youth’s determined services. (*See DYS Policy XIII.4: Treatment Teams.*)
- D. Qualified Mental Health Professional (QMHP)** – A mental health care provider licensed and sufficiently trained to provide the necessary mental health program services.
- E. Due Process Isolation (DPI)** – A sanction where a youth is confined in a locked room as a result of a due process hearing. (*See DYS Policy VII.11: Due Process Isolation.*)

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**F. Behavior Management Isolation (BMI)** – A “cooling-off” period for youth; where youth is placed in a room (either locked or unlocked) for the purposes of controlling out-of-control behavior, restoring order, correcting undesirable behavior, and to achieve compliance with behavioral rules and expectations. *(See DYS Policy VII.10: Behavior Management Isolation.)*

**G. Chronological Note (C-Note)** - A form used daily to monitor change in youths’ behavior and to inform the Treatment Team about readiness for transitioning to a regular housing unit. *(Attachment D)*

**H. Good Day** – A time period of no more than 24 hours, when the youth satisfies the required number of behavioral objectives within that particular times and gets credit for his progress.

### III. PROCEDURE

A. To be assigned to the BMU, youth must pose a serious safety risk to staff, other youth and/or the facility. A youth who meets the following criteria shall be referred for assignment to the BMU;

1. Assaulting another person causing an injury that required medical treatment;
2. Engaging in two minor fights or assaults within the past thirty (30) days;
3. Involvement in two or more major incidents of disruptive behavior within the past 30 days, including but not limited to:
  - a. Property damage over \$100, and
  - b. Acts of aggression or uncontrollable behavior which require the vacating of all other youth from the area
  - c. Waving a potential weapon, forcing staff to take emergency action to protect themselves or others. If a weapon is actually used to inflict harm, the youth should be referred after the first incident.
4. Instigating a serious group disturbance.

B. Youths who meet the eligibility criteria for the BMU may be assigned to the program upon the recommendation of the youth’s Treatment Team and the approval of the Facility Administrator/designee.

1. Prior to being referred to the BMU, the youth will be assessed by a QMHP to ascertain whether placement on the BMU is contraindicated. If determined by the QMHP that placement would be inappropriate, the treatment team will review and consider development of an alternative placement.

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2. The BMU Referral Form (*Attachment A*) will be completed by the counselor of the current housing unit and forwarded, with the Pre-BMU Placement Assessment Report and supporting documentation, to that youth's current Treatment Team who will convene no later than the next scheduled multidisciplinary treatment team meeting or an ad hoc treatment team will convene after receiving at least one working day notice. The Treatment Team shall also include the Disciplinary Officer/designee and a representative from the BMU.
  
3. The Treatment Team will review the request for assignment. Their recommendations, which are included in the BMU Packet, will be forwarded to the Classification Chairperson for immediate processing of the required placement paperwork (*DYS Policy XIII.2 – DYS Youth Transfer form and BMU Packet information*) to be remitted for signature of the Facility Administrator/designee, who will approve, amend, or deny these recommendations. When assignment is approved, the youth will be transferred to the BMU within 24 hours. The BMU Packet must include:
  - a. The BMU Referral Form (Policy XIII.8 Attachment A) and attached documentation;
  - b. Treatment Team Form with BMU recommendations (Policy XIII.4 Attachment A);
  - c. Placement Form (Policy XIII.10 Attachment E).
  
- C. The program is for the treatment and behavior modification of aggressive youth that is based on an integrated set of activities, outlined in a Behavior Modification Plan that focuses on managing behavior while teaching youth to develop and implement cognitive and social skills to reduce aggressive behavior and acting out.
  1. The goal is to create a therapeutic community where all staff (counseling, QMHPs, juvenile care workers, education, recreation, etc.) understand the skills being taught and work together to assist the youth in learning these skills.
  2. All services, excluding medical treatment, are performed on the unit including education, treatment groups, therapy, recreation, and other activities. A schedule of activities will be developed to fill the hours of 6:00 AM to 8:00 PM, and during the days on weekends and holidays. In general, it is expected these activities will be conducted in the unit day room.
  
- D. In order to provide appropriate supervision for youth assigned to the program, there will never be less than two Juvenile Care Workers assigned to BMU.

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1. Juvenile Care Workers will be in the day room between the hours of 6:00 AM and 10:00 PM when youth are out of their rooms.
  2. From 10:00 PM until 6:00 AM, the Juvenile Care Worker assigned to the BMU will move throughout the entire unit checking on youth's safety, inspecting doors and security devices, and monitoring the operation of the unit.
  3. All staff working the BMU will have specialized training including guidance on the supervision of the Behavior Modification Plan.
- E. After the youth has been transferred to the BMU the following steps shall take place.
1. Within one working day of transfer to the program, youth will be oriented (verbally and in writing) to the BMU procedures, BMU schedule, and BMU rules by staff. The orientation process will be documented on the BMU Orientation Form (*Attachment B*) and included in the youth's Master File. Youth will be afforded an opportunity to discuss this information with the Treatment Team.
  2. Within three working days of transfer to the program, the Treatment Team (including the QMHP) will meet with the youth to develop his individualized Behavior Modification Plan, to be implemented by the JCW and counselor.
  3. Chronological notes (C-Notes) will be completed daily by the JCW and education staff members in order to monitor behavior change. The Treatment Team will review the C-Notes to determine the youth's progress and readiness to return to a regular housing unit.
    - a. The Chronological notes provide an ongoing measure of compliance and positive problem-solving and social behaviors. The C-Notes are completed everyday during the youth's placement on the BMU. The Unit Coordinator and QMHP review daily the C-Notes to assess progress.
    - b. The C-Notes shall be completed by representatives of Direct Care, Education, and Counseling/Rehabilitation in order to provide a comprehensive assessment of the youth's behavior while placed on the BMU.
    - c. After the youth has completed successfully daily behavior modification plans for seven (7) consecutive days, the youth applies for transfer to Transition Status. During the youth's participation in Transition, the C-Notes will be used to determine readiness for transfer to a regular housing unit.
- F. A Qualified Mental Health Professional (QMHP) will work with the Treatment Team to develop an individualized Behavior Modification Plan to include the following:
1. A brief history of the youth's problem behaviors that highlight the behaviors needing to be addressed in the Behavior Modification Plan.

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2. Any behavioral rewards and consequences for day-to-day behavior modification of the youth.
  3. Specific behaviors expected of the youth during a particular period of time.
    - a. Direct care staff will monitor compliance with the Behavior Modification Plan by checking off behaviors as these are demonstrated or when these tasks are completed.
    - b. When the youth satisfies the required number of behavioral objectives within a particular time period of no more than 24 hours, he will receive a reward, which will be administered by the youth service counselor.
    - c. If he fails to satisfy the behavioral objectives, then he will not receive credit for progress (i.e., “Good Day”) which is required for an application for transfer to a regular housing unit.
  4. When the youth has complied with the individualized Behavior Modification Plan for at least seven (7) consecutive days without a BMI for seriously out-of-control behavior, he may request that the treatment team move him to Transition (Pre-Transfer) status.
  5. If the youth receives a DPI for aggressive or destructive behavior as determined by the Due Process Hearing Officer, then the youth will start over the individualized Behavior Modification Plan and must have at least seven (7) consecutive good days before applying for Transition Status.
- G. Youths assigned to the program will meet formally with the Treatment Team a minimum of once a week. The treatment team will discuss each of the youth’s behavioral objectives and his progress toward meeting these objectives. In the event that the youth is not meeting the objectives, the team will seek to understand the reasons the youth has been unable or unwilling to comply and will modify the treatment approach accordingly.
- H. Youths who are eligible for movement to the Transition status will present an application to the unit coordinator and request the change in the next scheduled treatment team meeting. If the treatment team approves the youth’s request, then the youth will be eligible for unit-level group privileges. Ongoing progress in behavior change will now be monitored by the C-Notes, completed by staff members who interact with the youth on a daily basis.
1. Youths participating in Transition on the BMU will be eligible for unit-level group privileges including selected off-unit recreational activities.
  2. Youths in Transition may participate in trial attendance in school as determined by the treatment team on a case-by-case basis.

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- I. Youths who evidence at least seven (7) consecutive days with more than 50 percent positive behaviors as reported in the daily C-Note shall be eligible to apply for transfer to a regular housing unit. The treatment team will meet to review the youth's request and recommend to the Facility Administrator assignment to another housing unit. If the youth's request is denied by the treatment team, the unit coordinator will indicate the reasons for the denial in writing and an individualized Behavior Modification Plan will be written to clearly specify the behavioral objectives that must be accomplished within a particular time period for an application for re-assignment.
- J. Youth assigned to the BMU will follow the campus disciplinary procedures and be entitled to the same rights (telephone calls, grievance procedures, educational services, large muscle exercise, etc.) and subject to the same sanctions (loss of privileges, room restriction, BMI, DPI, etc) as youth assigned to the general population.



# **BEHAVIOR MODIFICATION UNIT (BMU) ORIENTATION FORM**

**Name of Youth:** \_\_\_\_\_ **Date Completed:** \_\_\_\_\_

The Behavior Management Unit is a part of the Special Management Units (SMUs) at Oakley Youth Development Center. The BMU is a unit for youths who struggle with anger, aggression and behavior management. The program is structured to assist you with these issues. This unit is segregated from the general population, but is not a lock down unit.

Youth will stay in the program until they finish. Youth's stay in the BMU is individualized depending on his progress. Youths in BMU work on:

- Anger Management (How to deal with angry feelings)
- Impulse control (How to be in control of yourself)
- Social Skills (How to get along with others)

When you are transferred to the BMU, you will be oriented to the rules and guidelines of the BMU. You will also meet with your Treatment Team to discuss your individualized Behavior Modification Plan. This plan will be developed to concentrate on the behaviors that you need to change to be transferred out of BMU back to a regular housing unit. Some items on your Behavior Modification Plan might be:

- Go to school and do your work
- Show respect to staff
- Use appropriate language
- Refrain from fighting
- Participate in group sessions without disruption
- Listening to a staff member without interrupting

The Treatment Team will help you work through the program and complete you Behavior Modification Plans. Staff in the unit will watch each youth and make note of whether or not you are meeting the behavioral expectations of the Behavior Modification Plan. If you meet your behavioral expectations listed on your Behavior Modification Plan, you will receive the reward listed.

You will meet with your Treatment Team at least weekly to assess your progress toward your behavioral expectations on your Behavior Modification Plans. Your Treatment Team may consist of your counselor, a teacher, your psychiatrist, your Qualified Mental Health Professional (QMHP), a BMU Juvenile Care Worker (JCW), a recreation staff, or other staff members.

To be transferred from BMU you must:

- Have met your behavioral expectations of your Behavior Modification Plan for 7 consecutive days
- Engage in positive behavior for at least 7 consecutive days as recorded in your C-Notes
- Make an application to your counselor or treatment team for change to the Transition status and a transfer to another appropriate housing unit

If you must be placed back on DPI for aggressive and assaultive behavior, you will begin your BMU program over, meaning your time in the program starts again.

Youth have the following rights:

- The right to your clothes and personal hygiene items, such as soap, toothbrush, toothpaste, and a brush, that have been approved for youth in the BMU. However, if youth don't take care of your hygiene items, these might be taken and you will not be allowed to keep these in your room.
- The right to have meals, visits, school, and exercise.
- The right to file a grievance at any time.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**BMU - DAILY BEHAVIOR MODIFICATION PLAN**

Name \_\_\_\_\_ Date \_\_\_\_\_

Start Time/Date: \_\_\_\_\_ End Time/Date: \_\_\_\_\_

**EXPECTATIONS: (JCW, Counselor or Teacher will initial in the box per shift.)**

	Shifts		
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
1. The student will			
2. The student will			
3. The student will			
4. The student will			
5. The student will			
6. The student will			
7. The student will			

**REWARDS/CONSEQUENCES:**

If student meets \_\_\_\_\_ out of \_\_\_\_\_ expectations, then student receive following reward designated time.

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

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

Counselor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

QMHP's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

BEHAVIOR MODIFICATION UNIT (BMU)  
CHRONOLOGICAL NOTE (C-NOTE)

Student \_\_\_\_\_

Date \_\_\_\_\_

Incident Report?      yes \_\_\_ no \_\_\_      1<sup>st</sup>      2<sup>nd</sup>      3<sup>rd</sup>      4<sup>th</sup>

	6:00 am - 10:00 am	10:00 am - 2:00 am	2:00 pm - 6:00 pm	6:00 pm - 10:00 pm
Participates in scheduled activity				
Completes scheduled activity				
Remains on task during scheduled activity				
Asks for assistance if needed				
Uses appropriate language (no profanity)				
Complies with directives				
Complies with due process rules/BMU rules				
Keeps room/table clean				
Respects peers and staff				
Respects personal space of others				
Complies with dress code				
Asks and receives permission for movement				
Positive team work				
Shows leadership ability				
Complies with behavior plan expectations				

Written C-Notes – Please sign all notes

1<sup>st</sup> \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2<sup>nd</sup> \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3<sup>rd</sup> \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4<sup>th</sup> \_\_\_\_\_

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BMU-YOUTH TRANSFER APPLICATION FORM

I have completed \_\_\_\_\_ Good Days according to my \_\_\_\_\_ Daily Modification Plan or  
\_\_\_\_\_ Daily C-Notes.

Therefore, I request to be moved to \_\_\_\_\_ Transition or  
\_\_\_\_\_ Regular Housing Unit.

Here is a brief description of how I have changed my behavior while participating in the BMU program.

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

Submitted Date/Time: \_\_\_\_\_

\_\_\_\_\_ Application approved or  
\_\_\_\_\_ Changes still needed.

Behavior change still needed before application will be approved.

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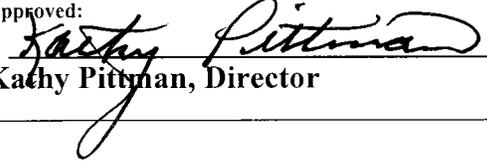
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Counselor's Signature: \_\_\_\_\_

Returned Date/Time: \_\_\_\_\_

**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES  
DIVISION OF YOUTH SERVICES  
JUVENILE INSTITUTIONS**

Subject: <b>Behavior Incentive System</b>		Policy Number: <b>10</b>	
Number of Pages:		Section: <b>XIII</b>	
Attachments		Related Standards & References	
<b>A. Weekday Point Sheet</b> <b>B. Weekend/Holiday Point Sheet</b> <b>C. Positive Behavior Buck Template</b> <b>D. Application for Stage Change</b>			
Effective Date: <b>December 01, 2009</b> <b>Revised June 1, 2011</b>		Approved:  <b>Kathy Pittman, Director</b>	

**I. POLICY**

It is the policy of the Mississippi Department of Human Services, Division of Youth Services (DYS) that a behavior incentive system will provide rewards to promote meaningful behavior change in all youths residing at Oakley Youth Development Center (OYDC).

**II. DEFINITIONS**

As used in this policy and procedure, the following definitions apply:

- A. Behavior Incentive System: The Behavior Incentive System at Oakley Youth Development Center involves rewarding youth participation in targeted activities by assigning points on a daily point sheet that can be exchanged for selected material items.
- B. Exchange: Points earned by each youth for attending and participating in targeted activities and recorded on the point sheet may be traded daily for a token (*Positive Behavior Buck*, Attachment XIII.10.C) that is used to purchase items in a weekly commissary.
- C. Point Sheet: A Weekday Point Sheet (Attachment XIII.10.A) and a Weekend/Holiday Point Sheet (Attachment XII.10.B) will be used by staff members to score student participation in community living, education, and personal growth activities, as well as helpfulness of staff members in supporting student behavior change goals. In addition, the point sheets contain a section in which each youth evaluates how helpful staff members were in assisting with goal attainment.
- D. Targeted Activities: Targeted activities are the categories in which students earn points on the weekday and weekend/holiday point sheets.
- E. Stage Promotion - The treatment team helps the youth attain behavior change goals by monitoring and recognizing progress. Treatment team meetings afford opportunities for each student to examine with their treatment team members progress toward goals

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identified in the Service Plan, specified in their daily goals, and monitored through their point sheets. As youth meet their goals, they are promoted to higher Stages that come with increased privileges and more opportunities for participation in recreation, leisure, and character-building activities. There are seven stages of privilege to which students are assigned during treatment team meetings. The various stages are listed by alpha designation to reduce confusion with Risk Level Score (i.e., Risk Level Determination: Length of Stay Policy XIII.15) and Safety Alert Level (Suicide Prevention Policy XIII.12). The alpha designation is based somewhat on a school grading system, but beginning with Stage O as the Orientation stage, progressing to C (average), B (above average), A (superior), H (Honors), F (room confinement) and D (unit restriction).

F. Unit Coordinator – The Youth Services Counselor (YSC) assigned to the housing unit.

### III. PROCEDURE

The Behavior Incentive System is used at Oakley Youth Development Center (OYDC) to support each youth in attaining behavior change goals identified in the Service Plan and monitored daily by the youth and staff members. The Behavior Incentive System is offered to youths in order to increase positive behaviors and decrease problem behaviors. The Behavioral Incentive System operates as a point/token economy to administer rewards.

#### A. Completing Point Sheets

1. Each youth who is not restricted to the room or living unit or placed on in school suspension has the opportunity to earn points for targeted activities as assigned by staff members on the point sheet. The youth will carry the point sheet and present it to the staff member for scoring at the close of a targeted activity.
2. Each youth will record during a morning *Goals Group*, conducted by the JCW, a goal for the day on the point sheet. The youth will record during the evening *Wrap Up Group*, conducted by the JCW, a self-assessment of progress toward the goal on the point sheet.
3. Each youth will complete the Staff Evaluation section of the point sheet to indicate how helpful staff members were in assisting the youth with the behavior change goal. In addition, the youth may record on the form suggestions for staff members and recommendations for improving the housing unit.
4. The staff member will record numeric *Points* in red ink with their initials for each targeted activity. The staff member may record some notes or observations on the form. The form is returned to the student, who is responsible for keeping the point sheet throughout the day and submitting it to the staff member in *Wrap Up Group* at the close of the day.
5. The staff member will use the following guidelines for assigning points for each targeted activity:
  - a. 0 points if the student did not attend or there was a prolonged failure to comply with basic requests of staff members

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- b. 5 points if the student attended the majority of the targeted activity and complied with basic requests of staff members
  - c. 10 points if the student attended the targeted activity, complied with basic requests of staff members without repeated prompts, and participated minimally in the targeted activity.
  - d. 15 points if the student attended the targeted activity, complied with basic requests of staff members without repeated prompts, and participated fully in the targeted activity.
  - e. 20 points if the student attended the targeted activity, complied with basic requests of staff members without repeated prompts, participated fully in the targeted activity, and exhibited outstanding or exemplary behavior.
6. Rule breaking behavior may result in restriction to the room or unit resulting in a loss of opportunity to gain points during the time period of the restriction.
7. Each student will have opportunities to gain *Bonus* points also recorded on the Point Sheet, for involvement in service, extracurricular activities, or leadership.
8. At the close of the day, a direct care staff member collects the point sheets, places them in an envelope, and transmits the forms to the unit coordinator, who is responsible for summing the points and determining whether or not a *Positive Behavior Buck* has been earned. A cutoff score (approximately 80% of possible points), provided to the students in advance, will be used to determine if the student has earned a *Positive Behavior Buck* on a particular day. The cutoff score may be modified by the unit coordinator, depending upon the range of available targeted activities and possible points.
9. *Positive Behavior Bucks* will be distributed the next day to youths by the unit coordinator or another staff member designated by the counselor supervisor.
10. The unit coordinator will review the staff evaluation section of the point sheets to determine how well staff members are providing support for meaningful behavior change. This information can be shared with particular staff members, as needed.
11. The unit coordinator will maintain the collected point sheets in a file for future reference including reviews of weekly point totals for treatment team meetings or research purposes. The files will be maintained in alphabetical order by student name with sheets filed in descending chronological order (i.e., most recent point sheet on top).

## **B. Exchanging *Positive Behavior Bucks***

- 1. Each youth presents *Positive Behavior Bucks* earned for the week during a group meeting called the *Store* in which they purchase material rewards. One or more students called *Store Managers* may assist the designated staff member (typically the unit coordinator) in distributing the rewards during the store process. Participation in

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the store promotes leadership, self-management, sharing, conflict-resolution, and other positive behaviors.

2. Material rewards for the store include a variety of snack and recreational items selected by unit coordinators and store managers and approved by the administrator or designee for distribution to students residing in a particular unit. Each student will have the opportunity to identify some desired rewards.
3. Store items will be purchased and maintained by a designated staff member, who obtains administrative approval, fills the requisitions of unit coordinators and inventories the stock of items on a weekly basis. Records will be maintained to ensure stock control.
4. Items requested by students and requisitioned by the unit coordinators will be provided on a particular schedule to the coordinators and store managers, who will conduct the store on their unit.
5. Each youth who is not restricted to the room or housing unit has the opportunity to earn up to *7 Positive Behavior Bucks* per week, which may be exchanged for items according to a campus-wide price list. Store managers and unit coordinators can meet to recommend changes in prices or items to the staff member designated to maintain the store.
6. Each youth may save one or more bucks in order to purchase special items. Youths may contribute *Positive Behavior Bucks* to purchase a unit-wide item.
7. The facility administrator or designee may require payment of bucks for discipline or restitution. Such fines are not a component of the Behavior Incentive System, which is based exclusively on rewarding positive behavior.
8. *Positive Behavior Bucks* cannot be traded or transferred by students. Falsified or intentionally altered point sheets or bucks will be confiscated and cancelled. Intentionally altering forms for material gain will be viewed as rule breaking and may be subject to disciplinary review.
9. Depending upon the needs of the institution to maintain safety and security, storage of items may be restricted to designated areas maintained by security staff. Checklists or inventories will be maintained to ensure that all items purchased by students are properly maintained and accessed on a regular schedule. Restrictions to storage or possession may include the option of allowing no items in the youth's room. Students will receive at least one week notice of any changes in storage or possession.
10. In order to support the progression through stages of privileges, particular menus of items shall be restricted to the least restrictive stages. These students will also be eligible to participate in unit and campus-wide privileges and group activities not extended to students assigned to more restrictive stages.

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### C. Monitoring Daily Point Sheets and Awarding Privileges

Youth who consistently participate in scheduled activities and evidence progress toward behavior change goals will be awarded more privileges including opportunities to maintain additional items in their possession, exercise choice and self-direction of behavior in less restrictive environments, and engage in individual and group recreation. Privileges may be lost when youths exhibit patterns of negative behavior including fighting, assaulting staff members, destroying state property, attempting to elope, or engaging in minor disciplinary incidents. Changes in stage of privilege will be determined by the youth's treatment team during regularly scheduled meetings. When a change in Stage results in a recommendation for transfer to another housing unit, the Classification Committee will review and process the request in accordance with the Classification System Policy (XIII.2). Along the continuum of care, there are seven stages of privilege, including two stages associated with Room Confinement (Stage F) and Unit Restriction (Stage D).

#### 1. Orientation/Stage O.

The initial Stage will be maintained while the student completes orientation and placement processes in the Intake Management Unit (IMU) or the Assessment Management Unit (AMU). Typically, Stage O is maintained for the first 48-72 hours after admission. Stage O students receive the minimum privileges that are guaranteed by statute, including one hour of recreation per day. While in the orientation process the student is expected to complete all assignments, follow the daily schedule and housing unit rules, and read and discuss with a staff member the Student Handbook. The student is restricted to the unit and does not participate in the Behavioral Incentive System. Rights, responsibilities, privileges, and daily activities of Stage O are presented in the following policies: Admission, Intake and Orientation Policy XIII.1; Intake Management Unit Policy XIII.6; Assessment Management Unit Policy XIII.16).

#### 2. Off-Unit Privileges/ Stage C.

Typically, Stage C follows completion of orientation. Also, students who successfully complete the specialized treatment program of the Behavior Modification Unit will be moved to a transition management program where they will receive Stage C privileges. Youths who transfer from the Assessment Management Unit to a regular housing unit will receive Stage C privileges, as well.

Stage C is maintained for at least 14 days during which time the student will participate in the initial service plan/treatment team meeting. When the student has completed 14 consecutive days without a major incident report and no more than three minor incident reports, the student requests advancement to Stage B during a treatment or management plan meeting. The student will use the Application for Stage Change form (Attachment XIII.10.D) to make the request to the treatment team. The Treatment Team completes the Reclassification Checklist in response to the student's request for movement to a less restrictive environment. Advancement is based on review of participation and progress; review of incident reports, point sheets, and disciplinary hearing forms; and recommendation of the youth's counselor and majority vote of the treatment team members in attendance.

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- a. The youth is allowed to leave the unit to attend school, eat in the cafeteria, and participate in recreation.
- b. Each week, Stage C students receive one phone call of ten (10) minutes duration to approved family members.
- c. Stage C students may keep in the room one soft cover book or magazine, in addition to the religious book that may be possessed by any youth.
- d. The youth is allowed to participate in the Behavior Incentive System, purchasing and possessing store items with the exception of hygiene items, puzzles, other recreational items, and blankets
- e. Stage C students may possess 2 family pictures and 2 personal letters.
- f. Stage C students transferred from BMU may continue the individual behavior modification plans as needed in the special transition unit.
- g. Any youth who is temporarily placed in room confinement (Stage F) or unit restriction (Stage D) will return to Stage C following isolation.
- h. Stage C students may not perform off unit details
- i. A student may be discharged on Stage C.

### 3. Active Participation Privileges/Stage B.

This Stage of privileges is assigned by the treatment or management team after the student presents evidence of active participation in treatment and education programs. Data regarding participation and progress are presented and discussed in the treatment team meeting in which the student applies for promotion to Stage B.

Stage B is maintained for a minimum of 21 days, but additional days may be added by the treatment team. When the student has completed 21 consecutive days without a major incident report and no more than three minor incident reports, the student requests advancement to Stage A during a treatment plan meeting. The student will use the Application for Stage Change form (Attachment XIII.10.D) to make the request to the treatment team. The Treatment Team completes the Reclassification Checklist in response to the student's request for movement to a less restrictive environment. Advancement is based on review of participation and progress; review of incident reports, point sheets, and disciplinary hearing forms; and recommendation of the youth counselor and majority vote of the treatment team members in attendance. The treatment team will give the student specific directives and assignments to complete if the request for stage promotion is denied. Promotion to off-campus privileges (Stage A) will include the requirement that the student work on a letter in which the student expresses remorse for the community offense that led to commitment.

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- a. The youth is allowed to leave the unit to attend school, eat in the cafeteria, and participate in recreation.
- b. Each week, Stage B students receive one phone call of fifteen (15) minutes duration to approved family members.
- c. Stage B students may keep in the room 3 soft cover books or magazines, in addition to the religious book that may be possessed by any youth.
- d. The youth is allowed to participate in the Behavior Incentive System, purchasing and possessing store items. The youth may use Positive Behavior Bucks to purchase special recreation, leisure and social activities associated with opportunities on the particular housing unit.
- e. Stage B students may have 3 family pictures, with some posted in an approved location on the wall, as well as 3 personal letters.
- f. Stage B students may purchase additional approved personal hygiene products.
- g. Stage B students may perform off unit details.
- h. On a case-by-case basis, the treatment team may recommend to the facility administrator length of stay review, as well as decreasing the current commitment from the midpoint toward the minimum length of stay. A student may be discharged on Stage B.

#### 4. Full Privileges/Stage A.

This Stage of privileges recognizes ongoing participation in treatment and progress in behavior change. Promotion to Stage A occurs after at least 21 days of positive behavior on Stage B when the student presents evidence of participation/progress and a letter in which the student expresses remorse for the community offense that led to commitment.

Typically, Stage A is maintained for the remainder of the youth's stay unless he is promoted to the Honor's Program (Policy XIII.13) or the treatment or management team recommends dropping the Stage of the student. The treatment team will help the student decide if he or she is ready for Stage A privileges. Eligibility for Stage A includes no major incident reports and three or less minor incident reports in the three weeks prior to application. The student will use the Application for Stage Change form (Attachment XIII.10.D) to make the request to the treatment team. The Treatment Team completes the Reclassification Checklist in response to the student's request for movement to this least restrictive environment.

- a. The youth is allowed to leave the unit to attend school, eat in the cafeteria, and participate in recreation.
- b. Each week, Stage A students receive one phone call of fifteen (15) minutes duration to approved family members.

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- c. Stage A students may keep in the room 3 soft cover books or magazines, in addition to the religious book that may be possessed by any youth.
- d. The youth is allowed to participate in the Behavior Incentive System, purchasing and possessing store items. Stage A students may earn bonus bucks for special projects and details. They are eligible to serve as Store Manager, Peer Group Leader, or another leadership role.
- e. Stage A students may have 4 family pictures, with some posted in an approved location on the wall, as well as 4 personal letters. They may decorate their rooms by attaching photos or artwork to the walls and possessing stuffed animals or other safe objects.
- f. Stage A students may purchase additional approved personal hygiene products.
- g. Stage A students may participate in unit-based movie nights and social activities planned by the students and approved by the unit coordinator. They may also participate in special off-unit recreational, leisure, and social activities planned for Stage A students throughout the institution.
- h. On a case-by-case basis, the treatment team may recommend to the facility administrator length of stay review, as well as decreasing the current commitment from the midpoint toward the minimum length of stay. A student may be discharged on Stage A.

#### 5. Honors Program/Stage H.

The seventh Stage of privileges is reserved for students who are actively participating in treatment, completing assigned groups, making progress toward behavior change goals, and providing evidence of leadership in the unit. After completing at least five weeks at the institution, students complete an application for the Honors Program, which highlights leadership activities, educational and personal growth accomplishments, and community service interests (Honors Program, Policy XIII.13). Due to the aforementioned progression in Stages, most students will complete a minimum of 35 days (five weeks) with adequate participation and measurable progress. Students actively participate in character education in the Honors Program, which will be housed in a special residence unit in which there is the least restrictive environment required to maintain safety, security, and order. Eligibility for Honors Stage includes no major incident reports and no more than one minor incident report in the past 21 days prior to application.

- a. The youth is allowed to leave the unit to attend school, eat in the cafeteria, and participate in recreation.
- b. Stage H students receive two phone calls of ten (10) minutes duration to approved family members.

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- c. Stage H students may keep in the room 4 books or magazines in addition to the religious book that may be possessed by any youth.
- d. The youth is allowed to receive material rewards from the store without the requirement of completing daily point sheets. Each day the student participates in the Honors Program the student will receive a stipend of one Positive Behavior Buck. Students may earn more bucks by participating in special details and service projects.
- e. Stage H students may have 4 family pictures, with some posted in an approved location on the wall, as well as unlimited personal letters. They may decorate their rooms by attaching photos or artwork to the walls and possessing blankets, stuffed animals, or other safe objects.
- f. Stage H students may participate in unit-based movie nights and social activities planned by the students and approved by the unit coordinator. They may have special entertainment such as parties and approved dining opportunities
- g. Stage H students may participate in off-campus recreational, educational, cultural, and community-service activities.
- h. Stage H students may have access to electronic games (e.g., X-Box) and computers not provided to other students and in addition to scheduled school and recreational uses of technology.
- i. Stage H students may wear athletic footwear or other street clothes, as approved by the facility administrator
- j. On a case-by-case basis, the treatment team may recommend to the facility administrator length of stay review, as well as decreasing the current commitment from the midpoint toward the minimum length of stay. A student may be discharged on Stage H.

**D. Exclusion from the Campus-Wide Behavior Incentive System**

Privileges may be lost when youths exhibit patterns of negative behavior including fighting, assaulting staff members, destroying state property, attempting to elope, or engaging in minor disciplinary incidents. Changes in stage of privilege will be determined by the youth’s treatment team during regularly scheduled meetings. When a change in Stage results in a recommendation for transfer to another housing unit, the Classification Committee will review and process the request in accordance with the Classification System Policy (XIII.2). Along the continuum of care, there are two stages associated with Room Confinement (Stage F) and Unit Restriction (Stage D) in which youths do not participate in the campus-wide behavior incentive system.

- 1. Room Confinement/Stage F.

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Stage F will be used to manage youth during the specific period of time they are engaging in seriously out-of-control behavior. Initially, Stage F is used up to 24 hours for behavior management isolation (see Policy VII.10), which may be implemented on any housing unit. After the student has gained self-control of the problem behavior, he may be returned to his original Stage unless a pattern of behavior justifies restriction to the unit through treatment or management team recommendation. Students subject to disciplinary confinement following a hearing (Due Process Isolation, Policy VII.11) will be maintained on Stage F up to 72 hours in designated rooms on an identified housing unit. In all cases, Stage F will be maintained for the shortest possible period. On Stage F, the following structure will apply:

- a. During Behavior Management Isolation (BMI) the youth will be placed in their individual room during the time they are out of control and refusing to follow directions and instruction. During Due Process Isolation (DPI), the youth is placed behind the door in their room for a period of time determined by the Due Process Hearing Officer.
- b. Placement on Stage F will be a short term measure and is not a Stage to which a hearing officer or designee shall assign a youth for an extended period of time (beyond 72 hours).
- c. Behavior Management Isolation and the consequent placement on Stage F may be made by any staff person in the unit. Confinement for more than 15 minutes requires that a staff member complete and submit an incident report. However, continued placement on Stage F for more than 30 minutes must be approved by the shift supervisor. Isolation for more than two hours must be approved by the duty administrator, or by the facility administrator. Behavior management isolation shall not exceed 24 hours, including one hour of muscle movement activity in the day area. Longer term disciplinary confinement may only be ordered by the Due Process Hearing Officer (Policy VII.11).
- d. When on Stage F, staff will conduct random interval checks in accordance with relevant policies (VII. 10 and VII.11) to assure the youth is physically safe. The staff will talk to the youth at the time of the check, providing counseling and working to help the youth regain control and resume normal functioning.
- e. Following behavior management isolation, a youth will be released from his room and placed back on his original Stage once he has calmed down, follows directions, and completes assignments that may have been provided.
- f. Meals will be provided in the youth's room while on Stage F.
- g. Educational and recreational programs will be provided to the youth in his room during the time a youth is on Stage F.

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h. While the student is placed on Stage F, the youth will not participate in the behavior incentive system.

3. Unit Restriction/Stage D.

The second Stage of isolation is recommended by the treatment or management team based on the youth's need for environmental structure. Treatment or management team recommendations as described in an application for admission may be used to move a student to the Assessment Management Unit (AMU) for careful observation, and additional assessment. The JCW supervisor may move a student to the AMU without treatment/management team recommendations in emergency situations involving suicide prevention or protection from harm. A youth may be placed on Stage D in a specified housing unit for a period of time no longer than 72 hours if the treatment team establishes a need for careful, highly structured observation. Some of these youths may be placed on constant supervision or close observation through recommendation of the treatment team. Placement on Stage D requires a Treatment Team Meeting Form completed by the unit coordinator and reflecting input from the treatment or management team (Attachment XIII.4.A) as well as an application to the particular Special Management Unit (e.g., Assessment Management Unit or Behavior Modification Unit). The Treatment Team Meeting Form and the relevant application shall be submitted by the youth's counselor to the Classification Committee, which will review the request for Stage change and placement and make recommendations to the facility administrator or designee who must approve all changes in Stage and placement. On Stage D, the following structure will apply:

a. The youth will remain restricted to the housing unit. Students who are referred to special management units, Assessment Management Unit (see Policy XIII.16) or Behavior Modification Unit (Policy XIII.7), will have one hour of fresh air recreation per day unless weather conditions require indoor recreation.

b. Placement on Stage D will be a short term measure and is not a Stage to which a treatment team or hearing officer shall assign a youth for an extended period of time (beyond 72 hours). Youths admitted to the Assessment Management Unit (AMU) may remain on Stage D beyond 72 hours depending upon their mental status, need for structure, and treatment team recommendation. However, Treatment Team Meeting Forms and additional documentation as needed will be processed every 72 hours if ongoing placement is indicated. Youths residing in the Behavior Modification Unit (BMU) may continue their specialized program for as long as three weeks.

c. The youth will not attend classes in the school. A teacher will travel to the unit and provide educational instruction to the youth in the dayroom. The educational program will be organized by the teacher as directed by the school principal to include at least 330 minutes of instruction per day in English, science, math, and social studies. The instruction will be based

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upon curriculum materials used by the teachers. Instruction will be tailored to the student's needs according to their education plans and class assignments.

d. Meals will be provided on the unit while on Stage D.

e. Recreational programs will be provided to the youth on the unit during the time a youth is on Stage D. Students residing in the special management units (AMU and BMU) will have one hour of fresh air recreation per day unless weather conditions require indoor recreation

f. Stage D students will be out of their individual rooms during normal waking hours (6:00 AM to 9:00 PM). They will be under line of sight supervision during this time.

g. Stage D students will see their visitors during regular visiting hours in a separate area than where regular visiting is taking place. This may be in the dining room, a classroom, or other area where other youths are not present.

h. While the student is placed on Stage D, the youth will not participate in the campus-wide behavior incentive system. The BMU uses individual behavior modification plans to provide incentives for successfully completing daily behavior contracts.

#### **IV. QUALITY ASSURANCE STANDARDS**

Standards associated with the Behavior Incentive System policy address how well the policy and procedures are understood by students and staff members, the maintenance and accuracy of documentation involved in the process and the results of implementation (process or formative evaluation).

##### **A. Understanding by Staff Members and Students**

1. During each month, ten contacts will be made with staff members from direct care, education, and rehabilitation in order to verify that the basic procedures of the Behavior Incentive System are being followed. The results of the contacts will be documented.
2. During each month, ten contacts will be made with students in the housing units to verify that they understand the basic requirements of the Behavior Incentive System. The results of the contacts will be documented.
3. A designated staff member from Rehabilitative and Mental Health Care Services will meet at least quarterly with unit coordinators, selected store managers, and selected staff members to determine the perceptions of the Behavior Incentive System and to encourage ongoing quality improvement.

##### **B. Maintenance of Accurate Records**

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1. Quarterly, a designated staff member will examine at least ten files of youths containing at least one week of Weekday and Weekend/Holiday Point Sheets to determine that the forms have been maintained for review purposes.

2. Monthly, a designated staff member will contact at least three unit coordinators to review the previous week's point sheets and to determine that bucks have been awarded according to the designated cutoff values.

C. Formative and Summative Evaluation Process

1. Evaluation of the Behavior Incentive System will be based on examination of daily, weekly, and monthly changes in point sheet scores.

2. Efficacy of the Behavior Incentive System within the context of overall structured programming and institutional changes will be estimated by reviews of incident reports, staff evaluations and grievances.

3. Psychometric instruments may be administered pre/post intervention or during the entire course of the Behavior Incentive System intervention in order to determine outcomes and paths of rehabilitation in particular units or throughout the facility.

**V. TRAINING**

All staff members who are responsible for working with students in their housing units, school classrooms, recreational facilities, and other settings shall receive training in the behavioral incentive system. In-service training requirements shall be determined annually through the training needs assessment process. (See Policy IV.1: Training Management.)

OAKLEY TRAINING SCHOOL

WEEKDAY POINT SHEET

Student Name: \_\_\_\_\_ POD/COTTAGE: \_\_\_\_\_ Date: \_\_\_\_\_

Level: \_\_\_\_\_

My goal for today is \_\_\_\_\_

Targeted Activity	PARTICIPATION LEVEL			ATTENDANCE COMPLIANCE		Points
	Outstanding	Full	Partial	Attendance Compliance	Nonattendance Noncompliance	
Morning routine	20	15	10	5	0	
Breakfast	20	15	10	5	0	
Lunch	20	15	10	5	0	
Dinner	20	15	10	5	0	
Evening Shower	20	15	10	5	0	
Bedtime Routine	20	15	10	5	0	
Bonus: Service	20	15	10	5	0	
<b>EDUCATION</b>						
Period One	20	15	10	5	0	
Period Two	20	15	10	5	0	
Period Three	20	15	10	5	0	
Period Four	20	15	10	5	0	
Period Five	20	15	10	5	0	
Period Six	20	15	10	5	0	
Period Seven	20	15	10	5	0	
Bonus: Extracurricular	20	15	10	5	0	
<b>PERSONAL GROWTH</b>						
Goals Group	20	15	10	5	0	
Group One	20	15	10	5	0	
Group Two	20	15	10	5	0	
Individual Therapy	20	15	10	5	0	
Medication, Health or Fitness	20	15	10	5	0	
Recreation	20	15	10	5	0	
Wrap Up Group	20	15	10	5	0	
Bonus: Leadership	20	15	10	5	0	
<b>TOTAL POINTS</b>						

Instructions: Staff will record points and initial the entry in red ink. Second shift staff will collect the point sheets and give them to the unit coordinator. Counselor will compute daily point totals and assign *Positive Behavior Bucks* based on the daily targets for each student. Students must earn at least 240 points to receive one *Positive Behavior Buck*.

Notes & Observations \_\_\_\_\_

Today, I made the following progress toward my goal by \_\_\_\_\_

**WEEKDAY POINT SHEET**

Student Name:

POD/COTTAGE:

Date:

Level:

STAFF EVALUATION						
	Outstanding	Excellent	Good	Fair	Not Helpful	Points
JCWs Shift 1	20	15	10	5	0	
JCWs Shift 2	20	15	10	5	0	
JCWs Shift 3	20	15	10	5	0	
Education	20	15	10	5	0	
Counseling	20	15	10	5	0	
Therapy	20	15	10	5	0	
Recreation	20	15	10	5	0	
Nursing	20	15	10	5	0	
Medical	20	15	10	5	0	
Administration	20	15	10	5	0	
<b>TOTAL POINTS</b>						

**How I would like staff members to change in order to help me.**

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**How we can work together to improve our unit.**

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## OAKLEY TRAINING SCHOOL

## WEEKEND/SATURDAY/SUNDAY/HOLIDAY POINT SHEET

Student Name: \_\_\_\_\_ POD/COTTAGE: \_\_\_\_\_ Date: \_\_\_\_\_

Level: \_\_\_\_\_

My goal for today is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Targeted Activity	PARTICIPATION LEVEL			ATTENDANCE COMPLIANCE		Points
	Outstanding	Full	Partial	Attendance Compliance	Nonattendance Noncompliance	
<b>Community Living</b>						
Morning routine	20	15	10	5	0	
Breakfast	20	15	10	5	0	
Lunch	20	15	10	5	0	
Dinner	20	15	10	5	0	
Evening Shower	20	15	10	5	0	
Bedtime Routine	20	15	10	5	0	
<i>Bonus:</i> Service	20	15	10	5	0	
<b>PERSONAL GROWTH</b>						
Goals Group	20	15	10	5	0	
Group One	20	15	10	5	0	
Homework	20	15	10	5	0	
Creative Activity	20	15	10	5	0	
Medication, Health or Fitness	20	15	10	5	0	
Recreation	20	15	10	5	0	
Wrap Up Group	20	15	10	5	0	
<i>Bonus:</i> Leadership	20	15	10	5	0	
<b>TOTAL POINTS</b>						

Instructions: Staff will record points and initial the entry in red ink. Second shift staff will collect the point sheets and give them to the unit coordinator. Counselor will compute daily point totals and assign *Positive Behavior Bucks* based on the daily targets for each student. **Students must earn at least 160 points to receive one *Positive Behavior Buck*.**

Notes & Observations  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_Today, I made the following progress toward my goal by  
\_\_\_\_\_  
\_\_\_\_\_

**SATURDAY/SUNDAY/HOLIDAY POINT SHEET**

Student Name:

POD/COTTAGE:

Date:

Level:

STAFF EVALUATION						
Support Services	Outstanding	Excellent	Good	Fair	Not Helpful	Points
JCWs Shift 1	20	15	10	5	0	
JCWs Shift 2	20	15	10	5	0	
JCWs Shift 3	20	15	10	5	0	
Education	20	15	10	5	0	
Counseling	20	15	10	5	0	
Therapy	20	15	10	5	0	
Recreation	20	15	10	5	0	
Nursing	20	15	10	5	0	
Medical	20	15	10	5	0	
Administration	20	15	10	5	0	
<b>TOTAL POINTS</b>						

**How I would like staff members to change in order to help me.**

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**How we can work together to improve our unit.**

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 Positive Behavior Buck

OTS Behavior Incentive Program



*This certificate entitles*

*to a buck.*

Recognition from your staff for your positive behavior

May be exchanged at the store or used for special event

We are pleased to recognize your good behavior and contribution to our unit.

Official Signature:

Not redeemable for cash. Not to be traded to another student.

 Positive Behavior Buck

OTS Behavior Incentive Program



*This certificate entitles*

*to a buck.*

Recognition from your staff for your positive behavior

May be exchanged at the store or used for special event

We are pleased to recognize your good behavior and contribution to our unit.

Official Signature:

Not redeemable for cash. Not to be traded to another student.

## Application for Stage Change (XIII.10.D)

Your Name \_\_\_\_\_

Your Counselor's Name \_\_\_\_\_

Your QMHP's Name (if you have one) \_\_\_\_\_

Your Doctor's Name (if you have one) \_\_\_\_\_

What is your current stage? \_\_\_\_\_

Stage changes are based on your ability to identify and maintain your personal values and goals, identify and handle your emotions, and work on obtaining educational and vocational skills.

When your stage changes, you can make some decisions, have greater freedom, and earn opportunities to participate in activities scheduled on the unit, in the institution, or off campus in the community.

If you do not continue to participate in your treatment and educational program and to make progress in reaching your goals, you will not be considered for a stage change. Your treatment team will tell you what you must do in order to apply for a stage change.

Please answer the following questions before you request a stage change from your treatment team.

How many Positive Behavior Bucks have you earned in the last 14 days? \_\_\_\_\_ ...in the last 21 days? \_\_\_\_\_

How many times have you had a Due Process Hearing in the last 14 days? \_\_\_\_\_ ...in the last 21 days? \_\_\_\_\_

How many minor incidents were on your point sheets in the last 14 days? \_\_\_\_\_ ...in the last 21 days? \_\_\_\_\_

What are some goals from your Service Plan and Daily Point Sheets?  
Did you achieve them? If not, why not?

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Have you participated in counseling and therapy groups to which you have been assigned? What worksheets have you completed?

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Have you been making progress in your rehabilitation and education?  
How do people know that you are changing your behavior?

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Student Signature

Approved/Disapproved (circle one):

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Counselor Signature

If your request for stage change is not approved, we want you to do these things before you re-apply for the change.

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**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES  
DIVISION OF YOUTH SERVICES  
JUVENILE INSTITUTIONS**

Subject: <b>Counseling, Programs &amp; Progress Notes</b>		Policy Number: <b>11</b>
Number of Pages: <b>6</b>		Section: <b>XIII</b>
Attachments		Related Standards & References
<b>A. Clinical Supervision Form</b> <b>B. Progress Notes Form</b> <b>C. Group Progress Notes Form</b> <b>D. Programming Alternatives</b> <b>E. Counseling Request Form</b>		
Effective Date:  <b>May 20, 2007</b> Revised: October 06, 2008		Approved:   _____ <b>Kathy Pittman, Director</b>

**I. POLICY:**

It is the policy of the Mississippi Department of Human Services, Division of Youth Services (DYS), that clinical treatment services for youth with identified mental health, substance abuse, anger control and sex offender problems will be provided by Qualified Mental Health Providers (QMHP's). Other psycho-educational and psycho-social services shall be provided by staff that have been trained and certified in the application of these services. Not all therapeutic interventions require the advanced education and licensure required by a QMHP. All interventions shall be evidence-based and, to the extent possible, shall utilize developed materials – handouts and facilitator guides. Staff shall be trained in the use of these counseling and psycho-educational techniques and programs.

**II. DEFINITIONS**

As used in this policy and procedure, the following definitions apply:

- A. **Qualified Mental Health Professional** – Mental health care provider licensed or under supervision towards licensure and sufficiently trained to provide the services he or she undertakes to provide.
- B. **Risk Factor** – An area of risk and/or need that has been proven to have a high correlation to further criminal activity.
- C. **Protective Factor** – A Positive characteristic of the individual or an environmental factor used as the foundation for increasing pro-social behavior.
- D. **Service Plan** – A detailed written plan addressing the goals, objectives, timelines, and staff assignments, which are measured to establish a rehabilitative program, which addresses areas of high risk/need, and promotes pro-social behavior. Furthermore, it is a holistic and comprehensive document that addresses the recreational, educational, vocational, medical, mental health, substance abuse, sex offender/victim and transitional period needs, as well as the family history of youth.

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- E. **Treatment Plan** – A detailed written plan addressing identified clinical needs prepared by a QMHP which details specific measurable objectives, evidenced based treatment interventions, behavioral management plans, persons responsible for delivering services and reasonable time frames for accomplishing these tasks. Treatment Plans are incorporated into the individual’s Service Plan.
- F. **Serious Mental Illness** – Any mental illness which severely impacts a youth’s ability to establish and maintain normal interpersonal relationships or function in an age appropriate manner to include diagnoses with psychotic features, schizophrenia, severe post-traumatic stress disorder or schizoaffective disorder.
- G. **Psycho-Educational Counseling and Programming** – A series of individual or group sessions that utilize structured materials to help youth resolve an area of high risk/need related to family issues, use of free time, social skill deficits or attitudes/value problems.
- H. **Individual Therapy** – A philosophical and theoretical approach to counseling that is designed to achieve specific goals or outcomes.
- I. **Group Therapy** – A philosophical and theoretical approach to counseling provided in a group setting, which uses member interactions to facilitate change.
- J. **Progress Notes** – A structured format for documenting what has taken place in a counseling session or a treatment group.

### III. PROCEDURE

Youth committed to a DYS training school shall be formally screened to determine areas of high risk/need, and subsequently assessed based on such risk/need. Based on the results of objective assessments, a Service Plan shall be developed, which is intended to reduce or resolve those areas of high risk/need and enhance the likelihood a youth will be able to function in the community. Treatment Plans will be developed for all youth with a serious mental illness or who have clinical impairments related to substance abuse, anger control, or sexual offending. The following individual therapy, group therapy and psycho-educational treatment approaches shall be used to resolve or reduce those identified areas of risk/need.

- A. **Treatment Philosophy** – We shall work with youth to identify and resolve treatment and programming needs. This shall be done using structured and approved assessment and treatment methods and materials. Programming staff are not authorized to use instruments, materials and/or treatment approaches that have not been approved by the Director of the Division of Youth Services and the Division’s Director of Clinical Services. The Division’s approach to treatment consists of the following:
  - 1. **Objective Assessments** - Clinical evaluations of individual youth using standardized risk/needs assessment instruments and other formal assessment procedures that yield valid scores and results.

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2. **Interventions** - All interventions and approaches shall be based on what will help the youth be successful in returning to the community as a law abiding citizen.
3. **Evidence-Based Programming** – Programs utilized by the Division shall be validated as effective or shall be based on techniques or interventions that have been proven to be effective with delinquent youth.
4. **Accountability** - The youth needs to be consistently held accountable for his/her behavior while learning the skills necessary for developing a pro-social lifestyle.
5. **Evaluation** - Ongoing objective evaluation of approaches and practices is shall be used to determine what is working effectively

B. **Service Providers/Clinical Supervision** – To assure high quality treatment programs and interventions, all clinical services shall be provided by Qualified Mental Health Professionals. Individual and group therapy shall be provided regularly to youth with mental health, substance abuse, anger control, and sex offender problems, which shall be properly supervised through the clinical chain of command. All psycho-educational and psycho-social services shall be conducted regularly as tools for lowering the risk/need level of involved youth, which shall be supervised through their normal chain of command. However, they shall be regularly reviewed and monitored by a Qualified Mental Health Provider for content and delivery.

1. **Assigned Clinical Supervisors** – Each staff member providing treatment services to youth shall be assigned a clinical supervisor. This listing of clinical supervisors shall be maintained by the Division’s Director of Clinical Services.
2. **Feedback Sessions** – Clinical supervisors shall meet regularly with the people they are assigned to supervise. This shall not be less than monthly, and may be as often as weekly.
3. **Feedback Forms** – The Director of Clinical Services shall develop forms for clinical feedback. These forms shall be completed quarterly to provide staff with feedback on their clinical skills.

C. **Therapeutic and Programming Services vs. Management Interactions** – While every interaction with a youth can have a therapeutic affect, only interactions that are focused on the development, completion or review of treatment goals are considered therapeutic or programming services.

1. **Therapeutic Services** – The following are examples of services with a youth that are considered therapeutic: regularly scheduled group and individual therapy sessions that are delineated in the Service Plan and related Treatment Plans as interventions focused on addressing an area of mental health, substance abuse, anger control or sex offender treatment.

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2. **Programming Services** – Psycho-educational or psycho-social group sessions focused on the elimination of high risk/needs associated with criminogenic factors as delineated in the Service Plan.
  3. **Management Interactions** – The following are examples of interactions with youth that are not considered therapeutic services: classification meetings, development of reports to the court, disciplinary hearings, treatment team meetings, dormitory or unit meetings, planning of activities, and discussions about events occurring in the facility.
- D. **Therapeutic Service Selection** – The Treatment Team in consultation with a Qualified Mental Health Professional shall assess and determine the most appropriate therapeutic services for a youth, which shall be documented using the Service Plan or Treatment Plan formats.
1. **Individual Therapy** – Qualified Mental Health staff shall use specific treatment interventions and/or structured approaches to individual therapy to assist youth in the completion of treatment goals related to mental health, substance abuse, anger control, and sex offender problems.
  2. **Group Therapy** - Qualified Mental Health staff shall use specific treatment interventions and/or structured approaches to group therapy to assist youth in the completion of treatment goals related to mental health, substance abuse, anger control, and sex offender problems.
  3. **Crisis Counseling** – Youth who are in emotional crisis due to a traumatic event or stressful situation shall be provided counseling by a Qualified Mental Health Professional to help them cope with the event that has occurred.
  4. **Short-term Counseling** – Short-term counseling shall be provided by a Qualified Mental Health Professional to help a youth to achieve a defined treatment goal or to help the youth address an issue with which the youth is struggling.
- E. **Programming Service Selection** - The Treatment Team shall assess and determine the most appropriate psycho-educational or psycho-social services for a youth, which shall be documented in the youth’s Service Plan.
1. **Psycho-Educational Services** – Certified staff use standardized psycho-educational curricula in an individual or group setting to address high risk/needs related to criminogenic factors.
  2. **Psycho-Social Services** – Certified staff provide training in psycho-social skill development individually or in groups to remediate specific social skill deficits.
- F. **Request for Counseling** – A youth desiring to see their assigned counselor or a QMHP may fill out a counseling request form, place it in a sealed envelop, and place it in one of the facility mail boxes.

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1. **Request Forms** – Blank forms shall be maintained next to the mail boxes as are grievance forms and medical request forms.
  2. **Request Log** – Completed request forms shall be forwarded to the facility’s coordinator of clinical services. This person shall log the requests and forward the form to the appropriate counselor for action. Once the counselor has seen the youth, the counselor shall completed the form indicating the action that ahs been taken and return the form to the counseling coordinator.
- G. **Progress Notes** – Following a therapeutic service session or a programming service session, the staff person who has conducted the session shall document the results of that session using either the Progress Notes Form (Attachment B) or the Progress Note for Group (Attachment C). The Progress Notes Form consists of the following SOAP model:
1. **Subjective** – The treatment professional shall document key activities and important statements made by the youth during the counseling session.
  2. **Objective** – The treatment professional shall provide his or her clinical observations – non-verbal indications of mood, emotional state, and/or issues with which the youth is struggling.
  3. **Assessment** – The treatment professional shall make a clinical judgment as to the emotional state of the youth, the issues that are critical, and the progress being made in counseling.
  4. **Plan** – A brief statement of what changes, if any, need to be made in future sessions and/or the planned treatment plan.
- H. **Training** – All treatment staff who provide therapeutic or programming services shall, in addition to their formal academic training, receive training in the services they shall be expected to implement.
1. **Pre-service Training** – Contractual and full-time staff hired to provide counseling services to youth at the two training schools, shall receive training which orientates them to the rules of the Division of Youth Services, the behavior management program used to manage youth, and the specific counseling and treatment programs provided to youth.
  2. **In-service Training** – The Training Coordinator for the Division of Youth Services shall conduct an annual training needs assessment and develop a strategic training plan for the upcoming year. This assessment and plan shall address the specific needs of counseling staff. (For further information about training, see Policy VI.7 – Training Management.)
- I. **Certification** – Staff must be appropriately trained and certified/licensed to provide select services to youth.

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1. QMHPs shall only provide services and practice within the scope of their respective license.
  2. Programming Staff shall pass a certification process following training indicating a minimum proficiency in the specific psycho-educational or psycho-social process prior to providing services.
- J. **Documentation** - Staff shall fully document behavior, service plans, treatment plans, and services related to therapeutic and programming sessions. The following documentation shall take place:
1. **Program Manuals** – The Program Directors at the two facilities shall maintain program manuals for the structured programs that are utilized at the two training schools. A manual for a specific program shall contain a complete set of participant handouts and a facilitator’s guide for conducting the program.
  2. **Program Statistics** – Each treatment provider shall maintain the statistics needed by the facility and by DYS (as dictated by the performance review process) to track attendance and manage the programs being offered at the facilities. These statistics shall be maintained in the Quality Assurance files for the facility.
  3. **Progress Notes** – Progress notes related to programming services shall be maintained in a youth’s master file. Progress notes related to clinical services shall be filed in both the master and medical files. These progress notes shall provide the dates of therapeutic or programming service sessions, the length of each session.

# PROGRESS NOTE

Youth: \_\_\_\_\_ Date of Session: \_\_\_\_\_

Location of Session: \_\_\_\_\_ Treatment Provider: \_\_\_\_\_

Start Time of Session: \_\_\_\_\_ Finish Time of Session: \_\_\_\_\_

Purpose/Issue/Treatment Goal: \_\_\_\_\_

Notes about the session that was conducted:

Subjective: \_\_\_\_\_

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Objective: \_\_\_\_\_

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Assessment: \_\_\_\_\_

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Plan: \_\_\_\_\_

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Signatures:

\_\_\_\_\_  
*Treatment Provider*

\_\_\_\_\_  
*Clinical Supervisor*

### Progress Note for Group

Youth's Name: \_\_\_\_\_

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

Group Leader: \_\_\_\_\_  
(Print Name)

Length of Group: \_\_\_\_\_ Minutes

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#### Group Summary:

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

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#### Youth's Participation:

	Low	2	3	4	5	6	7	8	High
Attention:	<input type="checkbox"/>								
Participation:	<input type="checkbox"/>								
Contribution:	<input type="checkbox"/>								
Insight:	<input type="checkbox"/>								

#### Description of Youth's performance in group:

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

Signature: \_\_\_\_\_

**Mississippi Division of Youth Services**  
PROGRAMMING ALTERNATIVES

<b>Criminogenic Need</b>	<b>Format</b>	<b>Structured Materials</b>
<b>Family/Environment</b>	Group	Change Company: My Family, Personal Relationships, Living With Others; VOICES*
	Individual	Crisis Intervention; Goal Centered Case Work
<b>Community/Peers</b>	Group	Change Company: Living With Others; Change Company: Personal Relationships; Skillstreaming the Adolescent: Beginning Social Skills
	Individual	Crisis Intervention; Goal Centered Case Work
<b>Suicidal Thinking</b>	Group	Skillstreaming the Adolescent: Skills for Dealing with Feelings, Skills for Dealing with Stress; Change Company: I'm Okay, Faulty Beliefs
	Individual	Crisis Intervention; Goal Centered Case Work
<b>Alcohol/Drugs</b>	Group	Change Company: Abuse or Addiction, Twelve Step Program, First Step, Moving On; SAMHSA: Cannabis Youth Treatment Series Volumes 1 & 2
	Individual	Crisis Intervention; Goal Centered Case Work
<b>Anger/Aggression</b>	Group	BMU; Cage Your Rage; Skillstreaming the Adolescent: Skill Alternatives to Aggression, Skills for Dealing with Feelings; Change Company: Living with Others, Anger and Other Feelings; SAMHSA: Anger Management for Substance Abuse and Mental Health Clients
	Individual	Crisis Intervention; Goal Centered Case Work
<b>Attitudes/Behavior</b>	Group	Thinking for a Change; Change Company: Anger and Other Feelings, I'm Okay, Faulty Beliefs, My Values, How We Change; Path to eXtreme Success (PX2)
	Individual	Crisis Intervention; Goal Centered Case Work
<b>Skills</b>	Group	Skillstreaming the Adolescent: Beginning Social Skills, Advanced Social Skills; VOICES*; Path to eXtreme Success (PX2)
	Individual	Crisis Intervention; Goal Centered Case Work
<b>Use of Free Time</b>	Group	Change Company: My Values; VOICES*
	Individual	Goal Centered Case Work

*Gender Specific – Girls*  
10/7/08

## REQUEST FOR COUNSELING

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

File #: \_\_\_\_\_

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

Date of Request: \_\_\_\_\_

My counselor is: \_\_\_\_\_

I would like to see my counselor for the following reason:

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

**Signed:**

\_\_\_\_\_  
*Youth's Name*

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### *Action Taken*

The youth was seen as follows:

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

Time: \_\_\_\_\_

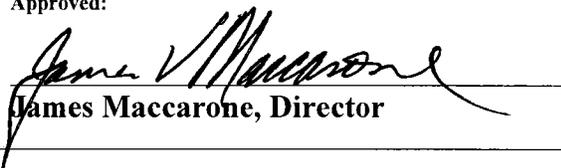
Action Taken: \_\_\_\_\_

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

**Signed:**

\_\_\_\_\_  
*Counselor's Name*

**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES  
DIVISION OF YOUTH SERVICES  
JUVENILE INSTITUTIONS**

<b>Subject:</b> <b>Suicide Prevention</b>		<b>Policy Number:</b> <b>12</b>	
<b>Number of Pages:</b> <b>15</b>		<b>Section:</b> <b>XIII</b>	
<b>Attachments</b>		<b>Related Standards &amp; References</b>	
<ul style="list-style-type: none"> <li><b>A. Safety Alert Observation Sheet</b></li> <li><b>B. Precautionary Status Protocol</b></li> <li><b>C. Safety Alert Protocol - Level 1</b></li> <li><b>D. Safety Alert Protocol - Level 2</b></li> <li><b>E. Safety Alert Protocol - Level 3</b></li> <li><b>F. Initial Suicide Risk Assessment</b></li> <li><b>G. Subsequent Suicide Risk Assessment</b></li> <li><b>H. Suicide Risk Assessment Log</b></li> <li><b>I. Daily Safety Alert List</b></li> </ul>		<ul style="list-style-type: none"> <li><b>ACA 3-JTS-4C-37</b></li> <li><b>Arizona Department of Juvenile Corrections - Policy 4250 Form 4250A</b></li> <li><b>Georgia Department of Juvenile Justice - Policy 12.21</b></li> </ul>	
<b>Effective Date:</b>  <b>July 1, 2006</b> <b>Revised: June 23, 2008</b> <b>Revised : May 2, 2012</b>		<b>Approved:</b>   <b>James Maccarone, Director</b>	

**I. POLICY**

It is the policy of the Mississippi Department of Human Services (MDHS), Division of Youth Services (DYS), that a suicide prevention program shall be implemented with a focus on providing an environment conducive to youth safety through early detection of at-risk youth and proactive intervention. The suicide prevention program shall be implemented by a multidisciplinary team and shall operate as a facility-wide effort to include, but not be limited to, administrative staff, mental health staff, medical staff, and direct care staff. All youth shall be evaluated during the intake process to assess the potential for suicide using objective assessment tools. Any youth suspected of suicide risk shall receive treatment and supervision at the appropriate level.

**II. DEFINITIONS**

As used in this policy and procedure, the following definitions apply:

- A. **Constant Supervision:** A youth shall be assigned a staff member who shall provide continuous, uninterrupted, one-on-one supervision within five physical feet while the youth is sleeping and awake. A youth under constant supervision must remain within the clear, unobstructed view of staff at all times. The staff member will not be responsible for supervising any other youth while assigned this duty.
- B. **Qualified Mental Health Professional (QMHP):** Mental health care provider licensed and sufficiently trained to provide the necessary mental health program services.
- C. **Initial Screening Protocol:** A standardized process administered by a QMHP for identifying potential risk factors for suicidal or self injurious behaviors that includes a

<b>Subject</b>	<b>Policy #</b>	<b>Page</b>
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review of all admission documents, consultation with transporting officer, and a face-to-face interview with the youth.

- D. **Suicide Risk Assessments:** Suicide risk assessments involve a standard protocol administered by a QMHP including review of records, consultation with staff members, face-to-face interview with youth, and administration of checklists and additional assessments as needed to determine risk for suicide or self injury.
- E. **Unit Log Book:** Log book located in a residential unit that contains pertinent shift information including changes or observations of youth on a Precautionary Status or Safety Alert Level.
- F. **Precautionary Status:** An observation period for a youth who demonstrates any sign of suicidal or self-injurious behavior. Any staff member may place a youth on Precautionary Status. The youth will be monitored as if on the highest level of Safety Alert.
- G. **Safety Alert Levels:** Youth who are determined by assessment of a QMHP to be at risk of suicide or self injurious behavior shall be assigned to one of three suicide prevention levels.
  - a. **Safety Alert Level 1 – Watch:** This is the least restrictive level of supervision and is required for a youth who may have expressed or verbalized suicidal feelings or made cursory verbal threats but indicated no intention of harming oneself. A youth may have a history of suicidal threats or behavior and/or non-lethal gestures of self-harm or may appear to be depressed or have thoughts of hopelessness without currently expressing suicidal ideation. A youth who has received distressing news or who has recently experienced a disturbing event may be placed on this level for monitoring or assessment to insure stabilization.
  - b. **Safety Alert Level 2 – Warning:** This level of supervision shall be provided for a youth who has a history of demonstrating suicidal gestures or attempts and is currently expressing suicidal ideation, but who, in the clinical judgment of a QMHP, is not at imminent risk for a suicide attempt. A youth may also have engaged in minor self-injurious behaviors, such as scratching his/her wrist or performing some other minor injury to his/her body. A youth experiencing severe depression may be appropriate for placement on this level.
  - c. **Safety Alert Level 3 – Alert:** This level of supervision is the most intensive and restrictive prevention level. It is required if a youth has recently made a suicide attempt, expresses an intention to commit suicide, or discloses a plan for suicide. A youth who presents severe depression, serious mental illness or another high-risk behavior may be placed on Safety Alert Level 3 based on the clinical judgment of the QMHP.

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- H. Precautionary Status Protocol or Safety Alert Protocol: The forms used to document the risk of suicidal or self-injurious behaviors for any youth placed on Precautionary Status or Safety Alert Levels 1, 2 or 3. The protocol shall describe the supervision to be provided, the restrictions which are to be placed on the youth, and the privileges that the youth may receive.
- I. Staggered Intervals: Regular checks conducted at random intervals, 5 minutes minimum and 10 minutes maximum, to ensure that observation of the youth is on an unpredictable schedule in order to promote youth safety for a youth classified on any Safety Alert Level or Precautionary Status.
- J. Daily Safety Alert List: A daily list of youth deemed to be at risk for suicidal or self-injurious behavior as determined by QMHP staff.
- K. Safety Alert Observation Sheet: The form used by staff to document staggered intervals of observation of a youth placed on any Precautionary Status or Safety Alert Level.
- L. Suicide-Resistant Room: A room designated for a suicidal youth that is free of all obvious protrusions and provides full visibility. The room contains tamper-proof light fixtures, smoke detectors and ceiling/wall air vents that are protrusion-free. The room does not contain any live electrical switches or outlets, bunks with open bottoms, any type of clothing hook, towel racks on desks and sinks, radiator vents, or any other object that provides an easy anchoring device for hanging. Each room door contains a heavy gauge Lexan (or equivalent grade) clear panel that is large enough to allow staff a full and unobstructed view of the room interior.

### III. PROCEDURE

- A. Intake Assessment and Identification: Each youth shall be assessed for suicide risk during Intake.
  - 1. Youth arriving at the facility shall be under constant, line-of-sight supervision until the Initial Screening Protocol is administered by a QMHP. *(See DYS Policy XIII.3: Youth Screening and Assessment)*
    - a. This screening shall include a review of all admission documents, a review of previous commitment records and an interview. The interviewer shall ask questions about the youth's potential for suicide and self injurious behaviors, including questions about previous suicide attempts, thoughts about suicide, and previous or current self injurious behaviors.
    - b. During the intake process, the QMHP shall review previous commitment Master Files and Medical Files to determine if the youth

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was on Safety Alert during a previous commitment to a DYS facility. Such information shall be documented on the Initial Screening Protocol.

- c. If the Initial Screening Protocol indicates no evidence of risk, the youth may be placed on routine observation.
2. A youth will not be accepted or admitted to the facility until a medical staff member completes the Initial Admissions Screening Tool. Medical staff will specifically ask the arresting and/or transporting officer if they have any information that indicates the youth is currently a medical, mental health or suicide risk. Medical staff will also complete a Nursing Intake Assessment Form on each youth admitted into the facility.
3. Male youth shall be housed in the Intake Management Unit (IMU) and females in designated units/rooms during the time they are completing Orientation. During this time, staff will closely observe youth for any signs or symptoms of suicide risk and report any behavior of concern to the Shift Supervisor who will in turn contact a QMHP. The complete Screening and Orientation processes shall be completed within three working days of Admission. *(See DYS Policies XIII.1: A,I,O and XIII.3: Youth Screening and Assessment)*
4. During Intake, a series of screening tools shall be completed and interpreted within three working days of Admission. *(See DYS Policy XIII.3 Youth Screening and Assessment)*.
  - a. The ***Initial Screening Protocol, Youth Assessment Screening Instrument, Massachusetts Youth Screening Instrument II***, and the ***How I Think Questionnaire*** shall be administered to all youth admitted to a DYS facility.
  - b. The ***Trauma Symptom Checklist for Children*** shall be administered to all youth who have a history of verbal or physical abuse.
  - c. These instruments shall be administered by a DYS staff member trained and qualified to administer the identified screening instruments. The scored results shall be examined and interpreted by a QMHP.
  - d. Additional tests may be administered based on the results of the screening tools.
  - e. At any time during this three day screening and assessment process, a youth's responses to questions regarding suicide or self injurious behavior suggest risk, a QMHP will be contacted and the youth assessed for risk of suicide or self injury.
5. If the youth responds positively to questions concerning suicide or self injury during the Initial Screening Protocol or subsequent intake assessments or has

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a history of suicidal or self injurious behavior, a youth will be placed on a Precautionary Status and moved to the Assessment Management Unit (AMU) for constant supervision. Any staff member may place a youth on Precautionary Status. The on-call QMHP shall be contacted for input and guidance. A comprehensive Suicide Risk Assessment shall be completed by a QMHP by the close of the next business day following placement on a Precautionary Status. The assessment shall include a thorough review of the admissions packet, medical chart, and master file. The QMHP shall also consult with housing unit staff regarding the youth's potential risk for suicide. Clinical judgment shall then be used to determine if the youth is at risk for suicide or self injury. When it is determined that there may be risk of suicide or self injury, the youth shall be placed on one of three levels of Safety Alert.

6. During the comprehensive suicide assessment, the QMHP will administer a psychometric instrument designed to measure risk for suicidality and a structured suicide assessment interview. Clinical judgment shall then be used to determine if the youth is at risk of suicide. When appropriate, the youth shall be placed on one of three levels of Safety Alert.
  7. The QMHP shall document in writing in the youth's file, the decision not to place the youth on a Safety Alert Level if the youth's responses to items on assessments suggest that the youth is not at risk of suicide.
- B. Observed Suicidal Behavior/Reported Thoughts: Any staff person observing a youth engaging in suicidal behavior or self-harm or reporting thoughts of suicide shall immediately notify their supervisor and the Shift Supervisor.
1. The Shift Supervisor shall see that a Precautionary Status is initiated and have the youth maintained on constant line-of-sight supervision pending an evaluation by a QMHP. The Shift Supervisor shall notify the Facility Administrator or designee that a youth has been placed on a Precautionary Status.
  2. The Shift Supervisor shall notify the on-call QMHP who shall make an immediate assessment of the situation:
    - a. If a QMHP is available on-site at the time of the notification, the QMHP shall conduct a comprehensive face-to-face Suicide Risk Assessment as soon as possible, but no later than the close of business the day following the initiation of the Precautionary Status.
    - b. If a QMHP is not available on-site and the notification is made via telephone, the QMHP will consult with the Shift Supervisor or designee, the youth (if possible), and determine if the youth should be seen immediately or by the close of the next business day in order to complete the Suicide Risk Assessment. Initiation of a Safety Alert Level shall not be made by telephone. The youth shall remain on Precautionary Status until the assessment process is completed by the

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QMHP in a face-to-face interview, and determination made that a Safety Alert Level be initiated or the Precautionary Status discontinued.

- c. Without a face-to-face suicide risk assessment, the QMHP shall always continue a Precautionary Status or Safety Alert when notification occurs off-site via the telephone. In addition, a QMHP shall never downgrade or discontinue a Safety Alert Level or discontinue a Precautionary Status off-site via the telephone, rather a face-to-face suicide risk assessment of the youth is required by the close of the next business day.
- C. Supervision: Youth shall be assigned to a Precautionary Status or one of three Safety Alert Levels and the corresponding supervision shall be implemented.
1. Precautionary Status: Precautionary Status may be initiated by any staff member. This is not considered an assignment of a Safety Alert Level.
    - a. The JCW Shift Supervisor shall document on the Suicide Risk Assessment Log, the name of the youth, the time and date status initiated, and the name of the staff that placed the youth on Precautionary Status.
    - b. During this Precautionary Status, the youth will be supervised as if on the most restrictive Safety Alert Level 3. Males will be placed on the Assessment Management Unit (AMU) until face-to-face assessment can be made by a QMHP by the close of next business day. Females will be placed in a designated area appropriate for maintaining the equivalent of Safety Alert Level 3.
    - c. The JCW Shift Supervisor will have a Precautionary Status Protocol Sheet posted in the Control Room of the housing unit which documents the staff member who initiated the Precautionary Status, and the date and time initiated. This will remain posted until the assignment of a Safety Alert Level or the Precautionary Status is discontinued by the QMHP.
    - d. Constant supervision must be used with this youth until a Suicide Risk Assessment has been completed by a QMHP and a determination made by the QMHP regarding Safety Alert Level. All observations and staggered interval checks shall be documented on a Safety Alert Observation Sheet as if the youth was on the highest level of Safety Alert.
    - e. If the Suicide Risk Assessment results in a determination that a youth does not present a current risk for suicide or self injury, the QMHP shall discontinue the Precautionary Status and the youth will return to regular program activity.

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2. Safety Alert Level 1- Watch: This is the least restrictive level of supervision.
  - a. Youth on Safety Alert Level 1 shall be housed in a suicide-resistant room.
  - b. The youth shall be searched and relieved of any objects, materials, shoe laces, belts, etc. which may be used to facilitate suicide or self injury.
  - c. The youth shall be observed by staff at staggered intervals, 5 minute minimum and 10 minutes maximum. Observations made during staggered checks and all other interactions with staff shall be logged on the youth's Safety Alert Observation Sheet. Positive and negative findings shall be documented (e.g., "Youth verbalizing suicidal thoughts, youth sleeping, youth reading, youth eating, etc.")
  - d. A youth on medication or that has other physical health conditions, shall continue with scheduled visits to the clinic under the close supervision of a JCW.
  - e. Direct care staff and/or the youth's counselor shall continue to interact with the youth daily.
  - f. Youth shall participate in normal activities of daily living (6:00 AM to 9:00 PM) and be observed by staff who shall report to a QMHP if the youth expresses and/or makes more intense signs of suicidal behavior.
  - g. Doors to the bathroom/shower areas will be locked at all times. All youth on Safety Alert Level 1 will be closely observed while utilizing the bathroom/shower area. While providing appropriate privacy, a direct care staff will be stationed in the doorway in constant verbal communication with the youth at all times.
  - h. The youth shall be maintained on Safety Alert Level 1 for a reasonable time period as determined by a QMHP, but for a minimum of 24 hours.
3. Safety Alert Level 2 – Warning: This level of supervision is an intermediate level of supervision.
  - a. Youth on Safety Alert Level 2 shall be housed in a suicide-resistant room.
  - b. The youth shall be searched and relieved of any objects, materials, shoe laces, belts, etc. which may be used to facilitate suicide or an attempt at self injury.
  - c. The youth shall be observed by staff at staggered intervals, 5 minute minimum and 10 minutes maximum. Observations made during staggered checks and all other interactions with staff shall be logged on the youth's Safety Alert Observation Sheet. Positive and negative

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findings shall be documented (e.g., “Youth verbalizing suicidal thoughts, youth sleeping, youth reading, youth eating, etc.”)

- d. A youth on medication or that has other physical health conditions shall continue with scheduled visits to the clinic under the close supervision of a JCW.
  - e. Direct care staff and/or the youth’s counselor shall continue to interact with the youth daily.
  - f. The youth shall participate in normal activities of living (6:00 AM to 9:00 PM) and be observed by staff who shall report to a QMHP if the youth expresses and/or exhibits more intense signs of suicidal behavior.
  - g. The youth shall wear a suicide smock while inside his/her room. Youth shall wear standard dress when outside of his/her room.
  - h. The youth’s room and person shall be searched before being placed in his/her room for the night.
  - i. The youth shall be given a suicide prevention mat and one rip resistant blanket to keep inside his/her living quarters.
  - j. Doors to the bathroom/shower areas will be locked at all times. All youth on Safety Alert Level 2 will be closely observed while utilizing the bathroom/shower area. While providing appropriate privacy, a direct care staff will be stationed in the doorway in constant verbal communication with the youth at all times.
  - k. The youth shall be maintained on Safety Alert Level 2 for a reasonable time period as determined by a QMHP, but for a minimum of 24 hours.
4. Safety Alert Level 3 – Alert: Alert is the most intensive and restrictive prevention level.
- a. Youth on Safety Alert Level 3 shall be housed in a suicide-resistant room. Males will be housed in the Assessment Management Unit and females in a designated area appropriate for maintaining the equivalent of Safety Alert Level 3.
  - b. The youth shall be searched and relieved of any objects, materials, shoe laces, belts, etc. which may be used to facilitate suicide or self injury.
  - c. The youth shall be assigned a staff member who shall provide constant one-on-one supervision within five physical feet while the youth is sleeping and awake. If security and safety issues warrant a youth to be confined, youth on this level should only be placed behind one of the

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glass doors on AMU with a staff member posted at the door supervising with constant line of sight.

- d. The youth shall be observed continuously and observations documented on the Safety Alert Observation Sheet at staggered intervals, 5 minute minimum and 10 minute maximum.. Positive and negative findings shall be documented (e.g., “Youth verbalizing suicidal thoughts, youth sleeping, youth reading, youth eating, etc.”)
  - e. A youth on medication or that has other physical health conditions shall continue with scheduled visits to the clinic under the close supervision of a JCW.
  - f. Direct care staff and/or the youth’s counselor shall continue to interact with the youth daily.
  - g. Youth shall participate in normal activities of daily living (6:00 AM to 9:00 PM) and be observed by staff who shall report to a QMHP if the youth expresses and/or makes more intense signs of suicidal behavior. Youth who demonstrate unstable or unpredictable behavior, as assessed by a QMHP, may be restricted to the unit or their room.
  - h. The youth shall wear a suicide smock while inside his/her room. Youth shall wear standard dress when outside of his/her room.
  - i. The youth shall be given a suicide prevention mat and one rip resistant blanket to keep inside his/her living quarters.
  - j. The youth shall not be allowed to participate in any work detail.
  - k. Doors to the bathroom/shower areas will be locked at all times. All youth on Safety Alert Level 3 will be closely observed while utilizing the bathroom/shower area. While providing appropriate privacy, a direct care staff will be stationed in the doorway in constant verbal communication with the youth at all times.
  - l. The youth shall be maintained on Safety Alert Level 3 for a reasonable time period as determined by a QMHP, but for a minimum of 24 hours. Should the youth remain at high risk for suicidal behavior and/or continue to engage in self-injurious behavior, a QMHP may recommend transfer to a psychiatric facility.
- D. Referral: At any time a QMHP estimates a youth on a Safety Alert Level would be more appropriately managed in a psychiatric hospital setting or another mental health placement, the youth may be referred for a commitment hearing and transferred if approved by the court. Youth who remain on a Safety Alert Level 2 for three consecutive working days or who have ever been placed on Safety Alert Level 3 will be referred to a QMHP and placed on the mental health caseload. These youth will be

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immediately referred to the Psychiatrist and evaluated as soon as possible but no later than three working days after the referral.

- E. Treatment Plan: The treatment plan for any youth placed on a Safety Alert Level 2 for three consecutive working days or Safety Alert Level 3 must include provisions for the following:
1. The youth's Treatment Plan shall include individualized treatment goals and specific interventions designed to address and reduce suicidal ideation and threats, self-injurious behavior, and suicidal threats perceived to be based upon attention-seeking behavior.
  2. The youth's Treatment Plan shall describe signs, symptoms, and circumstances under which the risk for suicide or other self-injurious behavior is likely to recur, how recurrence of suicidal and other self-injurious behavior can be avoided, and actions both the youth and staff can take if the suicidal and other self-injurious behavior do occur.
  3. The youth's Treatment Plan will identify the QMHP and Counselor responsible for both developing and implementing the treatment goals and specific interventions.
  4. The youth's Treatment Plan will be discussed with the youth and the youth parent(s) or guardians during a conference call made up of the program counselor, the QMHP, and the parent(s) or guardian.
  5. The youth's Treatment Plan shall be distributed to the Master File and Medical File.
- F. Protocol: A Safety Alert Protocol or Precautionary Status Protocol shall be developed and implemented for any youth who demonstrates risk of suicidal/self-injurious behaviors.
1. A Precautionary Status Protocol shall be initiated by the staff member who placed the youth on the Precautionary Status. This protocol will remain in place until a QMHP assesses the youth and assigns a Safety Alert Level or discontinues the Precautionary Status.
  2. A Safety Alert Protocol shall only be initiated or modified by a QMHP.
  3. A copy of the Precautionary Status Protocol or Safety Alert Protocol shall be posted in the work area of the direct care staff in the unit where the youth is housed. This protocol informs staff about the youth, special supervision that must be provided, and supervisory actions to be taken to manage the dangerous behavior and to reduce the likelihood of a suicide attempt. These supervisory actions may include a listing of privileges and activities allowed or not allowed, and verbal techniques to be used when interacting with the youth.

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G. Initiating, Continuing, Upgrading, Downgrading, and Discontinuing Safety Alert or Precautionary Status: Youth placed on Safety Alert shall be assessed daily by a QMHP.

1. Any designated staff may place a youth on Precautionary Status, but only a QMHP is authorized to initiate, continue, upgrade, downgrade or discontinue a Safety Alert Level or discontinue a Precautionary Status.
2. A QMHP shall assess youth on a Safety Alert Level on a daily basis until the Safety Alert is discontinued. Following the interview, the QMHP may continue, upgrade, downgrade or discontinue the Safety Alert Level as determined by the Subsequent Suicide Risk Reassessment. The QMHP will only downgrade and discontinue the Safety Alert following a comprehensive assessment which shall include a thorough review of the medical chart and master file, as well as consulting with housing unit staff. The level of supervision shall be modified to reflect the change in Safety Alert Levels.
3. All youth discontinued from Safety Alert will receive periodic follow-up, therapeutic interventions and assessments by the assigned QMHP. Unless the youth's individual Service Plan directs otherwise, the reassessment schedule by QMHP staff shall be as follows: daily for 5 days, once a week for 2 weeks, and then once every month until release.

H. Communication: All departments shall be notified of each youth's Precautionary Status or Safety Alert Level to ensure safety.

1. Any staff member who sees a youth engaging in or hears a youth talking about performing self injurious behavior shall immediately call for help, intervene, and then inform his/her immediate supervisor or the youth's Counselor and the Shift Supervisor who, upon verification, shall notify a QMHP and the Facility Administrator or designee.
2. This information is to be recorded by completing and submitting an Incident Report Form (*See DYS Policy VII.2 Incident Reporting.*) Subsequently, a copy of the Incident Report shall be distributed to the Facility Administrator, Shift Supervisor, Medical, Mental Health, and Counseling departments as soon as is possible.
3. The medical staff, Shift Supervisor and the Facility Administrator or designee shall be promptly notified whenever a youth attempts to harm him/her self. In addition, the above will be notified when a youth is placed on a Precautionary Status or a Safety Alert Level.
4. The on-call QMHP shall complete a Daily Safety Alert List. The list shall include the youth's name, housing unit, Precautionary Status or initial Safety Alert Level, start date/time, staff member that initiated the Precautionary Status or Safety Alert Level, current Safety Alert Level, date of last QMHP assessment, and name of QMHP completing last assessment. The list shall be distributed on a daily basis by the Facility Administrator or designee to all

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QMHP staff, Counselors, the medical department, education department, Special Management Unit and Unit 1 managers, and other personnel as deemed appropriate by the Facility Administrator.

5. Direct care staff shall conduct a verbal briefing between shifts that reviews which youth are on a Precautionary Status or Safety Alert Level, the history of behavior since initiating the Precautionary Status or Safety Alert Level, and the actions taken to assure the youth does not attempt suicide or self injury. The briefing shall include a review of the shift log that contains the observations made about any youth being maintained on a Precautionary Status or Safety Alert Level.
  6. All QMHP staff shall have unimpeded access to the youth's medical chart.
- I. Documentation: Staff shall fully document behavior, treatment plans, and interactions related to suicidal or self injurious youth. The following documentation shall take place;
1. All incidences of self-injurious behavior, suicidal threats and/or attempts shall be documented in the housing unit log book and on the appropriate incident forms. Completed Incident Reports shall be submitted in accordance with *DYS Policy VII.2: Incident Reporting*.
  2. Counselors shall document interactions and progress in the youth's Master File.
  3. Upon notification that a youth has been placed on Safety Alert Level, medical staff will record the information on the Medical Problem List of the youth's medical chart.
  4. The psychiatric evaluation of a youth placed on Safety Alert shall be documented in the youth's medical file.
  5. Documentation of assessments, observations and interventions by QMHPs shall be made in the youth's master file and medical file.
  6. The Shift Supervisor is responsible for reviewing the unit log book at the beginning of each shift.
- J. Involvement of Next of Kin: If a youth is determined to be at risk of suicide, his or her parents shall be contacted. Contact shall be made by the Assessment Management Unit Counselor or the youth's assigned counselor. In emergency situations, the Shift Supervisor, medical staff, or the QMHP on call may be required to contact the parents.
1. Background information about previous suicidal attempts and/or thinking shall be requested.
  2. Information about proposed treatment programming shall be shared.

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3. If a youth makes a serious suicide attempt which results in injuries requiring transportation to an emergency room or hospitalization for treatment, the next of kin shall be notified.
- K. Training: All staff (including security, direct care, medical, mental health, and educational personnel) who have regular contact with youth shall be initially trained in the identification and management of suicidal youth, as well as in the DYS suicide prevention policy.
1. Initial training shall encompass eight (8) hours of instruction. New employees shall receive such instruction through the orientation process. Current staff shall receive such instruction through scheduled training workshops.
  2. The initial training should include juvenile suicide research, why the environments of juvenile facilities are conducive to suicidal behavior, staff attitudes about suicide, potential predisposing factors to suicide, high-risk suicide periods, warning signs and symptoms, identifying suicidal youth despite their denial of risk, components of the DYS suicide prevention policy, and liability issues associated with juvenile suicide.
  3. All staff who have regular contact with youth shall receive two (2) hours of annual suicide prevention training. The two-hour training workshop shall include a review of predisposing risk factors, warning signs and symptoms, identifying suicidal youth despite their denial of risk, and review of any changes to the DYS suicide prevention policy and program. The annual training shall also include general discussion of any recent suicides and/or suicide attempts in the facility.
- L. Intervention Following Suicide Attempt: Following a suicide attempt, the degree and promptness of the staff's intervention often foretells whether the victim will survive.
1. All staff members who have regular contact with youth shall receive standard first aid, cardiopulmonary resuscitation (CPR), and Automated External Defibrillator (AED) training. All staff shall also be trained in the use of various emergency equipment, located in each housing unit. In an effort to ensure an efficient emergency response to suicide attempts, "mock drills" shall be incorporated.
  2. All housing units shall contain an emergency response bag that includes a first aid kit, mouthshield, latex gloves, and emergency rescue tool. All staff who come into regular contact with youth shall know the location of this emergency response bag and be trained in its use.
  3. Any staff member who discovers a youth attempting suicide will immediately respond, survey the scene to ensure the emergency is genuine, alert other staff to call for the facility's medical personnel, and bring the emergency response bag to the room. If the suicide attempt is life-threatening, Central Control personnel will be instructed to immediately notify outside ("911") Emergency

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Medical Services (EMS). The exact nature (e.g., “hanging attempt”) and location of the emergency will be communicated to both facility medical staff and EMS personnel.

4. Following appropriate notification of the emergency, the first responding staff shall use their professional discretion in regard to entering the room without waiting for backup staff to arrive. With no exceptions, if room entry is not immediate, it shall occur no later than four (4) minutes from initial notification of the emergency.
5. Upon entering the room, direct care staff shall *never* presume that the victim is dead, rather life-saving (e.g., first aid and CPR) measures shall be initiated immediately. Direct care staff will *never* wait for medical personnel to arrive before entering a cell or before initiating appropriate life-saving measures.
6. In hanging attempts, the victim shall first be released from the ligature (using the emergency rescue tool if necessary). Staff shall assume a neck/spinal cord injury and carefully place the victim on the floor. Should the victim lack vital signs, CPR will be initiated immediately. All life-saving measures shall be continued by direct care staff until relieved by medical personnel.
7. Automated External Defibrillators (AEDs) shall be located in the Medical Unit and Central Control. All medical and direct care staff shall be trained in its use. The Health Services Supervisor shall provide direct oversight of AED use and maintenance.
8. The Health Services Supervisor shall ensure that all equipment utilized in the response to medical emergencies (e.g., crash cart, oxygen tank, AED, etc.) is inspected and in proper working order on a daily basis.

M. Follow-Up/Morbidity-Mortality Review Process: Each serious suicide attempt (i.e., requiring off-site medical treatment) or suicide shall result in appropriate follow-up and review procedures.

1. Critical Incident Stress Debriefing (CISD) provides affected staff and youth an opportunity to process their feelings about the incident, develop an understanding of critical stress symptoms, and seek ways of dealing with those symptoms. In the event of a serious suicide attempt or suicide, all affected staff and youth shall be offered CISD. For maximum effectiveness, the CISD process and other appropriate support services shall occur within 24 to 72 hours of the critical incident.
2. Every completed suicide, as well as serious suicide attempt, shall be examined by a multidisciplinary Morbidity-Mortality Review Team that includes representatives of both line and management level staff from the direct care, medical and mental health divisions.
3. The Morbidity-Mortality Review process shall comprise a critical inquiry of:

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- a. circumstances surrounding the incident
  - b. facility procedures relevant to the incident
  - c. all relevant training received by involved staff
  - d. pertinent medical and mental health services/reports involving the victim
  - e. possible precipitating factors leading to the suicide
  - f. recommendations, if any, for changes in policy, training, physical plant, medical or mental health services, and operational procedures.
4. When appropriate, the Morbidity-Mortality Review Team shall develop a written plan (and timetable) to address areas that require corrective action.





# PRECAUTIONARY STATUS

XIII.12.B

Name of Youth \_\_\_\_\_ Date & Time \_\_\_\_\_

## Reason for Protocol (describe precipitating events, conditions, or concerns)

## Supervision Requirements - Precautionary Status

- Youth will be housed in a suicide-resistant room within the Assessment Management Unit or for females a suicide resistant room appropriate for this level.
- Youth shall be searched and relieved of any objects, materials, shoe laces, belts, etc, which may be used to facilitate suicide
- Youth shall be assigned a staff member who shall provide constant sight supervision
- Visual observation of the youth will occur a minimum of 6 times per hour not to exceed 10 minutes between checks and observations shall be recorded on the Safety Alert Observation Sheet.
- Direct care staff shall conduct a briefing between shifts reviewing all information related to youth on a Precautionary Status including a review of the shift log and observations of the suicidal youth.
- Youth will participate in normal activities (6:00 am - 9:00 pm) unless otherwise restricted
- Youth will be provided a suicide smock, blanket and tear resistant mattress when confined to room
- Youth's room searched before youth is placed in room.
- Doors to the bathroom/shower areas will be locked at all times. Youth closely observed while utilizing the bathroom/shower area.
- Youth is not allowed to participate in any work detail.
- Youth will be maintained on Precautionary Status until youth is assessed by a Qualified Mental Health Professional by close of business the next working day after being placed on the Precautionary Status.

## Precautionary Measures

## Incentives and Other Special Instructions

\_\_\_\_\_  
Name of Initiating Staff & Title

\_\_\_\_\_  
Signature

Revised 7/3/2012

# SAFETY ALERT - LEVEL 1

XIII.12.C

Name of Youth \_\_\_\_\_ Date & Time \_\_\_\_\_

**Reason for Protocol (describe precipitating events, conditions, or concerns)**

**Supervision Requirements - Level 1: Watch**

- Youth will be housed in a suicide-resistant room
  - Youth shall be searched and relieved of any objects, materials, shoe laces, belts, etc, which may be used to facilitate suicide
  - Visual observation of the youth will occur a minimum of 6 times per hour not to exceed 10 minutes between checks and observations shall be recorded on the Safety Alert Observation Sheet.
  - Direct care staff shall conduct a briefing between shifts reviewing all information related to youth on a Safety Alert Level including a review of the shift log and observations of the suicidal youth.
  - Youth will be escorted by staff when not in his/her living quarters
  - Youth will be assessed by a Qualified Mental Health Professional at least once per day
  - Youth will participate in normal activities (6:00-9:00) unless otherwise restricted
  - Doors to the bathroom/shower areas will be locked at all times. Youth closely observed while utilizing the bathroom/shower area
  - Youth will be maintained on Safety Alert Level 1 for a minimum of 24 hours.

**Precautionary Measures**

**Incentives and Other Special Instructions**

\_\_\_\_\_  
Name of Initiating Staff & Title (if other than QMHP)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Qualified Mental Health Professional

\_\_\_\_\_  
Signature

# SAFETY ALERT - LEVEL 2

XIII.12.D

Name of Youth \_\_\_\_\_ Date & Time \_\_\_\_\_

**Reason for Protocol (describe precipitating events, conditions, or concerns)**

**Supervision Requirements - Level 2: Warning**

- Youth will be housed in a suicide-resistant room
- Youth shall be searched and relieved of any objects, materials, shoe laces, belts, etc, which may be used to facilitate suicide
- Visual observation of the youth will occur a minimum of 6 times per hour not to exceed 10 minutes between checks and observations shall be recorded on the Safety Alert Observation Sheet.
- Direct care staff shall conduct a briefing between shifts reviewing all information related to youth on a Safety Alert Level including a review of the shift log and observations of the suicidal youth.
- Youth will be assessed by a Qualified Mental Health Professional at least once per day
- Youth will participate in normal activities (6:00 am 9:00 pm) unless otherwise restricted
- Youth will be provided a suicide smock, blanket and tear resistant mattress when confined to room
- Youth's room searched before youth is placed in room
- Doors to the bathroom/shower areas will be locked at all times. Youth closely observed while utilizing the bathroom/shower area.
- Youth will be maintained on Safety Alert Level 2 for a minimum of 24 hours.

**Precautionary Measures**

**Incentives and Other Special Instructions**

\_\_\_\_\_  
Name of Initiating Staff & Title (if other than QMHP)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Qualified Mental Health Professional

\_\_\_\_\_  
Signature

# SAFETY ALERT - LEVEL 3

XIII.12.E

Name of Youth \_\_\_\_\_ Date & Time \_\_\_\_\_

**Reason for Protocol (describe precipitating events, conditions, or concerns)**

**Supervision Requirements - Level 3: Alert**

- Youth will be housed in a suicide-resistant room within the Assessment Management Unit or for females a suicide resistant room appropriate for this level.
- Youth shall be searched and relieved of any objects, materials, shoe laces, belts, etc, which may be used to facilitate suicide
- Youth shall be assigned a staff member who shall provide constant sight supervision
- Visual observation of the youth will occur a minimum of 6 times per hour not to exceed 10 minutes between checks and observations shall be recorded on the Safety Alert Observation Sheet.
- Direct care staff shall conduct a briefing between shifts reviewing all information related to youth on a Safety Alert Level including a review of the shift log and observations of the suicidal youth.
- Youth will be assessed by a Qualified Mental Health Professional at least once per day
- Youth will participate in normal activities (6:00 am - 9:00 pm) unless otherwise restricted
- Youth will be provided a suicide smock, blanket and tear resistant mattress when confined to room
- Youth's room searched before youth is placed in room.
- Doors to the bathroom/shower areas will be locked at all times. Youth closely observed while utilizing the bathroom/shower area.
- Youth is not allowed to participate in any work detail.
- Youth will be maintained on Safety Alert Level 3 for a minimum of 24 hours.

**Precautionary Measures**

**Incentives and Other Special Instructions**

\_\_\_\_\_  
Name of Initiating Staff & Title (if other than QMHP)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Qualified Mental Health Professional

\_\_\_\_\_  
Signature

**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES  
DIVISION OF YOUTH SERVICES  
INITIAL SUICIDE RISK ASSESSMENT  
XIII.12.F**

---

YOUTH:

DATE:

---

INTERVIEWER:

TIME:

---

**Part I  
Presenting Problem**

Suicidality: Non-Suicidal Self-Injurious Behavior. Suicide Ideation: Suicidal Ideation Denied.

*History: Check all that apply.*

None

Prior Suicidal Behavior

Family History of Suicide

History of Mental Disorder

History of Substance Use Disorder

Family History of  
Mental Disorder

Family History of Substance Use Disorder  
Substance Use Disorder

Prior Hospitalization

Psychotropic Medication

Chronic Physical Illness

Sexual Orientation Issues

Childhood Sexual Abuse

Childhood Physical Abuse

Childhood Emotional Abuse

Target or Witness of Violence

Divorce or Death in Family

History of Eating Disorder

Learning Disability

Cultural Acceptance of Suicide

Other: Describe

Comments:

*Situational Stressors: Check all that apply.*

None.

Abusive Relationship

Target or Witness of Bullying

Recent Death or Loss

Pregnancy

Youth:

Date:

- |   |  |
|---|--|
| <input type="checkbox"/> Recent Move or Change    | <input type="checkbox"/> Removal from Home/Family        |
| <input type="checkbox"/> Lack of Support System   | <input type="checkbox"/> Isolation from Peers            |
| <input type="checkbox"/> Detention or Confinement | <input type="checkbox"/> Staff and Institutional Changes |
| <input type="checkbox"/> SIB Contagion            | <input type="checkbox"/> Suicide Contagion               |
| <input type="checkbox"/> Other: Describe          |  |

Comments:

**Global Signs and Symptoms: Check all that apply.**  None.

- |   |   |
|---|---|
| <input type="checkbox"/> Overeating                       | <input type="checkbox"/> Self Injurious Behavior          |
| <input type="checkbox"/> Insomnia                         | <input type="checkbox"/> Hypersomnia                      |
| <input type="checkbox"/> Agitation or Irritability        | <input type="checkbox"/> Anergia or Fatigue               |
| <input type="checkbox"/> Impaired Concentration or Memory | <input type="checkbox"/> Cognitive Rigidity or Distortion |
| <input type="checkbox"/> Somatic Complaints               | <input type="checkbox"/> Anxiety                          |
| <input type="checkbox"/> Isolation and Withdrawal         | <input type="checkbox"/> Loss of Interest in Activities   |
| <input type="checkbox"/> Low Self Esteem                  | <input type="checkbox"/> Hopelessness                     |
| <input type="checkbox"/> Neglecting Appearance            | <input type="checkbox"/> Neglecting Hygiene               |
| <input type="checkbox"/> Impulsivity or Risk Taking       | <input type="checkbox"/> Aggression or Violence           |
| <input type="checkbox"/> Substance Use or Intoxication    | <input type="checkbox"/> Hypersexual Behavior             |

Other: Describe

Comments:

Youth:

Date:

***Specific Signs and Symptoms: Check all that apply.***

None.

- |   |  |
|---|--|
| <input type="checkbox"/> Preoccupation with Death | <input type="checkbox"/> Discarding Personal Items |
| <input type="checkbox"/> Writing About Death      | <input type="checkbox"/> Writing About Suicide     |
| <input type="checkbox"/> Suicidal Thought         | <input type="checkbox"/> Suicidal Verbalization    |
| <input type="checkbox"/> Suicidal Gesture         | <input type="checkbox"/> Suicide Attempt           |
| <input type="checkbox"/> Other: Describe          |  |

Comments:

### **Interview Schedule**

1. How many times have you tried to commit suicide?

(If only one attempt, proceed. If more than one attempt, then preface comments with “Let’s begin with the last time you tried, ...” and complete all questions in this section. Then, repeat all of the questions asking about each previous suicide attempt until all suicide attempts have been covered.)

2. When did this happen?

3. What did you do to try to kill yourself?

4. Where you injured? If so, did you receive medical attention? (Specify where and nature of attention.)

5. Why did you try to kill yourself?

6. What was your mood at the time?

7. Who knows that you tried to kill yourself?

8. The suicide attempt obviously did not succeed; how do you feel about the fact that you did not die?

Youth:

Date:

9. How is it that you did not die? (If rescued, get the name and relationship of the rescuer and whether the rescue was coincidental or foreseeable.)

10. Did you have any counseling with a professional after the attempt? (If so, list the details.)

11. Which (if any) of the following preparations for death did you make?

Researched a method  Bid farewell to significant others

Acquired the means  Wrote a suicide note

Told someone about suicidal intentions  Made funeral plans

Gave away valued possessions  Other:

## **Part II Suicide Ideation**

The following questions relate to what the youth is thinking and should be asked if the person is now, or has ever considered, committing suicide.

12. When did you last feel suicidal?

13. Sometime when people feel like that they have a vague idea of wanting to die; sometimes they have very specific ideas about dying. How specific were your thoughts?

14. What was happening in your life that made you feel like that?

15. How often do you feel like that?

16. When you feel like that, how long do these thoughts last?

17. Some people who get thoughts like that are troubled or frightened by them. Others don't find these thoughts to be particularly upsetting. How do such thoughts make you feel?

18. Do you feel that you can control these thoughts?

Youth:

Date:

### **Part III**

## **General Questions**

The following questions relate to how a person views life and would handle stressful or life-threatening situations.

19. If you found your life threatened by someone or something today, would you make efforts to save yourself?

20. If you had some easy way of killing yourself, like a gun in your room, would you consider using it?

21. Do you have any self-inflicted wounds or scars (if so, list the details)? Have you ever harmed yourself on purpose without intending to die?

22. Do you believe in a god or an afterlife? (If someone were someone to commit suicide what do you believe might happen to them after death?)

23. Most people have reasons for wanting to live. What are yours?

24. If something was bothering you, and you wanted to talk or wanted some emotional support, is there someone to whom you would go? Who?

25. Have there been any recent upsets or changes in your relationships with your family or friends?

26. Have you known anyone who has committed suicide? (If yes, record the details.)

27. Is there some special anniversary or date coming up that makes you feel uncomfortable?

Youth:

Date:

28. How are you feeling today or, more specifically, what emotions are you feeling today?

29. I have a list of emotions that some people have told me they feel when they come to this facility. I'd like to read this list to you and I'd like you to tell me whether or not you're feeling any of them by answering "yes" or "no".

(Place an "X" to indicate feelings reported by the student.)

- |                                     |                                      |  |
|-------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Upset      | <input type="checkbox"/> Mad         | <input type="checkbox"/> Furious       |
| <input type="checkbox"/> Sad        | <input type="checkbox"/> Depressed   | <input type="checkbox"/> Troubled      |
| <input type="checkbox"/> Anxious    | <input type="checkbox"/> Scared      | <input type="checkbox"/> Terrified     |
| <input type="checkbox"/> Lonely     | <input type="checkbox"/> Guilty      | <input type="checkbox"/> Misunderstood |
| <input type="checkbox"/> Distracted | <input type="checkbox"/> Bored       | <input type="checkbox"/> Confused      |
| <input type="checkbox"/> Distressed | <input type="checkbox"/> Shocked     | <input type="checkbox"/> Ashamed       |
| <input type="checkbox"/> Insulted   | <input type="checkbox"/> Embarrassed | <input type="checkbox"/> Calm          |
| <input type="checkbox"/> Happy      | <input type="checkbox"/> Relaxed     |  |

Case Conceptualization:

\_\_\_\_\_  
Signature of Interviewer

Date\_\_\_\_\_

**Mississippi Department of Human Services  
Division of Youth Services  
Subsequent Suicide Risk Assessment  
XIII.12.G**

**Youth:** \_\_\_\_\_ **Unit:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Time:** \_\_\_\_\_ **Name of Person QMHP:** \_\_\_\_\_

**Description of behavior since last assessment:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**General Appearance**

- |  |   |   |   |                                  |
|--|---|---|---|----------------------------------|
| <input type="checkbox"/> appropriate       | <input type="checkbox"/> average weight | <input type="checkbox"/> thin               | <input type="checkbox"/> obese                    | <input type="checkbox"/> tattoos |
| <input type="checkbox"/> appears younger   | <input type="checkbox"/> appears older  | <input type="checkbox"/> appears stated age | <input type="checkbox"/> unusual                  | <input type="checkbox"/> dirty   |
| <input type="checkbox"/> overly meticulous | <input type="checkbox"/> bizarre        | <input type="checkbox"/> unkempt            | <input type="checkbox"/> noticeable inappropriate |                                  |

**Facial Expression:**

- |                                |                                   |                                  |  |                                   |
|--------------------------------|-----------------------------------|----------------------------------|--|-----------------------------------|
| <input type="checkbox"/> calm  | <input type="checkbox"/> alert    | <input type="checkbox"/> happy   | <input type="checkbox"/> stressed/tense          | <input type="checkbox"/> troubled |
| <input type="checkbox"/> dazed | <input type="checkbox"/> confused | <input type="checkbox"/> puzzled | <input type="checkbox"/> sad                     | <input type="checkbox"/> aloof    |
| <input type="checkbox"/> angry | <input type="checkbox"/> pained   | <input type="checkbox"/> sly     | <input type="checkbox"/> smiling inappropriately |                                   |

**Mood**

- |                                  |                                     |                                    |  |                                      |
|----------------------------------|-------------------------------------|------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> calm    | <input type="checkbox"/> depressed  | <input type="checkbox"/> sad       | <input type="checkbox"/> agitated      | <input type="checkbox"/> rageful     |
| <input type="checkbox"/> guilt   | <input type="checkbox"/> frustrated | <input type="checkbox"/> anxious   | <input type="checkbox"/> angry         | <input type="checkbox"/> volatile    |
| <input type="checkbox"/> fearful | <input type="checkbox"/> tearful    | <input type="checkbox"/> withdrawn | <input type="checkbox"/> worthlessness | <input type="checkbox"/> other _____ |

**Attitude**

- |                                      |  |                                     |                                   |                                      |
|--------------------------------------|--|-------------------------------------|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> cooperative | <input type="checkbox"/> hopeful/motivated | <input type="checkbox"/> defensive  | <input type="checkbox"/> negative | <input type="checkbox"/> needy       |
| <input type="checkbox"/> hostile     | <input type="checkbox"/> guarded           | <input type="checkbox"/> aggressive | <input type="checkbox"/> blaming  | <input type="checkbox"/> other _____ |

**Energy Level**

1            2            3            4            5            6            7            8            9            10

(Low -----High)

**Suicide Assessment / Danger to Self**

1. Does the youth report having any current suicidal thoughts?

If Yes, explain: \_\_\_\_\_  Yes       No

\_\_\_\_\_

2. Does the youth have any current intentions to kill or harm self?

Yes       No

3. Does the youth have a current plan?

If Yes, explain: \_\_\_\_\_  Yes       No

\_\_\_\_\_

4. Is the plan realistic?

Yes       No

**Subsequent Suicide Risk Assessment – Page 2**

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

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

**Suicide Assessment / Danger to Self (continued)**

5. Has the youth participated in self-injurious behavior?

Yes

No

If Yes, explain: \_\_\_\_\_  
\_\_\_\_\_

6. Has the youth made any suicide attempts since last assessment?

0

1-3

More

7. What events or significant stressors are identified as contributing factors?  
\_\_\_\_\_  
\_\_\_\_\_

8. What resources does the youth identify?  
\_\_\_\_\_  
\_\_\_\_\_

**Levels of Supervision Recommendations**

Discontinue  
Precautionary Status

Safety Alert Level 1

Safety Alert Level 2

Safety Alert Level 3

Removed from Safety Alert

Follow up with Clinical Services

Other \_\_\_\_\_

**Rationale for Recommendations**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Plan to prevent suicide or self injury**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Comments**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_





**DEPARTMENT OF HUMAN SERVICES  
DIVISION OF YOUTH SERVICES  
2375 OAKLEY ROAD  
RAYMOND, MISSISSIPPI 39154**

**MEMORANDUM**

TO: Administrator  
Principal  
Director V  
Chaplain  
Shift Supervisors  
Mental Health Staff  
Intake Staff  
Counselors  
Juvenile Care Workers  
Medical Staff  
Recreation Staff  
Quality Assurance  
Security

FROM:

SUBJECT: At-Risk Students  
*Attachment I, Policy XIII.12, Suicide Prevention*

DATE:

Attached is an up-to-date list of students who are at-risk for suicide or self injury. **This list is to remain CONFIDENTIAL.** Students are not allowed to view this document. This list is to remain in the locked boxes within the unit offices.

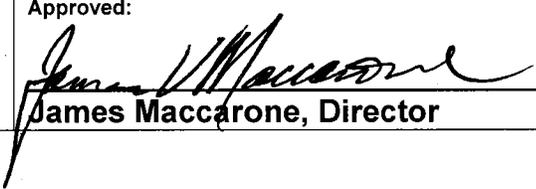
Please observe this and other procedures, which are outlined for each level, in the Suicide Policy.

If you have any questions regarding this list or the information in the Suicide Prevention Policy, please refer them to me, the Facility Administrator or Director of Mental Health and Rehabilitative Services. Thank you for your assistance with this matter.

Attachment



**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES  
DIVISION OF YOUTH SERVICES  
JUVENILE INSTITUTIONS**

Subject: <b>Honor's Program</b>		Policy Number: <b>13</b>
Number of Pages: <b>6</b>		Section: <b>XIII</b>
<p align="center">Attachments</p> <p>A. <b>Honors Program Application</b> B. <b>Acknowledgment Form</b></p>		<b>Related Standards &amp; References</b>
Effective Date: <b>January 5, 2009</b> Revised: May 2, 2012		Approved:  <b>James Maccarone, Director</b>

**I. POLICY**

It is the policy of the Mississippi Department of Human Services, Division of Youth Services (DYS), that a program for eligible youth provides opportunities for youth to learn about, understand, and value civic and community involvement. As part of the program, youth will complete a variety of work projects that help restore faith in the criminal justice system in local communities, and repair damage to the community caused by crime.

**II. DEFINITIONS**

As used in this policy and procedure, the following definitions apply:

- A. Restorative Justice – An approach to crime that places emphasis on four quadrants when dealing with crime. These four quadrants are the victim, the offender, the government, and the community. The goal is to rehabilitate the offender, repair damage done to the victim, repay the government for the cost of dealing with the crime, and undo any damage done to the community.
- B. Service Plan – A detailed, written plan containing goals, objectives, timelines and staff assignments which comprises a youth's rehabilitative program. The plan shall address areas of high risk/need, and promote pro-social behavior. The Service Plan is a holistic and comprehensive document that also addresses the youth's recreational, educational, vocational, medical, mental health, family and transitional needs. *(DYS Policy XIII.5 Service Plans)*
- C. Treatment Team – An appointed group of staff members responsible for developing and coordinating the implementation of a youth's determined Service Plan. The Treatment Team shall encourage the youth, while monitoring the youth's progress and revise the Service Plan as needed. The Team shall also be responsible for linking the youth to the appropriate programming and resources to address individual risk and/or needs. *(DYS Policy XIII.4 Treatment Teams)*
- D. Honors Program - The Honors Program (HP) is a voluntary program for youth eligible by Stage designation which combines specialized classes (i.e. character development) with work projects designed to benefit other youth at the facility and the public. The program consists of participating in the election process, contributing to one's

Subject	Policy #	Page
Honors Program	XIII.13	2 of 6

community, and the preservation of the environment. Youth in the program will attend special classes, participate in the unit based governmental meetings which helps direct the program activities within the program, and engage in work projects both on the Oakley campus and in the community.

### III. PROCEDURE

Part of growth is learning to accept responsibility for functioning within a community by recognizing and demonstrating a concern for others needs and creating a community that provides a healthy environment for families and its citizens. The Honors Program (HP) will teach youth about civic responsibility and help local communities recover by performing a public service.

- A. Program Philosophy - The HP will focus on the role each individual should fulfill if he/she is to be a responsible member of the community in a free and democratic society. This role includes the following:
  - 1. Civic Responsibility - Individuals have a responsibility to understand how the government works in a free and democratic society and to take action to assure the government fulfills its role properly.
  - 2. Self Government - Beyond just participating in the election process and monitoring how the government is working, individuals need to participate in the governmental process. The program will use student government to help participants learn how to function effectively in elected or appointed positions.
  - 3. Care of the Environment - Individuals must live in harmony with the environment, and work to minimize damage being done to the surrounding areas.
  - 4. Restorative Justice – Individuals have a responsibility to help restore the community from the harm caused by crime in ways they can such as performing public service.
  
- B. Selection and Removal - The HP will provide youth in the program with opportunities to engage in unique programming and to receive special privileges as a reward for their participation. Criteria for the program will emphasize positive conduct at the facility, progress toward treatment goals, and low risk to the community.
  - 1. Qualifications - To qualify for the program, youth must meet the following criteria:
    - i. Classification guidelines for Stage B or Stage A to join the program
    - ii. No history of violent crime, reviewed on a case by case basis.
    - iii. No history of escapes for last 2 years, unless an escape plan is developed and recommendation by a Qualified Mental Health Professional is given.
    - iv. Progress toward treatment goals,
    - v. Major discipline violation free for the past 30 days,

Subject	Policy #	Page
Honors Program	XIII.13	3 of 6

- vi. At the facility for a minimum of four weeks on present commitment, and
  - vii. Must have a minimum of four weeks left on current commitment.
2. Referral - Counselors working with youth at the Oakley Youth Development Center will provide information to the youth assigned to them about the HP. If a youth is interested, the counselor will screen the youth to determine if the youth is eligible. Youth must also complete an Application for Stage Change (*DYS Policy XIII.10 Behavior Incentive System, Attachment D*). If the youth is eligible, the counselor will refer the youth, using the Honors Program Application (*Attachment A*) to the counselor assigned to the HP for further screening and placement in the program.
  3. Voluntary Participation - A youth referred to the program will have the program explained to him by the HP counselor.. The youth will sign a Honors Program Acknowledgment Form (*Attachment B*) indicating he is entering and participating in the program voluntarily.
  4. Removal - Youth may leave the program at any time they no longer wish to participate. A youth may also be removed from the program by the treatment team if the youth's behavior does not conform to the program's expectations. Reasons for possible removal include, but are not limited to, the following:
    - i. Refusing to participate in special work projects or failing to diligently work while on special work projects,
    - ii. Not attending and/or participating in classes conducted as part of the program,
    - iii. Not actively participating in the program's unit based governmental meetings,
    - iv. A major disciplinary sanction,
    - v. Failure to make progress toward treatment or program goals,
    - vi. A pattern exists of minor disciplinary infractions or rule violations,
    - vii. Failure to follow dress code or maintain personal space and property in the appropriate manner.
  5. Selection Committee – This is a committee appointed by the Facility Administrator. The committee will be made up of the HP counselor, a representative from education, a Juvenile Care Worker staff representative, the mayor of the Honors Program, a medical program representative, and one member at large. Admission to the Honors Program will be by majority vote of the committee. The HP counselor will be the chair of the committee. The committee will meet at a minimum of twice a month to consider students for entry into the program. Once a student is selected into the program the Facility Administrator or designee will review the application and render final approval for admission.
- C. Education - Youth in the HP will attend the regular educational programs at the Oakley Youth Development Center. However, they will also receive specialized classes conducted for youth that focus on elements of the program.

Subject	Policy #	Page
Honors Program	XIII.13	4 of 6

1. School Program - Youth involved in the HP will attend the regular school program at the Oakley Youth Development Center. They are expected to meet all educational and behavioral expectations.
2. Program Specific Education - Special classes will be taught in the housing unit where the youth are living. These sessions overseen by the HP counselor and may be taught by the HP counselor, direct care staff assigned to the program and/or volunteers. These classes may focus on the following subjects:
  - i. The government and how it works
  - ii. Civic duty and responsibility
  - iii. Elections and the political process
  - iv. Parliamentary procedures and rules of order
  - v. Honors to the Nation
  - vi. Character Development
  - vii. Civics and social studies
  - viii. Municipal government
  - ix. Transition back into the community

D. Leadership - Youth in the program will assist in the structure of the HP. The specific rules and guidelines will be reviewed by the youth, HP counselor, and staff assigned to the program. However, it is anticipated the formal program will include the following:

1. Program Rules and Guidelines - Staff and youth assigned to the program will develop a manual for the operation of the program. This manual will define the roles of staff, how the unit based governmental process will operate, and the process that will be used to make decisions about the functioning of the program. Review of the manual and revisions, if necessary, will be made yearly.
2. Program Leadership - Youth in the program will conduct elections to select key leaders to help make decisions about how the program will function. These elected positions will include:
  - i. Mayor
  - ii. Secretary
  - iii. Treasurer
  - iv. Sergeant at Arms
3. Team Leaders - Youth in the program may be organized into teams of five to eight team members. These teams will be assigned and complete specific public service programs. Each team will select a team leader. These team leaders will represent their teams by serving as members of the program's unit based government.

Subject	Policy #	Page
Honors Program	XIII.13	5 of 6

- E. Rehabilitation/Treatment - Youth in the HP will participate in the rehabilitative programs and processes developed and available for all students at the Oakley Youth Development Center. The counselor assigned to the program will schedule and conduct treatment teams as required by policy, and will develop and coordinate the implementation of a Service Plan. (*DYS Policies XIII.4 Treatment Teams and XIII.5 Service Plans.*)
- F. Budget - The program will have an account where funds can be managed which will be used to support program activities and learn about budgeting.
1. Account Oversight - The program account will be established by the business office of the facility. The program's counselor and a staff person working in the business office will co-sign all checks written on the account.
  2. Income – Funding for off-campus activities will be generated through activities developed by the youth and staff of the program, and coordinated by the HP counselor. These may include the sale of garden products, car washes, and/or other fund raising projects developed by the youth and staff and approved by the Facility Administrator or designee.
- G. Service Projects - Youth in the program will be expected to engage in four to ten hours a month in special work projects that are developed by the youth and HP counselor assigned to the program. At least one on campus work activity and one off campus work activity will be scheduled a month upon approval of the Facility Administrator or designee.
1. On Campus Projects - The program will develop and complete a variety of on campus projects designed to improve the quality of life on the Oakley campus. These may include, but are not limited to, the following:
    - i. Campus beautification;
    - ii. Construction projects;
    - iii. Care of animals;
    - iv. Coordinating incentive activities;
    - v. Mentoring other units;
    - vi. Organizing Educational/Preventative Workshops; and
    - vii. Vegetable garden.
  2. Off Campus Projects - Youth eligible to leave campus will complete projects in the community that support the philosophy and goals of the program. At least one off campus special events will be scheduled a month. These might include:
    - i. Community cleanup/beautification,
    - ii. Landscaping,
    - iii. Building projects
    - iv. Graffiti removal, Assistance in community programs.

Subject	Policy #	Page
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H. Privileges - Youth living in the HP will receive additional privileges. These will be outlined in detail in the Stage Privilege Chart (*DYS Policy XIII.10 Behavior Incentive System, Attachment E*). However, the additional privileges will focus in the following areas:

1. Personal Property - Youth will be allowed the following items in addition to that which is available to all youth.
  - i. May keep in the room books or magazines in addition to the religious book that may be possessed by any youth.
  - ii. May have family pictures, with some posted in an approved location on the wall, as well as unlimited personal letters.
  - iii. May decorate their rooms by attaching photos or artwork to the walls and possessing blankets, stuffed animals, or other safe objects
  
2. Recreation/Access - Youth may be provided access to the following:
  - i. Electronic games
  - ii. Special program functions such as pizza night or special entertainment
  - iii. Extra recreation time
  
3. Clothing - Youth in the program will be given clothing to enable them to better complete their mission of public service.
  - i. Unit attire - denim jeans, polo type shirts, athletic shoes, web belts.
  - ii. Sports attire - gym shorts and tee shirt, athletic shoes, white socks
  - iii. Work attire - coveralls or work pants and shirts, gloves, protective eye and headgear, boots, web belt and canteen
  
4. Off Campus Field Trips – Youth will be provided the opportunity for at least one off campus field trip a month, arranged and coordinated by the HP counselor with the approval of the Facility Administrator or designee. Trips may include, but are not limited to:
  - i. Zoo Visits
  - ii. Sporting Events
  - iii. Community Events
  - iv. Cultural Events
  - v. Eating at restaurants

**Mississippi Department of Human Services  
Division of Youth Services  
Oakley Youth Development Center  
XIII.13.A**

**HONORS PROGRAM APPLICATION**

**Date:**

**Name of Student:**

**Stage:**

**Risk Level:**

**Counselor Making Recommendation:**

**Reason for Recommendation (include progress made toward treatment goals):**

- |  |   |
|--|---|
| <input type="checkbox"/> <b>No History of Violent Crime</b>                | <input type="checkbox"/> <b>No history of escape in last 2 years<br/>or Escape Plan written</b> |
| <input type="checkbox"/> <b>No Major Violations in Past 30 days</b>        | <input type="checkbox"/> <b>At facility at least 4 weeks</b>                                    |
| <input type="checkbox"/> <b>4 weeks or more left on current Commitment</b> |   |

**Selection Committee Meeting Date:**

**Selection Committee Comments:**

**Approved by Majority Vote of Selection Committee**       **YES**       **NO**

**Selection Committee Signatures:**


**Approval of Facility Administrator or Designee:**

**Date:**

**MDHS/DYS**  
**Oakley Youth Development Center**  
**Honors Program Acknowledgement Form**  
**XIII.13.B**

Name of Youth:	Date of Acknowledgement:
Date of Birth:	Age:
Date of Admission:	Date of Commitment:

I acknowledge that placement in the Honors Program at the Oakley Youth Development Center has been explained to me. I also understand that by voluntarily accepting placement in the Honors Program, I agree to the following:

- Regular and random inspections
- To participate in special work projects which will benefit Oakley Youth Development Center, the community, and the State of Mississippi.
- To be a responsible member of the program, participating in unit based governmental meetings, and contributing to the program whenever possible.
- To complete special classes on topics such as Character Development, principles of leadership, the environment, and the impact of crime, in addition to my usual educational classes

Signature of Youth:	Date:
Honors Selection Committee Member:	Date:
Honors Program Counselor:	Date:

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES DIVISION OF YOUTH SERVICES JUVENILE INSTITUTIONS	
Subject: <b>Structured Programming</b>	Policy Number: <b>14</b>
Number of Pages: <b>5</b>	Section: <b>XIII</b>
Attachments	Related Standards & References
<b>A. Unit Programming Schedule Template</b>	<b>ACA 3-JTS-5F-02 ACA 3-JTS-5F-04</b>
Effective Date:  <b>March 06, 2008</b>	Approved:   <b>Kathy Pittman, Director</b>

## I. POLICY

It is the policy of the Mississippi Department of Human Services, Division of Youth Services (DYS), that staff of the training schools shall provide each youth with structured programming from the time they wake up in the morning until they go to bed at night. Activities shall provide opportunities to mature physically, socially and mentally.

## II. DEFINITIONS

As used in this policy and procedure, the following definitions apply:

- A. **Unit Programming Schedule** – A schedule developed for each housing unit, details the treatment and/or programming activities that youth are expected to engage in each day of the week.
- B. **Master Programming Schedule** – The compilation of all housing Unit Programming Schedules, which collectively account for the expected treatment and programming activities for all youth on the training school campus.
- C. **Shift Supervisor** - The Shift Supervisor is a supervisor with authority over the direct care staff who has been designated to manage the facility during a given shift or period of time. During the time on duty, the Shift Supervisor is responsible for the operation of the facility, events that take place and the staff on duty.
- D. **Daily Point Sheet** – The paper used by staff to document the completion of daily goals by each youth on an hour by hour basis (see policy XIII.10: Behavior Modification - Point System).

## III. PROCEDURE

The Unit Programming Schedule shall be developed to fill a youth's waking hours with productive and meaningful activities that help a youth grow physically, socially, and mentally. However, the Special Management Units shall be required to develop their own activity schedule, which meets the unique scheduling, treatment and programming needs of such units.

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- A. **Responsibility** – The Facility Administrator shall oversee the development of the Master Programming Schedule, and shall approve the final schedule once it has been constructed. The Master Programming Schedule shall consist of the compilation of all housing unit activity schedules, which have been approved and supervised by the Director of Programs.
- B. **Schedule Development/Posting** – The counselor assigned to a given unit shall be responsible for the development of the Unit Programming Schedule for the assigned housing unit. The unit schedule shall be developed weekly and posted two days prior to implementation.
1. **Development** – The schedule for the upcoming weekend and the week that follows is to be developed during the week prior to the week covered in the schedule. It shall be signed and distributed no later than 5:00 pm on the Thursday prior to implementation. While the unit counselors are responsible for the development and implementation of the Unit Programming Schedules, the Director of Programs shall coordinate the development of the weekly schedule to assure the activities within the facility provide an integrated, comprehensive facility schedule. The Facility Administrator shall review and approve the developed schedules. In the absence of the Facility Administrator, all Unit Programming Schedules shall be submitted to the Director of Institutions.
  2. **Schedule Content** – A template for the Unit Programming Schedule is available as Attachment A. For routine events such as wake up, meals, school, and other events pre-entered in the schedule template, additional information is not needed. School and/or direct care staff shall be responsible for supervising the activity. For events that are to be developed and entered in the blanks in the schedule, the staff persons developing the schedule are to include three pieces of information: the name of the activity, the location where the activity shall take place, and the name of the staff person(s) who shall organize and supervise the activity.
  3. **Coverage Period** - The schedule shall be developed and posted each week. The schedule shall start at 7:30 am on Saturday morning and shall cover the time between then and the following Friday at 9:30 pm.
  4. **Activity Supervision** – A person shall be designated on the unit’s programming schedule to be responsible for organizing and supervising each scheduled activity.
  5. **Posting** – A copy of the approved programming schedule for a given unit shall be posted on the bulletin board in that unit. In addition, the Master Programming Schedule shall be distributed to all senior staff of the facility, the Shift Supervisors, the Duty Administrators, the security control centers and entrance gates, and key Central Office Personnel through the chain of command.

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C. **Schedule Guidelines** – While special events may require deviations, the following guidelines should be used when developing and implementing the Unit Programming Schedule.

1. **Sleep** – Youth shall be scheduled to receive a minimum of nine hours of sleep each night.
2. **Location of Activities** – With the exception of earned free time which shall be scheduled at the end of the day, activities shall be scheduled to take place at locations outside of the housing units.
3. **Supervision** – Direct care staff assigned to the housing unit at the time of the scheduled activity may be assigned to supervise activities such as the earned leisure time at the end of the day and supplemental outside recreation periods in the courtyard of Unit I. In addition they shall accompany and help supervise the youth during scheduled activities for their unit. However, other facility staff (recreation staff, counseling/treatment staff, education staff, contract staff, interns, volunteers, and others) are expected to assist in the planning and implementation of structured activities, where applicable.
4. **Holidays** – If school is not scheduled because of a holiday or for any other reason, the day shall be treated as a weekend day and structured recreation, social and/or treatment activities shall be scheduled to fill the day.
5. **Cards/Board Games** - Playing cards, playing video games, and playing board games in the housing units shall not be scheduled as a unit activity between the hours of 6:30 am and 8:00 pm. These items shall not be available to youth except during earned free time at the end of the day (8:30 pm to 9:30 pm).
6. **Television** - Televisions shall remain off until 8:00 pm. Watching television shall not be used as a structured activity unless a special event such as the Super Bowl, the World Series or a documentary relevant to a structured activity or program is being telecast. If a special event is being televised, the event shall be listed and described on the activity schedule as a structured activity for a specified block of time.

D. **Schedule Framework** – To provide youth with consistency throughout the week, the week’s schedule shall utilize a set routine with, to the extent possible, events taking place at the same time each day.

1. **Wake Up** – Wake up shall be at 6:30 am on weekday mornings and 7:30 am on weekends.
2. **Breakfast** – Breakfast shall take place from 6:30 to 7:30 am on weekdays and from 7:30 to 9:00 am on weekends.
3. **School** – On weekdays, school shall take place at 8:00 am to 12 noon and from 1:00 to 3:30 pm.

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4. **Work Parties** – On Saturday morning from 9:00 am until 12:00 noon, youth shall be assigned to work parties and assist with the cleaning of the facilities. Crews of 6 to 8 youth shall be formed in the unit to conduct a major cleaning of the housing unit. When needed some youth shall go to other areas of the facility (not cleaned by contract crews) and conduct a thorough cleaning of those areas. Direct care staff shall supervise the cleaning crews.
5. **Church/Citizenship** – On Sunday mornings, youth shall have an option to attend religious services or to participate in a program on citizenship where they learn about government and how they can participate in the democratic process.
6. **Lunch** – Lunch shall be served from 12:00 noon to 1:00 pm.
7. **Recreation** – On Saturday and Sunday from 1:00 to 3:30 pm, youth shall be scheduled to participate in a variety of activities including recreation, arts and crafts, and social learning. (ACA 3-JTS-5F-04)
8. **Psychological/Social Learning** – During the time frame from 3:30 to 5:00 pm, youth shall participate in psycho-educational groups, meetings with counselors, therapeutic recreation, or other learning activities. This block of time may include activities such as study hall, rap sessions, creative writing, parenting skills, and speakers on a variety of educational topics.
9. **Dinner** – Dinner shall be served from 5:00 pm to 6:00 pm.
10. **Recreation/Hobby/Crafts** – The time block from 6:00 pm to 8:00 pm shall include arts and crafts, recreation, movies, music classes or choir, art classes, drama classes, and intramural sports.
11. **Off-Campus Activities** – Youth who have demonstrated exceptional behavior and who have earned placement at the lowest level of security risk, shall be allowed to participate in off campus and community service related activities and functions. Youth shall be encouraged to participate and become involved in civic, artistic, cultural, recreational, religious and social activities. (ACA 3-JTS-5F-02)
12. **Earned Free Time** – The block of time between 8:00 pm and 9:30 pm shall be used as a reward for good behavior throughout the day (see policy XIII.10: Behavior Modification - Point System).
  - i. **Points** – Those individuals who have earned sufficient points shall be allowed to participate in the privilege of the free time extended hour between 8:30 pm and 9:30 pm to watch television, play board games, read, or write letters. Televisions may be turned on. This time shall also be utilized to shower youth after those who have not received sufficient points to enjoy the free time have completed their showers

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and have gone to their rooms or bunks. Staff on duty may request the youth conduct a brief unit clean up, to assure that the unit is clean at the end of the day. (Major unit cleaning takes place on Saturday mornings.)

- ii. **Insufficient Points** - Youth who have not earned enough points to enjoy the free time shall immediately take showers and be in their rooms or bunks for lights out by 8:30 pm.

- 13. **Bed Time** – Bed time shall be at 8:30 pm for all youth unless a special event is scheduled and a later bedtime has been authorized by the Facility Administrator or youth have earned the privilege to participate in the extended free time hour.

E. **Training** – Youth and staff shall be trained in the development and implementation of the Unit Programming Schedule. This training shall take place as follows:

- 1. **Staff** – During new employee orientation, staff shall receive training on the development and implementation of the Unit Programming Schedule. In-service training shall be done on an as-needed basis.
- 2. **Youth** – During orientation, youth shall be taught about the Unit Programming Schedule. They shall be told that a copy of the unit schedule shall be posted in the housing unit each week. They shall also be told that the facility has a responsibility to provide a comprehensive schedule of activities that are designed to help the youth mature physically, socially and mentally. Youth shall be informed that failure to implement a balanced and complete schedule of activities is an issue that can be grieved.

F. **Documentation** – All unit activities shall be documented. This shall include the schedule to be implemented, the activities that were conducted, and any changes to the activity schedule. The following documentation shall take place:

- 1. **Unit Log** – The hard bound log maintained on each unit shall be used to document the events in which youth from that unit have participated. A brief summary of the activity shall be provided, and any deviations from the master schedule shall be noted and explained.
- 2. **Shift Supervisor** – The Shift Supervisor on duty on a given shift shall assure that the master programming schedule is implemented. As the Shift Supervisor makes rounds and observes activities taking place, these observations shall be noted in the shift log. The Shift Supervisor must approve any deviations from the master programming schedule. The Shift Supervisor shall document these approved modifications and inform the Facility Administrator or Duty Administrator of the changes that have been approved.
- 3. **Duty Administrator** – The Duty Administrator shall note, in the log book maintained by the Duty Administrator, the activities that are observed during daily tours of the campus. Any deviations from the approved schedule are to be investigated and the results of the investigation are to be logged.

## Unit Programming Schedule Template

Housing Unit:				Week:			
Time	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
6:30-7:30 am	N/A	N/A	Wake Up Breakfast Clean Up				
7:30-9:00 am	Wake Up Breakfast	Wake Up Breakfast	School (7:45 am)				
9:00-12:00 am	Unit/ Facility Work Parties	Church or Citizenship	School	School	School	School	School
12:00-1:00 pm	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch
1:00-3:30 pm			School	School	School	School	School
3:30-5:00 pm							
5:00-6:00 pm	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner
6:00-8:00 pm							
8:00-9:30 pm	Showers Free Time Clean Up	Showers Free Time Clean Up	Showers Free Time Clean Up	Showers Free Time Clean Up	Showers Free Time Clean Up	Showers Free Time Clean Up	Showers Free Time Clean Up

\_\_\_\_\_  
*Director of Programs*

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

\_\_\_\_\_  
*Facility Administrator*

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

**01/04/08**

***Structured Programming - Attachment A***

***Policy XIII.14***

**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES  
DIVISION OF YOUTH SERVICES  
JUVENILE INSTITUTIONS**

Subject: <b>Length of Stay</b>		Policy Number: <b>15</b>	
Number of Pages: <b>6</b>		Section: <b>XIII</b>	
Attachments		Related Standards & References	
<b>A – Crime Risk Matrix</b> <b>B – Aggravating/Mitigating Factors</b> <b>C – Risk Level Determination</b> <b>D- Extension of Stay form</b>		<b>ACA 3-JTS-5B-06</b> <b>Utah Juvenile System</b> <b>Mississippi Justice System Crime Chart</b>	
Effective Date:  <b>August 01, 2008</b> Revised <b>August 18, 2010</b>		Approved:   <b>Kathy Pittman, Director</b>	

**I. POLICY**

It is the policy of the Mississippi Department of Human Services, Division of Youth Services (DYS), that objective criteria will be used to determine the length of stay for youth at the training school. These objective criteria will take into consideration a youth's risk to the community (criminal and social history) and the youth's demonstrated rehabilitation while in the training school. Youth who complete all programming requirements and who demonstrate rehabilitation may have their stay at a training school shortened. Conversely, youth who do not complete treatment goals and/or engage in disruptive, aggressive, destructive, and disrespectful behavior may have their stay extended.

**II. DEFINITIONS**

As used in this policy and procedure, the following definitions apply:

- A. **Management Team** – A group of staff (See Service Plan Policy 4 and Treatment Team Policy 5 located in Section VIII) responsible for developing and overseeing the implementation of the service plan. The management team will monitor the student's progress and revise the plan as needed. The team will link the student to programming and resources appropriate to risk/need.
- B. **Length of Stay** – The length of time a youth is housed in a training school. This length of time will be initially established using the formula for determining level of risk (see attachments A, B, and C). The length of stay may be shortened or lengthened based on the youth's performance improvement, habilitation, and the need for population management.
- C. **Service Plan** – A detailed written plan addressing the goals, objectives, timelines, and staff assignments which are measured to promote a rehabilitative program, which addresses areas of high risk/need, and establishes pro-social behavior. Furthermore, it is a holistic and comprehensive document that addresses the recreational, educational, vocational, medical, mental health, and transitional period needs, as well as the family history. Synonyms for service plan include case plan and management plan.

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### III. PROCEDURE

When a youth enters the training school, a youth’s management team will meet with the youth and discuss how long the youth will remain in the training school. The youth’s risk score will be used to determine how long the youth will remain in the training school. A tentative release date will be established using the midpoint of the range of the level of risk that has been established. Based on the youth’s behavior and demonstrated rehabilitation, the length of stay may be shortened or extended within the designated range. If a youth engages in serious delinquent activity (commits an act that would be a criminal offense in the community) and is convicted of a disciplinary violation, the youth’s risk level will be adjusted and the length of stay extended beyond the range initially established.

**A. Restricted Application** – This policy and procedure apply only to the staff of the Division of Youth Services, MDHS. It is not binding on outside agencies and/or the courts.

**B. Philosophy** – The following philosophical concepts and principles will be used to determine how long a youth should be retained in a training school.

1. **Least Restrictive Setting** – Youth will be managed in the least restrictive setting necessary to protect others and to contain their behavior. Youth will not be placed in high security housing units unless such a setting is needed for one or more of the following reasons: 1) their own protection (suicide risk), 2) for the protection of other youth, staff, or the public, or 3) to control their behavior.

2. **Adjustment for Performance** – A youth could have length of stay lengthened or shortened based on the youth demonstrated rehabilitation or lack thereof and conduct while in the training school. A youth who conforms to the rules and actively participates in programming, demonstrates rehabilitation, could have a length of stay shortened. Conversely, a youth who violates the facility’s rules and does not actively participate in programming demonstrated rehabilitation should have a length of stay extended.

3. **Equity of Stay** – The length of time a youth spends in the training school should be affected by the severity of the criminal offense the youth has committed and by a variety of aggravating and mitigating factors. For example, a youth who is serving an initial commitment to the training school for a misdemeanor should not spend more time than a youth who has committed a serious felony (all other factors being equal). Consequently, based on the risk score that has been computed, a minimum and a maximum length of stay will be computed and will be utilized unless extenuating factors apply.

**C. Pre Admission Package** – Pre Admission package is a compiling of key documents provided to the administration of the facility prior to transport of the student. This package is used to determine the risk level of the youth and the potential length of stay of the student. This risk level determination will also be used to help determine appropriate placement. The package must include at a minimum:

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1. Adjudication Order
2. Petition
3. Social History ( Narrative Form)
4. Offense History
5. Current School Records, including Individual Education Plans (IEP).
6. Medical Records
7. Mental Health Records
8. Risk Level Determination Sheet
9. Youth Admissions Form

The Risk Level Determination Sheet is to be screened by Oakley admission staff, reviewed by the Clinical Director or Designee, and then sent for signature by the Institution Director. It will then be forwarded the Risk Level Determination Sheet to the Community Services Director to sign and send out to the community counselor and regional director advising them all materials have been reviewed and approved for placement at Oakley. However, this does not ensure the youth will be accepted until medical and mental health screens are conducted by Oakley staff prior to admission.

**D. Management of Length of Stay-** The management team assigned to manage the youth will be responsible for making the initial determination of the appropriate length of stay for a given youth. The management team will meet with the youth no less than monthly (see Policy XII.2 – Management Teams) and will assess the youth’s performance within the facility. The youth’s treatment team will develop a service plan for the youth, and will develop a transition plan for the youth’s return to the community. As part of these processes, the management team will compute a proposed release date, and adjust that date based on the youth’s demonstrating rehabilitation. The recommended release date will be submitted to the facility administrator for final approval.

**E. Determining the Length of Stay –** The length of time a youth will be at a training school will be based on the level of risk a youth presents to the community and the youth’s demonstrating rehabilitation in the training school.

1. **Level of Risk –** The level of risk will be determined based on the committing offense and aggravating and mitigating factors relevant to the particular youth. The risk level will be computed using *Attachment C – Risk Level Determination*. The final risk score is computed as follows:
  - i. **Crime Risk Matrix –** The crimes for which a youth can be committed to the training school have been grouped into four categories. These are shown in *Attachment A – Crime Risk Matrix*. A youth will be assigned a starting risk level of one, three, five, or seven based on the committing offense.
  - ii. **Aggravating and Mitigating Factors –** A youth’s risk level will then be adjusted based on a number of aggravating or mitigating factors. These are shown in *Attachment B – Aggravating and Mitigating*

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**Factors.** The starting risk level could potentially be increased or decreased up to three risk levels based on the unique factors in a youth's background. So, for example, a youth who commits the offense of retail fraud (a level three offense) but has no prior record would receive a one level reduction (-1 for a limited adjudication history) and have a final risk score of two. Conversely, a youth who commits the offense of trespassing (a level one offense) but who has a history of violent offenses, exhibits no remorse and is gang involved (+3) would have a final risk score of four.

2. **Range of Stay** – The level of risk will be used to determine the minimum and maximum time a youth will spend at a training school.

i. **Risk Level 1** – The goal of staff at the training school will be to develop a viable supervision plan and release plan, and to return youth at level one to the community as soon as possible. Youth with a final risk score of one will have the following guidelines applied:

1. Minimum stay: N/A
2. Midpoint: N/A
3. Maximum stay: 2 weeks

ii. **Risk Level 2** – The goal of staff at the training school will be to develop a viable supervision plan and release plan, and to return youth at level one to the community as soon as possible. Youth with a final risk score of two will have the following guidelines applied:

1. Minimum stay: N/A
2. Midpoint: N/A
3. Maximum stay: 04 weeks

iii. **Risk Level 3** – Youth with a final risk score of three will have the following guidelines applied:

1. Minimum stay: 02 weeks
2. Midpoint: 04 weeks
3. Maximum stay: 06 weeks

iv. **Risk Level 4** - Youth with a final risk score of four will have the following guidelines applied:

1. Minimum stay: 04 weeks
2. Midpoint: 07 weeks
3. Maximum stay: 10 weeks

v. **Risk Level 5** - Youth with a final risk score of five will have the following guidelines applied:

1. Minimum stay: 08 weeks
2. Midpoint: 17 weeks
3. Maximum stay: 26 weeks

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vi. **Risk Level 6** – Youth with a final risk score of six will have the following guidelines applied:

1. Minimum stay: 15 weeks
2. Midpoint: 32 weeks
3. Maximum stay: 50 weeks

vii. **Risk Level 7** – Youth with a final risk score of seven will have the following guidelines applied:

1. Minimum stay: 26 weeks
2. Midpoint: 44 weeks
3. Maximum stay: 64 weeks

3. **Training School Performance** – The youth’s management team will meet with the youth within three weeks of the youth’s arrival at the training school to determine the length of time the youth will potentially spend at the training school. The management team will explain to the youth that the youth’s performance will determine the actual length of stay, and that the initial midpoint date will be adjusted based on actual performance. Further, if the youth engages in criminal activity, the length of time the youth may serve may be extended beyond the maximum time which was initially computed (see III.D. Criminal Offenses).

i. **Shortening Length of Stay** – A management team may shorten a youth’s length of stay, but may not reduce it below the minimum length of stay identified for the range of stay for the youth’s risk level. Examples of reasons why the length of stay may be shortened include the completion of programs, school achievement, and participation in optional programs and activities. Because youth are different, the management team has the discretion to decide the amount, if any, of the reduction. The Oakley Youth Services Counselor will discuss any changes in length of stay with the Community Youth Services Counselor for consideration.

ii. **Extending Length of Stay** - A management team may lengthen a youth’s length of stay, but may not extend it beyond the maximum length of stay identified for the range of stay for the youth’s risk level. A youth’s length of stay may be extended because of findings for disciplinary offenses, and for failure to participate in required programming. Again, the management team has the discretion to decide the length, if any, of the extension. The Oakley Youth Services Counselor will discuss any changes in length of stay with the Community Youth Services Counselor for consideration.

**F. Criminal Offenses** – A youth who commits an offense at the training school which, if committed in the community, would be considered a criminal offense may have that offense treated as if it were a new commitment. This may be done instead of referring a youth to an adult or juvenile court for further adjudication. Following the completion of due process (the facility’s disciplinary procedures), the youth’s management team

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may decide to refer the youth for a major revision of the length of stay. **Form D – Extension of Stay** will be completed and forwarded within 72 hours to the facility administrator, the Director of Youth Services, and the court which committed the youth to the Division of Youth Services. When Form D has been signed by all parties, the youth will have a new risk level computed using **Form C – Risk Level Determination**. The range of stay for the new risk level will be determined, and the youth will begin serving that sentence as if newly arrived at the training school. Time already served at the training school will not be credited to the range of stay guidelines for the new offense.

**G. Waivers/Overrides** – The length of stay guidelines may be modified to handle special circumstances and/or the unique needs of a youth.

- a. **Judicial** – A judge may provide the Division of Youth Services with a recommendation, in writing, to lengthen or shorten the length of stay of a given youth if, in his/her opinion, the guidelines do not provide a youth with a length of stay that is felt to be appropriate. The Division will consider the recommendation; the recommendation may be accepted, partially accepted, or rejected. The Division will respond, in writing, informing the court of the action and reason why action will be taken by the Division.
- b. **Division** – The Director of the Division of Youth Services has the authority to override the length of stay guidelines for a given youth if special circumstances warrant deviating from the guidelines. (For example, a youth who is on risk level 6 and is serving 15 to 50 weeks is transferred to an in-patient substance abuse treatment program and completes that program in 24 weeks could have the remainder of his commitment suspended.)

**H. Population Management** – The safety of youth and staff at a training school is seriously impacted by the number of staff available to supervise the youth committed to the training school. Consequently, it may be necessary to override the minimum length of stay guidelines and release youth if the population of the training school spikes and the training school does not have the resources to appropriately manage the youth housed at the training school. This is, however, to be considered a temporary solution. If the population of the training school consistently exceeds the resources available to manage that population, the Director of the Division of Youth Services shall modify the length of stay guidelines to keep the population within manageable limits with the expressed written consent of the Executive Director. The youth court judge of any youth considered for early release will be notified of the modification to ensure everyone is prepared for his release.

**Crime Risk Matrix Definitiions**

A SCHEDULE I DRUG IS:	HEROIN MARIJUANA LSD GAMMA-HYDROXYBUTYRIC ACID (GHB)	
A SCHEDULE II DRUG IS:	CRACK COCAINE MORPHINE CODEINE	
A SCHEDULE III, IV, V DRUG IS:	PRESCRIPTION DRUGS ANY DRUG WITH G-H ACID (CLUB DRUGS) ZALEPON (SONATA)	
IF POSSESSION OR SALE OF ANY DRUG IS WITHIN 1500 FT. OF A SCHOOL, CHURCH, PUBLIC PARK, MOVIE THEATER, ETC. COURT MAY DOUBLE THE FINE AND SENTENCE. §41-29-142		
IFA FIREARM IS IN POSSESSION OF TIME OF A DRUG ARREST AND CONVICTION, COURT MAY DOUBLE THE FINE AND THE SENTENCE.		
DRUG CONVICTION FOR POSSESSION OR SALE (FELONY OR MISDEMEANOR) New law passed 10-7-1998	Under <i>Student Aid Laws</i> , 1st Conviction of Possession can not obtain any Government Student Aid, Loans or Grants for 1 Year, 2nd Conviction, 2 Yrs., 3rd Convction, Indefinite. 1st Conviction of <u>Sale</u> , 2 Years, 2nd Conviction, Indefinite.	
4/30/2013	Length of Stay - Attachment A	Policy XIII.15

## CRIME RISK MATRIX

Group 1 Offense	Levels		
	1st Offense	2nd Offense	3rd Offense
Aiding and Abetting	1	2	3
Alcohol, False I.D.	1	2	3
Abuse of Emergency (911 Number)	1	2	3
Assault (Simple)	1	2	3
Assault by Threat or Point and Aiming	1	2	3
Auto Window Tint	1	1	1
Begging-Tramps	1	1	1
Bus, School Passing While Unloading	1	2	3
Computer Fraud (Less Than \$500)	1	2	3
Contempt of Justice Court/VOP	1	2	3
Contributing to Delinquency of a Minor	1	2	3
Deer or Doe (Killing)	1	1	1
Destruction of Public Property (Under \$300)	1	2	3
Discharging a Firearm (City Ordinance)	1	2	3
Disobeying a Police Officer	1	2	3
Disorderly Conduct on Bus	1	2	2
Disorderly Conduct & Disturbing the Peace	1	2	3
Disrupting a Military Funeral (Less than 1000 ft)	1	2	3
Dog Fights (Spectator)	1	1	1
Dog Nuisance	1	1	1
Dog Vicious (City Ordinance)	1	1	1
Domestic Violence/Simple	1	2	3
Drag Racing on Public Roads	1	2	3
Driving with Suspended License	1	1	1
Drug Paraphernalia (With Drugs)	1	2	3
Embezzlement (Under \$500)	1	2	3
Extortion	1	2	3
False Alarm (Fire)	1	2	3
False Pretense	1	2	3
False Pretense-Bad Checks (Under \$100)	1	2	3
False Reporting of a Crime	1	2	3
Fighting or Disturbing the Peace	1	2	3
Fireworks Discharge (City Ordinance)	1	1	1
Fireworks, Selling, Giving Away	1	1	1
Fleeing Pursuit/Marked Police Car (From Misdemeanor)	1	2	3
Forgery (Less than \$500)	1	2	3
Fraud-Home Repair (Under \$5000)	1	2	3
Fraud (Credit Card) (Less than \$100)	1	2	3
Fraud (Food Stamps)	1	2	3
Gambling-General	1	2	3
General Misdemeanors	1	2	3
Gift of Deadly Weapon to Minor (Under 18)	1	2	3

Group 1 Offense	Levels		
	1st Offense	2nd Offense	3rd Offense
Handicap Parking Violation	1	1	1
Highway Shooting at Lights, Signs, Etc.	1	2	3
Hitchhiking (Interstate)	1	1	1
HIV (Unknowingly Exposing a Person To)	1	2	3
Identity Theft (Less than \$250)	1	2	3
Impersonating Certain State, County or Municipal Officers	1	2	3
Indecent Exposure	1	3	5
Laser Pointer at Police, Fire or Emergency with Intent to Harm	1	3	5
Leaving Scene of an Accident (With Injuries)	1	1	1
Litering Highway (Misdemeanor)	1	1	1
Malicious Mischief (Under \$500)	1	3	5
Marijuana (Less than 30 Grams)	1	1	2
Obscene/Threatening Phone Calls/Emails	1	3	5
Obscene Material in Public Area (Adds Auto Viewing Screen)	1	1	1
Obstructing of Justice	1	3	5
Obstructing Public Streets	1	2	3
Petit Larceny (Under \$500)	1	2	3
Possession of or False Statement to Obtain Alcohol <21	1	2	3
Possession of Tobacco (Under 18)	1	1	1
Possession of Weapon on School Property (BB Gun, Knife, Brass Knuckles, etc.)	1	3	5
Profanity in Public Place	1	1	1
Prostitution	1	3	3
Public Drunkenness	1	2	3
R/R (Failure to Stop or Running Gate at R/R Crossing)	1	1	1
R/R Right of Way	1	1	1
Receiving Stolen Property (Less than \$500)	1	2	3
Removal of Store Anti-Theft Detection Devices	1	2	3
Resisting Arrest	1	2	3
Sale or Gift of Tobacco or Cigarette Rolling Papers to a Minor Under 18	1	2	3
Sale or Giving Alcohol to Minors Under 21	1	2	3
Schedule III-V Drug (Less 50 Grams)	1	3	5
Shoplifting (Less than \$500)	1	2	3
Selling or Removing Property Subject to a Lien from County	1	2	3
Sexually Oriented Materials (Under 18)	1	1	1
Stalking	1	3	5

Group 1 Offense	Levels		
	1st Offense	2nd Offense	3rd Offense
Student Intimidation, Threatening or Coercion for Purpose of Interfering with Attendance of Classes	1	3	5
Theft of Rental Property by Fraud (Under \$500)	1	2	3
Threat, Intimidation by Letter	1	3	5
Tobacco (Misrepresentation of Age)	1	1	1
Transmittal of Non-Requested Sexually Explicit Materials	1	2	3
Trespassing	1	2	3
Tresspassing at Airport	1	2	3
Vulnerable Adults Act (Under \$250)	1	3	5

## CRIME RISK MATRIX

Group 3 Offense	Levels		
	1st Offense	2nd Offense	3rd Offense
Alcohol Related Crimes	3	5	7
Animals (Cruelty To)	3	5	7
Assault (Simple) on a Police Officer	3	5	7
Auto Hit and Run	3	5	7
Auto Theft (Includes Joyriding)	3	5	7
Bigamy	3	3	3
Boating, Drinking and Driving	3	5	7
Concealed Pistol, Knife, Rifle or Shotgun	3	5	7
Bomb Threat (False Report of Placing Explosives)	3	5	7
Bribery	3	3	3
Burglary of Non-Dwelling or Auto	3	4	5
Causing a Minor to Commit a Felony (Under 17)	3	4	5
Child (Selling)	3	5	7
Child Abandonment (Under 6)	3	5	7
Child Abuse or Battery	3	5	7
Child Endangerment (Parent Selling or Possessing Precursor Chemicals with Minors Present)	3	5	7
Chop Shop (Stolen Vehicles)	3	4	5
Computer Fraud (Over \$500)	3	4	5
Computer Hacking	3	5	7
Computer Luring for Sex (Indecent Materials to Minors <18)	3	5	7
Computer Theft or Identity	3	5	7
Computer Threat	3	5	7
Condoning Child Abuse	3	5	7
Contributing to Delinquency of a Minor for Felony Offense	3	4	5
Criminal Street Gangs	3	5	7
Cyberstalking, Harrassment or Threat	3	5	7
Desecration of a Human Corpse	3	5	7
Destroying or Defacing a Cemetary (Over \$300)	3	5	7
Destruction of Public Property (Over \$300)	3	4	5
Dog Fights	3	4	5
Dogs "Police" (To Kill or Injure)	3	5	7
Embezzlement (Over \$500)	3	4	5
Escape from Confinement of Contempt of Court	3	4	5
Escape from Jail for Misdemeanor	3	4	5
Exhibiting Deadly Weapon, Threatening Manner	3	5	7
Extortion (Amended to Include Obtaining Any Record, Favor, or Advantage for Purpose of Humiliating)	3	4	5
False Pretense (Over \$500)	3	4	5
False Pretense-Bad Checks (Over \$100)	3	4	5
Fleeing Pursuit/Marked Police Car (From Felony)	3	5	7

Group 3 Offense	Levels		
	1st Offense	2nd Offense	3rd Offense
Forgery (Over \$500)	3	4	5
Fraud-Home Repair (Over \$5000)	3	5	7
Fraud (Credit Card) (Over \$100)	3	4	5
Fraud (Food Stamps) 3rd Offense	3	4	5
Fraud with State & Federal Assisted Programs	3	4	5
Fraudulent Statements to Government	3	4	5
Fraudulent Use of Identity	3	4	5
Grand Larceny (Over \$500)	3	5	7
HIV (Knowingly Exposing a Person to)	3	5	7
House Arrest Program (Violating)	3	5	7
Identity Theft (More than \$250)	3	5	7
Incest	3	5	7
Intentionally Injure a Pregnant Woman	3	5	7
Intentionally Injure a Pregnant Woman (Causing Serious or Aggravated Injury to Embryo or Fetus)	3	5	7
Malicious Mischief (Over \$500)	3	4	5
Marijuana (More than 30 Grams or 1 Ounce)	3	5	7
Obstruction of Justice (To Hinder Prosecution, Bribe, or Intimidate Witness or Juror)	3	5	7
Possession of Burglar's Tools	3	5	7
Possession of Deadly Weapons on School Property (Gun, Rifle, Pistol, Bomb, etc.)	3	5	7
Prescription Forgery	3	5	7
Prohibited Contact with Sexual Abuse Victim	3	5	7
Receiving Stolen Property (Over \$500)	3	4	5
Schedule I-II Drug	3	4	5
Schedule III-V Drug (Under 500 Grams)	3	5	7
Shoplifting (Over \$500)	3	4	5
Soliciting Without a Permit	3	4	5
Stalking (by Sex Offender)	3	5	7
Stealing Dog	3	4	5
Terrorist Hoax (Exposure to False Biological Substances)	3	5	7
Theft of Rental Property by Fraud (Over \$500)	3	5	7
Touching Child for Lustful Purposes	3	5	7
Unnatural Intercourse (Sodomy)	3	5	7
Voyeurism (Peeping Tom)	3	5	7

## CRIME RISK MATRIX

Group 5 Offense	Levels		
	1st Offense	2nd Offense	3rd Offense
Arson (2nd Degree Other Buildings)	5	7	
Assault (Aggravated)	5	7	
Assault on Police Officer or Prosecutors (Aggravated)	5	7	
Burglary of Church	5	7	
Burglary of Dwelling	5	7	
Carjacking 1st Offense	5	7	
Child Endangerment (If Child is Substantially Harmed Physically, Mentally or Emotionally)	5	7	
Computer Child Sexual Exploitation (Under 18)	5	7	
Conspiracy to Commit a Felony	5	6	7
Crimes Against Persons 65 or Older (Violence/Burglary)	5	6	7
Displaying or Using Firearm in Felony	5	7	
Escape from Jail for Felony	5	7	
False Pretense-Bad Check (Over \$500)	5	6	7
Hate Crimes	5	7	
Intentionally Inure a Pregnant Woman (Causing Miscarriage or Stillbirth)	5	7	
Looting	5	6	7
Malicious Mischief to Public or Church Property	5	6	7
Marijuana (Over 1 Ounce, Less Than 1 Kilogram)	5	6	7
Perjury	5	6	7
Possession of Drugs in Jail	5	6	7
Precursors for Manufacturing Methamphetamine (Adds Ammonium Nitrate, Sodium Hydroxide, Hydrogen Peroxide)	5	6	7
Rape, Statutory (Defendant 18 or Older/Victim <14)(Redefines to Include "Any Object")	5	7	
Rape, Statutory (Defendant 18-21/Victim 14-16)(Redefines to Include "Any Object")	5	7	
Robbery	5	7	
Schedule I-II Drug (Methamphetamine Fine Doubles)	5	7	
Schedule I-II Drug (Over 10 to 30 Grams)	5	7	
Schedule III-V Drug (Over 500 grams)	5	7	
Setting a "Booby Trap" on Property Used to Manufacture Meth	5	7	
Sex or Sexual Battery with Vulnerable Adult	5	7	
Shooting in Dwelling	5	7	
Terrorism (Import Harmful Biological Substances)	5	7	
Trafficking of Any	5	7	
Trafficking People (Forced Labor/Sexual Servitude)	5	7	
Vulnerable Adults Act (Over \$250)	5	7	

## CRIME RISK MATRIX

<b>Group 7 Offense</b>	<b>Levels</b>		
	<b>1st Offense</b>	<b>2nd Offense</b>	<b>3rd Offense</b>
Strong Armed & Armed Robbery	7		
Arson (1st Degree Dwelling)	7		
Arson (1st Degree Public School or Church)	7		
Boating, Drinking and Driving Causing Death	7		
Burglary with Explosives	7		
Child Abuse (Burn, Torture, or Serious Injury)	7		
Computer Child Sexual Exploitation (2nd Offense)	7		
Drive-By Shooting or Bombing	7		
Kidnapping (General)	7		
Manslaughter	7		
Manslaughter with Culpable Negligence	7		
Sexual Battery	7		

## AGGRAVATING AND MITIGATING FACTORS

### Aggravating Factors

1. Impact of Offense on Victim and Community: Offender's callousness and cruelty shock the conscience of the Court; offense involved substantial monetary loss; offender caused substantial physical or psychological injury to the victim; offender has committed a crime against current victim on prior occasions; or the offender knew or should have known that the victim was particularly vulnerable.
2. Prior Violent Delinquent Conduct: Offender has demonstrated, by prior history of delinquency adjudications, a propensity for violent, delinquent conduct.
3. Substantial Adjudication/Legal History: Adjudication for the same or similar offense on two or more previous separate occasions; gross number of prior offenses; or the offender has been adjudicated delinquent.
4. Lack of Amenability with Lesser Sanctions: Offender has demonstrated a lack of cooperation with lesser restrictive sanctions; offender has probation violations, other contempt orders, or non-judicial actions that should be considered; or offender has previously been placed on or qualified for a higher sanction.
5. Lack of Attendance or Participation in Educational Programs: Offender has willfully failed to attend or participate in school or other appropriate educational or vocational programs.
6. Gang Involvement: Confirmation by officers of having known gang association.
7. Multiple-Counts: Offender charged with more than one felony offense of the same kind or greater brought under one petition for adjudication and disposition.

### Mitigating Factors

1. Significant Improvement since the Offense: Offender has demonstrated significant improvement since the time of the offense; offender has voluntarily sought treatment; offender compensated or made a good faith effort to compensate victim.
2. Physical/Mental Impairment: Offender, because of physical or mental impairment, lacked substantial capacity for judgment when the offense was committed; or the offender is mentally retarded as demonstrated by all of the following: (a) offender is significantly sub-average in general intellectual functioning (usually interpreted as an IQ score of 70 or less); and (b) offender demonstrates deficits in adaptive behavior (has insufficient life skills to get along without constant assistance from others); and (c) offender manifested the above handicaps during the developmental period. The voluntary use of intoxicants does not fall within the purview of this category.
3. Limited Adjudication History: Offender has no or only minor prior adjudications; long period of time since previous referral; or extreme length of time since the offense occurred.
4. Age and Maturity of Offender: Offender's age and maturity suggest that the offender did not fully understand the impact or nature of the delinquent conduct.
5. Current Status: Offender is currently in an appropriate level of treatment or supervision.
6. Treatment Needs Exceed Need for Punishment: The offender is in greater need of an available treatment program than of punishment through incarceration.
7. Education: Offender is more than three years below his grade level and has a special education ruling.

## RISK LEVEL DETERMINATION

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

Counselor: \_\_\_\_\_

County: \_\_\_\_\_

Date Faxed to OTS: \_\_\_\_\_

Date Faxed Back to Community Services

Counselor: \_\_\_\_\_

### Committing Offense

1 - Misdemeanor

3 - Low Level Felony

5 - Moderate Felony

7 - Serious Felony

Starting Risk Level \_\_\_\_\_

### Adjustment Score Computation

Aggravating Factor Total \_\_\_\_\_

Mitigating Factor Total (-) \_\_\_\_\_

Final Adjustment Score (=) \_\_\_\_\_

*Adjustment score can not exceed a plus or minus three. If the score computed above is greater than a plus or minus three, use plus or minus three.*

### Final Risk Score

Starting Risk Level \_\_\_\_\_

Adjustment Score (+ or -) \_\_\_\_\_

Final Risk Score (=) \_\_\_\_\_

### Aggravating Factors

*(1 point for each)*

\_\_\_\_\_ Offense Impact on Victim/Community

\_\_\_\_\_ Prior Violent Delinquent Conduct

\_\_\_\_\_ Substantial Adjudication History

\_\_\_\_\_ Lack of Amenability with Lessor Sanctions

\_\_\_\_\_ Lack of Attendance or Participation in Educational Programs

\_\_\_\_\_ Gang Involvement

\_\_\_\_\_ Multiple-Counts (Felony)

### Mitigating Factors

*(1 point for each)*

\_\_\_\_\_ Significant Improvement since Offense

\_\_\_\_\_ Physical/Mental Impairment

\_\_\_\_\_ Limited Adjudication History

\_\_\_\_\_ Age and Maturity of Offender

\_\_\_\_\_ Current Status (**Level of Treatment**)

\_\_\_\_\_ Treatment need exceeds Punishment Need

\_\_\_\_\_ Education

Approved by Administrator: \_\_\_\_\_

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

## EXTENSION OF STAY

Youth: \_\_\_\_\_ Committing County: \_\_\_\_\_

The youth named above has been found guilty of a disciplinary offense that, if committed in the community, would constitute a crime. However, the youth is not being referred to juvenile court for formal adjudication. Copies of the offense report and the disciplinary forms are attached.

The Division of Youth Services' disciplinary procedures have been completed and the youth has either pleaded guilty or been found guilty of the offense. The Division of Youth Services would like to treat this disciplinary finding as if it was a new commitment. With concurrence, the youth's stay at the training school will be treated as a new commitment and the youth will be given additional time at the training school:

Minimum length of Stay: \_\_\_\_\_

Maximum Length of Stay: \_\_\_\_\_

\_\_\_\_\_  
*Facility Administrator*

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

---

### Program Integrity Officer

\_\_\_\_\_ I concur with the facility recommendation.

\_\_\_\_\_ I do not concur with the facility recommendation.

\_\_\_\_\_  
*Program Integrity Officer*

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

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### Division of Youth Services

\_\_\_\_\_ I concur with the facility recommendation.

\_\_\_\_\_ I do not concur with the facility recommendation.

\_\_\_\_\_  
*Director, Division of Youth Services*

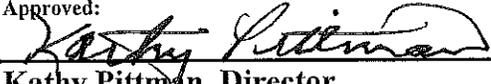
\_\_\_\_\_  
*Date*

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### Juvenile Court Notification

\_\_\_\_\_  
*Training School Counselor Faxing*

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

<b>MISSISSIPPI DEPARTMENT OF HUMAN SERVICES</b>	
<b>DIVISION OF YOUTH SERVICES</b>	
<b>JUVENILE INSTITUTIONS</b>	
Subject: <b>Transition</b>	Policy Number: <b>19</b>
Number of Pages: <b>6</b>	Section: <b>XIII</b>
Attachments	Related Standards & References
<b>A. Transition Checklist</b> <b>B. Transition Planning Checklist</b>	TRANSITION TOOLKIT 2.0: MEETING THE EDUCATIONAL NEEDS OF YOUTH EXPOSED TO THE JUVENILE JUSTICE SYSTEM South Carolina Department of Juvenile Justice Colorado Reference Guide Maricopa County Sheriff's Office
Effective Date: <b>May 7, 2009</b> Revised: January 12, 2011	Approved:  <b>Kathy Pittman, Director</b>

**I. POLICY:**

It is the policy of the Mississippi Department of Human Services, Division of Youth Services (DYS) that a successful transition plan development for a committed youth is critical and consistent with the rehabilitative ethic embodied in the state's juvenile justice code. It is an opportunity to redirect the lives of young people toward productivity, self-sufficiency, a continuity of care, and law-abiding behavior to their own benefit while at the same time making our communities a safer place to live.

**II. DEFINITIONS**

As used in this policy and procedure, the following definitions apply:

- A. **Transition Process** – An individualized planning process for the youth that follows a series of steps, designed within an outcome-oriented, strength-based and team-driven course of action, which promotes successful movement from the community to a juvenile justice setting, and to community reintegration.
- B. **Transition Plan** - It contains all information related to the youth's strengths and needs—behavioral screening results, academic and vocational assessment results, education records (including past IEPs), credit earned at the community school, all medical and mental health records - where appropriate, and other relevant information.
- C. **Treatment Team** – (As outlined in Treatment Team Policy XIII.4.), partners working together to develop, implement, and evaluate a comprehensive and thorough transition plan that will be incorporated into the youth's service plan. This team is comprised of individuals best suited to create and implement a plan that meets the individualized needs the youth should concentrate on during and after commitment. The community services counselor will communicate with the institutional counselor by phone regarding issues or concerns he may have with the youth's transition plan. The team shall include an institutional counselor who is the chairperson of the treatment team, transition coordinator/counselor, a

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mental health counselor or advocate, psychiatrist as appropriate, educational representatives, direct care staff from housing unit, and members of other community based support resources. This team also includes the youth and his or her family or an adult advocate or mentor who can act on the family's behalf.

- D. **Transition Coordinator** –Individual responsible for the direction, coordination and organization of the transition process. The Coordinator will meet with treatment team partners at the different stages of treatment to effectively support community reintegration and ensure the involvement of each partner from the various departments and community.
- E. **Mentor** - Individual giving of their time to act as a big brother/sister to a youth committed to training school.
- F. **A-Team** – Team coordinated by the community counselor and other agency partners collaborating to discuss resource and placement alternatives for youth with mental illness and or substance use disorder.
- G. **Community Transition Phase** – The period of time that a youth is under the supervision of the community counselor, which is also known as parole.
- H. **Service Plan** – (Service Plans Policy XII.5) Is the overall plan developed by the treatment team for the youth and is also known as the Transition Plan by incorporating the services required to successfully release the youth back into the community.

### III. **PROCEDURE**

Transition services are designed to operate in four phases. The process will begin with the “end in mind” that is, preparing the juvenile and their family for the juvenile's return to the community and to reduce recidivism. The phases include coordination and delivery of services that involve working with Community Staff, Social Workers, Educational Services, Mental Health Services, Medicaid, and other community service agencies as partners with Youth Services.

#### **Community Phase I: Pre -Commitment Process**

- A. Community counselor will explain and/or provide literature to family members and their youth about the commitment process and system, their rights and their youth's rights, the goals of commitment, and other pertinent information. Community staff is to help the family members overcome any initial hesitation about involvement, and communicate to family members that the institution/facility is where the child is held accountable for his/her actions and will receive rehabilitation services.
- B. Referrals for the family, i.e., for parenting education with the Family Resource Centers, mental health or substance abuse treatment services or other appropriate family groups, are to be made by community staff.

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- C. Community counselor will provide a social history to include a plan with post parole school re-enrollment information, service needs of the youth, to include special providers covered under insurance, and resource information given to the family.

**Institution Phase II: Intake Screening/Assessment/Rehabilitation Process**

- A. Upon entry to the institution, institution staff will be screen the youth for mental, emotional, and behavioral conditions. (See Youth Screening and Assessment Policy XIII.3). Institution staff will interview the youth to learn about his or her basic goals, interests, preferences, and self-identified needs. The assessment unit will continue to conduct assessments throughout the youth's stay, if warranted.
- B. The institution staff will contact the community staff within three working days to verify youth's family history and determine if there are any issues that would cause problems with his placement by into community.
- C. Information from the initial medical/mental health screenings (Medical Policy XI.15, 16, 17, 19, 20, and 21), intake interviews, educational assessments indicating for pre-existing eligibility for special education (SPED), and school records will be discussed with the treatment team to establish the needs of the youth.
- D. Enter all information on each youth into CMS for tracking and monitoring of the youth's progress during and after commitment.
- E. Juveniles that have a length of stay classification score of a 1, 2, or 3 (Length of Stay Policy XIII.15) will receive an assessment by institution staff within 10 days of admission to the institution to determine treatment options upon return to community.
- F. Place within the initial Service Plan (Service Plans Policy XIII.5) transitional information to meet the following requirements:
  - i. Education: determine the course of study the youth will pursue (e.g., GED, diploma, certificate, etc.) and what needs to occur in order for the youth to either meet this goal while at Oakley or how he or she will pursue them once released (e.g., youth needs 21 additional credits and will need to re-enroll in XX High School upon release).
  - ii. Mental Health: determine the key areas of need (e.g., substance abuse treatment; family counseling; parenting) and discuss how services provided at Oakley will be continued in the community, if necessary.
  - iii. Medical: determine the youth's chronic health issues and how they will be addressed in the community.

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- G. The institution counselors will contact the community counselor to collaborate community reintegration based on the local communities' available resources assessed during the commitment. A comprehensive spectrum of mental health, academic, vocational, and other support service resources organized into a coordinated network that is family centered to meet the needs of the youth shall be provided.
- H. The Transition Coordinator will meet the changing needs of the youth and the family developed by institutional staff. This will be accomplished by the following actions.
  - i. The Transition Coordinator will hold individual sessions with the student.
  - ii. The Transition Coordinator will verify availability of required services in the community.
  - iii. The Transition Coordinator will ensure that medications are provided to students with mental health problems. The Transition Coordinator will also ensure that medications are provided to students on other medicines.
  - iv. The Transition Coordinator will ensure that education provides needed information to the student's home school.

**Phase III: Pre-Release**

- A. Institution counselor and the Transition Coordinator shall continue activities initiated at entry. The institution counselor will discuss with the community counselor the expectations of the youth upon being paroled to see if he/she can meet them.
- B. Provide transition counseling, supplied by the institution counselor, to establish appropriate goals and objectives for rehabilitation.
- C. The following action steps are to be handled by the treatment team, transitional coordinator, and the institution counselor:
  - i. Complete the final Service Plan which becomes the Transition Plan, including Parole Report, educational documentation, medical reports, etc.
  - ii. Medical clinic staff shall make medical/dental/mental health appointment(s). Complete the medical release summary outlined in Medical Policy XI.9 to include necessary contact information. Appointment information should be forwarded to the Transition Coordinator.

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- iii. Transition Coordinator shall refer to the A-Team youth who are on medication for a mental illness (serious emotional disturbance - SED) and or have co-occurring disorders of substance use disorder and SED, if appropriate.
  - iv. The Transition Coordinator will link services between the institution and the community to ensure a seamless transition of services upon the youth's return to the community.
  - v. The Transition Coordinator will receive treatment summaries or recommendations of services from each Department Head of each unit (Medical, Education, Mental Health) and contact the appropriate community counselor.
  - vi. The Transition Coordinator will complete a Transition Summary by day of parole and submit to the community counselor.
  - vii. The Transition Coordinator will verify with the community counselor that all documents related to the release of the juvenile have been received the next working day.
- D. Institution counselor and community counselor will jointly prepare the juvenile, and family for the juvenile's return to the community.
  - E. The community counselor will work with the family to begin the Medicaid application process prior to release, if applicable.
  - F. The community counselor will contact organizations providing mentoring services as appropriate prior to the youth's release.
  - G. The community counselor will provide the parent/custodian a list of state and local resources for employment, education, medical, and mental health services and procedures for access to these services.

**Phase IV: Parole/Continuing Care Phase**

- A. **Parole (Community Transition Phase)** – This phase begins the day of the juvenile's return to the community. The following objectives will be accomplished during this phase by the community counselor:
  - i. Youth requiring medication (MOA IV A.21) are provided Medication up to 45 days upon release by Medical. The Medical Release Summary will be provided to the parents and forwarded to the transition coordinator on the date of parole. The transition coordinator/counselor will forward this summary to the community counselor on the day of parole.

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- ii. The community counselor will follow up with the transition coordinator to verify that juveniles and their families receive the services, support and supervision as outlined on the Transition Plan.
- iii. The Transition Coordinator will follow up and verify with the community counselor after the first monthly community counseling session to review the transition plan and to access if the plan is helping the youth to achieve his/her goals.
- iv. The community counselor shall maintain ongoing monitoring of needs and student progress (e.g., academic, social, behavioral, vocational) based on the youth's service plan incorporated into the parole agreement. Ensure the juvenile's successful adjustment and reintegration into the community.

**B. Evaluation of Transition Programs** – The transition process will be reviewed monthly when the community counselor submits the Parole Tracking Form to the community services director. He will then submit a report to the Institution Director to review with the transition team members. The following shall be tracked to ensure that the effectiveness of the transition program may be measured and modifications and improvement can be made when appropriate:

- i. % of youth who leave facility with 30-day supply of psychotropic medication
- ii. % of youth who leave facility already enrolled in subsequent school placement
- iii. % of youth who actually start going to school upon release
- iv. % of youth who leave facility with employment or promise of employment.
- v. % of youth who leave facility already enrolled in Medicaid program
- vi. % of youth who actually keep Mental Health appointments upon release
- vii. % of recidivism of youth in the system for Oakley



**Mississippi Department of Human Services  
Division of Youth Services  
Oakley Training School**

**Transition Planning Documentation Checklist**

**Name of Student:**

**Date:**

**Date of Birth:**

**Date of Parole:**

**Mental Health/Rehabilitation Services**

- Programming Needs Assessment
- Transition Plan/Final Comprehensive Service Plan
- Additional Psychological Assessment Results, if applicable

**Educational Services**

- Grade sheet
- Copy of insert from file records
- Copy of IEP, if applicable
- Copy of Teacher Support Team (TST) documentation, if applicable

**Medical Services**

- Medical Release Summary

**Recommendations**

- Referral to Regional Adolescent Team for Case Management Services
- Other:

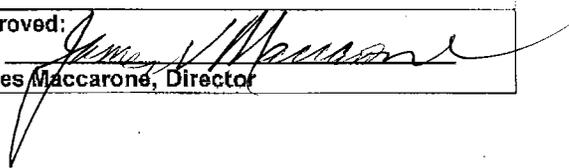
Mailed to:

Date:

Form XIII.19.B

Effective Date: 07/01/09

Revised Date: 01/11/10

<b>MISSISSIPPI DEPARTMENT OF HUMAN SERVICES DIVISION OF YOUTH SERVICES JUVENILE INSTITUTIONS</b>	
Subject: <b>Duke of Edinburgh's Award Program</b>	Policy Number: <b>20</b>
Number of Pages: <b>3</b>	Section: <b>XIII</b>
Attachments	Related Standards & References
A. Enrollment Form B. List of approved Community Services C. List of approved Special Skills D. List of approved Physical Activities	US Website: <a href="http://www.usaward.org">www.usaward.org</a> International Award Handbook (2004)
Effective Date: March 10, 2013	Approved:  James Maccaroné, Director

**I. POLICY**

It is the policy of the Mississippi Department of Human Services, Division of Youth Services (DYS), that a program for eligible youth provides opportunities for youth to learn about, understand, and value civic and community involvement. As part of the program, youth will complete a variety of work projects, special skills, recreational activities and an adventurous journey that helps build self esteem and self worth within the individual participant

**II. PROCEDURE**

The Duke of Edinburgh's Award Program (DofE) is a program which hopes to positively influence the lives of the youth by inspiring them to grow and achieve. This is done by participating in four core tenets of the program, Community Service, Special Skill, Physical Recreation and Adventurous Journey. All activities will be monitored by a member of the Selection Committee and or a Juvenile Care Worker (JCW), member of Recreational Staff, Educational Staff, Volunteers or other persons as determined and authorized by the Director of Institutions.

A. The DofE will provide youth in the program with opportunities to participate in a variety of activities in which they are already familiar. The goal being to improve upon these through weekly participation

1. A committee appointed by the Director of Institutions for the purpose of selecting youth to participate from amongst all eligible youth for the DofE will be made up of the Facility Administrator or designee, the DofE Program's Coordinator and a JCW Supervisor.

i. Participants shall be selected by committee according to the criteria described in the following section.

2. To qualify for the program, youth must meet the following criteria:

- i. Only 1<sup>st</sup> and 2<sup>nd</sup> Commitments
- ii. Be 14 years of age
- iii. Be assessed a Risk Level 6 or 7.

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- iv. Be medically able to complete the program.
3. A youth chosen for the DoFE will have the program explained to them by the DoFE Program's Coordinator or other designee as assigned by the Director of Institutions. If the youth chooses to participate, the youth will sign an enrollment Form (*Attachment A*) indicating they are participating in the program voluntarily. A youth will also receive a Record Book which shall be used for the purpose of tracking and verifying all activities have been completed.
  4. Youth may leave the program at any time they no longer wish to participate. A youth may also be suspended from the program by the Director of Institutions if the youth's behavior does not conform to the program's expectations. Reasons for possible suspension include, but are not limited to, the following:
    - i. Refusing to participate in projects or failing to diligently work while on projects.
    - ii. Not attending and/or participating in the program (three refusals without cause is an automatic suspension from the program)
    - iii. Major disciplinary sanctions
- B. Youth in the DoFE will participate in the program during its scheduled time. Times may change with notification.
1. All youth will choose a Community Service Activity from the attached list (*Attachment B*). This activity will be worked on for one hour each week. If a youth has chosen activities other youth are working on they may join that group. Otherwise, the youth will work with the Adult Leader to complete the Service.
  2. All youth will choose a Special Skill from the attached list (*Attachment C*). This Skill is to be developed for one hour each week. If a youth has chosen a Skill other youth are working on, they may join that group. Otherwise, the youth will work with the Adult Leader to complete the Skill.
  3. All youth will choose a Physical Recreation from the attached list (*Attachment D*). This activity will be worked on for one hour from 9 am to 11 am. If a youth has chosen activities other youth are working on they may join that group. Otherwise, the youth will work with the Adult Leader to complete the Recreation.
  4. All youth who have completed the above activities are eligible to participate in the Journey. The youth will spend two 8 hour days, totaling 16 hours, or other hours as determined by the Director of Institutions, touring various museums in the Jackson Metropolitan Area. If the youth are still housed at OYDC, all existing security measures are to be carried out. If a youth has transitioned home and is no longer in the care of OYDC, that youth may

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complete the program in the community under the supervision of the Community Youth Services Counselor.

5. Should a youth not complete the four Tenets during their commitment at OYDC, the DofE Program's Coordinator shall provide all necessary information to the youth's Community Counselor nearest the youth's home address. It shall then be the responsibility of the Community Counselor to work with the youth weekly to ensure the remaining hours are completed.
  - i. The Counselor(s) shall work with the youth a maximum three (3) hours per week to ensure the remaining hours are completed. This shall include 1 hour per week for each of the following:
    - a. Community Service
    - b. Special Skill
    - c. Physical Recreation

All materials needed by the youth to complete any and all projects shall be provided to them by the Community Counselor. All said materials are the property of Mississippi Department of Human Services and are to be used only for DofE projects. Furthermore, all said materials are to be kept under the control of the Community Counselor.
  - ii. Once all hours are completed the youth will participate in an Adventurous Journey. This shall be a 2 day 1 night trip where the is given the opportunity to develop an understanding of the environment. It can be on foot, by bicycle, boat or on horseback by learning preparation, self-sufficiency and self-reliance
6. Once the Record Book has been completed by either the DofE Program's Coordinator and or the Community Counselor, it shall be mailed to the DofE Headquarters in Washington, D.C. Once all data has been collected for a youth, the DofE Headquarters shall send all appropriate medals and certificates to the DofE Program's Coordinator at OYDC.

**Mississippi Department of Human Services  
Division of Youth Services  
Oakley Youth Development Center  
XIII.20.A**

**Duke of Edinburgh's Award  
List of Approved Community Services**

This form is to be completed once a youth has met the criteria as outlined in Policy XIII.20 Once completed; it is to be sent to the DofE National Office. One copy is to be kept by the Volunteer Services Coordinator. One copy is to be kept in the Master File.



THE DUKE OF EDINBURGH'S AWARD

UNITED STATES

**Enrollment Form**

Today's Date (mm/dd/yyyy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Award Unit \_\_\_\_\_

Name \_\_\_\_\_  
FIRST MIDDLE LAST

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Sex: Male / Female

Address \_\_\_\_\_  
NUMBER STREET HOUSE/APT #  
CITY STATE ZIP CODE

Email \_\_\_\_\_ Phone \_\_\_\_\_

School Name \_\_\_\_\_

EXTRA-CURRICULAR ACTIVITIES:

CURRENT VOLUNTEER WORK:

Participant's Signature \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_  
(If participant is less than 18 years of age)

YES / NO The Duke of Edinburgh's Award Young Americans' Challenge may publish my name and photo in future Award materials.

For office use only:		
Received _____	Paid _____	Book Sent _____
Award Eligible: Y or N		Award Sent _____

## Section Details

Participants are required to select and carry out specific activities to fulfill the requirements of each section: **Physical Recreation, Community Service, Special Skills** and **Adventurous Journey**. Participants must spend at least one hour per week on each of their chosen activities. The Adventurous Journey is completed in a group setting for the minimum time requirements listed below.

	<u>Physical Fitness</u>	<u>Skills</u>	<u>Service</u>	<u>Adventurous Journey</u>
<b>Bronze*</b>	3 months	3 months	3 months	2 days + 1 night
<b>Silver</b>	6 months	6 months	6 months	3 days + 2 nights
<b>Gold</b>	12 months	12 months	12 months	4 days + 3 nights

Gold Residential Project – 5 days + 4 nights

\*Bronze level participants must complete **three** additional months of work in one section of their choice.

Direct Entrants to the Silver or Gold level (non-Bronze Award holders) must complete **six** additional months of work in one section of their choice.

## Personal Goals and Activities

Desired Award Level \_\_\_\_\_

Please list the chosen activity for each section below.

**Service** \_\_\_\_\_  
*Aim – To learn selfless service to others*

**Skills** \_\_\_\_\_  
*Aim – To encourage the development of personal interest, creativity, and practical skills*

**Physical Recreation** \_\_\_\_\_  
*Aim – To promote physical fitness and improve performance*

**Adventurous Journey** \_\_\_\_\_  
*Aim – To invoke a spirit of adventure and discovery within a group setting*

**Gold Level Residential Project (Gold level only)** \_\_\_\_\_  
*Aim – To broaden experience through involvement with others in a residential setting*

Please return this completed enrollment form and the \$25.00 participation fee to your Award Leader.

Award Leaders will submit all enrollment forms and one bulk check payable to:

**The Duke of Edinburgh's Award**

The Homer Building  
 601 Thirteenth Street, NW  
 Eleventh Floor South  
 Washington, DC 20005

**Mississippi Department of Human Services  
Division of Youth Services  
Oakley Youth Development Center  
XIII.20.B**

**Duke of Edinburgh's Award  
List of Approved Community Services**

The youth will choose one (1) of the following:

- Adopt-A-Highway
- After School Tutoring
- Animal Welfare
- Ask to Paint a Community Mural
- At Risk Youth
- Build Park Benches
- Cancer Awareness/Prevention
- Community Outreach
- Environmental Protection
- Environmental Services
- First Aid
- Habitat for Humanity
- Home Accident Prevention
- Juvenile Justice System
- Lifeguard Certification
- Natural Disaster Relief
- Neighborhood Clean Up
- Plant Trees
- Playground Creation/Restoration
- Public Service
- Recycling Promotion
- Religious Education
- Salvation Army
- Service Projects
- Trash Clean Up
- Vacation Bible School
- Volunteering
- Yard Work for Elderly/Disabled

**Mississippi Department of Human Services  
Division of Youth Services  
Oakley Youth Development Center  
XIII.20.C**

**Duke of Edinburgh's Award  
List of Approved Special Skills**

Listing of approved Special Skills:

- Agriculture
- Astronomy
- Art
- Archaeology
- Billiards
- Baseball
- Basketball
- Bible Study
- Calligraphy
- Chess
- Conservation
- Drama
- Football
- Foreign Language
- Gardening
- Geology
- Genealogy
- Health
- Music Appreciation
- Navigation
- Origami
- Painting
- Singing
- Typing
- Theatre
- Soccer
- Sign Language
- Volleyball

**Mississippi Department of Human Services  
Division of Youth Services  
Oakley Youth Development Center  
XIII.20.D**

**Duke of Edinburgh's Award  
List of Approved Physical Fitness Activities**

Listing of approved Physical Fitness Activities:

- Aerobics
- Athletics
- Badminton
- Baseball
- Basketball
- Bocce
- Croquet
- Frisbee
- Football
- Golf
- Hiking
- Orienteering
- Racquetball
- Running
- Skating
- Soccer
- Softball
- Swimming ( only in Summer)
- Table Tennis
- Tennis
- Volleyball
- Water Polo (only in Summer)
- Water Aerobics (only in Summer)
- Yoga